

**AMENDMENT #1
TO CONTRACT BETWEEN
COUNTY OF VENTURA
AND
COMPASS FAMILY ENTERPRISES, DBA CHANNEL ISLANDS SOCIAL SERVICES,
FOR
RESPIRE CARE**

The County of Ventura (County) and Compass Family Enterprises, dba Channel Islands Social Services (Contractor), hereby agree that the contract previously entered into by the parties, also identified as County of Ventura Contract No. 6092, on July 1, 2022, is amended effective July 1, 2023, as follows:

1. Section 1. SERVICES TO BE PERFORMED BY CONTRACTOR. The first sentence is deleted and replaced with the following: "In consideration of the payments hereinafter set forth, Contractor will perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibits A, B, B1, C, C1 and D (collectively, the "Exhibits"), attached hereto and incorporated by reference."
2. Section 2. PAYMENTS. The first sentence is deleted and replaced with the following: "In consideration of the services rendered in accordance with all applicable terms, conditions and specifications, County will make payment to Contractor in the manner specified in Exhibit A (Scope of Work) and in accordance with the approved budget for this Contract herein included as Exhibit B (Budget) and in Exhibit B1 (Budget for Fiscal Year 2023-2024). Any remaining funds from one Fiscal Year may not be carried into the subsequent Fiscal Year."
3. Section 5. TERM. The first sentence is deleted and replaced with the following: "The term of this Contract is from July 1, 2022 – June 30, 2024, subject to all terms and conditions set forth herein and subject to the appropriation of funds by the Board of Supervisors."
4. Exhibit B1-Budget (for Fiscal Year 2023-24), attached hereto and incorporated by reference, is added to this Contract.
5. Exhibit C1-Quarterly Performance Report (for Fiscal Year 2023-24), attached hereto and incorporated by reference, is added to this Contract.
6. All other terms and conditions of the Contract remain the same.

COUNTY OF VENTURA

COMPASS FAMILY ENTERPRISES, DBA CHANNEL ISLANDS SOCIAL SERVICES

Authorized Signature

Authorized Signature

Melissa Livingston

Sharon Francis

Director, Human Services Agency

President and CEO

Date

Date

COMPASS FAMILY ENTERPRISES, DBA CHANNEL ISLANDS SOCIAL SERVICES

Authorized Signature

Printed Name

Title

Date

* If a corporation, this Contract must be signed by two specific corporate officers.

The first signature must be either the (1) Chief Executive Officer, (2) Chairman of the Board, (3) President, or any (4) Vice President.

The second signature must be the (a) Secretary, an (b) Assistant Secretary, the (c) Chief Financial Officer, or any (d) Assistant Treasurer.

In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signature to bind the company.

Contract Budget		Exhibit B1	
1. CONTRACTOR NAME: Channel Islands Social Services			
2. PROGRAM ACTIVITY/PROJECT NAME: Foster/Kinship (RFA) Respite Program			
3. PERFORMANCE PERIOD		4. EFFECTIVE DATES	
FROM: 7/1/2023	TO: 6/30/2024	INITIAL CONTRACT EFFECTIVE DATE: 7/1/2022	
		AMENDMENT #: 1	
CONTRACT #:RFP 6092 HSA 2122.03		AMENDMENT EFFECTIVE DATE: 7/1/2023	

BUDGET SUMMARY			
I. DIRECT PROGRAM EXPENSES	BUDGET SUMMARY	LEVERAGED COSTS	LEVERAGE TYPE (In-Kind or Cash)
A. Staff Salaries	\$ 250,491		
B. Staff Fringe Benefits	\$ 36,496		
C. Direct Program Operating Expenses	\$ 29,479		
D. Contractual Services	\$ -		
E. Client/Participant Direct Costs	\$ -		
F. Other	\$ 3,535	\$ 1,000	In-kind
SUBTOTAL SECTION I -DIRECT PROGRAM EXPENSES	\$ 320,000	\$ 1,000	
II. INDIRECT COSTS	\$ 32,000	\$ 2,000	In-Kind
TOTAL CONTRACT BUDGET	\$ 352,000	\$ 3,000	

