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

SAN BERNARDINO COUNTY

Contract Number
15-392 A-3

SAP Number
4400008390

Department of Behavioral Health

Department Contract Representative	Tammi Phillips
Telephone Number	(909) 388-0860
Contractor	West End Family Counseling Services, Inc.
Contractor Representative	Laura Tapia, LMFT
Telephone Number	(909)983-2020
Contract Term	July 1, 2015 through December 31, 2020
Original Contract Amount	$1,000,000
Amendment Amount	$ 250,000
Total Contract Amount	$1,250.000
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 West End Family Counseling Services, Inc. referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:
IN THAT CERTAIN **Contract No. 15-392** 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 $250,000 shall increase the total contract amount from $1,000,000 to $1,250,000 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 E is re-lettered as paragraph F and the new paragraph E is hereby added to read as follows:

E. Contractor will serve the following areas of San Bernardino County: East Valley Region. Specific cities and zip codes are listed below:

ZIP	City
92316	Bloomington, CA
92324	Colton, CA
92334	Fontana, CA
92335	Fontana, CA
92336	Fontana, CA
92337	Fontana, CA
92376	Rialto, CA
92377	Rialto, CA
92401	San Bernardino, CA
92402	San Bernardino, CA
92408	San Bernardino, CA
92410	San Bernardino, CA
92411	San Bernardino, CA
92415	San Bernardino, CA

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

West End Family Counseling Services, Inc.
(Print or type name of corporation, company, contractor, etc.)

By Laura Tapia
A51AB6FDE23543F...
(Authorized signature - sign in blue ink)

Name Laura Tapia
(Print or type name of person signing contract)

Title Chief Executive Officer
(Print or Type)

Dated: 6/4/2020

Address 855 N. Euclid Ave
Ontario, CA, 91762

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
DocuSigned by: Dawn Martin	DocuSigned by: Natalie Kessee	DocuSigned by: Veronica Kelley
Dawn Martin, Deputy County Counsel	Natalie Kessee, Contracts Manager	Veronica Kelley, Director
Date 6/3/2020	Date 6/8/2020	Date 6/8/2020

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
PREVENTION AND EARLY INTERVENTION
Central Valley

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

Prepared by: Raymond Vargas
Title: Director of Operations & Finance

Contractor Name: West End Family Counseling Service
Region: Central Valley
Contract #:
Address: 855 N. Euclid Ave, Ontario, CA 91762
Date Form Completed: 5/12/2015
Updated:

PEI County Program: OLDER ADULT COMMUNITY SERVICES
State Defined Program: PREVENTION

#		Distribution	1.00%	24.00%	55.00%	20.00%			TOTAL
			Mode 15		Mode 45				
			Early Intervention Services		Prevention Services				
		COMPONENTS	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	$ 510	$ 12,228	$ 28,023	$ 10,190			$ 50,952
3		BENEFITS	$ 127	$ 3,058	$ 7,007	$ 2,548			$ 12,740
4		**(2+3 must equal total staffing costs)**	$ 637	$ 15,286	$ 35,030	$ 12,738			$ 63,692
5		OPERATING EXPENSES	$ 363	$ 8,714	$ 19,970	$ 7,262			$ 36,309
6		**TOTAL EXPENSES (2+3+5)**	$ 1,000	$ 24,000	$ 55,000	$ 20,000			$ 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	$ 24,000	$ 55,000	$ 20,000			$ 100,000
13		**FUNDING**							
14		MHSA	$ 1,000	$ 24,000	$ 55,000	$ 20,000			$ 100,000
15		**TOTAL FUNDING**	$ 1,000	$ 24,000	$ 55,000	$ 20,000			$ 100,000
16		COUNTY CONTRACT RATE	$ 2.20	$ 2.99					
17		TARGET COST PER UNIT OF SERVICE (Minutes)	$ 9.56	$ 0.96					
18		UNITS OF TIME (Minutes)	$ 105	$ 25,108					
19		**UNDUPLICATED PARTICIPANTS**							
20		TOTAL UNDUPLICATED PARTICIPANTS	4	8	503	562			1,077
21		COST PER UNDUPLICATED PARTICIPANT	$ 250.00	$ 3,000.00	$ 109.34	$ 35.59			$ 92.85
22		**SERVICES**							
23		TOTAL SERVICES	4	8	503	562			1,077
24		COST PER TOTAL SERVICES	$ 250.00	$ 3,000.00	$ 109.34	$ 35.59			$ 92.85

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: West End Family Counseling Service
Contract #

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

CONTRACTOR NAME: West End Family Counseling Service 0.50 (6 month period)

