

**First Amendment  
To  
SUBRECIPIENT AGREEMENT  
BETWEEN  
COUNTY OF SANTA BARBARA  
AND  
Good Samaritan Shelter**

**Interim Housing for Persons in Encampments near Waterways at Hope Village  
State of California Encampment Resolution Funding (ERF) - Round 2**

This First Amendment to Subrecipient Agreement ("First Amendment") is made and entered into by and between the County of Santa Barbara (the "COUNTY"), a political subdivision of the State of California, and Good Samaritan Shelter (the "SUBRECIPIENT"), a California nonprofit public benefit corporation, whose address is 400 W. Park Avenue, Santa Maria, CA 93456.

**WITNESSETH THAT:**

**WHEREAS**, The State of California has established the Encampment Resolution Funding Program ("ERF" or "Program") pursuant to Chapter 7 (commencing with Section 50250) of Part 1 of Division 31 of the Health and Safety Code (Amended by Stats. 2021, Ch. 111, Sec.13. (AB 140) effective July 19, 2021); and

**WHEREAS**, The ERF Program was initially authorized in 2021 through Assembly Bill (AB) 140 (Chapter 111, Statutes of 2021), which allocated \$50 million for what would become the first round of funding. SB 197 (Chapter 70, Statutes of 2022) amended the program and AB 178 (Chapter 45, Statutes of 2022) allocated an additional \$300 million for Round 2 of ERF funding; and

**WHEREAS**, On January 24, 2023, the County of Santa Barbara's Board of Supervisors passed and adopted Resolution No. 23-00054 allowing the Director of the COUNTY's Community Services Department ("CSD") to apply for, receive, and administer the ERF funds for the County of Santa Barbara; and

**WHEREAS**, the County entered into a Standard Agreement with the State of California ("State") for \$6,000,000 ("Standard Agreement"), which provides Program guidelines (the "ERF Program Guidelines"); and

**WHEREAS**, COUNTY and SUBRECIPIENT are parties to that certain Subrecipient Agreement executed as of November 7, 2023 ("AGREEMENT"), memorializing the terms and conditions pursuant to which COUNTY provided \$474,500 in ERF funds to SUBRECIPIENT Good Samaritan Shelter to provide interim housing for people residing in encampments, with a time of performance effective as of period December 1, 2023 – December 31, 2025.

**WHEREAS**, the parties hereto desire to amend the AGREEMENT to adjust the scope of services and provide an additional **\$273,750** ERF funds to operate interim housing.

**NOW THEREFORE**, the parties hereto mutually agree to amend the AGREEMENT as follows:

1. Section II.B. of the AGREEMENT is hereby amended by replacing Section II.B to read in its entirety as follows:

"SUBRECIPIENT shall provide **20** beds for interim housing in accordance with the Scope of Services."

2. Section III of the AGREEMENT is hereby amended by replacing Section III to read in its entirety as follows:

"SUBRECIPIENT shall provide ten (20) interim housing beds (each, a "Bed"), and, to each Bed occupant during the 24-hour period of such occupancy, meals, daily hygiene, and case management services hereunder at a rate of \$65 per Bed, per night. COUNTY will compensate SUBRECIPIENT, using ERF funds, for 20 Beds during the Term, paid annually, such that all 20 Beds shall be reserved and used for the provision of Services hereunder at all times during the Term. SUBRECIPIENT shall provide to COUNTY, on a quarterly basis, for each quarter during the Term, a daily census report of Beds occupied in form acceptable to COUNTY. COUNTY agrees to work with local providers to coordinate Bed occupant referrals to SUBRECIPIENT. SUBRECIPIENT shall maintain 75% occupancy, i.e., fifteen (15) Beds occupied, at all times during the Term."

3. Section IV of the AGREEMENT is hereby amended by replacing the first sentence of Section IV to read in its entirety as follows:

"It is expressly agreed and understood that the total amount of funds to be paid by COUNTY under this Agreement shall not exceed **\$748,250**"

4. EXHIBIT A to the AGREEMENT (Scope of Services) is hereby amended by replacing the "Agreement Amount" to read in its entirety as follows:

**Contract Amount:**           \$748,250

5. EXHIBIT A to the AGREEMENT is hereby amended by replacing Section II.A to read in its entirety as:

"SUBRECIPIENT shall provide ten (20) interim housing beds (each, a "Bed"), and, to each Bed occupant during the 24-hour period of such occupancy, meals, daily hygiene, and case management services hereunder at a rate of \$65 per Bed, per night. COUNTY will compensate SUBRECIPIENT, using ERF funds, for 20 Beds during the Term, paid annually, such that all 20 Beds shall be reserved and used for the provision of Services hereunder at all times during the Term. SUBRECIPIENT shall provide to COUNTY, on a quarterly basis, for each quarter during the Term, a daily census report of Beds occupied in form acceptable to COUNTY. COUNTY agrees to work with local providers to coordinate Bed occupant referrals to SUBRECIPIENT. SUBRECIPIENT shall maintain 75% occupancy, i.e., fifteen (15) Beds occupied, at all times during the Term."

