



29390

AMENDMENT NUMBER FIVE

TO

FAMILY PRESERVATION PROGRAM – CFDA #93.556

CONTRACT NUMBER 05-028-5

WITH

CITY OF LONG BEACH

**AMENDMENT NUMBER FIVE
TO FAMILY PRESERVATION PROGRAM – CFDA #93.556
CONTRACT NUMBER 05-028-5**

This Amendment Number Five (“Amendment”) to Family Preservation (FP) Program Contract, (“Contract”) adopted by the Board of Supervisors on April 19, 2011, is made and entered into by and between County of Los Angeles, (“COUNTY”), and City of Long Beach, (“CONTRACTOR”), this 11 day of May, 2011.

WHEREAS, COUNTY and CONTRACTOR are parties to the Contract and CONTRACTOR has been providing FP services to the COUNTY;

WHEREAS, Title IV-E and AB 2994 Child Abuse and Neglect Prevention, Intervention and Treatment (CAPIT) funds are available to increase the Contract budget commensurate with an increase in Up-front Assessments (UFA), Team Decision Making (TDM), Alternative Response Services (ARS), and FP services;

WHEREAS, on June 26, 2007, the Board of Supervisors approved DCFS’ plan to pilot UFA, TDM and ARS services at its Compton office through its FP contractors;

WHEREAS, on February 3, 2009, the Board of Supervisors approved DCFS’ request to amend the FP contracts to add UFA, TDM and ARS services;

WHEREAS, this Amendment is prepared pursuant to the provisions set forth in Section 8.0 , STANDARD TERMS AND CONDITIONS, Subsection 8.4.2, Change Notice and Amendments;

WHEREAS, COUNTY needs sufficient time to develop and implement an integrated service delivery contract solicitation model, Safe Children and Strong Families (SCSF) Community Based Services Contract as its Safe and Stable Families Program (SSFP), which is intended to establish seamless, one stop sources for a continuum of services; and,

WHEREAS, the California Department of Social Services (CDSS) has approved the COUNTY’s request to extend the term of the existing Contract from July 1, 2011, through December 31, 2013; and

NOW, THEREFORE, in consideration of the foregoing and mutual consent herein contained, COUNTY and CONTRACTOR hereby agree to amend the Contract as follows:

1. **Section 5.0 CONTRACT SUM**, Subsection 5.3 is amended to read as follows:

5.3 The total amount payable under this Contract is \$3,067,193, hereinafter referred to as “Maximum Contract Sum.” The maximum amount payable under this Contract for each of the Contract years shall not exceed \$500,000 for FY 2005-06, and \$500,000 for FY 2006-07, and \$500,000 for FY 2007-08, and \$484,792 for FY 2008-09, and \$544,356 for FY 2009-10, and \$538,045 for FY 2010-11, hereinafter referred to as “Maximum Contract Sum” to provide the

required FP services in the Lakewood, DCFS office that the CONTRACTOR shall serve.

3. **Section 8.33 NOTICES**, is amended to read as follows:

8.33 Unless otherwise specifically provided in this Contract, all notices to COUNTY shall be given in writing, sent by electronic or first class mail, by enclosing the same in a sealed envelope addressed to the intended party and by depositing such envelope with postage prepaid in the United States Post Office or any substation or public letterbox. All notices to COUNTY shall be sent by first class mail in duplicate addressed to the following:

County of Los Angeles
Department of Children and Family Services
Contracts Administration Division
Attention: Assistant Division Chief,
425 Shatto Place, Room 400
Los Angeles, California 90020
Email: rollss@dcfs.lacounty.gov

Unless otherwise specifically provided in this Contract, all notices to CONTRACTOR shall be given in writing, by enclosing the same in a sealed envelope addressed to the intended party and by depositing such envelope with postage prepaid in the United States post Office or any substation or public letterbox, or via electronic mail. All notices to CONTRACTOR shall be sent to CONTRACTOR as indicated on Exhibit 28B-1, Contractor's Administration or such other person and/or location as may hereinafter be designated in writing by CONTRACTOR.


4. Exhibit B-8, Supplemental Budget for July 1, 2010 through June 30, 2011 is attached hereto and made part of Exhibit B, Program Budget.
5. Exhibit 28B-1, Contractor's Administration is attached hereto and made part of this Contract.

ALL OTHER TERMS AND CONDITIONS OF THIS CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.


**AMENDMENT NUMBER FIVE
TO FAMILY PRESERVATION PROGRAM – CFDA #93.556
CONTRACT NUMBER 05-028-5**

IN WITNESS WHEREOF, the Board of Supervisors of the COUNTY of Los Angeles has caused this Amendment Number Five to be subscribed on its behalf by the Director of the Department of Children and Family Services and the CONTRACTOR has caused this Amendment Number Five to be subscribed on its behalf by its duly authorized officer(s) as of the day, month and year first above written. The person(s) signing on behalf of the CONTRACTOR warrants under penalty of perjury that he or she is authorized to bind the CONTRACTOR in this Contract.

