



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

2011 MAR 24 AM 9:14
COUNTY OF SANTA BARBARA
CLERK OF THE
BOARD OF SUPERVISORS

Department Name: Social Services
Department No.: 044
For Agenda Of: 4/5/11
Placement: Administrative
Estimated Tme:
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors

FROM: Department Kathy M. Gallagher, Director, (805) 346-7101
Director(s)
Contact Info: Raymond L. McDonald, Workforce Investment Board (WIB)
Executive Director, (805) 681-4446

SUBJECT: Amendment No. 1 to the Fighting Back Santa Maria Valley Contract BC10-134

County Counsel Concurrence

As to form: Yes

Auditor-Controller Concurrence

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

1. Approve and authorize the Chair to execute Amendment No. 1 with Fighting Back Santa Maria Valley (BC10-134) for a total contract amount not to exceed \$100,000.

Summary Text:

On March 1, 2011, the Board of Supervisors approved and authorized the de-obligation of \$100,000 to the Agreement with Fighting Back Santa Maria Valley (BC10-134) and requested Department of Social Services proceeds with a contract modification.

The Workforce Investment Act (WIA) Program is a "performance-based" program that is under close scrutiny by the Federal Department of Labor (DOL) and California Employment Development Department (EDD). Both the State and Federal departments emphasize *effective funds utilization* as a means of rating the effectiveness of the WIB's local management of the WIA program. Effective funds utilization includes the use of "de-obligation" and re-programming of funds in order to ensure they are expended in a timely manner [Note: WIA funds have a life cycle of two years.]

If this amendment is not approved, the remaining funding must be returned to the Federal government and the Fiscal Year 11/12 allotment will be decreased and the potential number of youths to be served will also decrease.

Background:

On May 25, 2010, the Board of Supervisors approved the Agreement (BC10-134), on behalf of the WIB, for \$200,000 to the Santa Maria-based organization, *Fighting Back Santa Maria Valley (FBSMV)*, to provide one-year of services to 275 youth. The intent of the Agreement was to provide vocational skills training and workforce education to youth as an alternative to the gang lifestyle.

Due to slow start-up activities, and the impact of the summer recess on the commencement of the program, the expected results were far below expectation. Specifically, less than thirty youth have been successfully enrolled in the program, as of December 2010; and under \$50,000 of the awarded funds have been expended.

On January 19, 2011 the WIB informed *FBSMV* that with only five months of operation left, and because of the low participation and expenditures, that a de-obligation contract modification is recommended, reducing the awarded fund amount and number of participants to be served to thirty. WIB staff has provided *FBSMV* with on-going technical support and training, since the inception of the Agreement.

Performance Measure:

With over half of the contract period expired, *FBSMV* has not met any of the agreed-upon Performance Measures: Placement in Employment/Education: 67%; Attainment of Degree/Certificate: 47%; and, gains in Literacy & Numeracy: 30%. WIB staff is continuing to work with them and provide technical assistance; and believe the requested contract modification will assist *FBSV* in improving performance

Fiscal and Facilities Impacts:

Budgeted: Select Budgeted

Fiscal Analysis:

<u>Funding Sources</u>	<u>Current FY Cost:</u>	<u>Annualized On-going Cost:</u>	<u>Total One-Time Project Cost</u>
General Fund			
State			
Federal	\$ 100,000.00		
Fees			
Other:			
Total	\$ 100,000.00	\$ -	\$ -

Narrative:

Funding for this contract comes from the Department's Workforce Investment Act (WIA) federal allocation. This amendment reduces funding from \$200,000 to \$100,000 for the term of the contract.

Staffing Impacts:

Legal Positions:

FTEs:

Special Instructions:

Please send one (1) duplicate original Amendment, and a copy of the minute order to:
Contracts Unit
C/O Linda Rodriguez
2125 S. Centerpointe Parkway, 3rd Floor
Santa Maria, CA 93455

Attachments:

First Amendment

Authored by:

Raymond L. McDonald, WIB Executive Director

cc:

Contract Summary Form: Contract Number : BC - 10 - 134 - -

D1. Fiscal Year : FY 09/10 & 10/11
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) :
D3. Requisition Number :
D4. Department Name : Social Services
D5. Contact Person : Linda Rodriguez
D6. Phone : (805) 346-7294

K1. Contract Type (check one): [X] Personal Service [] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose :
Workforce Investment Act (WIA) Youth Gang Prevention & Intervention Services in the City of Santa Maria

K3. Original Contract Amount : \$200,000
K4. Contract Begin Date : 6/1/10
K5. Original Contract End Date : 5/31/11

K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpos
1	3/01/11	\$-100,000	\$-100,000	\$100,000	5/31/11	de-obligation

K7. Department Project Number : 044

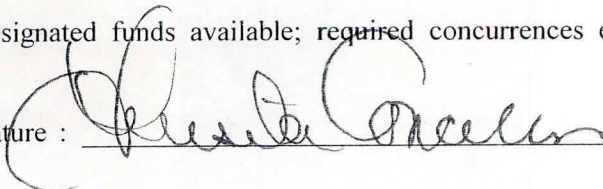
B1. Is this a Board Contract? (Yes/No) : Yes
B2. Number of Workers Displaced (if any) : N/A
B3. Number of Competitive Bids (if any) : 2
B4. Lowest Bid Amount (if bid) : \$
B5. If Board waived bids, show Agenda Date :
B6. ... and Agenda Item Number : #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

