



Contract Number

#15-218 A-4

SAP Number

4400008112

Department of Behavioral Health

Department Contract Representative	Debbie Forthun
Telephone Number	909-388-0862
Contractor	Orchid Court, Inc
Contractor Representative	Elisa Gosuico
Telephone Number	909-884-3044
Contract Term	July 1, 2015 to September 30, 2020
Original Contract Amount	\$3,367,466
Amendment Amount	\$69,000
Total Contract Amount	\$3,436,466
Cost Center	9209181000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Orchid Court, Inc referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 15-218** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Enhanced Board and Care Services, which Contract first became effective July 1, 2015, the following changes are hereby made and agreed to, effective July 28, 2020:

- I. ARTICLE IV FUNDING AND BUDGETARY RESTRICTIONS, paragraph K, is hereby added to read as follows:
 - K. The contract amendment amount of \$69,000 shall increase the total contract amount from \$3,367,466 to \$3,436,466 for the contract term.
- II. Addendum I Title Page 1, is hereby amended to read as follows:

ENHANCED CARE
DESCRIPTION OF SERVICES

For

Orchid Court
307 S. Arrowhead Ave.
San Bernardino, CA 92408
and

Vanda Royale
2020 W. Mesa St.
San Bernardino, CA 92408

July 1, 2015 through September 30, 2020

III. This amendment hereby adds Schedules A and B for FY 2020/21. All previously approved schedules remain in effect.

IV. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

COUNTY OF SAN BERNARDINO

Orchid Court, Inc

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

►

Curt Hagman, Chairman, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

Name _____
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►

Dawn Martin, Deputy County Counsel

►

Natalie Kessee, Contracts Manager

►

Veronica Kelley, Director

Date _____

Date _____

Date _____

		SAN BERNARDINO COUNTY							
		DEPARTMENT OF BEHAVIORAL HEALTH							
		NEGOTIATED RATE AMOUNT		Contractor Name:		Orchid Court, Inc.			
		PLANNING ESTIMATES		Contract #:		15-218			
		SCHEDULE A		Address:		307 S. Arrowhead Ave.			
Prepared by: Elisa R. Gosuico		FY 2020 / 2021				San Bernardino, CA 92408			
Title: President		July 1, 2020 to September 30, 2020		(3 months)		Legal Entity #:			
Date Form Completed: 6/15/2020		Enhanced Care Services				Provider #:			

LINE #	MODE OF SERVICE SERVICE FUNCTION	05 65	05 Hearing Impaired / PATCH						TOTAL
EXPENSES									
1	SALARIES	157,524	21,840						179,364
2	BENEFITS	47,256	0						47,256
	TOTAL SALARIES AND BENEFITS	204,780	21,840	0.00	0.00	0.00	0.00		226,620
3	OPERATING EXPENSES	69,533							69,533
4	TOTAL EXPENSES (1+2+3)	274,313	21,840	0.00	0.00	0.00	0.00		296,153
AGENCY REVENUES									
5	PATIENT FEES								0
6	PATIENT INSURANCE								0
7	MEDI-CARE								0
8	GRANTS/OTHER								0
9	TOTAL AGENCY REVENUES (5+6+7+8)	0	0	0	0	0	0		0
10	CONTRACT AMOUNT (4-9)	274,313	21,840	0	0	0	0		296,153
11	CONTRACT DAYS	91	91						91
12	CONTRACT MONTHS	3	3						3
13	NUMBER OF BEDS / HRS per day	40	8						40
14	TOTAL CLIENT DAYS / HRS (11 x 13)	3,650	728	0	0	0	0		4,378
15	QUARTERLY AMOUNT PER BED (10 / 13)	6,858		0	0	0	0		
16	MONTHLY AMOUNT PER BED (13 / 10)	2,286		0	0	0	0		
17	DAILY/HOURLY AMOUNT PER BED / PATCH (8 / 12)	75	30	0	0	0	0		
18	TOTAL MONTHLY AMOUNT (14 * 11)	91,438	7,280	0	0	0	0		98,718
19	TOTAL AMOUNT (9*11*15)	274,313	21,840	0	0	0	0		296,153
FUNDING:									
20	MEDI-CAL								0
21	PATH								0
22	MHBG (SAMSHA)	252,917	21,840						274,757
23	MIOCR								0
24	MHSA								0
25	1991 REALIGNMENT	21,396							21,396
26	OTHER:								0
	TOTAL FUNDING	274,313	21,840	0	0	0	0		296,153

