



Contract Number

15-391 A-3

SAP Number

4400008395

Department of Behavioral Health

Department Contract Representative	Tammi Phillips
Telephone Number	(909) 388-0860
Contractor	RIM Family Services, Inc.
Contractor Representative	Aaron Scullin
Telephone Number	(909) 336-1800
Contract Term	July 1, 2015 through December 31, 2020
Original Contract Amount	\$ 425,000
Amendment Amount	\$ 100,000
Total Contract Amount	\$ 525,000
Cost Center	9203372200

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 15-391** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Prevention and Early Intervention Older Adult Community Services, which Contract first became effective July 1, 2015, the following changes are hereby made and agreed to, effective July 1, 2020:

- I. ARTICLE IV Funding and Budgetary Restrictions, paragraphs H is hereby replaced to read as follows:
 - H. The contract amendment amount of \$100,000 shall increase the total contract amount from \$425,000 to \$525,000 for the contract term.
- II. ARTICLE XIII Duration and Termination, paragraph A is hereby amended to read as follows:
 - A. The term of this Agreement shall be from July 1, 2015 through December 31, 2020 inclusive.
- III. Schedules A and B for FY 2020-21 are hereby added.
- IV. Addendum I, PROGRAM DESCRIPTION, SECTION III, PERSONS TO BE SERVED, paragraph D is hereby amended to read as follows:
 - D. Contractor will serve the following areas of San Bernardino County: Mountain. Specific cities and zip codes are listed below:

City	Zip Code
Blue Jay	92317
Cedar Glen	92321
Cedarpines Park	92322
Crest Park	92326
Crestline	92325
Rim Forest	92378
Running Springs	92382
Green Valley Lake	92341
Lake Arrowhead	92352
Twin Peaks	92391
Skyforest	92385
Big Bear City	92314
Big Bear Lake	92315
Fawnskin	92333
Sugarloaf	92386

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.

COUNTY OF SAN BERNARDINO

RIM Family Services, 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
 _____
Dawn Martin, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
 _____
Natalie Kessee, Contracts Manager
Date _____

Reviewed/Approved by Department
 _____
Veronica Kelley, Director
Date _____

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
PREVENTION AND EARLY INTERVENTION

Actual Cost Contract (cost reimbursement)

Contractor Name: **Rim Family Services**

Region **Mountain**

Contract # **15-391**

Address: **P.O. Box 578
Skyforest, CA 92385**

Prepared by: **Aaron M. Scullin**
Title: **Executive Director**

FY 2020 - 2021
July 1, 2020 to December 31, 2020
(6 months)

Date Form Completed: **5/6/20**
Updated

PEI County Program: OLDER ADULT COMMUNITY SERVICES							TOTAL
State Defined Program: PREVENTION							
Distribution	1.00%	1.00%	40.00%	58.00%			
COMPONENTS	Mode 15		Mode 45				
	Case Management 01-09	Mental Health Services 10-19; 30-38; 40-48; 50-57	Mental Health Promotion 10-19	Community Client Services 20-29			
#							
1	EXPENSES						
2	SALARIES	\$ 399	\$ 399	\$ 15,974	\$ 23,163		\$ 39,936
3	BENEFITS	\$ 172	\$ 172	\$ 6,869	\$ 9,960		\$ 17,173
4	(2+3 must equal total staffing costs)	\$ 571	\$ 571	\$ 22,844	\$ 33,123		\$ 57,109
5	OPERATING EXPENSES	\$ 429	\$ 429	\$ 17,156	\$ 24,877		\$ 42,891
6	TOTAL EXPENSES (2+3+5)	\$ 1,000	\$ 1,000	\$ 40,000	\$ 58,000		\$ 100,000
7	AGENCY REVENUES						
8	PATIENT FEES						\$ -
9	PATIENT INSURANCE						\$ -
10	GRANTS/OTHER						\$ -
11	TOTAL AGENCY REVENUES (8+9+10)	\$ -	\$ -	\$ -	\$ -		\$ -
12	CONTRACT AMOUNT (6-11)	\$ 1,000	\$ 1,000	\$ 40,000	\$ 58,000		\$ 100,000
13	FUNDING						
14	MHSA	\$ 1,000	\$ 1,000	\$ 40,000	\$ 58,000		\$ 100,000
15	TOTAL FUNDING	\$ 1,000	\$ 1,000	\$ 40,000	\$ 58,000		\$ 100,000
16	COUNTY CONTRACT RATE	\$ 2.20	\$ 2.99				
17	TARGET COST PER UNIT OF SERVICE (Minutes)	\$ 0.53	\$ 0.53				
18	UNITS OF TIME (Minutes)	\$ 1,897	\$ 1,897				
19	UNDUPLICATED PARTICIPANTS						
20	TOTAL UNDUPLICATED PARTICIPANTS	3	4	152	132		291
21	COST PER UNDUPLICATED PARTICIPANT	\$ 333.33	\$ 250.00	\$ 263.16	\$ 439.39		\$ 343.64
22	SERVICES						
23	TOTAL SERVICES	9	18	998	316		1,341
24	COST PER TOTAL SERVICES	\$ 111.11	\$ 55.56	\$ 40.08	\$ 183.54		\$ 74.57

SCHEDULE B

FY 2020 - 2021

Prepared by: Aaron M. Scullin
 Title: Executive Director

Contractor Name: Rim Family Services
 Region Mountain
 Contract # 15-391
 Address: P.O. Box 578
Skyforest, CA 92385
 Date Form Completed: 5/6/20
 Updated _____

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.

