

**AMENDMENT #1  
TO CONTRACT BETWEEN  
COUNTY OF VENTURA  
AND CONEJO VALLEY SENIOR CONCERNS  
FOR  
AGREEMENT AND ASSURANCES OF OLDER AMERICANS ACT  
SENIOR NUTRITION PROGRAM**

The County of Ventura (County) and Conejo Valley Senior Concerns (Contractor), hereby agree that the contract previously entered into by the parties, also identified as County of Ventura Contract No. C2425.10, is amended, effective July 1, 2024, as follows:

1. The total compensation to be paid to Contractor shall not exceed \$435,600.
2. Replace Exhibit B Budget with the attached Exhibit B Budget.
3. All other terms and conditions of the Contract remain the same.

**COUNTY OF VENTURA**

\_\_\_\_\_  
Authorized Signature

Melissa Livingston

Printed Name

Director, Human Services Agency

Title

\_\_\_\_\_  
Date

**CONEJO VALLEY SENIOR CONCERNS**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

95-2992927

Tax Identification Number

0760447

Secretary of State Entity Number

Contract Budget		Exhibit B	
1. CONTRACTOR NAME: Conejo Valley Senior Concerns			
2. PROGRAM ACTIVITY/PROJECT NAME: Senior Nutrition Program			
3. PERFORMANCE PERIOD		4. EFFECTIVE DATES	
FROM: 7/1/2024	TO: 6/30/2025	INITIAL CONTRACT EFFECTIVE DATE: 7/1/2024	
		AMENDMENT #: 1	
CONTRACT #: C2425.10		AMENDMENT EFFECTIVE DATE: 7/1/2024	

BUDGET SUMMARY			
I. DIRECT PROGRAM EXPENSES	GRANT SUMMARY	MATCH/NON-MATCH (In-Kind or	PROGRAM INCOME
A. Staff Salaries	\$ 59,332	\$ 46,800	
B. Staff Fringe Benefits	\$ 9,143	\$ 7,212	
C. Program Operating Expenses	\$ 10,060		
D. Contractual Services	\$ -		
E. Food Costs	\$ 334,000		
F. Other	\$ 14,000		
SUBTOTAL SECTION I -DIRECT PROGRAM EXPENSES	\$ 426,534	\$ 54,012	\$ -
II. INDIRECT COSTS	\$ 9,066		\$ -
TOTAL BUDGETED AMOUNT	\$ 435,600	\$ 54,012	\$ -

ESTIMATED NUMBER OF MEALS (ANNUAL)	MEALS	% OF BUDGET	BUDGET
Congregate Meals C1	-	0%	-
Home Delivered Meals C2	40,000	100%	435,600
Total Estimated Meals	40,000	100%	435,600

BUDGET DETAIL				
I. DIRECT PROGRAM EXPENSES				
A. Staff Salaries (List Position/Title)	Monthly Salary	FTE(S)	# of Months	Total
Director of Nutrition Services	5198.4	0.43	12	\$ 26,824
Nutrition MOW Coordinator	\$2,600	0.6	12	\$ 18,720
Accounting Manager	\$6,000	0.08	12	\$ 5,760
Admin: Office Manager/Front Desk	\$5,000	0.03	12	\$ 1,800
Admin: Volunteer Coordinator	\$4,413	0.02	12	\$ 1,059
Admin: Fund Development Director	\$6,684	0.02	12	\$ 1,604
Admin: Director of Program Services	\$7,426	0.04	12	\$ 3,564
				\$ -
				\$ -
A. Subtotal Staff Salaries				\$ 59,332

B. Staff Fringe Benefits	Rate (%)	Total
Payroll Taxes (Social security, Medicare, etc.)	7.65%	\$ 4,539
Health Benefits	1.76%	\$ 1,044
Retirement Contributions	3.00%	\$ 1,780
Other (please describe): Wk Comp	3.00%	\$ 1,780
Other (please describe):		\$ -
B. Subtotal Staff Fringe Benefits		\$ 9,143

C. Program Operating Expenses (Must be verifiable and cannot also be treated as an Indirect Cost.)	Budget Justification & Calculation Details	TOTAL
Staff Travel, Facility Lease/Mortgage, Telephone/Utilities, Insurance Related to the Program, Office Supplies & Equipment*, Other Program Costs		
	7.1% of Occupancy Expense	\$ 8,272
	7.1% of Computer Support Expense	\$ 1,788
C. Subtotal Direct Program Operating Expenses		\$ 10,060

(\*Note: For equipment items over \$5,000 and a useful life of more than one year, additional approval is needed. Please list all such items individually with the per-unit costs.)

Contract Budget		Exhibit B	
1. CONTRACTOR NAME: Conejo Valley Senior Concerns			
2. PROGRAM ACTIVITY/PROJECT NAME: Senior Nutrition Program			
3. PERFORMANCE PERIOD		4. EFFECTIVE DATES	
FROM: 7/1/2024	TO: 6/30/2025	INITIAL CONTRACT EFFECTIVE DATE: 7/1/2024	
		AMENDMENT #: 1	
CONTRACT #: C2425.10		AMENDMENT EFFECTIVE DATE: 7/1/2024	

D. CONTRACTUAL SERVICES (List legal entity name for each)	Contract Description & Cost Details	Subaward (S) or Vendor (V) (to follow)	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<i>D. Subtotal Contractual Services</i>			\$ -

E. FOOD COSTS			
Vendor Name	Description & Cost Details		TOTAL
Country Harvest	\$6.60 per meal		\$ 264,000
Jordano's	milk, yogurt, fruit		\$ 70,000
			\$ -
<i>E. Subtotal Food Costs</i>			\$ 334,000

F. OTHER (Please Describe)	Budget Justification & Calculation Details	
Supplies (Meal Containers, Delivery Bags, Cooler Bags)	Based on current year actual & projected	\$ 14,000
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
<i>F. Subtotal Other</i>		\$ 14,000

<b>DIRECT PROGRAM COSTS TOTAL</b>	<b>\$ 426,534</b>
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II. INDIRECT COSTS* (Use one of the options below.)				
	Rate (%)	Cost Base Rate Applied to (Amount)	Cost Base (Type)	Total
1. Federally Negotiated Indirect Cost Rate (Must attach your approved ICRA)				\$ -
2. De Minimis 10%	9.797%	\$ 92,534	MTDC	\$ 9,066
3. Other Program Special Rate (May be referenced in RFP, provide details)				\$ -
<b>INDIRECT COSTS TOTAL</b>				<b>\$ 9,066</b>

\*Please note that items cannot be charged as both Direct Program Expenses and Indirect Costs. See 2 CFR §200.412-§200.415.

Please list the general items classified by your agency as Indirect Costs: Mileage, supplies, minor equipment, etc.