6. EXHIBIT A to the AGREEMENT is amended by replacing the "Goals" to read as follows:

	<b>Goal</b>
Unduplicated number of homeless persons to be sheltered	30
Total number of beds	20
Total number of bed-nights made available	3,650

7. EXHIBIT B to the AGREEMENT is hereby amended by replacing the "Agreement Amount" to read as follows:

**Contract Amount:**           \$784,250

8. EXHIBIT C of the AGREEMENT is hereby to read in its entirety as follows:

EXHIBIT C

CERF

Quarterly Status Report

County of Santa Barbara  
Community Services Department

Instructions: Submit this status report to Lucille Boss by email to [Lboss@countyofsb.org](mailto:Lboss@countyofsb.org).

☐ Quarter 1  
12/1/2023-12/31/2023

☐ Quarter 2  
1/1/2024-3/31/2024

☐ Quarter 3  
4/1/2024-6/30/2024

☐ Quarter 4  
7/1/2024-9/30/2024

☐ Quarter 5  
10/1/2024-12/31/2024

☐ Quarter 6  
1/1/2025-3/31/2025

☐ Quarter 7  
4/1/2025-6/30/2025

☐ Quarter 8  
7/1/2025-9/30/2025

☐ Quarter 9  
10/1/2025-12/31/2025

Agency

Good Samaritan Shelter

Project

Interim Housing for persons in encampments  
near waterways

Contract #

Contact Person

Sylvia Barnard

Phone Number

805-346 8185

Email Address

[goodsamshelter@gmail.com](mailto:goodsamshelter@gmail.com)

1. APR Subrecipient Report
- Generate an APR Subrecipient Reports from the Santa Barbara County Homeless Management Information System for the reporting period and attach a print-out to this report. Domestic violence programs should generate comparable reports from a HMIS-comparable database.
2. Accomplishments

	Goal	Quarter	Program-to-Date
Unduplicated number of homeless persons to be sheltered	30		
Total number of beds	20		
Total number of bed-nights available	3,650		

Performance Measures - Overall		Quarter			Program-to-Date		
	Goal	Universe (#)	# Meeting Target	% Meeting Target	Universe (#)	# Meeting Target	% Meeting Target
% of participants will move into permanent housing at project exit	33%						
% of adult participants gaining new or increasing income at project exit	15%						
% of adult participants will obtain non-cash benefits at exit	70%						
% of participants who move into permanent housing who will remain housed for 1 year	85%						
% of participants linked to a Cal-AIM Community Supports or Enhanced Care Management program	50%						

Narrative (Attach additional pages, as needed)

1. Describe the project's progress in meeting the goals and performance measures as set forth in the Subrecipient Agreement. If the project is not performing as planned, provide an explanation.

2. Describe the alignment between HHAP funded activities and "Housing First" principles.

3. Race & Ethnicity Data

	Quarter	Program-to-Date
	Total	Total
RACE and Ethnicity		
American Indian, Alaskan Native, or Indigenous		
Asian or Asian American		
Black, African American, or African		
Hispanic, Latina/e/o		
Middle Eastern or North African		
Native Hawaiian or Pacific Islander		
White		
Asian or Asian American & American Indian, Alaska Native, or Indigenous		
Black, African American, or African & American Indian, Alaskan Native, or Indigenous		
Hispanic, Latina/e/o & American Indian, Alaskan Native, or Indigenous		
Middle Eastern or North African & American Indian, Alaskan Native, or Indigenous		
Native Hawaiian or Pacific Islander & American Indian, Alaskan Native, or Indigenous		

EXHIBIT C

CERF

Quarterly Status Report

County of Santa Barbara  
Community Services Department

White & American Indian, Alaskan Native, or Indigenous		
Black, African American, or African & Asian or Asian American		
Hispanic, Latina/e/o & Asian or Asian American		
Middle Eastern or North African & Asian or Asian American		
Native Hawaiian or Pacific Islander & Asian or Asian American		
White & Asian or Asian American		
Hispanic, Latina/e/o & Black, African American, or African		
Middle Eastern or North African & Black, African American, or African		
Native Hawaiian or Pacific Islander & Black, African American, or African		
White & Black, African American, or African		
Middle Eastern or North African & Hispanic, Latina/e/o		
Native Hawaiian or Pacific Islander & Hispanic, Latina/e/o		
White & Hispanic, Latina/e/o		
Native Hawaiian or Pacific Islander & Middle Eastern or North African		
White & Middle Eastern or North American or North African		
White & Native Hawaiian or Pacific Islander		
Multiracial – more than 2 races/ethnicity, with one being Hispanic/Latina/e/o		
Multiracial – more than 2 races, where no option is Hispanic/Latina/e/o		
Client Doesn't Know/ Prefer Not to Answer		
Data Not Collected		
Totals in RACE		

4. Project Funding  
Report funding received for the project during the quarter and year-to-date by source.

**HUD Funds**

	Amount	
ESG	\$	
CDBG – County	\$	
CDBG – Other	\$	
HOME	\$	
HOPWA	\$	
Total	\$	

**Other Funds**

	Amount	
Other Federal Funds	\$	
State Funds (including HHAP)	\$	
Local Funds	\$	
Private Funds	\$	
Other Funds (Specify fund source below)		