July 1, 2020 to December 31, 2020

0.50						Budget Revision	
ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT	Request Change	Revised Budget
1 Accounting/Computer	\$2,000	0%	\$0	100%	\$2,000	0	2,000
2 Advertising & Promotion	\$700	0%	\$0	100%	\$700		700
3 Building Maintenance, Rent	\$7,500	0%	\$0	100%	\$7,500		7,500
4 Contract Services	\$1,640	0%	\$0	100%	\$1,640		1,640
5 Depreciation	\$1,440	0%	\$0	100%	\$1,440		1,440
6 Education/Training	\$2,450	0%	\$0	100%	\$2,450		2,450
7 Insurance & Taxes	\$2,600	0%	\$0	100%	\$2,600		2,600
8 Mileage	\$2,600	0%	\$0	100%	\$2,600		2,600
9 Office Supplies	\$2,406	0%	\$0	100%	\$2,406		2,406
10 Utilities	\$2,300	0%	\$0	100%	\$2,300		2,300
11 Program Supplies	\$3,212	0%	\$0	100%	\$3,212		3,212
12 Mobile Resource Center	\$1,000	0%	\$0	100%	\$1,000		1,000
13 Allocated Admin	\$13,043	0%	\$0	100%	\$13,043		13,043
SUBTOTAL B:	\$42,891		\$0		\$42,891	0	42,891
GROSS TOTAL STAFFING AND OPERATING COSTS					\$99,999		

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2020 - 2021**

Contractor Name: Rim Family Services
Region Mountain
Contract # 15-391
Address: P.O. Box 578
Skyforest, CA 92385
Date Form Completed: 5/6/20
Updated _____

Prepared by: Aaron M. Scullin
 Title: Executive Director

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.
July 1, 2020 to December 31, 2020

ITEM	Justification of Cost
1 Accounting/Computer	Computer repairs, tech. assistance, audits, internet services, accounting services, payroll.
2 Advertising & Promotion	Normal advertising expenses, internet, newspaper, flyers, bulletins, phone book.
3 Building Maintenance, Rent	Expense is for repairs, maintenance, upkeep, snow plowing, alarm, office rent, and storage rental.
4 Contract Services	Copy machine, snow plowing, pest control, alarm, etc.
5 Depreciation	Items purchased that cost \$3,500 or more are depreciated. Items include the agency building, computer equipment, generator, records storage shed, heating and air conditioning unit, telephone system, etc.
6 Education/Training	Certification and training / CEUs for staff.
7 Insurance & Taxes	Liability and D&O, Property Taxes, etc.
8 Mileage	Mileage to and from older adult centers, meetings and trainings. We reimburse at .58/mile as per the IRS guidelines, etc.
9 Office Supplies	Ink cartridges, paper, office supplies.
10 Utilities	Gas, Electric, telephone, water, etc.
11 Program Supplies	Teacher and participant manuals, DVD's, activity supplies, materials specific to the programs.
12 Mobile Resource Center	Fuel, insurance, registration, repairs, maintenance.
13 Allocated Admin	These costs include indirect administrative costs not identified by any one program. These costs include such departments as: Accounting, Human Resources, Quality Control, etc. The amount includes Salaries and applicable benefits such as vacation/sick/holiday pay, health and retirement, employer taxes, and workers compensation. The indirect administrative costs allocated to this program is \$13,043.00. $((\$100,000.00 - (\$100,000.00 / 1.15)) = \$13,043.00)$

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2020 - 2021

July 1, 2020 to December 31, 2020

Contractor Name: Rim Family Services
Region Mountain
Contract # 15-391
Address: P.O. Box 578
Skyforest, CA 92385
Date Form Completed: 5/6/20
Updated

Year to Date Unduplicated		Participant Count		
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
3	4	152	132	291

PEI County Program: OLDER ADULT COMMUNITY SERVICES

State Defined Program: PREVENTION

Service Projections for:		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
Early Intervention Services	Case Management	1	1	1	2	2	2							9
	Mental Health Services	3	3	3	3	3	3							18
Mental Health Promotion		166	166	166	166	167	167							998
Community Client Services		52	52	53	53	53	53							316
TOTAL		222	222	223	224	225	225	0	0	0	0	0	0	1341
Hours Projections for:		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
Early Intervention Services	Case Management	5	5	5	5	5	5							32
	Mental Health Services	5	5	5	5	5	5							32
Mental Health Promotion		211	211	211	211	211	211							1,265
Community Client Services		306	306	306	306	306	306							1,834
TOTAL		527	527	527	527	527	527	0	0	0	0	0	0	3,162
Cost Projections for:		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
Early Intervention Services	Case Management	\$ 167	\$ 167	\$ 167	\$ 167	\$ 167	\$ 167							\$ 1,000
	Mental Health Services	\$ 166.67	\$ 167	\$ 167	\$ 167	\$ 167	\$ 167							\$ 1,000
Mental Health Promotion		\$ 6,666.67	\$ 6,667	\$ 6,667	\$ 6,667	\$ 6,667	\$ 6,667							\$ 40,000
Community Client Services		\$ 9,666.67	\$ 9,667	\$ 9,667	\$ 9,667	\$ 9,667	\$ 9,667							\$ 58,000
TOTAL		\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000