COUNTY OF LOS ANGELES


Jackie Carthagen, Ph.D. Interim
~~ANTONIA JIMÉNEZ, ACTING DIRECTOR~~
Department of Children and Family Services

City of Long Beach
CONTRACTOR

By 

Name Patrick H. West

Title City Manager

By _____

Name _____

Title _____




Tax Identification Number

APPROVED AS TO FORM:

BY THE OFFICE OF COUNTY COUNSEL
ANDREA SHERIDAN ORDIN

BY _____ Signature on File
Kathy Bramwell
Principal Deputy County Counsel

4/27 11


CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles }

On 5/5/11 before me, Beverly Gail Nieves Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Patrick West
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (is) are subscribed to the within instrument and acknowledged to me that (he) ~~she~~ they executed the same in (his) ~~her~~ their authorized capacity(ies), and that by (his) ~~her~~ their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: Beverly Gail Nieves
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Individual

Partner — Limited General

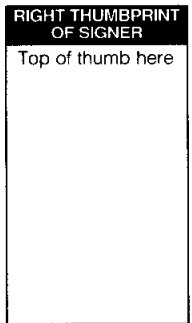
Attorney in Fact

Trustee

Guardian or Conservator

Other: _____

Signer Is Representing: _____



Signer's Name: _____

Corporate Officer — Title(s): _____

Individual

Partner — Limited General

Attorney in Fact

Trustee

Guardian or Conservator

Other: _____

Signer Is Representing: _____

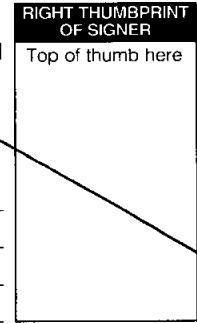


EXHIBIT B

BUDGET REVISION (FY 10-11)

For

FAMILY PRESERVATION - Fund 11CC with REVISED Allocation (Contract #: 05-028-5)
(PROGRAM NAME)

AGENCY NAME: City of Long Beach, Department of Health & Human Services

ITEM	Original Allocation (07-01-10 - 06-30-11)	Change Request/ Curtailment	Revised Amount
<i>PROGRAM EXPENSES</i>			
I. DIRECT COST:			
A. Salaries and Employee Benefits	\$ 463,034.36	\$ (31,743.24)	\$ 431,291.12
B. Facility Rent/Lease	\$ -	\$ -	\$ -
C. Equipment and/or Other Assets Leases	\$ 4,131.24	\$ (1,131.24)	\$ 3,000.00
D. Services and Supplies	\$ 85,900.00	\$ (3,667.91)	\$ 82,232.09
E. Other	\$ -	\$ -	\$ -
II. ADMINSTRATIVE AND INDIRECT COST: (Max 10% of Max Annual Contract Sum)			
A. Administrative Overhead	\$ 23,044.41	\$ (1,522.61)	\$ 21,521.80
B. Other	\$ -	\$ -	\$ -
TOTAL GROSS COST OF PROGRAM	\$ 576,110.01	\$ (38,065.00)	\$ 538,045.01
<i>INCOME/REVENUE</i>			
A. Projected County Allocation	\$ 576,110.00	\$ (38,065.00)	\$ 538,045.00
B. Private Funding, Other Revenue, &/or In-Kind Math	\$ -	\$ -	\$ -
TOTAL INCOME/REVENUE	\$ 576,110.00	\$ (38,065.00)	\$ 538,045.00

ATTACHMENTS (3): Budget Justification Narrative and Line Item Budget for FY 08-09

ATTACHMENT TO EXHIBIT B
LINE ITEM BUDGET (July 1, 2010 - June 30, 2011)
For

FAMILY PRESERVATION - Fund 11CC with REVISED Allocation (Contract #: 05-028-5)

