

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Tax Matters

Date: 01/10/14

From: James Rooney
(Department Head - please type)

Phone Ext. 454

Department Head Signature *James Rooney*

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>01/28/14</u>	

Agenda Title: SECURED ROLL CORRECTIONS

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
REQUEST FOR APPROVAL OF ROLL CORRECTIONS WHICH EXCEED 50% OF THE ORIGINAL VALUE OR A DECREASE OF \$150,000 OR MORE. APN's 030-270-004-000 & 030-720-008-000.

Recommendation/Requested Action:
APPROVE

Fiscal Impacts (attach budget transfer form if appropriate) _____
 Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? Name _____ N/A

Comments: _____

Request Reviewed by:

Chairman <u><i>AGU</i></u>	Counsel <u><i>GG</i></u>
Auditor _____	GSA Director <u><i>Hop</i></u>
CAO <u><i>AB</i></u>	Risk Management <u><i>MW</i></u>

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)
Assessor's Office

FOR CLERK USE ONLY

Meeting Date January 28, 2014 Time 9 a.m. Item # 2A

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___
 Ayes: _____ Resolution _____ Ordinance _____ Other: _____
 Noes _____ Resolution _____ Ordinance _____
 Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.
Completed by _____ of _____	For meeting _____	ATTEST: _____ Clerk or Deputy Board Clerk

County of AMADOR
ASSESSOR ROLL CORRECTION

Asmt 030-270-004-000 Tax Year 2013 R/C # A0621 Roll Type S Fee Parcel 030-270-004-000 Originating Asmt 030-270-004-000 From TRA 052-084 New TRA 052-084

R&T 1 4831B R&T 2 [] Taxroll Asmt Only [N] Value History [Y] Taxability Code []

	Roll Value	New Value	Sup From Net	Sup To Net
Land	233,127	125,000		
Structure	777,106	340,000		
Growing				
PP MH				
Fixtures R/P				
Fixtures				
Personal Property				
HOX				
Other Exemptions				
CODE []	Net Change	-545,233	Supl Change	

Owner MAGGINETTI DANIEL M & PIONEER BUSINESS PARK LLC &
C/O MAGGINETTI GARY G
Mailing Address PO BOX 1150
POLLOCK PINES CA 95726

Situs 22594 STATE HWY 088
Bill Comments PROPERTY QUALIFIES FOR PROP 8 REUDCTION

Supl Info

Event From/Thru Dates [] []

Ownership From/Thru Dates [] []

506/5151 From/Thru Dates [] From 1 [] From 2 [] Thru []

10 % PP Penalty [N]
Restricted [N]
Timber Preserve [N]
5151 Interest [N]
506 Interest [N]

TaxBill Days []
R/C Date Dec 18, 2013
Created By TM

Print R/C Wks [C]
Print R/C Letter [C]
R/C Completed [C]

Appraiser [] [] []
Supv Appr [] [] []
Chief Appr [] [] []

Asmt Clerk [] [] []
Off Mgr [] [] []

Assessor Signature [] Date [] Auditor Signature [] Date []
County Counsel Signature [] Date []

tmilbourne 12/18/2013

Asmt 030-720-008-000 Tax Year 2013 R/C # A0623 Roll Type S Fee Parcel 030-720-008-000 Originating Asmt 030-720-008-000 From TRA 052-086 New TRA 052-086

R&T 1 4831b R&T 2 Taxroll Asmt Only Value History Taxability Code

	Roll Value	New Value	Sup From Net	Sup To Net
Land	137,946	65,000		
Structure	293,893	205,000		
Growing				
PP MH				
Fixtures R/P				
Fixtures				
Personal Property				
HOX	7,000	7,000		
Other Exemptions				
CODE				
Net Change		-161,839		
Supl Change				

Owner DEMCAK LIVING TRUST
 Mailing Address DEMCAK GEORGE SAMUEL SR & ELIZABETH CARRIE CO-TRUS
 23301 FORTRESS CT
 PIONEER CA 95666

Situs 23301 FORTRESS CT

Bill Comments PROPERTY QUALIFIES FOR PROP 8 REDUCTION

Supl Info

Event From/Thru Dates

Ownership From/Thru Dates

506/5151 From/Thru Dates

From 1 From 2 Thru

TaxBill Days 10 % PP Penalty

R/C Date Restricted

Created By Timber Preserve

5151 Interest

506 Interest

Print R/C Wks

Print R/C Letter

R/C Completed

Appraiser _____ Date _____

Supv Appr _____ Date _____

Chief Appr _____ Date _____

Asmt Clerk _____ Date _____

Off Mgr _____ Date _____

Assessor Signature _____ Date _____ Auditor Signature _____ Date _____

County Counsel Signature _____ Date _____

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: January 21, 2014

Agmt

From: James Foley, Director
(Department Head - please type)

Phone Ext. 625

Department Head Signature *[Signature]*

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>01/28/14</u>	

Agenda Title: _____

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Assembly Bill 636, Chapter 678, Statutes of 2001, enacted the Child Welfare Services Outcome and Accountability Act of 2001. This law requires the county to complete a triennial Child Welfare Services Self-Assessment.

This is an agreement with The Regents of the University of California (UC Davis Extension) for technical assistance with the County's Self-Assessment and Peer Quality Case Review operations.

Recommendation/Requested Action:
Approve and sign agreement

Fiscal Impacts (attach budget transfer form if appropriate)	Staffing Impacts
<u>Budgeted</u>	
Is a 4/5ths vote required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Contract Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Committee Review? <u>N/A</u> <input checked="" type="checkbox"/>	Resolution Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Name _____	Ordinance Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Committee Recommendation: _____	Comments: _____

Request Reviewed by:

Chairman <u><i>[Signature]</i></u>	Counsel _____
Auditor <u><i>[Signature]</i></u>	GSA Director <u><i>[Signature]</i></u>
CAO _____	Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

2 originals to Chris @ Social Services

FOR CLERK USE ONLY

Meeting Date <u>January 28, 2014</u>	Time <u>9 a.m.</u>	Item # <u>4A</u>
Board Action: Approved Yes ___ No ___	Unanimous Vote: Yes ___ No ___	
Ayes: _____	Resolution _____	Ordinance _____
Noes _____	Resolution _____	Ordinance _____
Absent: _____	Comments: _____	Other: _____

Distributed on _____	A new ATF is required from _____ Department	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.
Completed by _____	For meeting of _____	ATTEST: _____ Clerk or Deputy Board Clerk

Save



UC DAVIS EXTENSION
WEB SITE: www.extension.ucdavis.edu

1632 DA VINCI COURT
DAVIS, CALIFORNIA 95618-4852

Agreement #PQCR-2014-02

Agreement for Services
UC Davis Extension

This Agreement is made this 8th day of January, 2014 by and between The Regents of the University of California ("University"), on behalf of its Davis campus UC Davis Extension and the AMADOR COUNTY ("User").

RECITALS

WHEREAS, University is a public education institution accredited by the Western Association of Schools and Colleges, and has developed a human and social services training program ("Program,") and

WHEREAS, User wishes to acquire technical assistance for User's County Self-Assessment and Peer Quality Case Review operations,

NOW, THEREFORE, the parties agree as follows:

1. University shall provide services as set forth in Exhibit A.
2. Term. The term of this agreement shall be from January 1, 2014 through March 31, 2014.
3. Termination. Either party may terminate this agreement by giving thirty (30) days' written notice to the other party.
4. Alteration, Amendment. No alteration of the terms of this agreement shall be valid or binding upon either party unless made in writing and signed by both parties. This agreement may be amended at any time by mutual agreement of the parties, expressed in writing and signed by both parties.
5. Fee & Payment. User shall pay University as set forth in Exhibit A. University will invoice User in arrears no more often than monthly for services completed. User shall pay University within thirty days (60) of User's receipt of University invoice. Failure to pay within thirty days may be deemed a material breach of this agreement and good cause for termination.

6. Indemnification. Each party shall defend, indemnify and hold the other party, its officers, employees and agents harmless from and against any and all liability, loss, expense including reasonable attorneys' fees, or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the indemnifying party, its officers, agents, or employees.
7. Insurance. University is self-insured under California law. University shall maintain this program of self-insurance throughout the term of this Agreement with retentions as follows:
- a. General Liability (and professional liability) coverage with a per occurrence limit of a minimum of one million dollars (\$1,000,000).
 - b. Auto Liability including non-owned automobiles, with a minimums as follows:
 - 1) Bodily injury
 - a) Per person \$250,000
 - b) Per accident \$500,000
 - 2) Property damage \$50,000
 - c. Workers Compensation insurance in accordance with California state law.

If requested by User in writing University shall provide, upon receipt of a fully-executed Agreement, a Certificate of Self-Insurance naming User, its officers, agents, and employees, individually and collectively as additional insured (except for Worker's Compensation Insurance) for services provided under this Agreement.

Coverage shall apply as primary insurance and any other insurance or self-insurance maintained by the User, its officers, agents, and employees should be excess only. This insurance shall not be canceled or changed without a minimum of thirty (30) days advance, written notice given to User.

8. Confidentiality of information about individuals. University agrees to safeguard names and addresses of individuals received through the performance of this agreement in accordance with Welfare and Institution Code Section 10850.
9. Use of University name. User shall not use the name of the University in any form or manner in advertisements, reports or other information released to the public without the prior written approval of University.
10. Relationship of parties. It is expressly understood and agreed that this agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association between the parties.
11. Notice addresses. All notices under this agreement shall be effective only if made in writing and delivered by personal service or by mail and addressed as follows. Either party may, by written notice to the other, change its own mailing address.

University:

Financial Services
University Extension
1333 Research Park Drive
Davis, CA 95618

User:

Amador County
Department of Social Services
10877 Conductor Blvd. Suite 200
Sutter Creek, CA 95685

Additional University:

Center for Human Services
UC Davis Extension
1632 DaVinci Ct
Davis, CA 95618

12. Force majeure. In the event that performance by a party is rendered impossible by reason of strikes, lockouts, labor disputes, acts of God, governmental restrictions, regulations or other causes beyond the reasonable control of that party, performance shall be excused for a period commensurate with the period of impossibility.

University is a land-grant institution with a mission of teaching, research, public service and patient care, and it is required to recover the full cost of providing services to non-University entities such as User, and as a non-profit entity, makes no profit. Therefore, University does not have reserves from which to pay for expenditures made on behalf of User for which it is not reimbursed. In the event of a force majeure, User shall be responsible for payment of all expenses incurred to the point at which University gives or receives notice of the impossibility. If the impossibility becomes permanent, University will make best efforts to cancel or mitigate all outstanding financial commitments, and User shall be responsible for the cost of any remaining obligations.

13. Assignment. This Agreement shall be binding upon the successors and assigns of the parties. Neither party may assign the Agreement without the prior written permission of the other party.
14. Nondiscrimination. University agrees not to discriminate in the provision of service under this agreement on the basis of race; color; religion; marital status; national origin; ancestry; sex; sexual orientation; physical or mental handicap; medical condition; political affiliation; status as a Vietnam-era veteran or disabled veteran; or, within the limits imposed by law or University regulations, because of age or citizenship. University is an affirmative action/equal opportunity employer.
15. Conflict of Interest. The parties to this Agreement have read and are aware of the provisions of Government Code section 1090 et seq. and section 87100 relating to conflict of interest of public officers and employees. University represents that it is unaware of any financial or economic interest of any public officer or employee of User relating to this Agreement. It is further understood and agreed that if such a financial

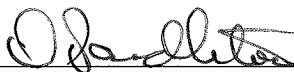
interest does exist at the inception of this Agreement, User may immediately terminate this Agreement by giving written notice.