	\$
	\$
Total	\$

5. Additional Comments  
Provide any additional comments on areas of this report that need explanation.

6. Submission Certification  
I certify that all information stated in and attached to this report is true and accurate.

Signature: \_\_\_\_\_Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_

9. EXHIBIT D of the AGREEMENT is hereby to read in its entirety as follows:

EXPENDITURE SUMMARY AND PAYMENT REQUEST (ESPR)

CA Encampment Resolution Fund - Round 2 (CERF-2)

County of Santa Barbara Community Services Department

Agency Name: Good Samaritan Shelter

Project Name: Street Outreach

Address: 400 W. Park Avenue, Santa Maria, CA 93456

Contact Person: Sylvia Barnard

Email Address: goodsamsheiter@gmail.com

DUNS #: \_\_\_\_\_

Title: Executive Director

Phone #: \_\_\_\_\_

Submit completed ESFR and required documentation to:

Staff Person: Lucille Boss

Email Address: lboss@countyofsb.org

Title: Encampment Response Coordinator

Phone #: \_\_\_\_\_

ESPR Request #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Report Period:  
☐ March 1<sup>st</sup>, 2024 - March 31, 2025  
☐ April 1 - December 31, 2025

PO/Contract #: BC23215

HCD Project #: \_\_\_\_\_

Grant Budget and Expenditures

Activity ID	Program Component	Activity	Budget	Previous Drawdowns	Requested Drawdown	New Available Balance
	ERF - Interim Housing/Emergency Shelter - W	Operations	\$ 784,250.00		\$ -	\$ 784,250.00
TOTAL			\$ 784,250.00	\$ -	\$ -	\$ 784,250.00

☐ Check this box if this is the final payment.

Certification

I certify to the best of my knowledge and belief that this report is true and complete and I have reviewed all supporting documentation. Disbursements have been made for the purpose and conditions of this grant and have not been paid by any other source.

Manager / Fiscal Officer

Administrator / Executive Director

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

10. Except as set forth in Sections 1 through 9, above, this First Amendment shall not modify or change any of the provisions of the Agreement and the parties to this First Amendment and the Agreement are bound by the provisions of the Agreement, as amended herein.
11. This Amendment may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties hereto shall preserve undestroyed, shall together constitute one and the same instrument.

IN WITNESS WHEREOF, COUNTY and SUBRECIPIENT have caused this Amendment to be executed by their respective duly authorized officers, to be effective as of the first date dully executed by all of the parties hereto.

**ATTEST:**

MONA MIYASATO  
Clerk of the Board

By: Sheila LaGuerra  
Deputy Clerk of the Board

**COUNTY OF SANTA BARBARA:**

By: Steve Lavagnino  
Steve Lavagnino  
Chair, Board of Supervisors

**APPROVED AS TO ACCOUNTING  
FORM:**

BETSY M. SCHAFFER, CPA  
AUDITOR-CONTROLLER

By: \_\_\_\_\_  
Deputy

**COUNTY OF SANTA BARBARA:**

By: \_\_\_\_\_  
Jesús Armas, Community Services Director

**APPROVED AS TO FORM**

RACHEL VAN MULLEM  
COUNTY COUNSEL

By: \_\_\_\_\_  
Deputy County Counsel

**APPROVED AS TO FORM:**

RISK MANAGEMENT

By: \_\_\_\_\_  
Greg Milligan



IN WITNESS WHEREOF, the parties have executed this Agreement to be effective as of the date first fully executed by all of the parties hereto.

**ATTEST:**

MONA MIYASATO  
Clerk of the Board

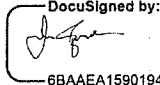
**COUNTY OF SANTA BARBARA:**

By: \_\_\_\_\_  
Deputy Clerk of the Board

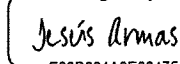
By: \_\_\_\_\_  
Das Williams  
Chair, Board of Supervisors

**APPROVED AS TO ACCOUNTING  
FORM:**

BETSY M. SCHAFER, CPA  
AUDITOR-CONTROLLER

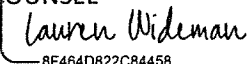
By: \_\_\_\_\_  
DocuSigned by:  
  
6BAAEA15901943F...  
Deputy Auditor Controller

**COUNTY OF SANTA BARBARA:**

By: \_\_\_\_\_  
DocuSigned by:  
  
E33B804A6E03475...  
Jesús Armas, Community Services Director


**APPROVED AS TO FORM**

RACHEL VAN MULLEM  
COUNTY COUNSEL

By: \_\_\_\_\_  
DocuSigned by:  
  
8F464D822C84458...  
Deputy County Counsel


**APPROVED AS TO FORM:**

RISK MANAGEMENT

By: \_\_\_\_\_  
DocuSigned by:  
  
05F555F00269466...  
Greg Milligan

"SUBRECIPIENT"

Good Samaritan Shelter

Signed by:  
  
FB90BAA97CA34C1...

By: \_\_\_\_\_  
Sylvia Barnard, Executive Director