

**COUNTY OF VENTURA
HUMAN SERVICES AGENCY**

AGREEMENT MODIFICATION

Agreement Term: July 1, 2018 through June 30, 2019	Modification Effective Date: April 1, 2019
Agency/Program: Kids & Families Together, Inc. – Relationship Assessment Program/ Therapeutic Family Visitation Center	Modification Number: 01

WHEREAS, as of July 1, 2018, the County of Ventura, a political subdivision of the State of California, hereinafter called "COUNTY", and Kids & Families Together, Inc., hereinafter called "CONTRACTOR", executed an Agreement for Relationship Assessment Program/ Therapeutic Family Visitation Center, hereinafter called "Agreement"; and



WHEREAS, the Agreement contains a provision that allows for its modification in writing with the mutual consent of COUNTY and CONTRACTOR; and

WHEREAS, COUNTY and CONTRACTOR now desire to modify said Agreement to increase the contract budget by \$35,000 for a new total of \$335,000 to reimburse CONTRACTOR for actual costs due to a lower than expected Early and Periodic Screening, Diagnostic and Treatment (EPSDT) eligible costs. Steps have been taken to maximize the portion of EPSDT eligible activities moving forward;

NOW THEREFORE, the COUNTY and CONTRACTOR hereto do mutually agree to the following modification to said Agreement:

1. The contract amount on the first page shall read \$335,000.
2. Exhibit A, section V.A, second sentence shall be revised to read: "The total compensation amount for this contract shall not exceed \$335,000."
3. Exhibit B (Budget) shall be replaced with new Exhibit B-1, which is attached and incorporated herein by reference.
3. All other terms and conditions of this Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Agreement Modification on the dates indicated.

COUNTY APPROVAL	CONTRACTOR APPROVAL
 (Signature) Steve Bennett Chair, Board of Supervisors County of Ventura 4/9/19 (Date)	 (Signature) David Friedlander Executive Director Kids & Families Together 4-2-19 (Date)

ATTEST: MICHAEL POWERS
Clerk of the Board of Supervisors
County of Ventura, State of California

By: 
Deputy Clerk of the Board



County of Ventura		Exhibit B-1	
1. PROGRAM YEAR: FROM: 07/01/2018 TO: 06/30/2019		4. BASIC CONTRACT EFFECTIVE DATE: MOD 001: 04/01/2019 MOD 002: MOD 003: MOD 004:	
2. PROGRAM ACTIVITY: Therapeutic Visitation Center and Relationship Assessment Program			
3. SUBGRANTEE: Kids & Families Together		5. CONTRACT NUMBER: C1819.18	
COST CATEGORIES	ORIGINAL BUDGET	REVISED BUDGET	ADJUSTMENT
I. ADMINISTRATION			
A. STAFF SALARIES	\$29,498	\$29,498	\$0
B. STAFF FRINGE BENEFITS	\$4,720	\$4,720	\$0
C. STAFF TRAVEL	\$429	\$429	\$0
D. STAFF EQUIPMENT	\$40	\$40	\$0
E. FACILITIES	\$742	\$742	\$0
F. CONSUMABLE SUPPLIES	\$325	\$325	\$0
G. SUB-AGREEMENT(S)	\$0	\$0	\$0
H. OTHER ADMINISTRATION COSTS	\$4,714	\$4,714	\$0
SUBTOTAL SECTION I	\$40,468	\$40,468	\$0
TOTAL SECTION I	\$40,468	\$40,468	\$0
PERCENTAGE OF TOTAL CONTRACT BUDGET	13.49%	12.08%	
II. PROGRAM			
A. STAFF SALARIES	\$159,826	\$206,096	\$46,270
B. STAFF FRINGE BENEFITS	\$25,572	\$32,975	\$7,403
C. STAFF TRAVEL	\$1,000	\$1,000	\$0
D. STAFF EQUIPMENT	\$4,285	\$2,508	-\$1,777
E. FACILITIES	\$30,524	\$36,524	\$6,000
F. CONSUMABLE SUPPLIES	\$7,425	\$7,425	\$0
G. TUITION AND ENTRANCE FEES	\$0	\$0	\$0
H. SINGLE UNIT COSTS	\$0	\$0	\$0
I. PARTICIPANT SUPPORT SERVICES	\$30,000	\$7,104	-\$22,896
J. PARTICIPANT WAGES AND FRINGE BENEFITS	\$0	\$0	\$0
K. TEACHING AIDS, EQUIPMENT AND SUPPLIES	\$0	\$0	\$0
L. SUB-AGREEMENT(S)	\$0	\$0	\$0
M. OTHER TRAINING COSTS	\$900	\$900	\$0
SUBTOTAL SECTION II	\$259,532	\$294,532	\$35,000
TOTAL SECTION II	\$259,532	\$294,532	\$35,000
PERCENTAGE OF TOTAL CONTRACT BUDGET	86.51%	87.92%	
TOTAL CONTRACT BUDGET	\$300,000	\$335,000	\$35,000