- 16. Waiver of Rights. No delay or failure of either party in exercising any right, and no partial or single exercise of any right, shall be deemed to constitute a waiver of that right or any other right.
- 17. Headings. The headings and captions contained in this Agreement are for convenience only, and shall be of no force or effect in construing and interpreting the provisions of this Agreement.
- 18. Severability of Terms. In the event of any conflict between any provisions of this agreement and any applicable law, rule or regulation, this agreement shall be modified only to the extent necessary to eliminate the conflict and the rest of the agreement shall remain unchanged and in full force and effect.
- 19. Governing law. The laws of the State of California shall govern this agreement.
- 20. Integrated agreement. This agreement constitutes the entire understanding between the parties respecting the subject matter contained herein and supersedes any and all prior oral or written agreements regarding such subject matter.

IN WITNESS WHEREOF, this agreement has been executed as of the date first set forth above.

THE REGENTS OF THE
UNIVERSITY OF CALIFORNIA

AMADOR COUNTY

By 
Name Dennis Pendleton
Title Dean, UC Davis Extension

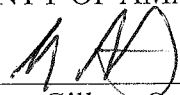
By _____
Name Theodore F. Novelli
Title Chairman, Board of Supervisors

Date 6/14/2014

Date _____

FEIN: 94-6036494

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL
COUNTY OF AMADOR

By 
Gregory Gillott, County Counsel
ATTEST:

By _____
Jennifer Burns
Deputy Clerk of the Board of Supervisors

EXHIBIT A
TRAINING PROGRAM

1. University will provide the following:

- a. Technical assistance in preparation of PQCR (Peer Quality Case Review) and CSA (County Self Assessment) process.
- b. Support PQCR and community meetings.
- c. Coordination and process invoices for facility, peer travel and food service.
- d. Provide typed notes and analysis from community meetings.

2. User will provide the following:

- a. User shall participate in conference calls with state consultants and University experts
- b. User shall identify and make designated staff available to participate in the PQCR process prior to the event, during the event, and during the CSA process.
- c. User will coordinate all PQCR related logistical requirements through University.

User will cooperate with University's subject matter experts.

Total cost of training under this agreement: \$ 21,973.00

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
01/28/2014	

To: Board of Supervisors

Date: 01/09/2014

Agmt

From: James Foley, Director of HHS
(Department Head - please type)

Phone Ext. 412

Department Head Signature 

Agenda Title: MOU between Lifestyle Management Drydock, INC and Amador County Behavioral Health for DUI Program Monitoring

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

The Director of Health and Human Services, Behavioral Health Department requests the Board of Supervisors approve the MOU with Lifestyle Management Drydock, INC for the purpose of providing DUI Program Monitoring duties as indicated in Section 9801.5 Title 9 of the California Code of Regulations (Attached).

For each monitoring event, twice annually, Lifestyle Management Drydock, INC will pay Behavioral Health \$52.00 per hour not to exceed \$624.00.

The term shall be effective upon date executed by County and shall continue in effect through December 31, 2015.

Recommendation/Requested Action:

Approval of MOU

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts None

None

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? N/A


Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman 

Counsel 

Auditor 

GSA Director 

CAO _____

Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Please return two original MOU's to Angie Grau in Behavioral Health.

FOR CLERK USE ONLY

Meeting Date January 28, 2014 Time 9 a.m. Item # 4B

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____
 Completed by _____
 A new ATF is required from _____
 Department _____
 For meeting _____
 of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

ATTEST: _____
 Clerk or Deputy Board Clerk

Save

MEMORANDUM OF UNDERSTANDING BETWEEN THE COUNTY OF AMADOR AND
LIFESTYLE MANAGEMENT DRYDOCK, INC. FOR DUI PROGRAM MONITORING

THIS MEMORANDUM OF UNDERSTANDING BETWEEN THE COUNTY OF AMADOR AND LIFESTYLE MANAGEMENT DRYDOCK, INC. FOR DUI PROGRAM MONITORING (“MOU”) is entered into as of _____, 2014 between COUNTY OF AMADOR (“County”), a political subdivision of the State of California acting by and through its Department of Behavioral Health (“DBH”) and LIFESTYLE MANAGEMENT DRYDOCK, INC., a California corporation (“Lifestyle”).

RECITALS

A. Pursuant to California Health and Safety Code section 11837.6, County has designated Lifestyle to provide DUI programs within the County.

B. Section 9801.5, Title 9 of the California Code of Regulations sets forth monitoring requirements to be performed by each county alcohol program administrator with respect to DUI programs. A copy of Section 9801.5 is attached hereto as Exhibit A.

C. The parties desire to enter into this MOU to set forth their respective duties and responsibilities with respect to monitoring the DUI programs operated by Lifestyle.

NOW, THEREFOR, it is agreed as follows:

1. County Responsibilities.

a. Each January and July (each a “Monitoring Event”) DBH shall perform the monitoring duties set forth in Section 9801.5(b) for the following DUI programs operated by Lifestyle:

First Offender Program
Six Month First Offender Program
Nine Month First Offender Program
Eighteen Month Multiple Offender Program
Wet and Reckless Program

b. In conducting the monitoring for each program, DBH shall utilize the form attached hereto as Exhibit B. Exhibit B illustrates the form that will be used for the Six Month Offender Program. Similar forms with different captions will be utilized for each of the above programs.

c. DBH shall provide to Lifestyle a copy of the monitoring report for each program.

2. Compensation. For each monitoring event, Lifestyle shall pay to County the sum of \$52 per hour for each hour spent in conducting the monitoring, with a maximum not-to-exceed cost of \$624 per Monitoring Event. All compensation due hereunder shall be paid no later than thirty (30) days following completion of the Monitoring Event and provision of a copy of the monitoring report for each program to Lifestyle together with an invoice stating the number of hours spent in conducting the monitoring.

3. Term. This MOU shall become effective upon the date executed by County and shall continue in effect through December 31, 2015.

4. Miscellaneous.

a. Each party shall hold harmless and indemnify the other party, its governing board, officers, administrators, agents, employees, independent contractors, and other representatives from and against any and all liabilities, claims, demands, costs, losses, damages, or expenses from any cause whatsoever arising from or connected with its performance hereunder that arise out of or result from, in whole or in part, the negligent, wrongful or willful acts or omissions of the indemnifying party, its employees, agents, or other representatives. This indemnity provision shall survive the term of this Agreement and is in addition to any other rights or remedies that the parties may have under law or in equity.

b. This MOU shall not be modified or amended without the mutual written consent of the parties.

c. This MOU contains the complete and final understanding of the parties' rights, duties and obligations with respect to the transactions contemplated herein and supersedes all prior MOUs, contracts, understanding or commitments, whether oral or written, with respect the subject matter of this MOU.

d. This MOU shall be interpreted in accordance with the laws of the State of California. Any action to interpret or enforce any term of this MOU shall be brought in the Superior Court of California, County of Amador.

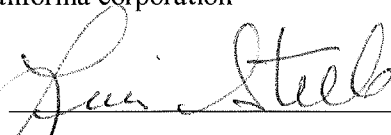
e. All exhibits attached hereto are incorporated herein by this reference.

IN WITNESS WHEREOF, the parties have executed this MOU as of the date first set forth above.

COUNTY OF AMADOR

LIFESTYLE MANAGEMENT DRYDOCK, INC.,
a California corporation

By: _____
Theodore F. Novelli
Chairman, Board of Supervisors

By:  _____
Name (printed): Lewis Steele

Title: Owner/President

Exhibit A

§9801.5. County Responsibilities.

- (a) Consistent with chapter 9, section 11837.6 of the Health and Safety Code, the county board of supervisors shall:
 - (1) Review, at its option, any new applications for licensure as DUI program and forward all applications recommended for licensure through the county alcohol program administrator to the Department for final review and approval. As part of the recommendation, the county board of supervisors shall include a statement assuring there is a need for a new DUI program in the county and assuring that the establishment of an additional DUI program will not jeopardize the fiscal integrity of existing licensed DUI programs.
 - (2) Assure the Department in writing of the programmatic and fiscal integrity of the DUI programs the county has recommended for licensure.
- (b) The county alcohol program administrator shall:
 - (1) Monitor to ensure compliance with the regulations contained in this chapter and the requirements in Chapter 9 (commencing with Section 11837.6), Division 10.5 of the Health and Safety Code.
 - (2) Review any applications requested by the county for licensure as DUI program or proposed changes in the approved plan of operation and forward to the Department all new applications or changes recommended for licensure by the board of supervisors.
 - (3) Monitor to ensure that approved DUI programs do not utilize other funds administered by the Department for program operations.
 - (4) Notify the Department when he/she determines that a DUI program is not in compliance with the regulations contained in this chapter.
 - (5) Monitor to ensure that service providers do not utilize participant fees for purposes other than DUI Program activities, with the exception of allowable profit or surplus.
 - (6) Review and recommend approval or denial of DUI Program fees and additional fees contained in the initial application for licensure and requests from existing licensees for increases in program fees and additional fees.
 - (7) Assure that each DUI program makes provision for persons who cannot afford to pay program participation fees.
 - (8) Carry out liaison activities with the courts, the county probation department, DUI programs, and interested parties at the county level.
 - (9) Develop and insure the implementation of a court referral system as described in Health and Safety Code Section 11837.2.

AGENDA TRANSMITTAL FORM

To: **Board of Supervisors**

Date: 01/13/2014

Agmt

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>01/28/2014</u>	

From: James Foley, Director of HHS Phone Ext. 412
(Department Head - please type)

Department Head Signature 

Agenda Title: James DuCray, MFT and Amador County Behavioral Health 1st Amendment for FY 13-14

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 The Director of Health and Human Services, Behavioral Health Department requests the Board of Supervisors approve this first amendment with James DuCray, MFT. The agreement approved James to facilitate a men's support group for older adults, Latinos and Veterans. This first amendment is adding individual therapy to the scope of work and increasing the budget by \$10,000.00 for a total of \$20,000.00. This is budgeted by the Mental Health Services Act (MHSA).

James is a therapist in the community versus our clinic, we would be able to refer to him when a client has a conflict with the therapists within the clinic. Also, it is an ideal arrangement to refer clients in need of brief therapy, who are more suited for services in the community as compared to the intensive services provided by the county. This contract would "bridge" clients who have been seen in the clinic because of state-mandated crisis services, but still need some therapy. Contracting with a provider like James DuCray would allow us to provide a limited number of sessions with a therapist in the community, who could then connect the client to other community supports.

Recommendation/Requested Action:

Approval of First Amendment

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts None

None

Is a 4/5ths vote required? Yes No

Contract Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Resolution Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Ordinance Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Committee Review? N/A

Name _____


Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman 

Counsel 

Auditor 

GSA Director 

CAO _____

Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Please return two original first amendments to Angie Grau in Behavioral Health.

FOR CLERK USE ONLY

Meeting Date January 28, 2014 Time 9 a.m. Item # 4C

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department _____ For meeting _____ of _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors. ATTEST: _____ Clerk or Deputy Board Clerk
Completed by _____		

FIRST AMENDMENT TO SERVICES AGREEMENT

THIS FIRST AMENDMENT TO SERVICES AGREEMENT (this "First Amendment") is made as of _____, 2014 by and between COUNTY OF AMADOR, a political subdivision of the State of California ("County") and James DuCray, MFT, (the "Contractor").

