



Contract Number

22-473 A-4

SAP Number

4400019710 – Total Contract

4400025547 – CFS Aggregate

Department of Behavioral Health

Department Contract Representative	Chrisopher Carso
Telephone Number	(909) 388-0856
Contractor	Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services
Contractor Representative	Tina Hughes
Telephone Number	(909) 932-1069
Contract Term	July 1 2022 through June 30, 2027
Original Contract Amount	\$5,764,693
Amendment Amount	\$1,092,787
Total Contract Amount	\$6,857,480
Total Aggregate Contract Term	July 1 2022 through June 30, 2026
Total Aggregate Amount – For Clients Referred by CFS	\$3,200,000
Cost Center	1018611000
Grant Number (If applicable)	N/A

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 22-473** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Early Intervention, Outpatient Treatment, Intensive Outpatient Treatment, and Recovery Services, which Contract first became effective July 1, 2022, the following changes are hereby made and agreed to:

- I. ARTICLE V FUNDING, paragraph K and L are hereby amended to read as follows:

K. The maximum financial obligation under this contract shall not exceed \$6,857,480 for the contract term.

Separately, the contract amendment amount of \$800,000 shall increase the total additional aggregate funding amount from \$2,400,000 to \$3,200,000 that may be applied (but not necessarily ensured) for any client referred from San Bernardino County Children and Family services for fiscal years 2022-23, 2023-24, 2024-25, and 2025-26.

L. This amendment hereby adds Schedules A and B for FY 2025-26 as set forth in Exhibit I. All previously approved schedules remain in effect.

II. ARTICLE XX PERSONNEL, paragraph N is hereby replaced in its entirety and revised as follows:

N. Levine Act Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

Contractor has disclosed to the County using Attachment III – Levine Act Campaign Contribution Disclosure Senate Bill (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] 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 or other County elected officer 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 \$500 to any member of the Board of Supervisors or other County elected officer 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.

III. ATTACHMENT V Campaign Contributions Disclosure (SB1439) is hereby replaced with Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached.

IV. Exhibit I Schedules A and B for FY 2025-26 are hereby added.

V. 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.

SAN BERNARDINO COUNTY

Inland Valley Drug and Alcohol Recovery Services
dba Inland Valley Recovery Services
(Print or type name of corporation, company, contractor, etc.)

►

Dawn Rowe, Chair, 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 Tina Hughes
(Print or type name of person signing contract)

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

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address 1260 E. Arrow Hwy, Upland, CA 91786

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Dawn Martin, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►
Michael Shin, Contracts Administrative Manager
Date _____

Reviewed/Approved by Department
►
Georgina Yoshioka, Director
Date _____

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Personnel Expense Detail

BUDGET PERIOD: **FY25/26 (July 1, 2025 - June 30, 2026)**

PROVIDER NAME:	Inland Valley Recovery Services	PREPARER:	Laurie Figueroa
FACILITY ADDRESS:	939 N. D Street	TITLE:	Director of Finance
	San Bernardino, CA 92410	DATE PREPARED:	9/24/2024
PROVIDER NUMBER : (36XX)	36AP (8819)		

Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% / FTE of Total Salary & Benefits	Total Salaries and Benefits Charged to Contract Services
Program Coordinator	\$ 90,000	\$ 22,500	\$ 112,500	50.0%	\$ 56,250
Senior Counselor	\$ 66,560	\$ 16,640	\$ 83,200	50.0%	\$ 41,600
Clinical Supervisor	\$ 124,800	\$ 31,200	\$ 156,000	5.0%	\$ 7,800
Quality Assurance Coordinator	\$ 108,160	\$ 27,040	\$ 135,200	5.0%	\$ 6,760
Workforce Education Facilitator	\$ 60,320	\$ 15,080	\$ 75,400	5.0%	\$ 3,770
QA Assistant	\$ 58,240	\$ 14,560	\$ 72,800	5.0%	\$ 3,640
Operations Coordinator	\$ 104,000	\$ 26,000	\$ 130,000	5.0%	\$ 6,500
Administrative Assistant	\$ 43,680	\$ 10,920	\$ 54,600	50.0%	\$ 27,300
Billing Clerk	\$ 58,240	\$ 14,560	\$ 72,800	35.0%	\$ 25,480
Therapist (LPHA)	\$ 70,720	\$ 17,680	\$ 88,400	77.0%	\$ 68,068
Certified Counselor 1	\$ 58,240	\$ 14,560	\$ 72,800	77.0%	\$ 56,056
Certified Counselor 2	\$ 58,240	\$ 14,560	\$ 72,800	77.0%	\$ 56,056
Certified Counselor 3	\$ 54,080	\$ 13,520	\$ 67,600	77.0%	\$ 52,052
Certified Counselor 4	\$ 54,080	\$ 13,520	\$ 67,600	77.0%	\$ 52,052
Maintenance Supervisor	\$ 93,600	\$ 23,400	\$ 117,000	5.0%	\$ 5,850
TOTAL COST					\$ 469,234

