



**Contract Number**

22-484 A-1

**SAP Number**

4400019723

## Children and Family Services

<b>Department Contract Representative</b>	Amanda Figueroa
<b>Telephone Number</b>	(909) 386-8146
<b>Contractor</b>	Building Bridges Foster Family Agency
<b>Contractor Representative</b>	Robert Mathias
<b>Telephone Number</b>	(909) 233-7265
<b>Contract Term</b>	July 1, 2022 through June 30, 2026
<b>Original Contract Amount</b>	\$10,262,840 Aggregate
<b>Amendment Amount</b>	\$3,283,935
<b>Total Contract Amount</b>	\$13,546,775 Aggregate
<b>Cost Center</b>	
<b>Grant Number (if applicable)</b>	

### IT IS HEREBY AGREED AS FOLLOWS:

#### AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 22-484, as follows:

#### SECTION V. FISCAL PROVISIONS

##### **Amend Paragraph A to read as follows:**

- A. The aggregate amount of payment under this Contract is a combined total for all CAPTS Contractors identified in the corresponding Board Agenda item and together shall not exceed \$13,546,775, of which \$8,263,533 may be federally funded, and shall be subject to the availability of funds to the County. The consideration to be paid to Contractor, as provided herein, per Maximum Fee Schedule (Attachment C) shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

##### **Amend Paragraph E to read as follows:**

- E. Contractor shall provide:
1. An itemized invoice to the County by the tenth (10<sup>th</sup>) day of each month for clients served during the previous month.
  2. The invoice submission shall include:
    - a. Client's name;

- b. Child Welfare Services/Case Management System (CWS/CMS) case number;
- c. Efforts-to-Outcomes (ETO) number;
- d. Date(s) of service(s);
- e. Description of service;
- f. City service provided in;
- g. Staff License Type;
- h. Therapist/Facilitator Name;
- i. Cost of service(s);
- j. Supplemental Service, if provided;
- k. Client sign-in sheet(s), or verification that telehealth sessions took place, on County provided template (Attachments D and E);
- l. Associated referrals, including but not limited to, Referral Form CFS 13.5E CWS; and,

**Add Paragraph O to read as follows:**

- O. Contractor shall not be paid for services being invoiced without the accompanying documentation referenced in Section V. Fiscal Provisions, Paragraph E.

**SECTION VIII. TERM**

**Amend section to read as follows:**

This Contract is effective as of July 1, 2022 and expires June 30, 2026, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for one (1) additional one (1) year period by mutual agreement of the parties.

**SECTION X. GENERAL PROVISIONS**

**Amend section to add Paragraph R as follows:**

- R. **Executive Order N-6-22 Russian Sanctions** – On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

**ATTACHMENTS**

**Add Attachment D – CAPTS Sign-In Sheet**

**Add Attachment E – CAPTS Class Sign-In Sheet**

**All other terms and conditions of Contracts No. 22-484 remain in full force and effect.**

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF, or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

►

Dawn Rowe, Chair, Board of Supervisors

Dated: \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

By \_\_\_\_\_

Deputy

Building Bridges Foster Family Agency

(Print or type name of corporation, company, contractor, etc.)

By \_\_\_\_\_

(Authorized signature - sign in blue ink)

Name Robert Mathias

(Print or type name of person signing contract)

Title Executive Director

(Print or Type)

Dated: \_\_\_\_\_

Address 2890 Inland Empire Blvd., Suite 100

Ontario, CA 91764

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►

Daniella V. Hernandez, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►

Patty Steven, Contracts Manager

Date \_\_\_\_\_

Reviewed/Approved by Department

►

Jeany Glasgow, Director

Date \_\_\_\_\_



## CAPTS Sign-In Sheet

Name of Therapist: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Therapy type:

☐ \*Family/Couples☐ \*Group☐ Individual☐ \*PCIT

	Date	Time In	Time Out	Client's Signature (Guardians may sign on behalf of children)	Telehealth Sessions Only: Two Client ID Authentication Methods	Therapist Signature
1						
2						
3						
4						
5						
6						
7						

**ATTACHMENT D**

8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

\*Each person attending an in-person session must sign in. Therapist must document two forms of client identity authentication for each telehealth session.



### Class Sign-In Sheet

Name of Client: \_\_\_\_\_

Class type:

☐ Anger Management      ☐ Domestic Violence      ☐ Life Skills Classes

☐ Parent Education      ☐ Support Groups

	Date	Session Topic	Start Time	Client's Signature	Telehealth Sessions Only: Two Client ID Authentication Methods	Facilitator Printed Name & Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						