



Contract Number

15-321 A-5

SAP Number

4400002642

Department of Behavioral Health

Department Contract Representative	Paul Lindenberg
Telephone Number	(909) 386-8264
Contractor	Rim Family Services, Inc.
Contractor Representative	Aaron Scullin
Telephone Number	(909) 336-1800
Contract Term	July 1, 2015 – December 31, 2021
Original Contract Amount	\$809,529
Amendment Amount	\$79,569
Total Contract Amount	\$889,098
Cost Center	1018581000

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. 15-321** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor provision of Substance Use Disorder Recovery Services Community-Based Recovery Service Center Services, which Contract first became effective July 1, 2015 the following changes are hereby made and agreed to, effective July 1, 2021:

- I. ARTICLE IV Funding paragraph K is hereby amended and paragraph L is hereby added to read as follows:
 - K. The contract amendment amount of \$79,569 shall increase the total contract amount from \$809,529 to \$889,098 for the contract term.
 - L. This amendment hereby adds Schedules A and B for fiscal year 2021-22. All previous approved schedules remain in effect.
- II. ARTICLE XV 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, 2021 inclusive.

III. 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: _____
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 _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY		
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Dawn Martin, Deputy County Counsel	► Natalie Kessee, Contracts Manager	► Veronica Kelley, Director
Date _____	Date _____	Date _____

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Schedule A - Proposed Budget

BUDGET PERIOD: FY 21/22 [Jul to Dec 2021]

Providers Name: Rim Family Services, Inc.
Facility Address: PO Box 578, Skyforest, CA 92385
Provider Number: 12/5/1909

Prepared by: Aaron M. Scullin
Title: Executive Director
Date Prepared: 2/25/2021

FUNDING SOURCE	DMC-ODS	Block Grant	TOTAL
Recovery Services - Outpatient Treatment			
Cost - Individual Counseling			\$ 0
Units of Service (15 minute increment)			0
Interim Rate (Cost/UOS)*	\$ 0.00	\$ 0.00	\$ 0
Cost - Group Counseling			\$ 0
Units of Service (15 minute increments)			0
Interim Rate (Cost/UOS)*	\$ 0.00	\$ 0.00	\$ 0
Recovery Services - Recovery Monitoring			
Cost			\$ 0
Units of Service (15 minute increments)			-
Interim Rate (Cost/UOS)*	\$ 0.00	\$ 0.00	\$ 0
Recovery Services - Case Management			
Cost			\$ 0
Units of Service (15 minute increments)			-
Interim Rate (Cost/UOS)	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL RECOVERY SERVICES COSTS			
Total Net Service Expenses	\$ 0	\$ 0	\$ 0
Units of Service (15 minute increments)	0	0	0
Interim Rate (Cost/UOS)	\$ 0.00	\$ 0.00	\$ 0
Recovery Center (Non-Service Related Costs)			
Total Expenditures		\$ 79,569	\$ 79,569
Less reportable Revenue		\$ 0	\$ 0
Net Recovery Center Costs		\$ 79,569	\$ 79,569
Service Hours		1,404	1,404
Cost per Hour		\$ 57	\$ 57
CONTRACT TOTAL	\$ 0	\$ 79,569	\$ 79,569

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Budget Detail

BUDGET PERIOD: FY 21/22 [Jul to Dec 2021]

Providers Name: Rim Family Services, Inc.
Facility Address: PO Box 578, Skyforest, CA 92385
Provider Number: 12/5/1909

Prepared by: Aaron M. Scullin
Title: Executive Director
Date Prepared: 2/25/2021

Personnel Expenditures	
Salaries and Benefits	\$ 54,432

Services and Supplies	
Communications	\$ 1,000
Office Supplies	\$ 1,000
Utilities	\$ 1,500
Rent/Leases - Structures	
Rent/Leases - Equipment	\$ 1,000
Insurance	\$ 2,100
Professional Services	\$ 2,100
Repair and Maintenance	\$ 1,000
Food	\$ 3,000
Training & Travel	\$ 1,984
Printing & Publications	
Curriculum & Educational Training	
Miscellaneous Supplies	
Other: Program Supplies	\$ 2,635
Other: Depreciation	\$ 1,000
Other:	
Other Expenditures	
Administrative Indirect Costs (see "NOTE" below)	\$ 6,818
Other:	
TOTAL OPERATING EXPENSES	\$ 79,569

Revenue	
Agency Revenue-Fees/Other	

TOTAL NET EXPENDITURES	\$ 79,569
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Budget Narrative

BUDGET PERIOD: FY 21/22 [Jul to Dec 2021]

Providers Name: Rim Family Services, Inc.
Facility Address: PO Box 578, Skyforest, CA 92385
Provider Number: 12/5/1909

Prepared by: Aaron M. Scullin
Title: Executive Director
Date Prepared: 2/25/2021

Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE, etc.). For example, show how indirect costs or overhead were calculated.

Item	Cost	Justification
Communications	\$ 1,000.00	These costs include telephone, internet, etc.
Office Supplies	\$ 1,000.00	These costs include paper, stationary, business cards, postage, etc.
Utilities	\$ 1,500.00	These costs include water, power, electricity, etc.
Rent/Leases - Structures	\$ -	
Rent/Leases - Equipment	\$ 1,000.00	These costs include rental, lease of equipment, etc.
Insurance	\$ 2,100.00	These costs include insurance, taxes, licenses, etc.
Professional Services	\$ 2,100.00	These costs include copy machine, snow plowing, computer IT, etc.
Repair and Maintenance	\$ 1,000.00	These costs include maintenance and repairs of building and property, etc.
Food	\$ 3,000.00	These costs include food, snacks, and drinks for program participants
Training & Travel	\$ 1,984.00	These costs include mileage, lodging, and meals etc.
Printing & Publications	\$ -	
Curriculum & Educational Training	\$ -	
Miscellaneous Supplies	\$ -	
Other: Program Supplies	\$ 2,635.00	These costs include program supplies for participants, etc.
Other: Depreciation	\$ 1,000.00	These costs include depreciation for items purchased that cost > \$500
Other:	\$ -	
Administrative Indirect Costs	\$ 6,818.00	These costs include indirect administrative costs.
Other:	\$ -	