



Contract Number

19-593 A-5

SAP Number

4400012548

Children and Family Services

Department Contract Representative	<u>Maria Tucci</u>
Telephone Number	<u>(909) 387-2806</u>
Contractor	<u>Pomona Unified School District</u>
Contractor Representative	<u>Luis Valadez</u>
Telephone Number	<u>(909) 397-4740 x 25294</u>
Contract Term	<u>September 1, 2019 through June 30, 2024</u>
Original Contract Amount	<u>\$6,263,290</u>
Amendment Amount	<u>\$89,226</u>
Total Contract Amount	<u>\$6,352,516</u>
Cost Center	<u>501704100</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 5

It is hereby agreed to amend Contract No. 19-593, effective immediately upon execution, as follows:

SECTION V. FISCAL PROVISIONS

Amend Paragraph A to read as follows:

- A. The maximum amount of payment under this Contract shall not exceed \$6,352,516, and shall not exceed the annual amount stated below, of which \$3,176,258 may be federally funded, and shall be subject to availability of funds to the County.
 1. FY 19/20 \$822,270
 2. FY 20/21 \$822,270
 3. FY 21/22 \$920,225
 4. FY 22/23 \$1,766,828
 5. FY 23/24 \$2,020,923

ATTACHMENTS

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

All other terms and conditions of Contracts No. 19-593 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.

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

Pomona Unified School District

(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 Sandra Garcia
(Print or type name of person signing contract)

Lynna Monell
 Clerk of the Board of Supervisors
 San Bernardino County

Title Assistant Superintendent/CBO
(Print or Type)

By _____
 Deputy

Dated: _____

Address 800 S. Garey Ave.
Pomona, CA 91766

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Kaleigh Ragon, Deputy County Counsel	► Patty Steven, HS Contracts Unit	► Jeany Zepeda, Director
Date _____	Date _____	Date _____

PUSD
Bridge - San Bernardino County
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:

		TOTAL COST TO THE ORGANIZATION	PERCENT CHARGED TO GRANT	TOTAL COST
1	Job Title: Navigator 2.5 FTE			
	Salary	181,071	90%	162,963.90
	Benefits	107,200.00	90%	96,480.00
2	Job Title: Navigator Support Staff .65 FTE			
	Salary	135,580	20%	27,116.00
	Benefits	80,954	20%	16,190.80
3	Mileage	4,500	100%	4,500.00
4	Conferences	10,000	100%	10,000.00
5	Rent- Common Area Charges (CAMS)	5,500	100%	5,500.00
6	Office Supplies	54,405	100%	54,404.96
7	Other Supplies	55,000	100%	55,000.00
8	Legal Fees	10,000	100%	10,000.00
9	Advertisement (Visibility)	45,000	100%	45,000.00
10	Outside Printing	7,000	100%	7,000.00
	Subtotal			494,155.66
	Indirect Cost 5.23% - Approved Indirect rate for PUSD			25,844.34
	Total Navigator Cost			520,000.00

B. Trauma-Informed Care:

		TOTAL COST TO THE ORGANIZATION	PERCENT CHARGED TO GRANT	TOTAL COST
1	Job Title: Trauma-Informed Care 1 FTE			
	Salary	87,030	100%	87,030.00
	Benefits	29,110	100%	29,110.00
2	Job Title: TIC Support Staff			
	Salary	45,905	50%	22,952.50
	Benefits	30,329	50%	15,164.50
3	Mileage	4,500	100%	4,500.00
4	Conferences	12,000	100%	12,000.00
5	Rent- Common Area Charges (CAMS)	5,500	100%	5,500.00
6	Office Supplies	25,000	100%	25,000.00
7	Other Supplies	53,600	100%	53,600.00
8	Legal Fees	10,000	100%	10,000.00
9	Advertisement (Visibility)	45,000	100%	45,000.00
10	Outside Printing	7,000	100%	7,000.00
	Total Direct Cost			316,857.00
	Indirect Cost 5.23% - Approved Indirect rate for PUSD			12,143.00
	Total Trauma-Informed Care:			329,000.00

Voucher costs are chargeable to the program for the amount that was paid to the clients.			
C. Voucher:			
		TOTAL COST TO THE ORGANIZATION	PERCENT CHARGED TO GRANT
			TOTAL COST
1	Voucher	1,154,006.32	100%
	Voucher Cost Reimbursement		
2	Program Assistant (Supervisor) .04 FTE		
	Salaries	109,667.00	4%
	Benefits	55,339.00	4%
3	Accounting Supervisor- Voucher Processing .05 FTE		
	Salaries	100,188.00	5%
	Benefits	48,339.00	5%
4	Other Service - Technology Related	3,000.00	100%
	Total Direct Cost	.	
	Indirect Cost 5.23% - Approved Indirect rate for PUSD		890.49
Total Voucher:			1,171,923.40
TOTAL:			
Total Navigator Cost			520,000.00
Total Trauma-Informed Care:			329,000.00
Total Voucher:			1,171,923.40
Total All Charges			2,020,923.40