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Service Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Chief Executive	lmft	Chief Executive	151,105	37,776	188,881	3.82%	3,608	40	2,886	722
Program Director	lmft	Program Director	100,027	25,007	125,034	11.25%	7,033	117	5,627	1,407
Program Coordinator	msw	Coordinator	74,631	18,658	93,289	45.00%	20,990	468	16,792	4,198
Clinician	lmft	Clinician	62,448	15,612	78,060	100.00%	39,030	1,040	31,224	7,806
Quality Assurance	lmft	QA Manager	96,232	24,058	120,290	3.82%	2,298	40	1,838	460
Operations	MBA	Operations Director	101,863	25,466	127,329	3.82%	2,432	40	1,946	486
Financial Services Manager	as	bookkeeper	79,852	19,963	99,815	3.82%	1,906	40	1,525	381
Admin Support		Admin Services	34,807	8,702	43,509	50.00%	10,877	520	8,702	2,175
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
									70,539	17,635

	TOTAL COST A:	88,174	2,304

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

SCHEDULE B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2020 - 2021

Prepared by: Raymond Vargas
Title: Director of Operations & Finance

Contractor Name: West End Family Counseling Service
Region West Valley
Contract #
Address: 855 N. Euclid Ave
Ontario, CA 91762
Date Form Completed: 42,136
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

(6 months costs)

	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	Budget Revision: Revised Budget
1	Rent/Occupancy	$5,750	75%	$4,313	25%	$1,438	0	1,438
2	Utilities/Telecom	$82,041	85%	$69,734	15%	$12,306		12,306
3	Property Taxes and Insurance	$21,600	97%	$20,952	3%	$648		648
4	Depreciation	$7,800	96%	$7,488	4%	$312		312
5	Professional Services	$238,010	98%	$232,298	2%	$5,712		5,712
6	Equipment Expense	$8,000	96%	$7,680	4%	$320		320
7	General and Administrative Costs	$103,095	90%	$92,786	10%	$10,310		10,310
8	Office and Program Supplies	$170,575	91%	$155,223	9%	$15,352		15,352
9	Indirect Costs not to exceed 15%	$169,707	91%	$154,278	9%	$15,429		15,429
10								0
SUBTOTAL B:		$806,577		$744,751		$61,826	0	61,826
GROSS TOTAL STAFFING AND OPERATING COSTS						$150,000		

SCHEDULE B

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

Contractor Name: West End Family Counseling Service
Region West Valley
Contract #
Address: 855 N. Euclid Ave
Ontario, CA 91762
Date Form Completed: 42,136
Updated

Prepared by: Raymond Vargas
Title: Director of Operations & Finance

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	Rent/Occupancy	The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Rent/ Occupancy is $11,500 per year/2 * 25% = $1438 based on square footage allocated directly to this program.
2	Utilities/Telecom	Allocated portion of electric, gas, water, telephone expense. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost for Utilities is $164,081 per year /2* 15% = $12,306 allocated directly to this program.
3	Property Taxes and Insurance	Allocated portion of property taxes/insurance of clinic facility/professional & D&O liability. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Property Taxes and Insurances are $43,200 per year/2 * 3% = $648 allocated directly to this program.
4	Depreciation	Allocated portion of depreciation of clinic facility, equipment and furnishings. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Depreciation is $15,600 per year/2 * 4%=$312 allocated directly to this program.
5	Professional Services	Allocated portion of CPA, consultants, and independent technical contractors. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Professional Services is $476,020 per year /2* 2%=$5,712 allocated directly to this program.
6	Equipment Expense	Allocated portion of office equipment lease and maintenance. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Equipment is $16,000 per year/2 * 4%=$320 allocated directly to this program.
7	General and Administrative Costs	Includes janitorial, answering service,advertising, IT maint, postage, printing, facility maint, training, board expense, interest expense, membership dues, non-project specifict repair and maint, gardener, security. Total cost of the General and Administrative Costs are $206,190 per year/2 * 10%=$10,310 allocated directly to this program.
8	Office and Program Supplies	Allocated portion of consumable office supplies, consumable program supplies and printing. The Agency's direct costs are allocated to each program based on actual program expenses.Total cost of Office & Program Supplies is $341,149 per year/2 * 9%=$15,352 allocated directly to this program.
9	Indirect Costs not to exceed 15%	INDIRECT EXPENSE is allocated to each Agency program based on the percentage of the total Agency's direct worked wages. (indirect costs not to exceed 15% of direct costs) Total indirect cost is $339,414 per year/2 * 9%=$15,429 allocated to this program.
10		

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

July 1, 2020 to December 31, 2020

Contractor Name: West End Family Counseling Service
Region West Valley
Contract #
Address: 855 N. Euclid Ave
Ontario, CA 91762
Date Form Completed: 42,136
Updated

Year to Date **Unduplicated** Participant Count				
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
9	18	750	839	1,616

