



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.

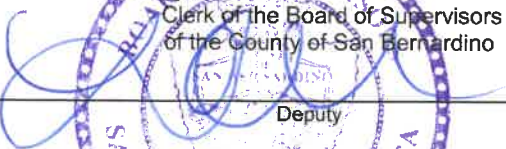
COUNTY OF SAN BERNARDINO


Curt Hagman, Chairman, Board of Supervisors

Dated: **JUN 23 2020**

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

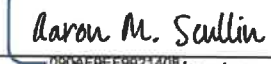

Lynna Monell,
Clerk of the Board of Supervisors
of the County of San Bernardino

By 
Deputy



RIM Family Services, Inc.

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

By 
(Authorized signature - sign in blue ink)

Name **Aaron M. Scullin**
(Print or type name of person signing contract)

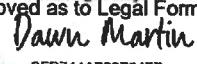
Title **Executive Director**
(Print or Type)

Dated: **6/3/2020**

Address **PO Box 578, Skyforest, CA 92385**
PO Box 578, Skyforest, CA 92385

FOR COUNTY USE ONLY

Approved as to Legal Form


BFD744A7697047B...

Dawn Martin, Deputy County Counsel

Date **6/3/2020**

Reviewed for Contract Compliance


AAA1DPA008D0423...

Natalie Kesse, Contracts Manager

Date **6/3/2020**

Reviewed/Approved by Department


B205F18B5189C...

Veronica Kelley, Director

Date **6/8/2020**

SCHEDULE A

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

Date Form Completed: 5/6/20

Updated

FY 2020 - 2021

July 1, 2020 to December 31, 2020

(6 months)

Prepared by: Aaron M. Scullin

Title: Executive Director

PEI County Program: OLDER ADULT COMMUNITY SERVICES											
State Defined Program: PREVENTION											
	Distribution				Prevention Services				TOTAL		
		1.00%	1.00%	40.00%	58.00%	Mode 45					
		Early Intervention Services		Mental Health Services		Community Client Services					
		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						
#	COMPONENTS										
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	UNDULICATED PARTICIPANTS										
20	TOTAL UNDULICATED PARTICIPANTS	3	4	152	132					291	
21	COST PER UNDULICATED 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	

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL

FY 2020 - 2021

July 1, 2020 to December 31, 2020

(12 months)

Contractor Name: Rlm Family Services
Contract # 15-391

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: Rim Family Services

0.50 (6 months)

(6 monts)

[illegible]

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

SCHEDULE B

SCHEDULE B

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

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

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT	Budget Revision	
						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

SCHEDULE B

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)

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2020 - 2021

Contractor Name: Rim Family Services

Region Mountain

Contract # 15-391

Address: P.O. Box 578

Skyforest, CA 92385

Date Form Completed: 9/6/20

Updated

July 1, 2020 to December 31, 2020

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