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT

Budget Detail

BUDGET PERIOD: FY25/26 (July 1, 2025 - June 30, 2026)

PROVIDER NAME: Inland Valley Recovery Services

* Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE, etc.). For example, show how indirect costs or overhead were calculated.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment Explanations*
TOTAL SALARIES AND BENEFITS	\$ 469,234	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment	\$ 4,558	Repair and maintenance costs for equipment allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 6,512	Licensing dues and membership fees allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Rent and Lease Equipment	\$ 2,205	Rental/lease agreement expenses such as copier, credit card terminal and postage meter allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 4,825	Staff Development/Training allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Miscellaneous Supplies	\$ 110	Incentives given to participants for reaching goals and/or milestones allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Operating Expenses		
Communications	\$ 1,961	Telephone expenses allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Depreciation - Structures and Improvements	\$ 1,736	Leasehold improvement expenses allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Household Expenses	\$ 1,396	Cleaning/Janitorial and household supplies allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Insurance	\$ 9,237	General Liability, Excess Liability, Auto, Crime, Property, Cyber insurance expenses etc allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds	\$ 8,592	Facility repair and maintenance expenses allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense	\$ 2,839	Other expenses that are considered supplies and materials allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Office Expense	\$ 1,649	Office supplies, postage and printing expenses allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Publications and Legal Notices	\$ 5,858	Outreach and advertisement publications allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Rents & Leases - Land, Structure, and Improvements	\$ 32,752	Facility rental and/or lease expense allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Taxes and Licenses		
Drug Screening and Other Testing	\$ 5,563	Drug and/or other testing expenses allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Utilities	\$ 11,625	Electricity, Gas, Water etc utility expenses allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 30,564	Temp Staff and Consultant expenses allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Transportation		
Transportation	\$ 365	Bus passes to assist clients with transportation expense allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Travel	\$ 721	Staff mileage expenses for travel allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Gas, Oil, & Maintenance - Vehicles	\$ 2,609	Auto expenses related to client transportation allocated to the San Bernardino Outpatient program. IVRS 2023 budget amount at 73% to represent average Outpatient% services for DBH contract/client population
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 59,439	Each IVRS agency program is allocated an Admin Allocation percentage based on a direct program expense compared to total agency expense formula. Current allocation amount is 7.58% for the SB Outpatient program and represents 10% of this budget.
OTHER:		
TOTAL OPERATING EXPENSES	\$ 196,115	
FEE/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 664,349	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
SCHEDULE A - Proposed Budget

BUDGET PERIOD: FY2526 (July 1, 2025 - June 30, 2026)

Contractor Name: <u>Inland Valley Recovery Services</u>	Prepared by: <u>Laurie Figueroa</u>
Facility Address: <u>939 N. D Street</u>	Title: <u>Director of Finance</u>
<u>San Bernardino, CA 92410</u>	Date Prepared: <u>9/24/2024</u>
Provider Number (36xx): <u>36AP (8619)</u>	