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	2	2	2	1	1	1							9
	Mental Health Services	3	3	3	3	3	3							18
Mental Health Promotion		125	125	125	125	125	125							750
Community Client Services		140	140	140	140	140	139							839
TOTAL		270	270	270	269	269	268	0	0	0	0	0	0	1616

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	1	1	1	1	1	1							5
	Mental Health Services	146	146	146	146	146	146							875
Mental Health Promotion		173	173	173	173	173	173							1,037
Community Client Services		58	58	58	58	58	58							346
TOTAL		377	377	377	377	377	377	0	0	0	0	0	0	2,262

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	$ 500	$ 500	$ 500	$ 500	$ 500	$ 500							$ 3,000
	Mental Health Services	$ 9,500	$ 9,500	$ 9,500	$ 9,500	$ 9,500	$ 9,500							$ 57,000
Mental Health Promotion		$ 11,250	$ 11,250	$ 11,250	$ 11,250	$ 11,250	$ 11,250							$ 67,500
Community Client Services		$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750							$ 22,500
TOTAL		$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 150,000

SCHEDULE A - Planning Estimates

Actual Cost Contract (cost reimbursement)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
PREVENTION AND EARLY INTERVENTION
West Valley

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

Contractor Name:	**West End Family Counseling Service**
Region	**West Valley**
Contract #	
Address:	855 N. Euclid Ave Ontario, CA 91762
Date Form Completed:	5/12/2015
Updated	

Prepared by: Raymond Vargas
Title: Director of Operations & Finance

PEI County Program: OLDER ADULT COMMUNITY SERVICES
State Defined Program: PREVENTION

#		Distribution	2.00%	38.00%	45.00%	15.00%			TOTAL
			Mode 15		Mode 45				
			Early Intervention Services		Prevention Services				
		COMPONENTS	**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	$ 1,411	$ 26,805	$ 31,743	$ 10,581			$ 70,539
3		BENEFITS	$ 353	$ 6,701	$ 7,936	$ 2,645			$ 17,635
4		**(2+3 must equal total staffing costs)**	$ 1,763	$ 33,506	$ 39,678	$ 13,226			$ 88,174
5		OPERATING EXPENSES	$ 1,237	$ 23,494	$ 27,822	$ 9,274			$ 61,826
6		**TOTAL EXPENSES (2+3+5)**	$ 3,000	$ 57,000	$ 67,500	$ 22,500			$ 150,000
7		**AGENCY REVENUES**							
8		PATIENT FEES							$ -
9		PATIENT INSURANCE							$ -
10		GRANTS/OTHER							$ -
11		**TOTAL AGENCY REVENUES (8+9+10)**	$ -	$ -	$ -	$ -			$ -
12		**CONTRACT AMOUNT (6-11)**	$ 3,000	$ 57,000	$ 67,500	$ 22,500			$ 150,000
13		**FUNDING**							
14		MHSA	$ 3,000	$ 57,000	$ 67,500	$ 22,500			$ 150,000
15		**TOTAL FUNDING**	$ 3,000	$ 57,000	$ 67,500	$ 22,500			$ 150,000
16		COUNTY CONTRACT RATE	$ 2.20	$ 2.99					
17		TARGET COST PER UNIT OF SERVICE (Minutes)	$ 10.85	$ 1.09					
18		UNITS OF TIME (Minutes)	$ 276	$ 52,529					
19		**UNDUPLICATED PARTICIPANTS**							
20		TOTAL UNDUPLICATED PARTICIPANTS	9	18	750	839			1,616
21		COST PER UNDUPLICATED PARTICIPANT	$ 333.33	$ 3,166.67	$ 90.00	$ 26.82			$ 92.82
22		**SERVICES**							
23		TOTAL SERVICES	9	18	750	839			1,616
24		COST PER TOTAL SERVICES	$ 333.33	$ 3,166.67	$ 90.00	$ 26.82			$ 92.82

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: West End Family Counseling Service
Contract #

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

CONTRACTOR NAME: West End Family Counseling Service

0.50 (6 month period)

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Service Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Chief Executive	lmft	Chief Executive	151,105	37,776	188,881	3.82%	3,608	40	2,886	722
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Operations	MBA	Operations Director	101,863	25,466	127,329	3.82%	2,432	40	1,946	486
Financial Services Manager	as	bookkeeper	79,852	19,963	99,815	3.82%	1,906	40	1,525	381
Admin Support		Admin Services	34,807	8,702	43,509	50.00%	10,877	520	8,702	2,175
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
									20,539	17,635

	TOTAL COST A: 88,174	2,304

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

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

FY 2020 - 2021

Prepared by: Raymond Vargas
Title: Director of Operations & Finance

Contractor Name: West End Family Counseling Service
Region West Valley
Contract #
Address: 855 N. Euclid Ave
Ontario, CA 91762
Date Form Completed: 42,136
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

(6 months costs)

