

CONTRACT TO PROVIDE CHILD WELFARE SERVICES OUTCOME PROJECT ACTIVITIES

Santa Barbara County-Department of Social Services

First Amendment-Contract Extension Effective 7/1/07

This is the first amendment to the Agreement for Services between the **County of Santa Barbara** (COUNTY) and **Community Action Commission** (CONTRACTOR), for the continued provision of Child Welfare Services Outcome Project Activities pursuant to Section 4 of the Agreement for Services of Independent Contractor of the current contract.

The COUNTY has approved this two-year contract renewal to provide Home Connection Finder (HCF) Services to assist in locating appropriate relatives to family friends that may be able to provide a safe, stable, and supportive home for children needing out-of-home placement.

This amended contract incorporates the terms and conditions set forth in the existing contract numbered BC# 07-112, approved by the County Board of Supervisors on January 16, 2007 with the following exceptions:

The Agreement is amended as follows:

4. **TERM.** For the extension period, CONTRACTOR shall commence performance on July 1, 2007 and end performance upon completion, but no later than June 30, 2009, unless otherwise directed by COUNTY or unless earlier terminated.
32. **AMENDMENTS.** The Director of the Department of Social Services may approve amendments to the proposed contract, provided that any such amendment to the contract is not in variance of ten percent (10%) of the contract's dollar amount.

Exhibit A is amended as follows:

Statement of Work/Summary of Activities is amended to include the following language:
To foster communication and the referral process, CAC staff will be located with Child Welfare Staff.

Exhibit B is amended as follows:

- A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid an amount, including cost reimbursements of \$86,625 for FY 2006/2007; \$95,632 for FY 2007/2008; and \$95,632 for FY 2008/2009.

Exhibit B1 is amended and replaced as follows:

EXHIBIT B-1

LINE ITEM BUDGET 07-08 FISCAL YEAR

Cost of living and/or performance appraisal merit increases are included in this proposed budget.

A. SALARIES AND EMPLOYEE BENEFITS

1) Salaries - List each position to be funded by this award.

Position(s)	Full-Time Equivalent (FTE)¹	Budget for Contract Term
Direct Service Positions		
Home/Connections Finder (Case Manager/Educator)	2	\$33,072
Administrative Positions		
Program Director	10%	\$ 3,392
Program Coordinator	42%	\$ 8,340
Sub-Total Salaries:		\$44,804

¹ FTE = Amount of time employee works on this program. State as a percentage based upon a 40 hour work week.

2) Employee Benefits

	Budget for Contract Term
Direct Service Staff	
Home/Connections Finder (Case Manager/Educator)	\$ 5,374
Home/Connections Finder (Case Manager/Educator)	\$ 5,374
Administrative Staff	
Program Director	\$ 1,102
Program Coordinator	\$ 2,711
Sub-Total Employee Benefits	\$ 14,561
Percentage Benefits	32.5%
TOTAL SALARIES AND EMPLOYEE BENEFITS	\$59,365

B. SERVICES AND SUPPLIES

1) Services - List any consultant(s) or contract services

Name of Consultant(s)/Contract Services	Budget for Contract Term
Independent Audit	
Consultant – Training	\$ 2,500
Sub-Total Services	\$ 2,500

2) Supplies

Item	Budget for Contract Term
Office Expense	\$ 990
Printing	\$ 1,850
Collection of Background Information	\$ 4,500
Program Activities	\$ 3,000
Telephone	\$ 1,900
Mileage* Local @ .445 cents per mile/Out of Town Travel	\$ 7,457
Other* Training	\$ 3,500
Sub-Total Supplies	\$23,197
TOTAL SERVICES AND SUPPLIES	\$25,697

C. OPERATING EXPENSES

	Budget for Contract Term
Facility Lease/Rental	\$ 500

Equipment Lease/Rental	\$ 100
Furnishings	\$1,000
Utilities	\$-0-
Insurance	\$144
Other	\$-0-
Training for Staff, postage, meeting, transportation, other supplies	\$2,040
Indirect Cost (8.5% of all costs)	\$6,786
Total Operating Expenses	\$10,570
GRAND TOTAL LINE ITEM BUDGET	\$85,062
Minus Revenue	-0-
TOTAL BEING REQUESTED	\$95,632

LINE ITEM BUDGET 08-09 FISCAL YEAR

Cost of living and/or performance appraisal merit increases are included in this proposed budget.