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I. BUDGET**A. PAYMENT**

1. The Contractor and Subcontractors shall be paid on a cost reimbursement basis for the goods and services as stipulated in this Contract.

The total amount of the Contract shall be: \$335,000

2. There are two Cost Categories:

- | | |
|-------------------|-----------|
| a. Administration | \$40,468 |
| b. Programs | \$294,532 |

The Contractor shall be paid by the County in accordance with the Contract, the approved Budget Summary and Budget Detail for Cost Reimbursement Contracts. All contract payments must be for expenditures incurred or earnings achieved between the Contract beginning and ending dates shown on the Contract cover page. All budgets will be reviewed for Reasonableness of Costs by County Staff. All costs associated with the Contract must be properly documented and accounted for regardless of whether any of the costs are charged to the County.

The Contractor shall ensure that all invoiced costs are substantiated by verifiable source documents which shall provide a clear audit trail. The Contractor shall invoice the County for program costs incurred each month using County statement of cost forms. The monthly statement of cost form shall be submitted to the County accounting department by the tenth day of each month following the month expenditures occur.

Payment of accurate and approved invoices will be issued within thirty (30) days after receipt by the County. Inaccurate invoices shall be returned to the Contractor for correction. Consistently inaccurate or late invoices will result in payment delay and request for formal corrective action.

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CATEGORY I. ADMINISTRATION						
IA. STAFF SALARIES						
POSITION/TITLE	TOTAL NO. OF POSITIONS	HOURS PER WEEK	TOTAL NO. OF WEEKS	TOTAL HRS. (ROUNDED)	AVG. HOURLY RATE	TOTAL (ROUNDED)
President and CEO	1	3	52	162	\$50.00	\$8,033
Vice President of Administration	1	3	52	175	\$42.00	\$7,334
Assministration Office Manager	1	3	52	175	\$24.00	\$4,211
Accounting Manager	1	3	52	162	\$37.40	\$6,070
Bookkeeper	1	3	52	175	\$22.00	\$3,850
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION I, LINE A)					TOTAL	\$29,498
IB. STAFF FRINGE BENEFITS						
FRINGE BENEFITS	RATE	AMT. RATE APPLIED TO	TOTAL (ROUNDED)			
Health, Worker's Comp, ER Taxes	0.16	\$29,498	\$4,720			
OTHER	0		\$0			
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION I, LINE B)					TOTAL	\$4,720
IC. STAFF TRAVEL						
TRAVEL EXPENSE	MILES PER WEEK	RATE PER MILE	TIME (WEEKS)	TOTAL (ROUNDED)		
Reimbursement for use of auto (per week)	15	\$0.54	52	\$429		
RENTAL/LEASE(Auto/bus/etc.)(per day)	RATE(\$/): \$0.00		0	\$0		
PER DIEM:	NO. DAYS: 0	RATE(\$/DAY): \$0.00		\$0		
OTHER:	NO. DAYS: 0	RATE(\$/EA: \$0.00		\$0		
OTHER:)	NO. DAYS: 0	RATE(\$/EA: \$0.00		\$0		
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION 1, LINE C)					TOTAL	\$429