	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	Budget Revision: Revised Budget
1	Rent/Occupancy	$5,750	75%	$4,313	25%	$1,438	0	1,438
2	Utilities/Telecom	$82,041	85%	$69,734	15%	$12,306		12,306
3	Property Taxes and Insurance	$21,600	97%	$20,952	3%	$648		648
4	Depreciation	$7,800	96%	$7,488	4%	$312		312
5	Professional Services	$238,010	98%	$232,298	2%	$5,712		5,712
6	Equipment Expense	$8,000	96%	$7,680	4%	$320		320
7	General and Administrative Costs	$103,095	90%	$92,786	10%	$10,310		10,310
8	Office and Program Supplies	$170,575	91%	$155,223	9%	$15,352		15,352
9	Indirect Costs not to exceed 15%	$169,707	91%	$154,278	9%	$15,429		15,429
10								0
SUBTOTAL B:		$806,577		$744,751		$61,826	0	61,826
GROSS TOTAL STAFFING AND OPERATING COSTS						$150,000		

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

Contractor Name: West End Family Counseling Service
Region West Valley
Contract #
Address: 855 N. Euclid Ave
Ontario, CA 91762
Date Form Completed: 42,136
Updated

Prepared by: Raymond Vargas
Title: Director of Operations & Finance

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	Rent/Occupancy	The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Rent/ Occupancy is $11,500 per year/2 * 25% = $1438 based on square footage allocated directly to this program.
2	Utilities/Telecom	Allocated portion of electric, gas, water, telephone expense. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost for Utilities is $164,081 per year /2* 15% = $12,306 allocated directly to this program.
3	Property Taxes and Insurance	Allocated portion of property taxes/insurance of clinic facility/professional & D&O liability. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of the Property Taxes and Insurances are $43,200 per year/2 * 3% = $648 allocated directly to this program.
4	Depreciation	Allocated portion of depreciation of clinic facility, equipment and furnishings. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Depreciation is $15,600 per year/2 * 4%=$312 allocated directly to this program.
5	Professional Services	Allocated portion of CPA, consultants, and independent technical contractors. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Professional Services is $476,020 per year /2* 2%=$5,712 allocated directly to this program.
6	Equipment Expense	Allocated portion of office equipment lease and maintenance. The Agency's direct costs are allocated to each program based on actual program expenses. Total cost of Equipment is $16,000 per year/2 * 4%=$320 allocated directly to this program.
7	General and Administrative Costs	Includes janitorial, answering service,advertising, IT maint, postage, printing, facility maint, training, board expense, interest expense, membership dues, non-project specifict repair and maint, gardener, security. Total cost of the General and Administrative Costs are $206,190 per year/2 * 10%=$10,310 allocated directly to this program.
8	Office and Program Supplies	Allocated portion of consumable office supplies, consumable program supplies and printing. The Agency's direct costs are allocated to each program based on actual program expenses.Total cost of Office & Program Supplies is $341,149 per year/2 * 9%=$15,352 allocated directly to this program.
9	Indirect Costs not to exceed 15%	INDIRECT EXPENSE is allocated to each Agency program based on the percentage of the total Agency's direct worked wages. (indirect costs not to exceed 15% of direct costs) Total indirect cost is $339,414 per year/2 * 9%=$15,429 allocated to this program.
10		

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

July 1, 2020 to December 31, 2020

Contractor Name: West End Family Counseling Service
Region West Valley
Contract #
Address: 855 N. Euclid Ave
Ontario, CA 91762
Date Form Completed: 42,136
Updated

Year to Date **Unduplicated** Participant Count				
Early Intervention		Mental Health Promotion	Comm. Client Services	Program
Case Management	MHS			
9	18	750	839	1,616

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	2	2	2	1	1	1							9
	Mental Health Services	3	3	3	3	3	3							18
Mental Health Promotion		125	125	125	125	125	125							750
Community Client Services		140	140	140	140	140	139							839
TOTAL		270	270	270	269	269	268	0	0	0	0	0	0	1616

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	1	1	1	1	1	1							5
	Mental Health Services	146	146	146	146	146	146							875
Mental Health Promotion		173	173	173	173	173	173							1,037
Community Client Services		58	58	58	58	58	58							346
TOTAL		377	377	377	377	377	377	0	0	0	0	0	0	2,262

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	$ 500	$ 500	$ 500	$ 500	$ 500	$ 500							$ 3,000
	Mental Health Services	$ 9,500	$ 9,500	$ 9,500	$ 9,500	$ 9,500	$ 9,500							$ 57,000
Mental Health Promotion		$ 11,250	$ 11,250	$ 11,250	$ 11,250	$ 11,250	$ 11,250							$ 67,500
Community Client Services		$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750	$ 3,750							$ 22,500
TOTAL		$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 150,000