



**Contract Number**

19-592 A-5

**SAP Number**

4400012549

## Children and Family Services

<b>Department Contract Representative</b>	<u>Maria Tucci</u>
<b>Telephone Number</b>	<u>(909) 387-2806</u>
<b>Contractor</b>	<u>Child Care Resources Center, Inc.</u>
<b>Contractor Representative</b>	<u>Jose A. Ramos, Jr.</u>
<b>Telephone Number</b>	<u>(818) 717-1000</u>
<b>Contract Term</b>	<u>September 1, 2019 through June 30,2024</u>
<b>Original Contract Amount</b>	<u>\$22,590,527</u>
<b>Amendment Amount</b>	<u>\$(1,011,976)</u>
<b>Total Contract Amount</b>	<u>\$21,578,551</u>
<b>Cost Center</b>	<u>501704100</u>

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 5**

It is hereby agreed to amend Contract No. 19-592, effective immediately upon execution, as follows:

**SECTION III. CONTRACTOR GENERAL RESPONSIBILITIES**

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

**PP. Campaign Contribution Disclosure (SB 1439)** – Contractor has disclosed to the County using Attachment D – Campaign Contribution Disclosure (SB 1439), whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors within the earlier of: (1) the date of the submission of Contractor’s proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors for 12 months after the County’s consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Supervisors within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of contractor.

## **SECTION V. FISCAL PROVISIONS**

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

- A. The maximum amount of payment under this Contract shall not exceed \$21,578,551, and shall not exceed the annual amount stated below, of which \$10,789,275 may be federally funded, and shall be subject to availability of funds to the County.
1. FY 19/20 \$2,466,808
  2. FY 20/21 \$2,466,808
  3. FY 21/22 \$2,862,812
  4. FY 22/23 \$7,067,311
  5. FY 23/24 \$6,714,812

## **ATTACHMENTS**

Replace ATTACHMENT C – Program Budget July 1, 2023 – June 30, 2024

Add ATTACHMENT D – Campaign Contribution disclosure (SB 1439)

**All other terms and conditions of Contracts No. 19-592 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 Contract upon request.

**IN WITNESS WHEREOF**, San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

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

Child Care Resource Center  
\_\_\_\_\_  
(Print or type name of corporation, company, contractor, etc.)

By ► \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name Michael Olenick, Ph.D.  
(Print or type name of person signing contract)

Title President and Chief Executive Officer  
(Print or Type)

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

Address 20001 Prairie Street  
Chatsworth, CA 91311

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
►  
Kaleigh Ragon, Deputy County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
►  
Patty Steven, HS Contracts Unit  
Date \_\_\_\_\_

Reviewed/Approved by Department  
►  
Jeany Zepeda, Director  
Date \_\_\_\_\_

**CCRC**  
**Program name**  
**Program Budget**  
**July 1, 2023 - June 30, 2024**

**I. PROGRAM COSTS**

List only those items of cost which are chargeable, in whole or part, to the program.  
Salaries and benefits are chargeable to the program based on actual cost to the organization, subject to not exceeding the budget amount.

**A. Navigators Cost:**

		<b>TOTAL COST TO THE ORGANIZATION</b>	<b>PERCENT CHARGED TO GRANT</b>	<b>TOTAL COST</b>
1	Job Title: Navigator 1			
	Salaries & Benefits	105,544	100%	105,544
2	Job Title: Navigator 2			
	Salaries & Benefits	105,544	100%	105,544
3	Job Title: Navigator 3			
	Salaries & Benefits	105,544	100%	105,544
4	Job Title: Navigator 4			
	Salaries & Benefits	105,544	100%	105,544
5	Job Title: Navigator 5			
	Salaries & Benefits	105,544	100%	105,544
6	Job Title: Navigator 6, Lead			
	Salaries & Benefits	105,544	100%	105,544
7	Job Title: Program Assistant			
	Salaries & Benefits	61,062	100%	61,062
8	Job Title: Case Management, Supervisor			
	Salaries & Benefits	101,800	100%	101,800
9	Job Title: Case Management, Manager			
	Salaries & Benefits	206,667	15%	31,000
10	Job Title: Child Care Financial Assistance, Director			
	Salaries	260,000	5%	13,000
11	Rent			
	11.1 Victorville Office	408,900	12.11%	49,500
	11.2 San Bernardino Office	579,888	1.12%	6,500
	11.3 Chatsworth Office	1,364,974	0.01%	70
12	Maintenance			
	12.1 Victorville Office	49,140	11.19%	5,500
	12.2 Chatsworth Office	192,000	0.11%	210
13	Security			
	13.1 Victorville Office	68,878	13.79%	9,500
	13.2 San Bernardino Office	68,213	1.47%	1,000
	13.3 Chatsworth Office	144,000	0.03%	50
14	Utilities			
	14.1 Victorville Office	35,114	14.24%	5,000
	14.2 Chatsworth Office	324,000	0.03%	110
15	Mileage	9,668	100%	9,668
16	Telephone	959,969	1.40%	13,396
17	Insurance	577,678	0.87%	5,000
18	Office/ Program Supplies	4,920	100%	4,920
19	Training	22,165	100%	22,165
20	Outreach & Staffing support	223,291	100%	223,291
	Subtotal			<b>1,196,006</b>
21	10% De Minimis Rate			113,994
	Total Navigator Cost			<b>1,310,000</b>