RECITALS

A. County and Contractor executed an agreement (the "Original Agreement") dated as of October 8, 2013, whereby Contractor agreed to provide services upon the terms and conditions set forth in the Original Agreement.

B. County and Contractor desire to modify the Original Agreement as set forth in this First Amendment. The Original Agreement, as amended by this First Amendment, shall be referred to as the "Agreement."

NOW, THEREFORE, the parties agree as follows:

1. Attachment A to the Original Agreement is hereby deleted, and the document attached as Attachment A to this First Amendment is substituted in its place:

2. Attachment B to the Original Agreement is hereby deleted, and the document attached as Attachment B to this First Amendment is substituted in its place:

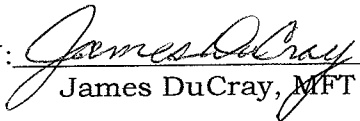
3. Except as set forth in this First Amendment, the Agreement shall remain unmodified and in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Second Amendment as of the date first set forth above.

COUNTY OF AMADOR

CONTRACTOR:

BY: _____
Theodore F. Novelli;
Chairman, Board of Supervisors

BY:  _____
James DuCray, MFT

Federal I.D. No.: 569688878

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL
COUNTY OF AMADOR

ATTEST:
JENNIFER BURNS, CLERK OF THE
BOARD OF SUPERVISORS

BY:  _____
Gregory Gillott

BY: _____
Deputy

ATTACHMENT A – SCOPE OF WORK

Jim DuCray, MFT
Men's Group & Therapy
FY 2013-14

Program Description

Jim DuCray is a licensed Marriage and Family Therapist in Amador County with several years of experience working in the community. Jim has worked with Amador County Behavioral Health Services in the past and has facilitated a successful Men's Group in Calaveras County for the past few years. Jim also has experience working with Veterans, which is also a target population for this contract.

Men's Group

Contractor shall provide group facilitation of a community support group, "Men's Movement" for men referred by Amador County Behavioral Health Services, other agencies, and private therapists, or to those who are self-referred. This group seeks to empower participants through support and education regarding topics that affect men during ever-changing times. This group will help participants engage with other men in the community and needed resources such as Behavioral Health Services as appropriate. This group will be provided in English and in Spanish as needed to serve the Latino Community as well.

Individual Therapy

Contractor may provide individual therapy to persons referred by Amador County Behavioral Health Services only (as appropriate, based on Contractor's availability and therapeutic relationship with the individual). Individual therapy shall be provided for a frequency and duration specified by Amador Behavioral Health Services, and shall not exceed those parameters under this Agreement. Therapy shall be provided to those who are uninsured, underinsured, or otherwise more appropriate for Contractor's services versus the services provided by Amador County Behavioral Health Services. Contractor shall keep individual records on persons seen in therapy under this Agreement and shall make these records available upon request.

Target Population

The target population for this program includes those in Amador County who are at risk or may be experiencing serious mental illness, including:

- Adult Men (Age 18-59)
- Older Adults (60+)
- Latinos
- Veterans

Program Objectives

1. Serve at least 7 unduplicated persons who meet the target population in Amador County each year.
2. Provide (1) 8-10 week support group to participants in Amador County each quarter.
3. Make referrals to Amador County Behavioral Health Services and other resources as appropriate.
4. Provide and post information to reduce stigma and increase awareness regarding mental health.
5. Improve overall emotional wellbeing for group and individual participants in Amador County.

6. Track and measure services provided to participants each month using sign-in sheets and the demographic and satisfaction surveys provided by Amador County Behavioral Health Services.
7. Participate in local meetings, forums, and events to foster collaboration and community outreach.

ATTACHMENT B- Fee Schedule

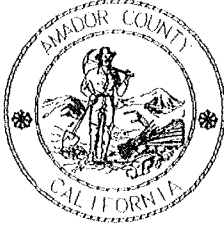
FY 2013-2014 Program Budget

Individual Therapy *	\$10,000
Direct Services **	\$8,400
Program Materials	\$ 600
Indirect Costs (10%)	\$1,000
Total Budget	\$20,000

* Individual therapy shall be billed at a rate not to exceed \$70 per hour.

**2 hours of group and 1 hour of preparation/documentation time per week at \$70 per hour

This agreement is not to exceed Twenty Thousand Dollars (\$20,000) during the term of this contract for Fiscal Year 2013-2014.



GENERAL SERVICES ADMINISTRATION

DEPARTMENT OF GENERAL SERVICES
CONTRACT & PURCHASING SERVICES DIVISION

EXEMPTION REQUEST TO COMPETITIVE BID/PROPOSAL & DISCLOSURE STATEMENT

Purpose: You must complete this form for any acquisition where the basis for the vendor/contractor is:

1. There is only one specific supply or service that can reasonably meet your needs.
2. There is only one vendor/contractor who can reasonably provide that supply or service.

Requesting Department: Behavioral Health Services **Date of Request:** 07/31/13

Contact Name: Christa Thompson **Phone:** 209-223-6814

Estimated Total Cost: \$ 10,000 **Proposed Vendor:** Jim DuCray

This form must accompany the purchase requisition whenever an exception to State and local laws/policies subject to the competitive bidding/proposal process is requested. Requests for goods and/or services from a specific vendor, or limited to a specific brand, where substitutes to the recommended vendor or brand are unacceptable, must be accompanied by a written justification explaining the circumstances that make competition or alternatives unacceptable. The employee signing the justification must disclose in writing whether or not he/she has a potential or actual conflict of interest. County employees who have a business relationship with or financial interest in the recommended vendor/contractor must disclose the conflict of interest. Any employee with an actual or potential conflict of interest may not participate in the purchase decision.

The Purchasing Agent or authorized designee will determine whether the justification is appropriate. Requests for exception must be supported by factual statements.

_____ Sole Source: Item is available from only one vendor. Item is one-of-a-kind item and is not sold through distributors. Manufacturer is a sole distributor.

_____ Sole Brand: Various vendors can supply the specified model and brand and competitive bid/proposal will be solicited for the brand requested only.

Exceptions: Services or goods of a unique nature where competition would for any reason be impractical, impossible and not in the public's best interest. Check those that apply.

- Expert or specialized professional services Legal printing
 Legal services Emergency Existing public contract
 Insurance Existing contract Other, define below

INSTRUCTIONS

1. Please check all applicable categories (a. through i.) below and provide additional information where indicated.

- a. The requested product is an integral repair part or accessory compatible with existing equipment.
- b. The requested product has unique design/performance specifications or quality requirements that are not available in comparable products.

- c. The requested product is standardized in accordance with Section **3.08.260** and the use of another brand/model would require considerable time and funding to evaluate and change.
- d. The requested product is one in which I (and/or my staff) have specialized training and/or extensive expertise. Retraining would incur substantial cost in time and/or funding.
- e. The requested product is used or demonstration equipment available at a lower-than-new cost.
- f. Repair/Maintenance service is available only from manufacturer or designated service representative.
- g. Upgrade to or enhancement of existing software is available only from manufacturer.
- h. Service proposed by vendor/contractor is unique; therefore, competitive bids/proposals are not reasonable or applicable. Describe below the unique qualifications, rights, licenses, etc. this vendor/contractor possesses and the distinctive service to be provided
- i. Other factors (provide detailed explanation in #2 below).

2. Provide a detailed explanation and pertinent documentation for each category checked in item 1 above. Attach additional sheets if necessary: To our knowledge, Jim DuCray is the only licensed therapist in the area who provides a bilingual men's group (he subcontracts with a Spanish-Speaking co-facilitator) with proven success (they provide a similar group in Calaveras County).

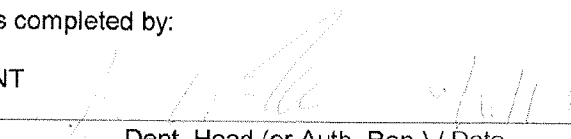
3. Was an evaluation of other equipment, products, or services performed? Yes No
If yes, please provide all supporting documentation.

4. List below the name of each individual who was involved in the evaluation, if conducted, and in making the recommendation to procure this product or service. Attach additional information, if any potential Conflict of Interest is known.

CERTIFICATION:

I am aware of Amador County polices and laws concerning purchasing procedures and requisitioning. As an approved department representative, I have gathered technical information and have made a concentrated effort to review comparable/equal equipment and/or services. This is documented in this justification. I further declare there is no real or potential Conflict of Interest and have: 1) received no income or gifts from this vendor/contractor and; 2) no financial interests in this company and; 3) no other type of business relationship with this vendor/contractor and; 4) to the best of my knowledge no member of my staff or near relative has any financial interest in this company. I hereby certify as to the validity of the information and feel confident this justification for sole source/sole brand/exception is accurate and appropriate for this acquisition.

This form was completed by:

DEPARTMENT APPROVAL: 
 Dept. Head (or Auth. Rep.) / Date

PROCUREMENT APPROVAL: 
 Procurement Officer / Date

Certificate of Insurance (Proof of Coverage) Date Issued: 8/13/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

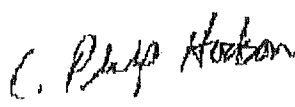
Insured Name and Mailing Address* James R Ducray P.O. Box 631 Jackson, CA 95642 <i>*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.</i>	Program Administrator Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@ephins.com Underwritten By: Philadelphia Indemnity Insurance Company
--	--

Coverage		
Policy #: PHCP017117	Effective Date: 01/29/13	Expiration Date: 01/29/14

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

Limits of Liability		Coverage Part
EACH OCCURRENCE <i>(Per individual claim)</i>	AGGREGATE <i>(Total amount per policy year)</i>	
\$1,000,000	\$3,000,000	Professional Liability
\$1,000,000	\$3,000,000	Commercial General Liability Includes: General Liability, Fire & Water Legal Liability, and Personal Liability
N/A	N/A	Property Coverage
\$1,000,000	\$3,000,000	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$75,000	\$75,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

Description/Special Provisions:

Certificate Holder	
County of Amador, all employees, Off. of Risk Mgt 10877 Conductor Blvd Sutter Creek, CA 95685 Holder has also been added to the policy as an additional insured:** <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <small>**If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</small>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Authorized Representative <div style="text-align: right;">  C. Philip Hodson </div>

DISCLAIMER: The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY

General Purpose Endorsement

This endorsement modifies insurance provided under the following:

ALLIED HEALTHCARE PROVIDERS PROFESSIONAL AND
SUPPLEMENTAL LIABILITY POLICY

This information is completed only when this endorsement is issued subsequent to preparation of the policy:

POLICY CHANGES ARE INDICATED BY AN "X":

NAMED INSURED amended to read as shown below.

Address of NAMED INSURED is amended to read as shown below.

Policy Period is amended to read as shown below.

Limit(s) of Liability is/are amended to read as shown below.

Premium is amended as shown below.

Other (described below).

This policy is endorsed to include the Liability Coverage Enhancement PI-PHCP-11 (07/10) added effective 8/12/2013 at the additional premium of 85.00

All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your Policy, unless another effective date is shown below.