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODP)							
Cost - Individual Counseling	\$ 299,451	\$ -	\$ -	\$ 19,963	\$ 31,941	\$ 37,921	\$ 389,277
Units of Service (15 minute increment)	4,436	0	0	296	473	562	5,767
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 68
Cost - Group Counseling	\$ 115,174	\$ -	\$ -	\$ 7,678	\$ 12,285	\$ 16,657	\$ 151,794
Units of Service (15 minute increment)	1,706	0	0	114	182	247	2,249
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 68
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 29,571	\$ -	\$ -	\$ 1,274	\$ 3,823	\$ 4,490	\$ 39,157
Units of Service (15 minute increment)	438	0	0	19	57	67	580
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 68
Cost - Group Counseling	\$ 13,963	\$ -	\$ -	\$ 490	\$ 1,470	\$ 4,490	\$ 20,413
Units of Service (15 minute increment)	207	0	0	7	22	67	302
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 68
Early Intervention Treatment (EI)							
Cost - Individual Counseling				\$ 2,614			\$ 2,614
Units of Service (15 minute increment)				39			39
Interim Rate				\$ 67.50	\$ 0.00		\$ 68
Cost - Group Counseling				\$ 2,614			\$ 2,614
Units of Service (15 minute increment)				39			39
Interim Rate				\$ 67.50	\$ 0.00		\$ 68
Recovery Services (RS)							
Cost - Individual Counseling	\$ 2,941				\$ 2,941		\$ 5,881
Units of Service (15 minute increment)	44				44		87
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Cost - Group Counseling	\$ 1,960				\$ 1,960		\$ 3,921
Units of Service (15 minute increment)	29				29		58
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Cost - Family Therapy	\$ 2,451				\$ 2,451		\$ 4,901
Units of Service (15 minute increment)	36				36		73
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Cost - Recovery Monitoring	\$ 2,451				\$ 2,451		\$ 4,901
Units of Service (15 minute increment)	36				36		73
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Case Management (ODPIOT/EIRS)							
Cost - ODF Case Management	\$ 10,292	\$ -	\$ -	\$ 817	\$ 6,535	\$ 4,490	\$ 22,133
Units of Service (15 minute increment)	152	0	0	12	97	67	328
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 68
Cost - ID Case Management	\$ 2,647	\$ -	\$ -	\$ 294	\$ 1,960	\$ 4,490	\$ 9,391
Units of Service (15 minute increment)	39	0	0	4	29	67	139
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 68
Cost - EI Case Management							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - RS Case Management	\$ 3,267				\$ 4,084		\$ 7,352
Units of Service (15 minute increment)	48				61		109
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Costs	\$ 484,167	\$ 0	\$ 0	\$ 35,745	\$ 71,901	\$ 72,536	\$ 664,349
Units of Service (15 minute increment)	7,173	0	0	530	1,065	1,075	9,842

* Round Costs to nearest dollar

APPROVED:			
SIGNATURE: <u>Laurie Figueroa</u> <small>Laurie Figueroa (Jan 16, 2025 11:27 AM)</small>	PRINTED NAME: Laurie Figueroa		Jan 15, 2025
PROVIDER AUTHORIZED SIGNATURE: <u>Thelma Rodriguez</u>	PRINTED NAME: Thelma Rodriguez	DATE:	Jan 16, 2025
DBH FISCAL SERVICES AUTHORIZED SIGNATURE: <u>Michael Sweitzer</u> <small>Michael Sweitzer (Jan 16, 2025 15:37 PST)</small>	PRINTED NAME: Michael Sweitzer	DATE:	Jan 16, 2025
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE:	PRINTED NAME:	DATE:	

CFDA Title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Medical Assistance	93.999	SABG	SAMHSA	State DHCS
Program	93.778	DMC	DHHS	State DHCS

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Personnel Expense Detail

BUDGET PERIOD: **FY25/26 (July 1, 2025 - June 30, 2026)**

PROVIDER NAME:	Inland Valley Recovery Services	PREPARER:	Laurie Figueroa
FACILITY ADDRESS:	934 N. Mountain Ave #A-D	TITLE:	Director of Finance
	Upland, CA 91788	DATE PREPARED:	9/25/2024
PROVIDER NUMBER : (36XX)	36AC		

Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% / FTE of Total Salary & Benefits	Total Salaries and Benefits Charged to Contract Services
Program Coordinator	\$ 90,000	\$ 22,500	\$ 112,500	25.0%	\$ 28,125
Senior Counselor	\$ 62,400	\$ 15,600	\$ 78,000	25.0%	\$ 19,500
Clinical Supervisor	\$ 124,800	\$ 31,200	\$ 156,000	5.0%	\$ 7,800
Quality Assurance Coordinator	\$ 108,160	\$ 27,040	\$ 135,200	5.0%	\$ 6,760
Workforce Education Facilitator	\$ 60,320	\$ 15,080	\$ 75,400	5.0%	\$ 3,770
QA Assistant	\$ 58,240	\$ 14,560	\$ 72,800	5.0%	\$ 3,640
Operations Coordinator	\$ 104,000	\$ 26,000	\$ 130,000	5.0%	\$ 6,500
Administrative Assistant	\$ 45,760	\$ 11,440	\$ 57,200	25.0%	\$ 14,300
Billing Clerk	\$ 58,240	\$ 14,560	\$ 72,800	25.0%	\$ 18,200
Therapist (LPHA)	\$ 70,720	\$ 17,680	\$ 88,400	60.0%	\$ 53,040
Certified Counselor 1	\$ 49,920	\$ 12,480	\$ 62,400	60.0%	\$ 37,440
Certified Counselor 2	\$ 52,000	\$ 13,000	\$ 65,000	60.0%	\$ 39,000
Certified Counselor 3	\$ 54,080	\$ 13,520	\$ 67,600	60.0%	\$ 40,560
Maintenance Supervisor	\$ 93,600	\$ 23,400	\$ 117,000	5.0%	\$ 5,850
				TOTAL COST	\$ 284,485

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT

Budget Detail

BUDGET PERIOD: FY25/26 (July 1, 2025 - June 30, 2026)

PROVIDER NAME: Inland Valley Recovery Services

*Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE, etc.). For example, show how indirect costs or overhead were calculated.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment Explanations*

TOTAL SALARIES AND BENEFITS	\$ 284,485	
------------------------------------	-------------------	--

Equipment, Materials and Supplies

Depreciation - Equipment		
Maintenance - Equipment	\$ 3,240	Repair and maintenance costs for equipment allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 5,453	Licensing dues and membership fees allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Rent and Lease Equipment	\$ 1,207	Rental/Lease agreement expenses such as copier, credit card terminal and postage meter allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 1,664	Staff Development/Training allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Miscellaneous Supplies	\$ 300	Incentives given to participants for reaching goals and/or milestones allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population

Operating Expenses

Communications	\$ 2,029	Telephone expenses allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Depreciation - Structures and Improvements	\$ -	
Household Expenses	\$ 1,453	Cleaning/Janitorial and household supplies allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Insurance	\$ 4,276	General Liability, Excess Liability, Auto, Crime, Property, Cyber insurance expenses etc allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds	\$ 4,515	Facility repair and maintenance expenses allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense	\$ 2,594	Other expenses that are considered supplies and materials allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Office Expense	\$ 1,625	Office supplies, printing and postage expenses allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Publications and Legal Notices	\$ 3,963	Outreach and advertisement publications allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Rents & Leases - Land, Structure, and Improvements	\$ 19,932	Facility rental and/or lease expense allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Taxes and Licenses		
Drug Screening and Other Testing	\$ 3,220	Drug and/or other testing expenses allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Utilities	\$ 6,959	Electricity, Gas, Water etc utility expenses allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Other		

Professional and Special Services

Pharmaceutical		
Professional and Special Services	\$ 16,321	Temp Staff and Consultant expenses allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population

Transportation

Transportation	\$ 419	Bus passes to assist clients with transportation expense allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Travel	\$ 180	Staff mileage expenses for travel allocated to the Upland Outpatient program. IVRS 2023 budget amount at 60% to represent average Outpatient% services for DBH contract/client population
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		

Other Costs

Administrative Indirect Costs	\$ 43,801	Each IVRS agency program is allocated an Admin Allocation percentage based on a direct program expense compared to total agency expense formula. Current allocation amount is 5.07% for the Upland Outpatient program and represents 12% of this budget.
OTHER:		
TOTAL OPERATING EXPENSES	\$ 123,153	

FEES/OTHER AGENCY REVENUE		
----------------------------------	--	--

TOTAL EXPENDITURES	\$ 407,638	
---------------------------	-------------------	--

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
SCHEDULE A - Proposed Budget

BUDGET PERIOD: FY25/26 (July 1, 2025 - June 30, 2026)

Contractor Name: <u>Inland Valley Recovery Services</u> Facility Address: <u>934 N. Mountain Ave #A-D</u> <u>Upland, CA 91786</u> Provider Number (360x): <u>36AC</u>	Prepared by: <u>Laurie Figueroa</u> Title: <u>Director of Finance</u> Date Prepared: <u>9/25/2024</u>
--	---