BUDGET DETAIL				
I. DIRECT PROGRAM EXPENSES				
A. Staff Salaries (List Position/Title)	Monthly Salary	FTE(S)	# of Months	Total
Family Services Support Specialist	3,200.00	1.00	12	\$ 38,400
Respite Caregivers	2,470.00	6.42	12	\$ 190,393
Respite Caregivers - Childcare	2,470.00	0.17	12	\$ 4,940
Respite Caregivers - CFT Meetings	2,470.00	0.28	12	\$ 8,398
Respite Caregivers - Training	2,470.00	0.28	12	\$ 8,360
				\$ -
				\$ -
				\$ -
A. Subtotal Staff Salaries				\$ 250,491

B. Staff Fringe Benefits	Rate (%)	Total
Payroll Taxes (Social security, Medicare, etc.)	10.95%	\$ 27,428
Health Benefits	0.42%	\$ 1,052
Retirement Contributions	1.20%	\$ 3,006
Other (please describe): Sick Pay	2.00%	\$ 5,010
Other (please describe):		\$ -
B. Subtotal Staff Fringe Benefits		\$ 36,496

C. Direct Program Operating Expenses (Must be verifiable and cannot also be treated as an Indirect Cost.)	Budget Justification & Calculation Details	TOTAL
Staff Travel	230 Miles per week @.655/mile for 52 weeks	\$ 7,833
Facility Lease/Mortgage	7031 sq/ft @1.75 per sq/ft for 12 months at 4% use	\$ 5,906
Telephone/Utilities	4% use of total telephone/utilities cost for 12 months	\$ 1,363
Insurance Related to the Program	Workers Comp at \$5.50 rate	\$ 13,777
Office Supplies & Equipment*	\$25/month for 12 months	\$ 300
Program Outreach		\$ -
Other Program Costs	Childcare supplies at \$25/month for 12 months	\$ 300
C. Subtotal Direct Program Operating Expenses		\$ 29,479

(*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.)

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

E. CLIENT/PARTICIPANT DIRECT COSTS				TOTAL
Vocational Training Costs	Avg. Cost Per Participant	# of Participants		
On-the-Job Training	Avg. Rate Per Hour	Avg. Hours Per Month	Avg. # of Months	
Participant Wages				\$ -
Participant Benefits	Avg. Benefit Rate (%):			\$ -
Supportive Services (WIOA contract only)	Add Budget Justification & Calculation Details Below			
				\$ -
Family Stabilization Support Funds (CFS contracts only, when permitted)	Add Budget Justification & Calculation Details Below			
				\$ -
E. Subtotal Client/Participant Direct Costs				\$ -

F. OTHER (Please Describe)	Budget Justification & Calculation Details			
Health Screening - TB Skin Testing	10 new employees @ \$40 per employee			\$ 400
Health Screening - TB Chest X-ray Testing	5 new employees @ \$85 per employee			\$ 425
Employment Screenings	10 new employees @ \$12 per employee			\$ 120
CPR/First Aid & ProAct Traing Fees	30 employees @ \$55 per employee			\$ 1,650
Crisis Intervention Training Supscription Fee	10 Learners @ \$54.00			\$ 540
Speakers and Supplies for Semi-Annual Trainings	2 Trainings @ \$200 per Training			\$ 400
F. Subtotal Other				\$ 3,535

DIRECT PROGRAM COSTS TOTAL	\$ 320,000
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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%	10%	\$ 320,000	MTDC	\$ 32,000.04
3. Other Program Special Rate (May be referenced in RFP, provide details)				\$ -
INDIRECT COSTS TOTAL				\$ 32,000

*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: Executive Staff salaries, Audit

AGENCY/PROGRAM NAME: CHANNEL ISLANDS SOCIAL SERVICES-FOSTER & KINSHIP RESPITE PROGRAM

[illegible]