Policy:017117

Effective on and after:8/12/2013

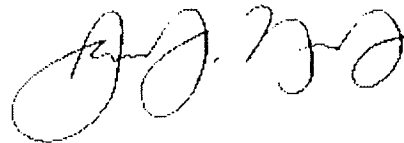
Issued to: James R Ducray

Expiration date:01/29/2014

Endorsement #:PHCP-10

PI-PHCP-10(03/01)

By:



Jamie Maguire, Authorized Representative



AAA Northern California, Nevada & Utah
Insurance Exchange
PO Box 22221
Oakland, CA 94623-2221

Auto Liability Insurance Identification Card(s)



JAMES R DUCRAY
CAROLYNN DUCRAY
PO BOX 631
JACKSON CA 95642-0631

Policy No. CAAS100144866
Policy base year 1991
Policy effective date 07-30-2013

Please keep this evidence of liability insurance in your vehicle with your registration. A peace officer may ask for this information if you are involved in an accident or stopped for a moving violation.

FOR YOUR GLOVE COMPARTMENT

Reg. 890A (Rev. 5/97)



CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

DO NOT FOLD OR STAPLE – SUBMIT ORIGINAL TO DMV

This insurance complies with CVC §16056 or §16500.5

Paul D. Doney *Michael J. Zuber*
ATTORNEYS IN FACT

NAME
JAMES R DUCRAY
CAROLYNN DUCRAY

VEHICLE IDENTIFICATION NUMBER (VIN) MAKE
4S4BT62C466101666 SUBARU

MODEL YEAR
2006

POLICY NUMBER
CAAS100144866

POLICY EFFECTIVE DATE POLICY EXPIRATION DATE
07-30-2013 07-30-2014

INSURANCE COMPANY NAME
AAA Northern California, Nevada & Utah
Insurance Exchange

INSURANCE COMPANY ADDRESS
PO Box 22221

CITY
Oakland

STATE
CA

ZIP CODE
94623-2221

NAIC NUMBER
15539

55 5650 1413

FOR YOUR WALLET

Vehicle Make: SUBARU
Model Year: 2006
Vehicle Identification No. 4S4BT62C466101666



AAA Northern California, Nevada & Utah
Insurance Exchange
PO Box 22221
Oakland, CA 94623-2221

Auto Liability
Insurance
Identification
Card

Insured: JAMES R DUCRAY
CAROLYNN DUCRAY

Policy Number: CAAS100144866

Eff. Date: 07-30-2013

Exp. Date: 07-30-2014

Vehicle Make: SUBARU

Model Year: 2006

VIN: 4S4BT62C466101666

For policy changes or to report a claim, call (800) 922-8228.

55 0038 0713
07-30-1991

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
01/28/2014	

To: **Board of Supervisors**

Date: 01/21/2014

Agmt.

From: James Foley, Director of HHS
(Department Head - please type)

Phone Ext. 412

Department Head Signature *James Foley*

Agenda Title: William Halloran, M.D. and Health and Human Services, Behavioral Health agreement FY 13-14

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

The Director of Health and Human Services, Behavioral Health Department requests the Board of Supervisors approve the agreement with William Halloran M.D. to provide child psychiatry services.

Dr. Halloran has provided psychiatric services, to children of Amador County Behavioral Health, for a year and a half under an agreement with a psychiatry staffing agency. The agency has provided a release letter agreeing to waive the recruitment fee.

A RFP was completed May 17, 2012 and no other interests were received for psychiatric services

Entering into an agreement directly with Dr. Halloran will present a cost savings to the department in lieu of utilizing the services of the psychiatry staffing agency, saving \$1600.00 per month.

Recommendation/Requested Action:

Approval of Agreement

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts None

Decrease monthly budget by \$1600.00

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman *Tisa*

Counsel _____

Auditor _____

GSA Director *Hop*

CAO *[Signature]*

Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Please return two original Agreements to Angie Grau in Behavioral Health.

FOR CLERK USE ONLY

Meeting Date January 28, 2014 Time 9 a.m. Item # 4D

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____
Completed by _____

A new ATF is required from _____ Department _____
For meeting of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

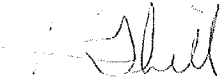
ATTEST: _____
Clerk or Deputy Board Clerk

January 21, 2014

To Whom It May Concern,

LocumTenens.com will abide by the contract terms of the permanent placement fee of \$0 for Dr. Halloran effective January 24, 2014.

Sincerely,



Kevin Thill
Senior Vice President of Psychiatry

SERVICES AGREEMENT

Psychiatric Services

THIS SERVICES AGREEMENT (this "Agreement") is entered into as of _____, 2014 by and between the COUNTY OF AMADOR, a political subdivision of the State of California (the "County") and William Halloran, M.D. (the "Contractor").

RECITALS

A. Pursuant to Government Code section 31000, County desires to engage assistance to provide the hereinafter set forth special services.

B. Contractor is in the business of providing Psychiatric services similar to those set forth in this Agreement.

C. County desires to engage Contractor, and Contractor desires to be hired by County, to perform the work described below, upon the terms and conditions set forth in this Agreement.

NOW THEREFORE, in consideration of the performance of the covenants herein contained, the parties agree as follows:

1. SERVICES TO BE RENDERED BY CONTRACTOR. Upon written request by County's Director of Health Services, Contractor will provide psychiatric services consisting of diagnosis, treatment and the prescribing or ordering of medications to residents of Amador County referred by the Director of Health Services (the "Work"). The Work is more particularly described on **Attachment A** attached and incorporated by this reference. Contractor shall perform the Work in compliance with all statutes, ordinances, regulations and requirements of federal, state and local governing bodies applicable to the performance of the Work. Without limiting the generality of the foregoing, Contractor agrees to comply with Program Integrity Requirements (42 CFR §438.608) and Beneficiary Problem Resolution Process (42 CFR §438.10(g)(1)).
2. SERVICES TO BE RENDERED BY COUNTY. County agrees to compensate Contractor in return for performance of the Work as set forth in this Agreement.
3. CHANGES IN SCOPE OF SERVICES. Only the Amador County Board of Supervisors has the authority to agree to any extension of time, change order, change in the scope of work, change in the contract price, or other term or condition affecting either Contractor's or County's duties set forth herein. Adjustments in compensation, if any, shall be determined through negotiation between the parties to the Agreement and are subject to approval by the Board of Supervisors. Contractor acknowledges that no County staff person or County officer other than the Board of Supervisors has the power to amend the terms and conditions of this Agreement. Any change not so authorized in advance in writing by the Board of Supervisors shall be null and void.

4. TERM; EARLY TERMINATION OF AGREEMENT. The term of this Agreement shall be from July 1, 2013 to June 30, 2014. County reserves the right to terminate this Agreement with or without cause on sixty (60) days prior written notice to Contractor. In the case of such early termination, Contractor shall be paid for all services satisfactorily rendered up to the effective date of termination, up to the maximum fee prescribed for any task.

4.1 County shall have the right to terminate this Agreement upon three (3) days written notice in the event that the receipt of funds from the State is reduced, suspended, or terminated for any reason. Contractor hereby expressly waives any and all claims against County for damages arising from said termination, suspension, or reduction of funds. County shall honor all legitimate obligations incurred by Contractor if the Agreement is terminated by activating this clause.

5. COMPENSATION TO CONTRACTOR; PAYMENT.

5.1 Contractor shall be paid for services rendered in accordance with the fee schedule set forth on **Attachment B** attached and incorporated by this reference. In no event shall compensation to Contractor exceed for any portion of the Work the amounts set forth on **Attachment B**.

5.2 Contractor shall submit monthly invoices no later than sixty (60) days after the last day of the month in which services were rendered; provided, however, that services for the month of June shall be estimated for the last two weeks of the month and submitted no later than June 15. The invoices shall include a detailed description of the services provided during that month.

5.3 In the event Contractor claims or received payment from County for a service for which reimbursement is later disallowed by County, state or federal agencies, Contractor shall promptly refund the disallowed amount to County upon request or, at County's option, County may offset the amount disallowed from any payment that is due or becomes due to Contractor under this Agreement or any other agreement.

6. SUPERVISION OF THE WORK.

6.1 Contractor shall supervise and direct the Work, using Contractor's best skill and attention. Contractor shall be solely responsible for all methods, techniques, sequences and procedures, and shall coordinate all portions of the Work. County will deal only through Contractor, who shall be responsible for the proper execution of the entire Work.

6.2 Contractor shall be responsible to County for the acts and omissions of Contractor's employees, subcontractors, and their agents and employees, and any other persons performing any of the Work under a contract with Contractor.

- 6.3 A subcontractor ("Subcontractor") is a person or organization that has a direct contract with Contractor to perform any of the Work. Contractor agrees that it is as fully responsible to County for the acts and omissions of Subcontractors and of persons either directly or indirectly employed by Contractor as it is for the acts and omissions of persons directly employed by it. Nothing contained in this Agreement or any other document associated with the performance of the work shall create any contractual relation between any Subcontractor and County.
- 6.4 Contractor agrees to bind every Subcontractor and every Subcontractor agrees to be bound by the terms of this Agreement as to that portion of the Work performed by Subcontractor, unless specifically noted to the contrary in a subcontract approved in writing by County. Subcontractor agrees to be bound to the Contractor by the terms of this Agreement and to assume toward Contractor all of the obligations and responsibilities that the Contractor assumes toward County. Contractor agrees to be bound to the Subcontractor by all of the obligations that County assumes to Contractor under this Agreement as to the portion of the Work performed by Subcontractor.
7. CONFERENCES, VISITS TO SITE, INSPECTION OF WORK. In the event it should become necessary for the State or County to hold any conference or visit the site of the proposed work, as a part of any such conference, Contractor shall cooperate fully with the parties involved and shall arrange for qualified representatives of Contractor, upon request of County, to attend any such conference or visit to the site as a part thereof.
8. ASSIGNMENTS. Neither party may assign, sublet, or transfer its interest in this Agreement without the written consent of the other.
9. CONTRACTOR NOT EMPLOYEE OF COUNTY. It is understood that neither Contractor nor any employee of Contractor is acting hereunder as an employee of County, but solely as an independent contractor. Contractor, by virtue of this Agreement, has no authority to bind or incur any obligation on behalf of County. Except as expressly provided in this Agreement, Contractor has no authority or responsibility to exercise any rights or power vested in County. It is understood by both Contractor and County that this Agreement shall not under any circumstances be construed or considered to create an employer-employee relationship or a joint venture.
10. LICENSES, PERMITS, ETC; SANCTIONED EMPLOYEES.
- 10.1 Contractor represents and warrants to County that it and all of its employees providing services under this Agreement have all licenses, permits, qualifications, and approvals of whatsoever nature that are legally required for Contractor to practice its profession and to perform the Work. Contractor represents and warrants to County that Contractor shall, at its sole cost and expense, keep in effect at all times during the term of this Agreement any license, permits, and approvals that are legally required for Contractor and its employees to practice its profession and perform the Work. Contractor

further represents and warrants to County that any Subcontractor engaged by Contractor to perform a portion of the Work shall similarly possess all licenses, permits, qualifications, and approvals of whatsoever nature that are legally required for the Subcontractor to perform the portion of the Work that is the subject of the subcontract at issue.

10.2 Contractor shall immediately notify County in the event Contractor or any of its employees, volunteers, interns, subcontractors or providers retained in any capacity by Contractor is under investigation by a licensing board, is found to be in violation of any rules or regulations of the licensing board, or is the subject of a disciplinary action.