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I D. STAFF EQUIPMENT					
EQUIPMENT FOR STAFF - PURCHASE					
DESCRIPTION	QUANTITY	UNIT COST	TOTAL (ROUNDED)		
	0	0	\$0		
(PURCHASE) SUB-TOTAL			\$0		
EQUIPMENT FOR STAFF - LEASE					
DESCRIPTION	QUANTITY	MONTHLY RATE	NUMBER OF MONTHS	TOTAL (ROUNDED)	
Copier Lease	0	\$2.33	12	\$40	
(LEASE) SUB-TOTAL				\$40	
(ENTER THE SUMMATION OF SUB TOTAL(S) I D, AND ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION I, LINE D)				TOTAL	
				\$40	
I E. FACILITIES					
LEASE	SQUARE FEET	RATE/SQ. FT. PER MONTH	MONTH(S) IN USE	PERCENTAGE OF USE	TOTAL (ROUNDED)
Santa Clara Site	0	\$0.00	0		\$507
	0	\$0.00	0	0.00%	
(LEASE) SUB-TOTAL					\$507

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FACILITIES - UTILITIES AND CUSTODIAL			
TYPE	COST PER MONTH	NUMBER OF MONTH(S)	TOTAL (ROUNDED)
Telephone-Internet	\$3.25	12	\$88
IT Support	\$3.00	12	\$147
(UTILITIES & CUSTODIAL) SUB-TOTAL			\$235
(ENTER THE SUMMATION OF SUB TOTAL(S) I E, AND ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION I, LINE E)			TOTAL \$742
I F. CONSUMABLE SUPPLIES			
DESCRIPTION	QUANTITY OR NO. MO.	UNIT COST	TOTAL (ROUNDED)
Computer R&M, Office Supplies, Postage, Reprographics	0.0	\$0.00	\$325
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION I, LINE F)			TOTAL \$325
I G. SUB-AGREEMENT(S) (Specify)			COST PER
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION I, LINE G)			TOTAL \$0
I H. OTHER ADMINISTRATION COSTS			
DESCRIPTION	QUANTITY	UNIT COST PER MONTH	TOTAL (ROUNDED)
Audit			\$1,586
Insurance			\$1,628
Training			\$1,500
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION I, LINE H)			TOTAL \$4,714

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CATEGORY II. PROGRAMS						
II A. STAFF SALARIES						
POSITION/TITLE	TOTAL NO. OF POSITIONS	HOURS PER WEEK	TOTAL NO. OF WEEKS	TOTAL HOURS (ROUNDED)	AVG. HOURLY RATE	TOTAL (ROUNDED)
Associates	3.00	65	52	3,380	\$25.00	\$84,500
TVC Manager	1.00	31	52	1,612	\$33.00	\$53,196
TVC Assistant Manager	1.00	40	52	2,080	\$22.00	\$45,760
TVC Admin Assistant	1.00	15	52	780	\$20.00	\$15,600
TVC Clinical Supervisor	1.00	2	52	88	\$80.00	\$7,040
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE A)				TOTAL	\$206,096	
II B. STAFF FRINGE BENEFITS						
FRINGE BENEFITS		RATE	AMT. RATE APPLIED TO	TOTAL (ROUNDED)		
Health, Worker's Comp.		0.16	\$206,096	\$32,975		
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION I, LINE B)				TOTAL	\$32,975	

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II C. STAFF TRAVEL				
TRAVEL EXPENSE	MILES PER WEEK	RATE PER MILE	TIME (WEEKS)	TOTAL (ROUNDED)
Reimbursement for use of Auto (Per Week)	36	\$0.54	52	\$1,000
RENTAL/LEASE (Auto/Bus/Etc.)(Per Day):	RATE(\$/WK):	\$0.00	0	\$0
PER DIEM:	NO. DAYS:	RATE (\$/DAY):	\$0.00	\$0
OTHER:	NO. DAYS: 0	RATE(\$/EA):	\$0.00	\$0
OTHER:	NO. DAYS: 0	RATE(\$/EA):	\$0.00	\$0
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE C)			TOTAL	\$1,000
II D. STAFF EQUIPMENT - PURCHASE AND DEPRECIATION				
DESCRIPTION	QUANTITY	MONTHLY UNIT COST	TOTAL (ROUNDED)	
	0	\$0.00	\$0	
(PURCHASE) SUB-TOTAL			\$0	
EQUIPMENT FOR STAFF - USAGE				
DESCRIPTION	QUANTITY	MONTHLY RATE	NUMBER OF MONTHS	TOTAL (ROUNDED)
Copier Lease	1	\$209	12	\$2,508
(USAGE) SUB-TOTAL			\$2,508	
(ENTER THE SUMMATION OF SUB TOTAL(S) II.D., AND ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE D)			TOTAL	\$2,508