SCHEDULES A and B

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH										
Schedule B	STAFFING DETAIL						Contractor Name: Orchid Court, Inc.			
FY 2020 / 2021										
			July 1, 2020 to September 30, 2020		(3 months)					
Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)										
CONTRACTOR NAME: Orchid Court, Inc. (based on 3 months)										
Name	Degree/ License	Position Title	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Budgeted Units of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Clodoveo R. Gosuico, III	BSIE	Administrator	33,000	9,900	42,900	50%	21,450		16,500	4,950
Elisa R. Gosuico	B.S. Chemistry	CEO/Administrator	18,000	5,400	23,400	50%	11,700		9,000	2,700
Anthonia Anyakora	BSN/RN/	Registered Nurse	20,800	6,240	27,040	80%	21,632		16,640	4,992
Dominic Williams	MSW/ACSW	Social Worker	17,160	5,148	22,308	80%	17,846		13,728	4,118
Charles Esteron	BSBA/Account	Quality Assurance	10,200	3,060	13,260	50%	6,630		5,100	1,530
Julian Sacdalan	MBA/MPH	Public Health Specialist	6,760	2,028	8,788	50%	4,394		3,380	1,014
	CDAC	Drug Counselor	9,360	2,808	12,168	50%	6,084		4,680	1,404
Rogelio Pinpin	BSBA	Office Manager	16,000	4,800	20,800	50%	10,400		8,000	2,400
Tjitji Setiadi	Public Health	MHW/Diabetic Specialist	10,140	3,042	13,182	50%	6,591		5,070	1,521
Carmelita Ilusorio	Medical Sec.	Activity Coord./MHW	9,360	2,808	12,168	60%	7,301		5,616	1,685
Leandro Suegerra	BSN	Medication Management	7,800	2,340	10,140	50%	5,070		3,900	1,170
Lorna Bravo/L. Bergunio	BSN/IT	Medication/Direct Staff	15,600	4,680	20,280	50%	10,140		7,800	2,340
D Laguna/E. Barajas*		Sign Language Interpreter	21,840	0	21,840	100%	21,840		21,840	0
M. Baiguen/G. Custodio	Electronic Tech	Night Staff	15,600	4,680	20,280	50%	10,140		7,800	2,340
I. Ilon/N. Anin/ H. Esequie		Maintenance/Direct Care	23,400	7,020	30,420	70%	21,294		16,380	4,914
Emelita Caramillo	BSBA	Bookeeping/Accounting	19,200	5,760	24,960	50%	12,480		9,600	2,880
Marlo Bajarias	BSBA	Mental Health Worker	5,616	1,685	7,301	60%	4,380		3,370	1,010
Clodoveo M. Gosuico, Jr.	BSME	IT/Marketing	18,000	5,400	23,400	50%	11,700		9,000	2,700
C.Tubig/D. Silan/M. Bates		Food Preparation	15,600	4,680	20,280	50%	10,140		7,800	2,340
Editha Esequie	BS Education	Mental Helath Worker	8,320	2,496	10,816	50%	5,408		4,160	1,248
									179,364	47,256
				Total Program		TOTAL	248,274			*SIGN LANGUAGE
					11.50	COST:	226,620		21,840	- INTERPRETERS
Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits										
									157,524	47,256
* = Sub-Contracted Person listed on Schedule "A" Planning as operating expenses, not salaries & benefits.										