10.3 Contractor shall not employ in any capacity or retain as a subcontractor any individual or entity that is listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Services, or any debarment list published by the Federal Office of the Inspector General with regard to Medicaid or Medicare programs. Contractor shall periodically review any such lists to confirm the status of Contractor's then current employees or subcontractors. If Contractor does employ or subcontract with an individual or entity on any such lists, Contractor shall be fully responsible for any associated penalties, sanctions, losses or damages that may be imposed on County therefor.

11. INSURANCE.

11.1 Contractor shall take out and maintain at all times during the performance of any work to be done under the terms of this Agreement, a policy or policies of insurance as follows:

11.1.1 Commercial General Liability Insurance - Commercial General Liability Insurance is required with limits of not less than One Million Dollars (\$1,000,000) limit per Occurrence and Two Million Dollars (\$2,000,000) Aggregate, covering bodily injury and property damage, including volunteer excess medical coverage. Policy should also include endorsements for the following coverage: premises, personal injury, and blanket contractual coverage. General Liability should be on an Occurrence Form and not on a Claims Made or Modified Occurrence Form.

Commercial General Liability policy shall be endorsed to name the County of Amador, its officers, officials, employees, and volunteers as an additional insured, but only insofar as the operations under this agreement are concerned.

11.1.2 Automobile Liability Insurance - Automobile Liability Insurance on owned, non-owned and hired autos of not less than One Million Dollars (\$1,000,000) combined single limit per accident for bodily injury and property damage is required in the event motor vehicles are used in the course of this agreement. Automobile Liability policy shall be endorsed to name the County of Amador, its officers, officials, employees and

volunteers as an additional insured, but only insofar as the operations under this agreement are concerned.

11.1.3 Professional Liability - In the event Contractor is a licensed professional, and is performing professional services under this contract, professional liability insurance is required with a limit of liability not less than \$1,000,000 per occurrence. If Professional Liability insurance is written on a claims made form, Contractor shall maintain and provide evidence of such insurance for a period of at least three (3) years following completion of performance of the Work, or, in the alternative, the policy shall be endorsed to provide not less than a 3-year discovery period.

11.2 Contractor shall furnish a certificate of insurance and endorsements satisfactory to the Amador County Office of Risk Management, 810 Court Street, Jackson, CA 95642 as evidence that the insurance required above is being maintained. Contractor agrees that the insurance required above shall be in effect at all times during the term of this contract. In the event the insurance coverage expires at any time or times during the term of this contract, Contractor agrees to provide at least 30 days prior to the expiration date a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of this Agreement, or for a period of not less than one year. Certificates of insurance and endorsements must be on file prior to beginning the Work with the Office of Risk Management, Amador County, 810 Court Street, Jackson, CA 95642.

11.3 Certificates of insurance must include the following provisions:

11.3.1 The insurer will not cancel the insurance coverage without 30 days' prior written notice to the County; and

11.3.2 Commercial Liability and Commercial Automobile Liability policies shall be endorsed to name the County of Amador, its officers, officials, employees, and volunteers as additional insureds, but only insofar as the operations under this Agreement are concerned.

11.4 Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees, representatives and agents. Any insurance or self-insurance maintained by the County, its officers, officials, employees, representatives or agents shall be in excess of the Contractor's insurance and shall not contribute with it.

11.5 Contractor shall require each of its subcontractors to provide insurance meeting the requirements of this section, including naming County of Amador and its respective officers, officials, employees, representatives and agents as additional insureds.

11.6 Contractor shall be responsible for payment of any deductible contained in any insurance policy required under this Agreement and Contractor shall also be responsible for payment of any self-insured retention. Any deductible or

self insured retention must be declared to, and approved by County's Risk Manager, either (i) Contractor's insurer shall reduce or eliminate such deductible or self-insured retention as respects the County, its officers, officials, employees, representatives or agents; or (ii) Contractor shall provide a financial guarantee, satisfactory to County's Risk Manager, guaranteeing payment of losses and related investigations, claim administration, and defense expenses. The Workers' Compensation policy shall contain or be endorsed to contain a waiver of subrogation against the County, its officers, employees, representatives or agents.

12. WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE In accordance with the provisions of Article 5, Chapter 1, Part 7, Division 2 (commencing with Section 1860), and Chapter 4, Part 1, Division 4 (commencing with Section 3700), of the Labor Code of the State of California, Contractor is required to secure the payment of compensation to his employees and for all persons whom Contractor may employ in carrying out the Work as required by applicable law. Workers' Compensation is \$1,000,000 limit each accident and Workers' Compensation policy shall include Employers' Liability Insurance with limits of at least \$1,000,000 each accident for bodily injury by accident, \$1,000,000 policy limit for bodily injury by disease, and \$1,000,000 each employee for bodily injury by disease. Contractor is aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for workers' compensation or to permissibly self-insure in accordance with the provisions before commencing the performance of the services of this Agreement.

13. INDEMNIFICATION. Contractor agrees to indemnify, defend (upon request of County) and hold harmless County and County's agents, board members, elected and appointed officials and officers, employees, volunteers and authorized representatives from any and all losses, liabilities, charges, damages, claims, liens, causes of action, awards, judgments, costs, and expenses (including, but not limited to, reasonable attorney's fees of County Counsel and counsel retained by County, expert fees, costs and staff time, and investigation costs) of whatever kind or nature (collectively "Claims"), that arise out of or are in any way connected with any negligent error, act or omission of Contractor or Contractor's officers, agents, employees, independent contractors, subcontractors, or authorized representatives, unless resulting from the sole negligence, active negligence, or willful misconduct of an indemnified party. Without limiting the generality of the foregoing, the same shall include injury or death to any person or persons; damage to any property, regardless of where located, including the property of County; and any workers' compensation claim or suit arising from or connected with any services performed pursuant to this Agreement on behalf of Contractor by any person or entity.

14. DOCUMENTS AND RECORDS.

14.1 Contractor shall keep and maintain full and complete documentation and accounting records concerning the Work. Records shall include without limitation all medical records, accounting records and administrative record

related to services provided hereunder. Contractor shall preserve these records for a period of at least seven (7) years following the close of the County fiscal year in which the services were rendered; provided, however, that if an audit has been started, records must be retained until completion and final resolution of any and all issues that may arise. Final settlement shall be made at the end of the audit and appeal process. All accounting records shall be maintained so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed by Contractor. Accounting records include without limitation ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards and schedules for allocating costs.

14.2 Contractor shall permit County and any authorized state or federal agency to audit, inspect and copy all records, notes and writings of any kind in connection with the Work, to the extent permitted by law, for the purpose of monitoring the quality and quantity of services, accessibility and appropriateness of services, and ensuring fiscal accountability. All such audits, inspections, and copying shall occur during normal business hours. Upon request, Contractor shall provide copies of such records to County. Where required by law, Contractor shall obtain necessary releases to permit County or other governmental or accrediting agencies to access patient medical records.

14.3 Contractor shall provide to County a copy of any audits performed with respect to the Work no later than thirty (30) days after completion of the audit report. Contractor shall include in any agreement(s) with auditing firms a clause that will allow access by County and state and federal agencies to the working papers of the external independent auditor.

14.4 If Contractor is a Medi-Cal provider, Contractor shall provide a copy to County of any year-end cost report documenting actual contract expenditures funded by this Agreement.

14.5 Upon completion or termination of this Agreement, County shall be entitled to immediate possession of, and Contractor shall furnish, on request, any plans, correspondence and other pertinent data gathered or prepared by Contractor for the Work prior to termination. Contractor may retain copies of such original documents for Contractor's files.

15. NON-DISCRIMINATION; CULTURAL COMPETENCY; RESIDENCY.

15.1 Contractor shall provide all services under this Agreement without discrimination, and shall not discriminate against any employee or applicant for employment, on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation. Contractor will comply with Section 1735 of the Labor Code and all provisions of Executive Order No. 10925 of March 6, 1961, as amended, and all rules, regulations and relevant orders of the President's Committee on Equal Opportunity created thereby. Contractor

shall also comply with the California Fair Employment and Housing Act (Government Code, Section 12900 and following).

15.2 Contractor shall provide culturally sensitive services and language interpretation to County beneficiaries when necessary to insure the provision of culturally competent treatment services.

15.3 County residency is a basic eligibility requirement for services rendered under this Agreement; however, transients referred by County in an emergency or persons in involuntary status may also be provided services if requested by County and approved by Contractor.

16. ALCOHOL-FREE AND DRUG-FREE WORK PLACE POLICY.

Consultant acknowledges that it has obtained and read a copy of the County's policy regarding alcohol free and drug free workplace, available for review at: Amadorgov.org/Policies, which is hereby made a part of and incorporated herein by reference into this Contract. Consultant shall execute as the policy acknowledgment attached hereto as **Attachment C**.

17. HIPAA COMPLIANCE. The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). Amador County Health Services Department, Behavioral Health Division ("ACHSD") is an entity covered by HIPAA [45 C.F.R. Parts 160, 162, and 164], and County is a "hybrid entity" under HIPAA. Contractor, a health care provider as defined in HIPAA (45 C.F.R. § 160-103), is also a Covered Entity. Each Covered Entity hereby represents that they are and shall remain in compliance with the rules and regulations of said Act as required by law. Each Covered Entity understands that it has obligations with respect to the confidentiality, privacy and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, including the training of staff and the establishment of proper procedures for the release of such information as required by HIPAA.

The parties acknowledge that the disclosures of Protected Health Information specified in this Agreement concern the provision of health care services to, and the treatment of, individuals only. Therefore, pursuant to 45 C.F.R. § 164-502(e)(1)(ii)(A), Covered Entity and Contractor are not required to enter into a separate business associate agreement. Although not presently required, to the extent that it may in the future become mandatory that the parties execute a business associate agreement pursuant to HIPAA, such an agreement shall be executed and made part hereof. Failure or refusal of a party to execute a business associate agreement when required by law shall constitute a basis for termination of this Agreement in its entirety.

The Contractor shall, immediately upon discovery of an unauthorized disclosure or breach of privacy and/or security of Personal Identifiable Information and/or Protected Health Information by Contractor, notify County of such breach within 1 business day of discovery at (209) 223-6412. Contractor shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by Federal and State laws and regulations.

Contractor shall investigate such breach and provide a written report of the investigation to the Privacy Officer, postmarked within fifteen (15) working days of the discovery of the breach to the following address:

HIPAA Privacy Officer, Amador County Health Services Department,
Behavioral Health Division
10877 Conductor Blvd, Suite 300, Sutter Creek, CA 95685

In the event the County is obligated to pay any costs associated with an unauthorized disclosure or breach of privacy and/or security of Personal Identifiable Information and/or Protected Health Information by Contractor, Contractor shall pay on County's behalf any and all such costs arising.

18. NOTICES. All notices herein provided to be given, or which may be given, by either party to the other, shall be deemed to have been fully given when made in writing and deposited in the United States Postal Services, certified with return receipt requested, with postage prepaid and addressed as follows:

To Contractor: William Halloran, M.D.
1112 Bramble Lane
Folsom CA 95630

To County: Amador County Health Services Department
Behavioral Health Division
10877 Conductor Boulevard
Sutter Creek, CA 94685

With a copy to: Office of the County Counsel
810 Court Street
Jackson, CA 95642

The address to which notice shall or may be mailed, as aforesaid, to either party shall or may be changed by written notice given by such party or the other, as hereinbefore provided, but nothing herein contained shall preclude the giving of any such notice by personal service.