D. SALARIES AND EMPLOYEE BENEFITS

1) Salaries - List each position to be funded by this award.

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Supportive Narrative Regarding Budget Modifications:

During FY 06/07 Community Action Commission (CAC) provided Home Connection Finder (HCF) services to the Lompoc and Santa Maria Regions. By increasing CAC's contract for FY 2007/2008 by \$9007, CAC will be providing HCF services for all three regions of the county. Approximately 60% of the HCF referral base is in the Santa Maria region which will be covered by 1.0 FTE. The Lompoc based 1.0 FTE will cover 20% referrals of the Lompoc region, 20% referrals of the Santa Barbara region, and will travel, as necessary, through the Santa Barbara and Lompoc Regions of the County.

Mileage includes travel for Lompoc bases HCF to cover HCF activities in Santa Barbara. Travel is also necessary within the regions to locate and contact possible adult mentors and placement resources.

Increased efforts in collecting background information and community outreach is necessary in an attempt to increase community involvement for children requiring placement and adult mentors.

Additionally, increased training is necessary to continue program expansion and continued focus on efficacy of the program.

IN WITNESS WHEREOF, this First Amendment to the Contract has been executed by parties hereto upon this date first above written.

CONTRACTOR:

By _____ Date _____

**Fran Foreman, Executive Director
Community Action Commission**

Taxpayer ID Number: On-File

COUNTY OF SANTA BARBARA:

KATHY M. GALLAGHER
Department of Social Services- Director

ATTEST:

MICHAEL F. BROWN
Clerk of the Board

By _____

By _____
Deputy

Date _____

APPROVED AS TO FORM:
STEPHEN SHANE STARK
County Counsel

APPROVED AS TO INSURANCE:
RAY AROMATORIO

By _____
Deputy County Counsel

By: _____
Risk Program Administrator

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS
Auditor-Controller

By _____

Contract Summary Form: Contract Number: BC 07-112

D1. Fiscal Year : FY 06/07 & 07/08
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 044
D3. Requisition Number : n/a
D4. Department Name : Department of Social Services
D5. Contact Person : Rhonda Macdonald
D6. Phone : 346-7294

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Child Welfare Home Connections
Finder
K3. Original Contract Amount : \$86,625
K4. Contract Begin Date : 1/1/07
K5. Original Contract End Date : 6/30/07
K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>
1	7/1/07	\$191,264	\$191,264	\$277,889	June 30, 2009

K7. Department Project Number : N/A

B1. Is this a Board Contract? (Yes/No) : Yes
B2. Number of Workers Displaced (if any) : None
B3. Number of Competitive Bids (if any) : 2
B4. Lowest Bid Amount (if bid) : n/a
B5. If Board waived bids, show Agenda Date : N/A
B6. ... and Agenda Item Number : #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Section 4, 5 and 12

F1. Encumbrance Transaction Code : 1701
F2. Current Year Encumbrance Amount : \$95,632
F3. Fund Number : 0055
F4. Department Number : 044
F5. Division Number (if applicable) : 07
F6. Account Number : 7659
F7. Cost Center number (if applicable) : Div 09, Sub Div 01 Program
Code 3025; Org 5310
F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) : n/a
V2. Payee/Contractor Name : Community Action Commission
of Santa Barbara
V3. Mailing Address : 5638 Hollister Avenue, Suite 230
V4. City State (two-letter) Zip (include +4 if known) : Goleta, CA 93117
V5. Telephone Number : (805) 964-8857
V6. Contractor's Federal Tax ID Number (EIN or SSN) : 95-2491790
V7. Contact Person : Carolyn Contreras
V8. Workers Comp Insurance Expiration Date : 5/24/07
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 5/24/07
V10. Professional License Number : #
V11. Verified by (name of County staff) : Rhonda Macdonald
V12. Company Type (Check one): Individual Sole Proprietorship Partnership
Corporation Private Non-Profit

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date _____ : Authorized Signature: _____