F1. Encumbrance Transaction Code : 1701
F2. Current Year Encumbrance Amount : \$100,000
F3. Fund Number : 0055
F4. Department Number : 044
F5. Division Number (if applicable) :
F6. Account Number : 7510/6347/5365
F7. Cost Center number (if applicable) :
F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) :
V2. Payee/Contractor Name : Fighting Back Santa Maria Valley
V3. Mailing Address : 2560 Skyway Dr.
V4. City State (two-letter) Zip (include +4 if known) : Santa Maria, CA 93455
V5. Telephone Number : (805) 346-1774
V6. Contractor's Federal Tax ID Number (EIN or SSN) :
V7. Contact Person : Al Rodriguez
V8. Workers Comp Insurance Expiration Date : 1/26/12
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 11/01/11
V10. Professional License Number : #
V11. Verified by (name of County staff) : Linda Rodriguez
V12. Company Type (Check one): [] Individual [] Sole Proprietorship [X] Partnership [] Corporation

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

Date : 3/4/11

Authorized Signature : 

**CONTRACT TO PROVIDE WORKFORCE INVESTMENT ACT (WIA) GANG PREVENTION AND
INTEVENTION SERVICES**

Santa Barbara County Department of Social Services

First Amendment

This is the first amendment to the Agreement for Services, number BC# 10-134, between the **County of Santa Barbara** (COUNTY) and **Fighting Back Santa Maria Valley** (FBSMV) (CONTRACTOR), for the de-obligation of Agreement.

Whereas, the parties have agreed to amend the Agreement to de-obligate the funding awarded on May 25, 2010; and

Whereas, due to slow start-up activities and the impact of summer recess on the commencement of the program, the expected results were far below expectation; and

Whereas, less than thirty (30) youth have been successfully enrolled in the program, as of December 2010; and

Whereas, under \$50,000 of the awarded funds have been expended; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors on May 25, 2010.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows:

1. Amendments

A. Exhibit A, Statement of Work is amended as follows:

1. Exhibit A-Page 1, I. Purpose/Term, to be amended as follows:

Under WIA the main focus of the youth program is on longer-term academic and occupational learning opportunities for youth. A goal is to increase employment, job retention and earnings by developing the work/career potential of youth. The purpose of this Agreement is for CONTRACTOR to provide gang prevention and intervention services to a total of *thirty (30)* eligible In-School (ISY) and Out-of School(OSY) youth participants ages 14-21 residing in the City of Santa Maria.

B. Exhibit B, Payment Arrangements is amended as follows:

1. Exhibit B, Page 1, Section A, to be amended as follows:

For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be reimbursed for CONTRACTOR's cash outlays for which COUNTY received benefit for its WIA youth program, during the program years defined by this contract. Cost reimbursements are not to exceed \$100,000.00.

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

COUNTY OF SANTA BARBARA:

ATTEST:

CHANDRA L. WALLAR
Clerk of the Board

By: _____
Chair, Board of Supervisors


By: _____

COUNTY OF SANTA BARBARA

APPROVED AS TO FORM:
DENNIS MARSHALL
County Counsel

KATHY M. GALLAGHER
Department of Social Services Director

By: 

By: 
Deputy County Counsel

Date: 3/1/11

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

APPROVED AS Form:
Risk Management

By: 
Deputy

By: 
Risk Management

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

COUNTY OF SANTA BARBARA:

ATTEST:

CHANDRA L. WALLAR
Clerk of the Board

By: _____
Chair, Board of Supervisors

By: _____

COUNTY OF SANTA BARBARA

APPROVED AS TO FORM:
DENNIS MARSHALL
County Counsel

KATHY M. GALLAGHER
Department of Social Services Director

By: *Kathy M. Gallagher*
Date: 3/1/11

By: *Celeste E. Andersen*
Deputy County Counsel

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

APPROVED AS Form:
Risk Management

By: *[Signature]*
Deputy

By: *[Signature]*
Risk Management

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

CONTRACTOR

By:  _____

SocSec or Tax ID Number: On File

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

CONTRACTOR

By: _____

SocSec or Tax ID Number: On File



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LB

DATE (MM/DD/YYYY)

03/03/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Byars Thompson Buchanan Insurance & Financial Services 2560 Professional Parkway Santa Maria, CA 93455 Scott W. Dunn, CIC, AFIS		805-347-4700 805-347-4710	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FIGHT-1	FAX (A/C, No):
INSURED Fighting Back Santa Maria Valley P.O. Box 184 Santa Maria, CA 93456		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Nonprofits' Insurance		
		INSURER B : TECIS Insurance Services		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

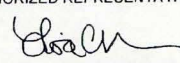
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		2010-21938-NPO	11/01/10	11/01/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			2010-21938-NPO	11/01/10	11/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ ----- BODILY INJURY (Per accident) \$ ----- PROPERTY DAMAGE (Per accident) \$ -----
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	006WK0109300	01/26/11	01/26/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder as the additional insured with respects to liability for the work performed by the insured.

CERTIFICATE HOLDER

CANCELLATION

COUNTY9 County of Santa Barbara Dept. of Social Services 2125 So. Centerpointe Parkway Santa Maria, CA 93455	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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