19. CONTRACT EXECUTION. Each individual executing this Agreement on behalf of Contractor represents that he or she is fully authorized to execute and deliver this Agreement. If Contractor is a corporation, limited liability company, or general or limited partnership, Contractor shall, within thirty (30) days after execution of this Agreement, deliver to County a certified copy of a resolution of the Board of Directors or partner or member authorization of Contractor authorizing or ratifying the execution of this Agreement.

20. CONSTRUED PURSUANT TO CALIFORNIA LAW; VENUE. The parties hereto agree that the provisions of this Agreement will be construed pursuant to the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in Amador County, California.

21. INCORPORATION OF AGREEMENTS AND AMENDMENTS. This Agreement contains all agreements of the parties with respect to any matter mentioned herein. No other Agreement or understanding pertaining to any such matter shall be effective, unless in writing signed by the party to be charged. This Agreement may be modified by the parties hereto only in writing and signed by both parties.
22. SEVERABILITY. The invalidity of any provision of this Agreement, as determined by a court of competent jurisdiction, shall in no way affect the validity of any other provision hereof.
23. TIME OF ESSENCE. Time is hereby expressly declared to be the essence of this Agreement and of each and every provision thereof, and each such provision is hereby made and declared to be a material, necessary, and essential part of this Agreement.
24. RETENTION OF RECORDS. Pursuant to Government Code section 8546.7, the performance of any work under this Agreement is subject to the examination and audit of the State Auditor at the request of County or as part of any audit of County for a period of three years after final payment under the Agreement. Each party hereto shall retain all records relating to the performance of the Work and the administration of the Agreement for three years after final payment hereunder.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF AMADOR

CONTRACTOR:
William Halloran, M.D.

BY: _____
Theodore F. Novelli
Board of Supervisors

BY: William Halloran

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL
COUNTY OF AMADOR

ATTEST:
JENNIFER BURNS, CLERK OF THE
BOARD OF SUPERVISORS

BY: Gregory Gillott
Gregory Gillott
County Counsel

BY: _____
Deputy

ATTACHMENT A – SCOPE OF WORK

Contractor shall perform mental health psychiatric services to clients referred to Amador County Behavioral Health (ACBH). Services shall include, but may not be limited to:

- (a) Provide direct outpatient psychiatric medical care to clients.
- (b) Evaluate patients to determine therapeutic and psychiatric/medical needs.
- (c) Administering and interpreting various psychological assessment instruments.
- (d) Developing treatment plans; participate in case conferences and consulting with clinical staff regarding support services and treatment options.
- (e) Prescribing and administering medication to patients as necessary
- (f) Performing crisis intervention as required; assisting clinical staff in mitigating crisis situations; responding to urgent medication issues and/or refill authorizations by days end, prescribing and administering medication to patients in crisis situations.
- (g) Designated as back-up psychiatric coverage on scheduled day of service for urgent medication evaluations or refill authorizations for the adult psychiatrist's caseload during his scheduled time off.
- (h) Evaluating patients for voluntary and involuntary commitment, signing required commitment forms for clients requiring psychiatric hospitalization based upon patient symptoms.
- (i) Performing detailed patient record documentation by days end using Anasazi electronic medical record, and in compliance with ACBH and regulatory standards and requirements; preparing intake and discharge summaries, progress notes and treatment plans.
- (j) Complete and submit monthly invoices detailing days and hours worked.
- (k) Participate in mandatory and relevant trainings, as directed by the Director of Health and Human Services.
- (l) Attending and providing testimony at any court proceedings, arbitrations, depositions, or administrative proceedings relating to work performed at ACBH.
- (m) Contractor acknowledges that ACBH plans to apply for Federal Meaningful Use Incentive funds for the time Contractor provides services to ACBH, in order to assist with some of the administrative costs associated with implementation of the electronic medical record system.

ATTACHMENT B – FEE SCHEDULE

County shall pay Contractor for services rendered pursuant to this Agreement at a rate of One Hundred Fifty (\$150.00) dollars per hour. If Contractor provides services under this Agreement for more than eight hours on a given day, Contractor's compensation for that day will be increased proportionately based on the hourly rate. The amount payable to Contractor for services provided hereunder shall not exceed Seventy Five Thousand Dollars (\$75,000.00).

Contractor will invoice County on a monthly basis for services rendered. Contractor acknowledges that County is able to bill and be reimbursed from Medi-Cal and/or Medicare for services rendered by Contractor.

ATTACHMENT C – ALCOHOL POLICY

**ALCOHOL-FREE AND DRUG-FREE WORKPLACE
AND DRUG & ALCOHOL TESTING
POLICY ACKNOWLEDGEMENT FORM
FOR CONTRACTORS**

The undersigned, authorized signatory for William Halloran, M.D. (the “Contractor”), certifies as follows:

1. Contractor has received a copy of the **AMADOR COUNTY ALCOHOL-FREE AND DRUG-FREE WORKPLACE AND DRUG & ALCOHOL TESTING POLICY** concerning maintenance of an alcohol-free and drug-free workplace as required by 41U.S.C Chapter 10 and California Government Code Section 8350 et seq.; and drug and alcohol testing as required by the Federal Highway Administration, 49 C.F.R. Part 382 and Department of Transportation procedures for transportation workplace drug testing programs, 49 C.F.R. Part 40.
2. All of Contractor’s officers, sub-contractors, and agents who perform services pursuant to the Contract to which this Attachment “C” is attached will abide by that policy as a condition of the Contract.
3. If any of such officers, employees, sub-contractors, or agents violates the Amador County Alcohol-Free and Drug-Free Workplace and Drug & Alcohol Testing Policy, the County of Amador may terminate the Contract immediately.

Federal I.D. No. or Social Security No: 393624301

Printed Name: William Halloran, M.D. Date 1/14/14

Title: Psychiatrist

Signature: William Halloran M.D.

AGENDA TRANSMITTAL FORM

To: Board of Supervisors
 Date: January 21, 2014

Agmt

From: JON HOPKINS, DIRECTOR - GSA
 (Department Head - please type)

Phone Ext. X759

Department Head Signature [Signature]

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>January 28, 2014</u>	

Agenda Title: County Radio Maintenance Agreement with Delta Wireless, Inc. Third Amendment

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

The Board approved an agreement with Delta Wireless, Inc. on April 10, 2010 for radio maintenance. The County still requires maintenance of its radios and radio system. This is Third Amendment to the original agreement and following this amendment, an RFP maybe developed pending the availability of such services.

Recommendation/Requested Action:
Recommendation: Award the attached agreement with Delta Wireless, Inc., located in Stockton, CA. for radio maintenance.

Fiscal Impacts (attach budget transfer form if appropriate) _____ Staffing Impacts N/A

Budgeted

Is a 4/5ths vote required? Yes No

Committee Review? N/A

Name _____

Committee Recommendation: _____

Contract Attached: Yes No N/A

Resolution Attached: Yes No N/A

Ordinance Attached: Yes No N/A

Comments: _____

Request Reviewed by:

Chairman _____ Counsel [Signature]

Auditor _____ GSA Director [Signature]

CAO [Signature] Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Jon Hopkins, GSA Director; Under Sheriff, Jim Wegner, Community Development Director, Aaron Brusatori.

FOR CLERK USE ONLY

Meeting Date January 28, 2014 Time 9 a.m. Item # HE

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

Completed by _____

A new ATF is required from _____ Department For meeting of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

ATTEST: _____
 Clerk or Deputy Board Clerk

THIRD AMENDMENT TO RADIO SYSTEM
DIAGNOSTIC AND MAINTENANCE SERVICE AGREEMENT

THIS THIRD AMENDMENT TO RADIO SYSTEM DIAGNOSTIC AND MAINTENANCE SERVICE AGREEMENT (this "Third Amendment") is made as of April ____, 2013 by and between COUNTY OF AMADOR, a political subdivision of the State of California ("County") and DELTA WIRELESS, INC., a California corporation ("Contractor").

RECITALS

A. County and Contractor executed an agreement (the "Original Agreement") dated as of April 13, 2010 whereby Contractor agreed to provide professional diagnostic and maintenance services for County public radio system, upon the terms and conditions set forth in the Original Agreement.

B. County and Contractor desire to modify the Original Agreement as set forth in this First Amendment.

NOW, THEREFOR, the parties agree as follows:

1. Section 1.1 is hereby deleted.

2. The first sentence of Section 3 shall be amended to read as follows: "This Agreement shall terminate automatically on April 1, 2014, unless extended by mutual agreement of the parties."

3. Section 5.1 is hereby amended to read as follows:

"5.1 Contractor shall submit monthly invoices indicating the Work performed. Contractor shall be compensated in the amount of Three Thousand Three Hundred Eighty-Three Dollars and 50/100 (\$3,383.50) per month for completion of the monthly preventative maintenance services described in this Agreement. In the event County requests Contractor to perform work not included in the definition of the Work, Contractor shall be compensated on a time and materials basis, according to the hourly labor rate schedule set forth in Attachment C."

3. Attachment C – delete "Antenna System (Mt. Zion, Mt. Zion Rd., Pine Grove, Ca.)

4. Attachment E is hereby deleted.

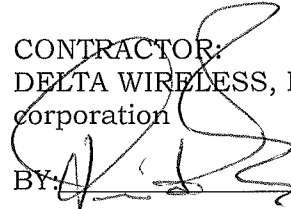
5. Except as set forth in this Second Amendment, the Original Agreement shall remain unmodified and in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Third Amendment as of the date first set forth above.

COUNTY:
COUNTY OF AMADOR


CONTRACTOR:
DELTA WIRELESS, INC, a California corporation

BY: _____
Chairman, Board of Supervisors
Theodore F. Novelli

BY:  _____
Federal I.D. No.: 68-0371097

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL
COUNTY OF AMADOR

ATTEST:
CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF AMADOR

BY:  _____

BY: _____
Deputy

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: January 22, 2014

From: Theodore F. Novelli, Chairman
(Department Head - please type)

Phone Ext. x470

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>January 28, 2014</u>	

Department Head Signature _____

Agenda Title: Board of Supervisors

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Approval of a Subordination Agreement between Michael A. Nygren and Kathrine R. Nygren and the County of Amador. Subject property is located at 4005 Teton Ct. in Lone, California.

Recommendation/Requested Action: _____

Fiscal Impacts (attach budget transfer form if appropriate) _____ Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
Resolution Attached: Yes No N/A
Ordinance Attached: Yes No N/A

Committee Review? Name _____ N/A

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____ Counsel _____

Auditor _____ GSA Director _____

CAO _____ Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)
After approval return to Clerk of the Board for coordination with notary and signature.

FOR CLERK USE ONLY

Meeting Date January 28, 2014 Time 9 a.m. Item # 4F

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.
Completed by _____	For meeting of _____	ATTEST: _____ Clerk or Deputy Board Clerk

Save

RECORDING REQUESTED BY

Order No.: 2015008450-GC
APN: 003-752-025-000

WHEN RECORDED MAIL TO
County of Amador

SPACE ABOVE THIS LINE FOR RECORDER'S USE

A SUBORDINATION AGREEMENT

NOTICE: THIS SUBORDINATION AGREEMENT RESULTS IN YOUR SECURITY INTEREST IN THE PROPERTY BECOMING SUBJECT TO AND OF LOWER PRIORITY THAN THE LIEN OF SOME OTHER OR LATER SECURITY INSTRUMENT.