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODF)							
Cost - Individual Counseling	\$ 18,125	\$ -	\$ -	\$ -	\$ 13,721	\$ 13,070	\$ 28,049
Units of Service (15 minute increment)	2,685	0	0	0	203	194	3,082
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Cost - Group Counseling	\$ 83,916	\$ -	\$ -	\$ -	\$ 6,581	\$ 4,901	\$ 95,398
Units of Service (15 minute increment)	1,243	0	0	0	97	73	1,413
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 33,341	\$ -	\$ -	\$ -	\$ 2,661	\$ 4,901	\$ 40,903
Units of Service (15 minute increment)	494	0	0	0	39	73	606
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Cost - Group Counseling	\$ 23,271	\$ -	\$ -	\$ -	\$ 2,241	\$ 3,268	\$ 28,780
Units of Service (15 minute increment)	345	0	0	0	33	48	426
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Early Intervention Treatment (EI)							
Cost - Individual Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - Group Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Recovery Services (RS)							
Cost - Individual Counseling	\$ 3,357				\$ 140		\$ 3,497
Units of Service (15 minute increment)	50				2		52
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Cost - Group Counseling	\$ 3,357				\$ 140		\$ 3,497
Units of Service (15 minute increment)	50				2		52
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Cost - Family Therapy	\$ 3,357				\$ 140		\$ 3,497
Units of Service (15 minute increment)	50				2		52
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Cost - Recovery Monitoring							\$ 0
Units of Service (15 minute increment)	0				0		0
Interim Rate	\$ 0.00				\$ 0.00		\$ 0
Case Management (ODF/IOT/EIRS)							
Cost - ODF Case Management	\$ 6,713	\$ -	\$ -		\$ 280	\$ 3,268	\$ 10,261
Units of Service (15 minute increment)	99	0	0		4	48	152
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Cost - IOT Case Management	\$ 6,713	\$ -	\$ -		\$ 280	\$ 3,268	\$ 10,261
Units of Service (15 minute increment)	99	0	0		4	48	152
Interim Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Cost - EI Case Management							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - RS Case Management	\$ 3,357				\$ 140		\$ 3,497
Units of Service (15 minute increment)	50				2		52
Interim Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 68
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Costs	\$ 348,640	\$ 0	\$ 0	\$ 0	\$ 26,323	\$ 32,675	\$ 407,638
Units of Service (15 minute increment)	5,165	0	0	0	390	484	6,039

* Round Costs to nearest dollar

APPROVED:	
SIGNATURE: <u>Laurie Figueroa</u> <small>Laurie Figueroa (Jan 15, 2025 16:28 PST)</small>	PRINTED NAME: <u>Laurie Figueroa</u> DATE: <u>Jan 15, 2025</u>
PROVIDER AUTHORIZED SIGNATURE: <u>Thelma Rodriguez</u>	PRINTED NAME: <u>Thelma Rodriguez</u> DATE: <u>Jan 16, 2025</u>
DEB FISCAL SERVICES AUTHORIZED SIGNATURE: <u>Michael Sweitzer</u> <small>Michael Sweitzer (Jan 16, 2025 11:57 PST)</small>	PRINTED NAME: <u>Michael Sweitzer</u> DATE: <u>Jan 16, 2025</u>
DEB PROGRAM MANAGER or DESIGNEE SIGNATURE:	PRINTED NAME: _____ DATE: _____

Federal funds include:	CFDA title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Medication Assisted Treatment	93.990	SABG	SAMHSA	State DHCS	
	93.778	DMC	DHHS	State DHCS	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Personnel Expense Detail

BUDGET PERIOD: **FY25/26 (July 1, 2025 - June 30, 2026)**

PROVIDER NAME:	Inland Valley Recovery Services	PREPARER:	Laurie Figueroa
FACILITY ADDRESS:	1874 Business Center Drive	TITLE:	Director of Finance
	San Bernardino, CA 92408	DATE PREPARED:	2/9/2024
PROVIDER NUMBER : (36XX)	362X		

Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% / FTE of Total Salary & Benefits	Total Salaries and Benefits Charged to Contract Services
Program Coordinator	\$ 85,000	\$ 17,000	\$ 102,000	35.0%	\$ 35,700
Therapist (LPHA)	\$ 70,720	\$ 14,144	\$ 84,864	10.0%	\$ 8,486
Director of Operations	\$ 130,000	\$ 26,000	\$ 156,000	2.5%	\$ 3,900
Clinical Supervisor	\$ 126,960	\$ 25,792	\$ 154,752	2.5%	\$ 3,869
Quality Assurance Assistant	\$ 62,400	\$ 12,480	\$ 74,880	2.5%	\$ 1,872
Senior Counselor	\$ 66,560	\$ 13,312	\$ 79,872	50.0%	\$ 39,936
Certified Counselor	\$ 58,240	\$ 11,648	\$ 69,888	50.0%	\$ 34,944
Billing Clerk II	\$ 66,560	\$ 13,312	\$ 79,872	10.0%	\$ 7,987
Administrative Assistant	\$ 47,840	\$ 9,568	\$ 57,408	35.0%	\$ 20,093
Maintenance Technician	\$ 54,080	\$ 10,816	\$ 64,896	2.5%	\$ 1,622
Outpatient Recovery Advocate/Driver	\$ 45,760	\$ 9,152	\$ 54,912	20.0%	\$ 10,982
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -

TOTAL COST	\$ 169,392
-------------------	-------------------

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Budget Detail

BUDGET PERIOD: FY25/26 (July 1, 2025 - June 30, 2026)

PROVIDER NAME: Inland Valley Recovery Services

*Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE, etc.). For example, show how indirect costs or overhead were calculated.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment Explanations*
TOTAL SALARIES AND BENEFITS	\$ 169,392	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment	\$ 1,541	Estimated expenses based on our current financials for similar agency program and expense line item
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$ 657	Estimated expenses based on our current financials for similar agency program and expense line item
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 1,847	Estimated expenses based on our current financials for similar agency program and expense line item
Miscellaneous Supplies		
Operating Expenses		
Communications	\$ 1,057	Estimated expenses based on our current financials for similar agency program and expense line item
Depreciation - Structures and Improvements		
Household Expenses	\$ 217	Estimated expenses based on our current financials for similar agency program and expense line item
Insurance	\$ 780	Estimated expenses based on our current financials for similar agency program and expense line item
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds	\$ 1,625	Estimated expenses based on our current financials for similar agency program and expense line item
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense		
Office Expense	\$ 912	Estimated expenses based on our current financials for similar agency program and expense line item
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 39,000	Estimated expenses based on our current financials for similar agency program and expense line item
Taxes and Licenses	\$ 2,518	Estimated expenses based on our current financials for similar agency program and expense line item
Drug Screening and Other Testing	\$ 1,306	Estimated expenses based on our current financials for similar agency program and expense line item
Utilities	\$ 2,703	Estimated expenses based on our current financials for similar agency program and expense line item
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 2,816	Estimated expenses based on our current financials for similar agency program and expense line item
Transportation		
Transportation	\$ 816	Estimated expenses based on our current financials for similar agency program and expense line item
Travel	\$ 682	Estimated expenses based on our current financials for similar agency program and expense line item
Gas, Oil, & Maintenance - Vehicles	\$ 1,804	Estimated expenses based on our current financials for similar agency program and expense line item
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 29,838	Estimated expenses based on our current financials for similar agency program and expense line item
OTHER:		
TOTAL OPERATING EXPENSES	\$ 90,120	
FEES/OTHER AGENCY REVENUE		

TOTAL EXPENDITURES	\$ 259,512
---------------------------	-------------------

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
SCHEDULE A - Proposed Budget

BUDGET PERIOD: FY25/26 (July 1, 2025 - June 30, 2026)

Contractor Name:	<u>Inland Valley Recovery Services</u>	Prepared by:	<u>Laurie Figueroa</u>
Facility Address:	<u>1874 Business Center Drive</u>	Title:	<u>Director of Finance</u>
	<u>San Bernardino, CA 92408</u>	Date Prepared:	<u>2/9/2024</u>
Provider Number (3600):	<u>362X</u>		

