

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY


Contract Number
 21-410-A1

SAP Number
 N/A

Department of Aging and Adult Services

Department Contract Representative	<u>Sharon Nevins</u>
Telephone Number	<u>909.891.3917</u>
Contractor	<u>California Department of Aging</u>
Contractor Representative	<u>Nate Gillen, Manager</u>
Telephone Number	<u>916.419.7556</u>
Contract Term	<u>July 1, 2021 – June 30, 2022</u>
Original Contract Amount	<u>\$1,478,311</u>
Amendment Amount	<u>\$ 184,755</u>
Total Contract Amount	<u>\$1,663,066</u>
Cost Center	<u>5290001036</u>

Amendment No. 1, effective February 8, 2022, to Revenue Contract No. 21-410 (State Revenue Agreement No. MS-2122-17) with the California Department of Aging to provide Multipurpose Senior Services Program services, updating Exhibit B, Attachment 1 – Budget Display, and increasing the total contract amount by \$184,755, from \$1,478,311 to \$1,663,066, with no change to the contract period of July 1, 2021 through June 30, 2022.

FOR COUNTY USE ONLY

Approved as to Legal Form

DocuSigned by:

A handwritten signature of Jacqueline Carey-Wilson.

Jacqueline Carey-Wilson, Deputy County Counsel

Date January 24, 2022

Reviewed for Contract Compliance

DocuSigned by:

A handwritten signature of Patty Stevens.

Patty Stevens, Contracts Manager

Date January 24, 2022

Reviewed/Approved by Department

DocuSigned by:

A handwritten signature of Sharon Nevins.

Sharon Nevins, Director

Date January 24, 2022

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGE

AGREEMENT NUMBER

MS-2122-17

AMENDMENT NUMBER

1

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

California Department of Aging

CONTRACTOR NAME

San Bernardino County Department of Aging & Adult Svcs

2. The term of this Agreement is:

START DATE

07/01/2021

THROUGH END DATE

06/30/2022

3. The maximum amount of this Agreement after this Amendment is:

\$ 1,663,066 One million six hundred sixty-three thousand sixty-six and 00/100 dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- A. This amendment increases the total amount of the Agreement by \$ 184,755. The new total of the Agreement shall not exceed \$1,663,066.
- B. Exhibit A, Attachment 1, General Information, Item 1, last sentence, is hereby amended to read: "The number of client months under this Agreement is 3,726."
- C. The attached Budget Display Exhibit B, Attachment 1 – Budget Display, identified as Amendment 1, replaces the Original Exhibit B, Attachment 1 – Budget Display (1 page). The Budget, Amendment 1, is hereby incorporated by reference and replaces the original referenced Budget.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

San Bernardino County Department of Aging & Adult Svcs

CONTRACTOR BUSINESS ADDRESS

150 S. Lena Road

CITY

San Bernardino

STATE

CA

ZIP

92415-0515

PRINTED NAME OF PERSON SIGNING

Curt Hagman

TITLE

Chairman of the Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

02/25/2022 02/08/2022

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

California Department of Aging

CONTRACTING AGENCY ADDRESS

2880 Gateway Oaks Drive, Suite 200

CITY

Sacramento

STATE

CA

ZIP

95833

PRINTED NAME OF PERSON SIGNING

Nate Gillen

TITLE

Chief, Business Management Bureau

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

4/8/22

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

SCM, Volume 1, 4.04, A., (4)