THIS AGREEMENT, made this 21st day of January, 2014, by Michael A. Nygren and Kathrine R. Nygren, owner of the land hereinafter described and hereinafter referred to as "Owner", and County of Amador, present owner and holder of the deed of trust and note first hereinafter described and hereinafter referred to as "Beneficiary":

WITNESSETH

THAT WHEREAS, Michael A. Nygren and Kathrine R. Nygren did execute a deed of trust, dated June 22, 2007, to Financial Title Company, as Trustee, covering;

* * * See "Exhibit A" attached hereto and made a part hereof. * * *

to secure a note in the sum of \$100,000.00, dated June 22, 2007, in favor of County of Amador, which deed of trust was recorded on June 29, 2007, in Book/Reel n/a, at Page/Image n/a, Series/Instrument 2007-0007349-00, Official Records of said county; and

WHEREAS, Owner has executed, or is about to execute, a deed of trust and note in the sum of \$146,095.00, dated _____, in favor of _____ hereinafter referred to as "Lender", payable with interest and upon the terms and conditions described therein, which deed of trust is to be recorded concurrently herewith; and

WHEREAS, it is a condition precedent to obtaining said loan that said deed of trust last above mentioned shall unconditionally be and remain at all times a lien or charge upon the land hereinbefore described, prior and superior to the lien or charge of the deed of trust first above mentioned; and

WHEREAS, Lender is willing to make said loan provided the deed of trust securing the same is a lien or charge upon the above described property prior and superior to the lien of charge of the deed of trust first above mentioned and provided that Beneficiary will specifically and unconditionally subordinate the lien or charge of the deed of trust first above mentioned to the lien or charge of the deed of trust in favor of Lender; and

WHEREAS, it is to the mutual benefit of the parties hereto that Lender make such loan to Owner; and Beneficiary is willing that the deed of trust securing the same shall, when recorded, constitute a lien or charge upon said land which is unconditionally prior and superior to the lien or charge of the deed of trust first above mentioned.

NOW THEREFORE, in consideration of the mutual benefits accruing to the parties hereto and other valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, and in order to induce Lender to make the loan above referred to, it is hereby declared, understood and agreed as follows:

SUBORDINATION, RECORDED DEED OF TRUST TO DEED OF TRUST TO RECORD.

- (1) That said deed of trust securing said note in favor of Lender, and any renewals or extensions thereof, shall unconditionally be and remain at all times a lien or charge on the property therein described, prior and superior to the lien or charge of the deed of trust first above mentioned;
- (2) That Lender would not make its loan above described without this subordination agreement;
- (3) That this agreement shall be the whole and only agreement with regard to the subordination of the lien or charge of the deed of trust first above mentioned to the lien or charge of the deed of trust in favor of Lender above referred to and shall supersede and cancel, but only insofar as would affect the priority between the deeds of trust hereinbefore specifically described, any prior agreements as to such subordination, including, but not limited to, those provisions, if any, contained in the deed of trust first above mentioned, which provide for the subordination of the lien or charge thereof to another deed or deeds of trust or to another mortgage or mortgages.

Beneficiary declares, agrees and acknowledges that:

- (a) He/She consents to and approves (i) all provisions of the note and deed of trust in favor of Lender above referred to, and (ii) all agreements, including but not limited to any loan or escrow agreements, between Owner and Lender for the disbursement of the proceeds of Lender's loan;
- (b) Lender in making disbursements pursuant to any such agreement is under no obligation or duty to, nor has Lender represented that it will, see to the application of such proceeds by the person or persons to whom Lender disburses such proceeds and any application or use of such proceeds for purposes other than those provided for in such agreement or agreements shall not defeat the subordination herein made in whole or in part;
- (c) He/She intentionally and unconditionally waives, relinquishes and subordinates the lien or charge of the deed of trust first above mentioned in favor of the lien or charge upon said land of the deed of trust in favor of Lender above referred to and understands that in reliance upon, and in consideration of, this waiver, relinquishment and subordination, specific loans and advances are being and will be made and, as part and parcel thereof, specific monetary and other obligations are being and will be entered into which would not be made or entered into but for said reliance upon this waiver, relinquishment and subordination; and
- (d) An endorsement has been placed upon the Note secured by the deed of trust first above mentioned that said deed of trust has by this instrument been subordinated to the lien or charge of the deed of trust in favor of Lender above referred to.

NOTICE: THIS SUBORDINATION AGREEMENT CONTAINS A PROVISION WHICH ALLOWS THE PERSON OBLIGATED ON YOUR REAL PROPERTY SECURITY TO OBTAIN A LOAN, A PORTION OF WHICH MAY BE EXPENDED FOR OTHER PURPOSES THAN IMPROVEMENT OF THE LAND.

**IT IS RECOMMENDED THAT, PRIOR TO THE EXECUTION OF THIS SUBORDINATION AGREEMENT, THE PARTIES CONSULT WITH THEIR ATTORNEYS WITH RESPECT THERETO.
(CLTA SUBORDINATION FORM "A")**

Signature of Beneficiary(s)

Signature of Owner(s)

County of Amador

Michael A. Nygren

Katherine R. Nygren

State of _____

State of _____

County of _____

County of _____

On _____ before me,
_____ a Notary
Public, personally appeared

On _____ before me,
_____ a Notary
Public, personally appeared

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

WITNESS my hand and official seal.

Signature: _____

Signature: _____

Name: _____
(typed or printed)

Name: _____
(typed or printed)

(Seal)

(Seal)

**IT IS RECOMMENDED THAT, PRIOR TO THE EXECUTION OF THIS SUBORDINATION AGREEMENT, THE PARTIES CONSULT WITH THEIR ATTORNEYS WITH RESPECT THERETO.
(CLTA SUBORDINATION FORM "A")**

AGENDA TRANSMITTAL FORM

Nice. Appts & Resign.

To: **Board of Supervisors**

Date: January 21, 2014

From: Theodore F. Novelli
(Department Head - please type)

Phone Ext. 470

- Regular Agenda
- Consent Agenda
- Blue Slip
- Closed Session

Meeting Date Requested:
January 28, 2014

Department Head Signature _____

Agenda Title: Amador County Mental Health Board

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Request approval of the re-appointment of Bryan Middleton to the subject Board as Representative from the Amador County Sheriff's Office for a term of three (3) years.

Recommendation/Requested Action:

Approval

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required?

Yes

No

Contract Attached: Yes No N/A

Resolution Attached: Yes No N/A

Ordinance Attached: Yes No N/A

Comments: _____

Committee Review?

N/A

Name _____

Committee Recommendation: _____

Request Reviewed by:

Chairman _____

Counsel SS

Auditor cb

GSA Director Hop

CAO _____

Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

John Jahn; Committee Clerk to send letter to appointee

FOR CLERK USE ONLY

Meeting Date January 28, 2014

Time 9 a.m.

Item # 6A

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes: _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

A new ATF is required from _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

Completed by _____

Department _____
For meeting _____
of _____

ATTEST: _____
Clerk or Deputy Board Clerk

AMADOR COUNTY BOARD OF SUPERVISORS
COUNTY ADMINISTRATION CENTER *810 COURT STREET * JACKSON, CA * 95642
(209) 223-6470

COMMITTEE MEMBER APPLICATION FORM

Date JANUARY 14, 2014

Please consider me for the following committee:

AMADOR COUNTY MENTAL HEALTH BOARD

NAME: BRYAN MIDDLETON

Mailing Address: [REDACTED]

Physical Address: SAME AS ABOVE

Business Address: SAME AS ABOVE

Telephone - Home: _____ Work: [REDACTED]

Please state briefly your qualifications and why you are interested in serving on this committee (use additional sheet of paper, if necessary):

REPRESENTATIVE FROM THE AMADOR COUNTY SHERIFFS OFFICE

Signature *Bryan Middleton*

*Please be aware this completed form may be released to any member of the public or media upon request.

-FOR CLERKS USE ONLY-

Application Accepted

Application Rejected

Date Appointed _____

Committee Number _____

Term Expires _____

Supervisorial District _____

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
January 28, 2014	

To: Board of Supervisors
 Date: January 21, 2014

Miss

From: JON HOPKINS, DIRECTOR - GSA
 (Department Head - please type)

Phone Ext. X759

Department Head Signature *[Signature]*

Agenda Title: Dispense with Bidding for Ford Focus using State Contract NO# 1-13-23-10A.

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Public Contract Code Sections 10298 and 10299 authorizes local agencies to use CMAS (California Multiple Award Schedule) without competitive bidding as the formal bid process has been satisfied through the State of California under Contract No. 1-13-23-10A. Social Services is budgeted for a new vehicle which is paid for through grant funding. Please see the attached information from Social Services and Downtown Ford.

Recommendation: (1) Dispense with the bidding procedures and authorize the Purchasing Agent to issue a Purchase Order to Downtown Ford in the amount of \$17,616.63 for a new 2014 Ford Focus utilizing the State of California Contract 1-13-23-10A.

Recommendation/Requested Action:
see above

Fiscal Impacts (attach budget transfer form if appropriate) N/A - Paid for by grand funding
 Staffing Impacts N/A

Is a 4/5ths vote required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Contract Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Resolution Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Ordinance Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Comments: _____
Committee Review? <u>N/A</u> <input checked="" type="checkbox"/> Name: _____ Committee Recommendation: _____	

Request Reviewed by:

Chairman _____	Counsel <u><i>[Signature]</i></u>
Auditor _____	GSA Director <u><i>[Signature]</i></u>
CAO _____	Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)
Jon Hopkins, GSA Director.

FOR CLERK USE ONLY

Meeting Date <u>January 28, 2014</u>	Time <u>9 a.m.</u>	Item # <u>7A</u>
Board Action: Approved Yes ___ No ___	Unanimous Vote: Yes ___ No ___	
Ayes: _____	Resolution _____	Ordinance _____
Noes _____	Resolution _____	Ordinance _____
Absent: _____	Comments: _____	Other: _____

Distributed on _____	A new ATF is required from _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors. ATTEST: _____ Clerk or Deputy Board Clerk
Completed by _____	Department _____	
	For meeting _____	

**NEW FORD FOCUS SE
STATE OF CALIFORNIA CONTRACT 1-13-23-10A
4-DOOR SEDAN**

SACRAMENTO	\$15,896.00	2
------------	-------------	---

MAJOR STANDARD EQUIPMENT		
2.0L – FLEX FUEL ENGINE, 6-SPEED TRANSMISSION, AIR CONDITIONING, POWER LOCKS, POWER WINDOWS, TILT WHEEL, CRUISE CONTROL, CYNC, AM.FM. W/SINGLE CD, FRONT FLOOR MATS, 16" ALUMINUM WHEELS		
AVAILABLE OPTIONS	PRICE	✓
5DOOR HATCHBACK	1025.00	
REVERSE SENSING	251.00	
SE WINTER PACKAGE (ALL WEATHER MATS, HEATED FRONT SEATS, HEATED MIRRORS)	486.00	
SIRIUS SATELLITE RADIO (INCL 6MO PREPAID SUBSCR.)	191.00	
REMOTE START SYSTEM	338.00	
DAYTIME RUNNING LAMPS	40.00	✓
SHOP SERVICE MANUAL (CD ROM)	279.00	
PARTS MANUAL (CD ROM)	258.00	
EXTRA KEY (LASER CUT)	195.00	✓
UNDERSEAL CHASSIS	390.00	
REAR FLOOR MATS	75.00	
MANUAL TRANSMISSION	(870.00)	
VEHICLE ALARM W/GLASS BREAKAGE	395.00	
WARRANTY		
EXTRA CARE, 5YR/100,000 MILE/\$0 DEDUCTIBLE (FORD ESP)	1632.00	