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II E. FACILITIES					
LEASE	SQUARE FEET	RATE/SQ. FT. PER MONTH	MONTH(S) IN USE	PERCENT USE	TOTAL (ROUNDED)
Santa Clara Site	0	\$0.00	0	0%	\$27,242
(LEASE) SUB-TOTAL					\$27,242
FACILITIES - UTILITIES AND CUSTODIAL					
TYPE	COST PER MONTH	NUMBER OF MONTH(S)	TOTAL (ROUNDED)		
Telephone-Internet	\$290	12	\$3,480		
IT Support	\$500	12	\$5,802		
(UTILITIES AND CUSTODIAL) SUB-TOTAL			\$9,282		
(ENTER THE SUMMATION OF SUB TOTAL(S) II E, AND ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE E)			TOTAL	\$36,524	
II F. CONSUMABLE SUPPLIES					
DESCRIPTION	QUANTITY	UNIT COST PER MONTH	TOTAL (ROUNDED)		
Computer R&M, Office Supplies, Postage, Reprographics			\$7,425		
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE F)			TOTAL	\$7,425	
II G. TUITION AND ENTRANCE FEES					TOTAL (ROUNDED)
DESCRIPTION				SPECIFIC CALCULATIONS	
ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE G)				TOTAL	\$0

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II H. INTAKE AND RECRUITMENT (Specify)			COST PER		
ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE H)			TOTAL \$0		
II I. PARTICIPANT SUPPORT SERVICES					
DESCRIPTION		SPECIFIC CALCULATIONS	TOTAL (ROUNDED)		
Transportation			\$7,104		
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE I)		TOTAL	\$7,104		
II J. PARTICIPANT WAGES AND FRINGE BENEFITS - WAGES					
NUMBER OF SLOTS (BY DIFFERENT HOURLY RATES)	HOURS PER WEEK PER SLOT	NUMBER OF WEEKS	TOTAL HOURS (ROUNDED)	RATE PER HOUR	TOTAL (ROUNDED)
NO. PARTS:	0	0	0	\$0.00	\$0
(WAGES) SUB-TOTAL					\$0
FRINGE BENEFITS					
FRINGE BENEFITS		RATE	AMT. RATE APPLIED TO	TOTAL (ROUNDED)	
SOCIAL SECURITY/MEDICARE		0.0000	\$0	\$0	
WORKERS' COMPENSATION		0.0000	\$0	\$0	
OTHER: Federal Unemployment Insurance (FUTA)		0.0000	\$0	\$0	
OTHER:				\$0	
OTHER:				\$0	
(FRINGE BENEFITS) SUB-TOTAL				\$0	
(ENTER THE SUMMATION OF SUB TOTAL(S) II J., AND				TOTAL \$0	
ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE J)					

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II K. TEACHING AIDS, EQUIPMENT AND SUPPLIES			
DESCRIPTION	QUANTITY	UNIT COST	TOTAL (ROUNDED)
	0	\$0.00	\$0
			\$0
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE K)			TOTAL \$0
II L. SUB-AGREEMENT(S) (Specify)			COST PER
			\$0
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE L)			TOTAL \$0
II M. OTHER TRAINING COSTS			
DESCRIPTION	QUANTITY OR NO. MO.	UNIT COST PER MO.	TOTAL (ROUNDED)
Program Supplies	0	\$0.00	\$900
(ENTER TOTAL ON BUDGET SUMMARY, PAGE 1, SECTION II, LINE M)			TOTAL \$900