Site Name	17 - San Bernardino County, Department of Aging & Adult Services		Funded Slots	345	Date Submitted to CDA-MSSP	12-Nov-21
Fiscal Year 2021-22						
Line #	A. Care Management					
	Position Title	Last Name	Base Salary	Salary Adjustment	FTE	Adjusted Salary
1	Social Worker II	McElroy	\$67,930	0.000%	0.975	\$66,232
2	Social Worker II	Villaneda	\$67,930	0.000%	0.975	\$66,232
3	Social Worker II	Lopez	\$50,516	0.000%	0.975	\$49,253
4	Social Worker II	Canales-Borrego	\$67,930	0.000%	0.975	\$66,232
5	Social Worker II	Concepcion	\$67,930	0.000%	0.975	\$66,232
6	Social Worker II trainee	Farias-Rojas, Anna	\$51,761	0.000%	0.975	\$50,467
7	Social Worker II trainee	TBD	\$51,761	0.000%	1.000	\$51,761
8	Public Health Nurse II	Sandoval-Esparza	\$105,984	0.000%	0.940	\$99,625
9	Public Health Nurse II	Powers	\$105,984	0.000%	0.940	\$99,625
10	Register Nurse II	Nwakanma	\$74,728	0.000%	0.300	\$22,418
11	Register Nurse II	Chijoke	\$91,569	0.000%	0.050	\$4,578
12			\$0	0.000%	0.000	\$0
13			\$0	0.000%	0.000	\$0
14			\$0	0.000%	0.000	\$0
15			\$0	0.000%	0.000	\$0
16			\$0	0.000%	0.000	\$0
17			\$0	0.000%	0.000	\$0
18			\$0	0.000%	0.000	\$0
19			\$0	0.000%	0.000	\$0
20			\$0	0.000%	0.000	\$0
21			\$0	0.000%	0.000	\$0
22			\$0	0.000%	0.000	\$0
23			\$0	0.000%	0.000	\$0
24			\$0	0.000%	0.000	\$0
25			\$0	0.000%	0.000	\$0
26	Subtotal Care Management Salaries					\$642,655
27	Total Care Management (GM) FTE		9.08	Care Management Benefits		\$326,697
28	Ratio		38.0			
29	Total Care Management			% Budget	58%	\$969,352
Line #	B. Care Management Support/Administration					
	Salaries					
	Position Title	Last Name	Base Salary	Salary Adjustment	FTE	Adjusted Salary
30	SNCM	Granger	\$110,718	2.500%	0.460	\$52,204
31	Fiscal Assistant	Lovejoy	\$34,908	2.500%	0.900	\$32,203
32	Office Assistant II	TBD	\$34,908	2.500%	0.850	\$30,414
33	Accounting Technician	Munoz-Reyes	\$47,527	2.500%	0.250	\$12,179
34	Staff Analyst	Vadnais	\$71,771	2.500%	0.080	\$5,885
35			\$0	0.000%	0.000	\$0
36			\$0	0.000%	0.000	\$0
37			\$0	0.000%	0.000	\$0
38			\$0	0.000%	0.000	\$0
39			\$0	0.000%	0.000	\$0
40			\$0	0.000%	0.000	\$0
41			\$0	0.000%	0.000	\$0
42			\$0	0.000%	0.000	\$0
43			\$0	0.000%	0.000	\$0
44			\$0	0.000%	0.000	\$0
45			\$0	0.000%	0.000	\$0
46			\$0	0.000%	0.000	\$0
47			\$0	0.000%	0.000	\$0
48	Subtotal CMS/Administration Salaries					\$132,884
49	CMS/Administration Benefits					\$79,236
50	Total CMS/Administration FTE		2.54			
51	Total CMS/Administration Salaries					\$212,120
	Operating Costs					
52	Consultation, Professional Services					\$12,500
53	Facility, Rent & Operations					\$60,667
54	Equipment Cost equal to or greater than \$5,000 per Unit (Any IT Equipment regardless of Cost)					\$0
55	Equipment, Maintenance & Rental Costs; Supplies					\$7,000
56	Travel (In & Out of State)					\$1,500
57	Training without Associated Travel Costs					\$2,000
58	Subscriptions, Membership Dues					\$2,870
59	Insurance					\$36,000
60						\$12,000
61						\$0
62						\$0
63	Indirect Costs (Indirect Costs/Base) - 15% maximum					5% \$61,359
64	Base = Salaries & Benefits					\$1,181,471
65						\$0
66						\$0
67	Total CMS/Administration Operating Costs					\$195,896
68	Total CMS/Admin			% Budget	25%	\$408,016
69	C. Waived Services					
	Total Waived Services					% Budget 17% \$285,699
70	D. Total Budget Amounts					
	Fiscal Year Total Allocation					\$1,663,066
By completing Part I, I understand that this is an electronic signature and by checking the box I certify that all the provided information is believed to be accurate, reliable and complete to the best of my knowledge and ability to confirm it.						
Full Name		Title	Date	Check box to indicate agreement with information provided in report.		
Christopher Tarr		Deputy Director	November 12, 2021	<input checked="" type="checkbox"/>		
Approved by:						
For CDA Use Only.	Sarah Hinkson		11/16/2021			
	Analyst Signature		Date			