DOWNTOWN FORD SALES
525 N. 16TH STREET, SACRAMENTO, CA 95811
PH: (916) 442-6931, FAX: (916) 491-3138
CONTACT: DAVE FORBESS -or- SANDRA SCOTT
daveforbess@downtownfordsales.com
sandrascott@downtownfordsales.com



AMADOR COUNTY
GENERAL SERVICES ADMINISTRATION
PURCHASE REQUISITION

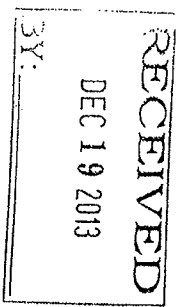
DATE: 12/18/13
 Budget/Line Item: 5 1 0 6 - 5 6 2 0 0
 FUND: 1 0 1 1 6 0

The following supplies are required by SOCIAL SERVICES NAME OF DEPARTMENT ext # 737
 PLEASE ORDER Vendor #:
 ALREADY ORDERED

PREFERRED OR SUGGESTED VENDOR: DOWNTOWN FORD SALES TELEPHONE:
 ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
 ATTN: MARI GALINO

QUANTITY	GIVE FULL DESCRIPTION: SIZE, MATERIAL, COLOR, CATALOG NO, PACKAGING, ETC	ESTIMATED UNIT PRICE	PER	ESTIMATED TOTAL COST	QUOTE	QUOTE	QUOTE
1	2014 FORD FOCUS SE 4-DOOR SEDAN	\$16,114.00					
	SALES TAX	\$1,289.12		\$0.00			
	TOTAL	\$17,403.12		\$0.00			
	PLEASE SEE THE ATTACHED			\$0.00			
				\$0.00			
				\$0.00			
				\$0.00			
				\$0.00			
				\$0.00			



I hereby certify, upon my own personal knowledge, that the articles or services requested hereon are necessary for use by the department, and that there are funds available to cover cost of same.
 REQUESTED BY: CHRIS CONRADY APPROVED BY: [Signature] APPROVED FOR PURCHASE BY:

For Purchasing Department Use Only

A VENDORS B C

QUOTATION

DOWNTOWN FORD SALES
 525 N16th Street, Sacramento, CA. 95814
 916-442-6931 fax 916-491-3138

DF010914145

QUOTATION

Customer

Name AMADOR COUNTY
 Address _____
 City _____ CA _____
 Phone _____

Date 1/9/2014
 REP FORBESS
 Phone _____
 FOB _____

Qty	Description	Unit Price	TOTAL
1	2014 FORD FOCUS SE	\$15,896.00	\$15,896.00
1	DAYTIME RUNNING LIGHTS	\$40.00	\$40.00
1	EXTRA KEY (LASER CUT)	\$195.00	\$195.00
1	DOC FEE	\$80.00	\$80.00

Payment Details

	\$16,211.00
SHIPPING	\$100.00
Taxes	\$1,296.88
TIRE FEE	\$8.75
TOTAL	\$17,616.63

Office Use Only

0.00 *

\$500.00 DISCOUNT FOR PAYMENT IN 20 DAYS

0.00 *

17,616.63 +

176.17 +

17,792.80 *

STATE OF CALIFORNIA CONTRACT 1-13-23-20A

*10/6
STARS*

COUNTY OF AMADOR
SUMMARY OF FIXED ASSETS - FISCAL YEAR 2013-2014

<u>2013-2014 RECOMMENDED</u>		<u>2013-2014 ADOPTED</u>	
<u>ASSESSOR (1220)</u>		<u>ASSESSOR (1220)</u>	
PORTION OF MEGABYTE SERVER	\$5,000	PORTION OF MEGABYTE SERVER	\$5,000
<u>TAX COLLECTOR (1230)</u>		<u>TAX COLLECTOR (1230)</u>	
PORTION OF MEGABYTE SERVER	\$5,000	PORTION OF MEGABYTE SERVER	\$5,000
<u>ELECTIONS (1510)</u>		<u>ELECTIONS (1510)</u>	
HAVA GRANT	\$30,000	HAVA GRANT	\$30,000
<u>ACO COUNTY IMPROVEMENT (1810)</u>		<u>ACO COUNTY IMPROVEMENT (1810)</u>	
CAPITAL IMPROVEMENTS (VARIOUS BLDG IMPR)	\$250,000	CAPITAL IMPROVEMENTS (VARIOUS BLDG IMPR)	\$250,000
<u>SURVEY & ENGINEERING (1940)</u>		<u>SURVEY & ENGINEERING (1940)</u>	
GPS SATELLITE SURVEY SYSTEM UPGRADE	\$20,000	GPS SATELLITE SURVEY SYSTEM UPGRADE	\$20,000
<u>RECORDER (2710)</u>		<u>RECORDER (2710)</u>	
2 COMPUTERS (Paid by Trust)	\$1,500	2 COMPUTERS	\$1,500
<u>PUBLIC WORKS (3000)</u>		<u>PUBLIC WORKS (3000)</u>	
BLDG IMPROV. (WELDING SHOP PREVENT MAINT.)	\$5,000	BLDG IMPROV. (WELDING SHOP PREVENT MAINT.)	\$5,000
HEAVY EQUIPMENT	\$50,000	HEAVY EQUIPMENT	\$50,000
<u>TOTAL</u>	<u>\$55,000</u>	<u>TOTAL</u>	<u>\$55,000</u>
<u>PUBLIC HEALTH (4000)</u>		<u>PUBLIC HEALTH (4000)</u>	
1 COMPUTER	\$900	1 COMPUTER	\$900
<u>SOCIAL SERVICES (5106)</u>		<u>SOCIAL SERVICES (5106)</u>	
1 LAPTOP FOR TRAINING	\$1,500	1 LAPTOP FOR TRAINING	\$1,500
1 VEHICLE	\$18,000	1 VEHICLE	\$18,000
<u>TOTAL</u>	<u>\$19,500</u>	<u>TOTAL</u>	<u>\$19,500</u>
<u>GENERAL SERVICES ADMINISTRATION - MOTOR POOL (7800)</u>		<u>GENERAL SERVICES ADMINISTRATION - MOTOR POOL (7800)</u>	
5 VEHICLES (LAW ENFORCEMENT)	\$275,000	5 VEHICLES (2 LAW ENFORCEMENT)	\$275,000
<u>TOTAL</u>	<u>\$661,900</u>	<u>TOTAL</u>	<u>\$661,900</u>

COUNTY OF AMADOR
STATE OF CALIFORNIA
BUDGET UNIT FINANCING USES DETAIL
FISCAL YEAR 2013-2014

State Controller
County Budget Act
FINANCING USES CLASSIFICATION
DEPARTMENT OF
SOCIAL SERVICES 5106
Function: Public Assistance
Activity: Administration

	ACTUAL 2011-2012	ACTUAL 2012-2013	RECOMMENDED 2013-2014	ADOPTED 2013-2014
50100 SALARIES AND EMPLOYEE BENEFITS	1,757,983.24	2,029,436.61	2,290,912.00	2,290,912.00
50102 OVERTIME	55,005.19	43,249.65	50,000.00	50,000.00
50110 STANDBY	18,184.35	18,541.05	20,790.00	20,790.00
50300 RETIREMENT - EMPLOYER'S SHARE	308,838.95	326,056.39	407,997.00	407,997.00
50310 FICAMEDICARE - EMPLOYER'S SHARE	136,409.48	154,866.55	179,798.00	179,798.00
50400 EMPLOYEE GROUP INSURANCE	332,722.07	418,654.66	554,185.00	554,185.00
50500 WORKER'S COMPENSATION INSURANCE	20,180.74	26,018.78	30,163.00	30,163.00
TOTAL SALARIES/EMPLOYEE BENEFITS	2,629,074.02	3,016,826.69	3,533,845.00	3,533,845.00
SERVICES AND SUPPLIES				
51200 COMMUNICATIONS	26,713.92	30,361.65	35,250.00	35,250.00
51700 MAINTENANCE - EQUIPMENT	290.00	40.00	500.00	500.00
51760 MAINTENANCE - PROGRAMS	14,271.50	25,385.02	26,290.00	26,290.00
51800 MAINTENANCE - BLDGS/IMPROVEMENTS	955.68	1,073.63	1,300.00	1,300.00
52000 MEMBERSHIPS	18,624.00	19,555.00	20,000.00	20,000.00
52200 OFFICE EXPENSES	50,676.73	56,130.47	55,100.00	55,100.00
52211 G.S.A. DEPT. COST ALLOCATION	35,816.76	30,401.28	30,402.00	30,402.00
52300 PROFESSIONAL/SPECIALIZED SERVICES	179,544.46	263,487.95	267,090.00	267,090.00
52400 PUBLICATIONS AND LEGAL NOTICES	7.57	131.63	580.00	580.00
52400 RENTS, LEASES-EQUIPMENT	7,303.06	4,822.53	8,000.00	8,000.00
52600 RENTS, LEASES-BLDGS/IMPROVEMENTS	547,412.65	555,867.10	590,885.00	590,885.00
52700 MINOR EQUIPMENT	0.00	0.00	1,540.00	1,540.00
52800 SPECIAL DEPARTMENTAL EXPENSE	2,032.46	823.67	29,000.00	29,000.00
52870 STAFF TRAINING	18,086.00	13,341.88	22,630.00	22,630.00
52874 EMERGENCY SHELTER	12,252.00	13,870.00	18,840.00	18,840.00
52875 EMERGENCY RESPONSE 24-HOUR	1,230.24	1,212.99	1,525.00	1,525.00
52877 COUNSELING/PARENTING TRAINING	49,856.67	35,946.34	57,500.00	57,500.00
52900 TRANSPORTATION	21,193.32	18,007.86	28,290.00	28,290.00
52910 G.S.A. AND IN-COUNTY TRAVEL	23,211.16	26,234.01	30,200.00	30,200.00
53000 MEETINGS AND CONVENTIONS	490.11	1,207.31	1,200.00	1,200.00
UTILITIES	46,690.31	49,485.15	53,800.00	53,800.00
TOTAL SERVICES AND SUPPLIES	1,056,658.60	1,147,385.47	1,279,922.00	1,279,922.00
OTHER CHARGES				
54029 TRANSPORTATION	28,359.59	39,022.43	44,360.00	44,360.00
54030 CHILD CARE	188,918.85	117,652.36	180,000.00	180,000.00
54031 ANCILLARY EXPENSES	842.63	1,270.46	2,000.00	2,000.00
TOTAL OTHER CHARGES	216,121.07	157,945.25	226,360.00	226,360.00
FIXED ASSETS				
56200 EQUIPMENT	52,165.00	3,119.37	19,500.00	19,500.00
TOTAL FIXED ASSETS	52,165.00	3,119.37	19,500.00	19,500.00
TOTAL - DEPT. OF SOCIAL SERVICES	3,954,018.69	4,325,275.78	5,059,627.00	5,059,627.00
A87 - COUNTYWIDE COST ALLOC PLAN	296,599.00	90,815.00	367,397.00	164,630.00
GRAND TOTAL - DEPT. OF SOCIAL SERVICES	4,250,617.69	4,416,090.78	5,427,024.00	5,224,257.00

Social Services Fund: #11600