Agency Name: City of Long Beach, Department of Health and Human Services

ITEM	Original Allocation (07-01-10 - 06-30-11)	Change Request/Curtailment	Revised Amount
PROGRAM EXPENSES			
I. DIRECT COST:			
A. Salaries and Employee Benefits			
Project Manager (FTE: 0.65) \$6,898.31 x 12 x 65% =	\$ 53,806.82		\$ 53,806.82
Clinical Director (FTE: 0.40) \$5,970.00 x 12 x 40% =	28,656.00		\$ 28,656.00
Resource Coordinator (FTE: 0.70) \$5,400.00 x 12 x 70% =	45,360.00		\$ 45,360.00
In-Home Outreach Counselors (FTE: 2.00) \$3,667 x 12 x 2 =	88,008.00		\$ 88,008.00
In-Home Outreach Counselors (FTE: 1.50) \$3,703 x 12 x 1.00 =	66,654.00	(22,218.00)	\$ 44,436.00
T&D/SARM Associate (FTE: 1.00) \$3,595 x 12 x 0% =	-		\$ -
T&D/SARM Associate (FTE: 1.00) \$2,994 x 12 x 0% =	-		\$ -
T&D/SARM Associate (FTE: 0.25) \$2,994 x 12 x 0% =	-		\$ -
Billing Program Support Associate (FTE: 0.10) \$3,561.72 x 12 x 10 =	4,274.06		\$ 4,274.06
Front Office Coordinator (FTE: 0.24) \$3,416 x 12 x 24% =	13,378.79	(3,540.71)	\$ 9,838.08
Anger Management Facilitator (FTE: 0.10) \$3,432.33 x 12 x 10% =	4,118.80		\$ 4,118.80
Budget Analyst (FTE: 0.08) \$5,465.00 x 12 x 8% =	371.40	4,875.00	\$ 5,246.40
Total Salaries	\$ 304,627.87	\$ (20,883.71)	\$ 283,744.16
Employee Benefits @ 52% =	158,406.49	(10,859.53)	147,546.96
Total Salaries and Employee Benefits	\$ 463,034.36	\$ (31,743.24)	\$ 431,291.12
B. Facility Rent/Lease			
C. Equipment and/or Other Assets Leases			
Photocopy Machine 1 copier @ \$500.00 x 6 =	4,131.24	(1,131.24)	3,000.00
Computer Information Service (0 PCs networked, 0 printers) \$1,275.00 x 12 =	-		-
Total Equipment and/or Other Assets Leases	\$ 4,131.24	\$ (1,131.24)	\$ 3,000.00
D. Services and Supplies			
Intern Stipend \$500.00 x 0 =	\$ -		\$ -
Contractor: Community Outreach Consultant \$23/hr x 10hr/wk x 9 wks			\$ -
Subcontracting Agency: Joint Efforts \$23,000 x 2 months =	46,000.00		46,000.00
Subcontracting Agency: Parents Anonymous \$4,000 x 7 =	28,000.00		28,000.00
Subcontracting Agency: Masada Homes \$1,127.00 x 0.50 avg client/	-		-
Subcontracting Agency: Boys & Girls Club \$900 x 6 =	5,400.00		5,400.00
Contractor: Up Front Assessors \$12,800 x 0 assessors + \$10,800	-		-
Transportation \$70.00/hr x 4hrs x 2 days x 0 weeks	-		-
Mileage 4 staff x 600 miles per month x \$0.65 per mile x 0 =	-		-
Hotel Vouchers \$50.00 x 5 nights x 0 client =	-		-
Printing \$300.00 a month x 0 months =	-		-
Utilities \$180.00 a month x 0 months =	-		-
Office Supplies \$600 a month x 1.4 month =	-	832.09	832.09
Telephone Usage \$1,000.00 a month x 0 months =	2,500.00	(2,500.00)	-
Answering Service \$100.00 a month x 0 months =	-		-
Postage \$80.00 a month for 0 months =	-		-
Security \$1,400 a month x 0 months =	-		-
Facility Maintenance \$500.00 a month for 4 months =	2,000.00	-	2,000.00
Discretionary Services/Items \$200.00 a month for 0 months =	2,000.00	(2,000.00)	-
Total Services and Supplies	\$ 85,900.00	\$ (3,667.91)	\$ 82,232.09
E. Other			
	\$ -	\$ -	\$ -
II. ADMINISTRATIVE AND INDIRECT COST: (Max. 10% OF Max. Annual Contract Sum)			
A. Administrative Overhead @ 4% (rounded)	\$ 23,044.41	\$ (1,522.61)	\$ 21,521.80
B. Other	-	-	-
TOTAL GROSS COST OF PROGRAM	\$ 576,110.01	\$ (38,065.00)	\$ 538,045.01
INCOME/REVENUE			
A. Projected County Allocation	\$ 576,110.00	\$ (38,065.00)	\$ 538,045.00
B. Private Funding, Other Revenue, &/or In-Kind Match	-	-	-
TOTAL INCOME/REVENUE	\$ 576,110.00	\$ (38,065.00)	\$ 538,045.00

EXHIBIT FP- 28B-1

CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S NAME: City of Long Beach

CONTRACT NUMBER: 05-028-5

CONTRACTOR'S PROJECT MANAGER:

Name: Rosie Velazquez-Gutierrez, LCSW
Title: Center Director
Address: 6335 Myrtle Ave, Long Beach, CA 90805
2525 Grand Ave, Long Beach, CA 90815 (Main Office)
Telephone: 562-570-3276
Facsimile: 562-570-3306
E-Mail Address: Rosa.Velazquez-Gutierrez@longbeach.gov

AUTHORIZED OFFICIALS:

Name: Ronald R. Arias
Title: City of Long Beach Department of Health and Human Services,
Director
Address: 2525 Grand Ave, Long Beach CA 90815
Telephone: 562-570-4016
Facsimile: 562-570-4049
E-Mail Address: Ron.Arias@Longbeach.gov

Name: Theresa Marino
Title: City of Long Beach Department of Health and Human Services,
Community Health Bureau Manager
Address: 2525 Grand Ave, Long Beach CA 90815
Telephone: 562-570-4011
Facsimile: 562-570-4049
E-Mail Address: Theresa.Marino@Longbeach.gov

Notices to Contractor shall be sent to the following address:

Address: 2525 Grand Ave, Long Beach 90815