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODF)							
Cost - Individual Counseling	\$ 54,497	\$ 3,893			\$ 15,571	\$ 3,893	\$ 77,854
Units of Service (15 minute increment)	807	58			231	58	1,153
Interim Rate	\$ 67.50	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Cost - Group Counseling	\$ 36,332	\$ 2,595			\$ 10,380	\$ 2,595	\$ 51,902
Units of Service (15 minute increment)	538	38			154	38	769
Interim Rate	\$ 67.50	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 32,698	\$ 2,336			\$ 9,342	\$ 2,336	\$ 46,712
Units of Service (15 minute increment)	484	35			138	35	692
Interim Rate	\$ 67.50	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Cost - Group Counseling	\$ 21,799	\$ 1,557			\$ 6,228	\$ 1,557	\$ 31,141
Units of Service (15 minute increment)	323	23			92	23	461
Interim Rate	\$ 67.50	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Early Intervention Treatment (EI)							
Cost - Individual Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate			\$ 0.00			\$ 0.00	\$ 0
Cost - Group Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate			\$ 0.00			\$ 0.00	\$ 0
Recovery Services (RS)							
Cost - Individual Counseling	\$ 9,083				\$ 2,595	\$ 649	\$ 12,327
Units of Service (15 minute increment)	135				38	10	183
Interim Rate	\$ 67.50				\$ 67.50	\$ 67.50	\$ 68
Cost - Group Counseling	\$ 7,266				\$ 2,076	\$ 519	\$ 9,861
Units of Service (15 minute increment)	108				31	8	146
Interim Rate	\$ 67.50				\$ 67.50	\$ 67.50	\$ 68
Cost - Family Therapy	\$ 1,817				\$ 519	\$ 130	\$ 2,465
Units of Service (15 minute increment)	27				8	2	37
Interim Rate	\$ 67.50				\$ 67.50	\$ 67.50	\$ 68
Cost - Recovery Monitoring							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00				\$ 0.00	\$ 0.00	\$ 0
Case Management (ODF/IOT/EI/RS)							
Cost - ODF Case Management	\$ 9,083	\$ 1,298			\$ 2,595	\$ 649	\$ 13,624
Units of Service (15 minute increment)	135	19			38	10	202
Interim Rate	\$ 67.50	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Cost - IOT Case Management	\$ 7,266	\$ 1,298			\$ 2,076	\$ 519	\$ 11,159
Units of Service (15 minute increment)	108	19			31	8	165
Interim Rate	\$ 67.50	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 68
Cost - EI Case Management							\$ 0
Units of Service (15 minute increment)							0
Interim Rate			\$ 0.00			\$ 0.00	\$ 0
Cost - RS Case Management	\$ 1,817				\$ 519	\$ 130	\$ 2,465
Units of Service (15 minute increment)	27				8	2	37
Interim Rate	\$ 67.50				\$ 67.50	\$ 67.50	\$ 68
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Costs	\$ 181,658	\$ 12,976	\$ 0	\$ 0	\$ 51,902	\$ 12,976	\$ 259,512
Units of Service (15 minute increment)	2,691	192	0	0	769	192	3,845

* Round Costs to nearest dollar

APPROVED:			
SIGNATURE: <u>Laurie Figueroa</u> <small>Laurie Figueroa (Jan 15, 2025, 10:26 PST)</small>		PRINTED NAME: Laurie Figueroa	DATE: Jan 15, 2025
PROVIDER AUTHORIZED SIGNATURE: <u>Thelma Rodriguez</u>		PRINTED NAME: Thelma Rodriguez	DATE: Jan 16, 2025
DBH FISCAL SERVICES AUTHORIZED SIGNATURE: <u>Michael Sweitzer</u> <small>Michael Sweitzer (Jan 16, 2025 11:17 PST)</small>		PRINTED NAME: Michael Sweitzer	DATE: Jan 16, 2025
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE:		PRINTED NAME:	DATE:

CFDA Title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Med/Cal Assst Exam	93.999	SABG	SAMHSA	State DHCS
	93.778	DMC	DHHS	State DHCS



Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under \$50,000
- Contracts where no party receives financial compensation
- Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or \$50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

DEFINITIONS

Actively supporting or opposing 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 decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision 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: Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services
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 s
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: Tina K. Hughes, CEO
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	

6. Name of agent(s) of Contractor:

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

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	

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board

of Supervisors or other County elected officer 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 or other County elected officer: _____

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members or other County elected officers 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 \$500 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.