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

					Contractor Name: Orchid Court, Inc.
					Contract #: 15-218
					Address: 307 S. Arrowhead Ave.
Prepared by:	Elisa R. Gosuico				San Bernardino, CA 92408
Title:	President				Date Form Completed: 6/15/2020

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

(based on 3 months)

ITEM		TOTAL ORGANIZATION COST	% CHARGE TO DBH	% CHARGE TO OTHER FUNDING SOURCE	TOTAL DBH COST
1	Utilities	\$22,136	50.00%	50.00%	\$11,068
2	Property Tax/ Insurance	\$7,075	50.00%	50.00%	\$3,538
3	Maintenance	\$26,072	50.00%	50.00%	\$13,036
4	Professional Liability Insurance	\$7,750	50.00%	50.00%	\$3,875
5	Program Supplies	\$6,000	50.00%	50.00%	\$3,000
6	Outside Activities/ Events and Food Cost	\$2,500	50.00%	50.00%	\$1,250
7	Transportation Cost Fuel/Insurance Maintenance	\$7,650	50.00%	50.00%	\$3,825
8	Professional Services	\$12,400	50.00%	50.00%	\$6,200
9	Food Cost/ Diabetic Expenses	\$6,250	50.00%	50.00%	\$3,125
10	Telephones	\$2,100	50.00%	50.00%	\$1,050
11	Garbage	\$2,280	50.00%	50.00%	\$1,140
12	Miscellaneous Expenses	\$3,750	50.00%	50.00%	\$1,875
13	Admin Cost	\$33,103	50.00%	50.00%	\$16,552
SUBTOTAL B:		\$139,066			\$69,533
GROSS COSTS TOTAL A + B:		\$387,340			\$296,153

			SAN BERNARDINO COUNTY					
			DEPARTMENT OF BEHAVIORAL HEALTH					
			SCHEDULE B					
			BUDGET NARRATIVE					
			FY 2020 / 2021			Contractor Name: Orchid Court, Inc.		
			July 1, 2020 to September 30, 2020			Contract #: 15-218		
						Address: 307 S. Arrowhead Ave.		
Prepared by: Elisa R. Gosuico						San Bernardino, CA 92408		
Title: President						Date Form Completed: 7/28/2019		
Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.								
ITEM	Justification of Cost							
1	Utilities	Utilities, Water, Gas and Electrical Cost						
2	Property Tax/ Insurance	Property Tax and Property Insurance Cost						
3	Maintenance	Facility Maintenance Cost and Facility Repairs						
4	Professional Liability Insurance	Insurance for Professional Services						
5	Program Supplies	Program Supplies which includes activity supplies - board games, paints, balls...etc. and also supplies, such as; beds, towels, linens and other laundry needs.						
6	Outside Activities/ Events and Food Cost	Outside Activities for Clients and Food Cost						
7	Transportation Cost Fuel/Insurance Maintenance	Transportation Cost for Transport of Clients						
8	Professional Services	Professional Services Involving Janitorial Services						
9	Food Cost/ Diabetic Expenses	Diabetic Food Cost Expense						
10	Telephone and Internet	Landline and cell phones, Internet						
11	Garbage	Garbage collection 2 x/week and special pickups						
11	Miscellaneous Expenses	Clients outings/activities/medicines						
12	Admin Cost	Administrative Cost of Daily Operations - Telephone bills, License Fees and also includes office supplies, such as; bond paper, computer parts and replacements, copy & fax machine ink. Indirect Admin. costs will not exceed 15% of modified direct costs.						

SAN BERNARDINO COUNTY													
DEPARTMENT OF BEHAVIORAL HEALTH													
SCHEDULE B													
FY 2020 / 2021													
July 1, 2020 to September 30, 2020													
(3 MONTHS)													
Contractor Name: Orchid Court, Inc.													
Contract #: 15-218													
Address: 307 S. Arrowhead Ave.													
San Bernardino, CA 92408													
Date Form Completed: 6/15/2020													
Client Service Projections													
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TOTAL
Annual client count	11	1	2										14
Projected Cost per Bed													
Client Bed Days	1,217	1,217	1,217										3,650
Cost per Bed	\$2,285.94	\$2,285.94	\$2,285.94										\$6,858