<b>B. Trauma-Informed Care:</b>			
	<b>TOTAL COST TO THE ORGANIZATION</b>	<b>PERCENT CHARGED TO GRANT</b>	<b>TOTAL COST</b>
1 Job Title: Trauma-Informed Care 1			-
Salaries and Benefits	86,853	100%	86,853
2 Job Title: Trauma-Informed Care 2			-
Salaries and Benefits	83,100	100%	83,100
3 Job Title: Trauma-Informed Care 3			
Salaries and Benefits	83,100	100%	83,100
4 Job Title: Trauma-Informed Care 4			
Salaries and Benefits	83,100	100%	83,100
5 Job Title: Trauma-Informed Care 5			
Salaries and Benefits	83,100	100%	83,100
6 Job Title: Trauma-Informed Care 6			
Salaries and Benefits	83,100	100%	83,100
7 Job Title: Trauma-Informed Care 7			
Salaries and Benefits	41,767	100%	41,767
8 Job Title: Trauma-Informed Care 8			
Salaries and Benefits	41,767	100%	41,767
9 Job Title: TIC Supervisor			
Salaries and Benefits	105,572	50%	52,786
10 Job Title: TIC Supervisor			
Salaries and Benefits	90,593	100%	90,593
11 Job Title: Administrative Assistant			
Salaries and Benefits	73,154	50%	36,577
12 Job Title: Trauma-Informed Care Manager			
Salaries and Benefits	160,592	50%	80,296
13 Job Title: Trauma-Informed Care Director			
Salaries and Benefits	200,140	20%	40,028
14 Rent			21,019
14.1 Victorville Office	408,900	1.4%	5,624
14.2 San Bernardino Office	579,888	2.5%	14,326
14.3 Chatsworth	1,364,974	0.1%	1,069
15 Maintenance			1,605
15.1 Victorville Office	49,140	2.9%	1,414
15.2 Chatsworth	192,000	0.1%	191
16 Security			2,772
16.1 Victorville Office	68,878	1.1%	764
16.2 San Bernardino Office	68,213	2.7%	1,819
16.2 Chatsworth	144,000	0.1%	189
17 Utilities			1,332
17.1 Victorville Office	35,114	2.7%	965
17.2 Chatsworth	324,000	0.1%	367
18 Mileage		100%	11,279
19 Telephone	959,969	0.77%	7,387
20 Insurance	577,678	0.62%	3,566
21 Training		100%	80,029
22 Printing		100%	10,000
23 Shipping/Postage		100%	10,000
24 Program Supplies		100%	57,664
Subtotal			<b>1,092,820</b>
25 10% De Minimis Rate			107,180
<b>Total Trauma-Informed Care:</b>			<b>1,200,000</b>

Voucher costs are chargeable to the program for the amount that was paid to the clients.

**C. Voucher:**

	<b>TOTAL COST TO THE ORGANIZATION</b>	<b>PERCENT CHARGED TO GRANT</b>	<b>TOTAL COST</b>
1 Voucher	3,822,556.24	100%	3,822,556
2 10% De Minimis Rate	382,255.62	100%	382,256
<b>Total Voucher:</b>			<b>\$ 4,204,811.86</b>
<b>TOTAL:</b>			
<b>Total Navigator Cost</b>			1,310,000
<b>Total Trauma-Informed Care:</b>			1,200,000
<b>Total Voucher:</b>			4,204,812
<b>Total All Charges</b>			<b>\$ 6,714,811.86</b>



## ATTACHMENT D

### Campaign Contribution Disclosure (SB 1439)

#### **DEFINITIONS**

**Actively supporting the matter:** (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the County's decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

**Agent:** A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

**Otherwise related entity:** An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

**Parent-Subsidiary Relationship:** A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

**Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.**

1. Name of Contractor: Child Care Resource Center
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?  
 Yes  If yes, skip Question Nos. 3-4 and go to Question No. 5  
 No
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: N/A
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):  
N/A
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	N/A
N/A	N/A

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
N/A	N/A	N/A
N/A	N/A	N/A

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and/or Agent(s):
N/A	N/A	N/A
N/A	<u>N/A</u>	<u>N/A</u>

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/A	N/A
N/A	N/A

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No  If **no**, please skip Question No. 10.

Yes  If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member: \_\_\_\_\_ N/A \_\_\_\_\_

Name of Contributor: \_\_\_\_\_ N/A \_\_\_\_\_

Date(s) of Contribution(s): \_\_\_\_\_ N/A \_\_\_\_\_

Amount(s): \_\_\_\_\_ 0 \_\_\_\_\_

Please add an additional sheet(s) to identify additional Board Members to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors while award of this Contract is being considered and for 12 months after a final decision by the County.