

AMENDMENT #1 TO THE RENEWAL CONTRACT WITH FREED CENTER FOR INDEPENDENT LIVING D/B/A FREED (RES 18-424)

THIS AMENDMENT is dated this 24th day of March 2020 by and between FREED CENTER FOR INDEPENDENT LIVING D/B/A FREED, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County”. Said Amendment No. 1 will amend the prior Agreement between the parties entitled Personal Services Contract, executed on August 14, 2018 per Resolution No. 18-424; and

WHEREAS, the Contractor is an agency which supports independent living for adults with disabilities and older adults; and

WHEREAS, the parties desire to amend their Agreement to revise Exhibit “B” Schedule of Charges and Payments to reflect an increase in Housing Financial Assistance due to savings in Personnel costs for Fiscal Year 19/20, by reallocating of funds between line items. There is no change to the contract amount.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of March 24, 2020.
2. That the Schedule of Charges and Payments, Exhibit “B” is amended to the revised Exhibit “B” attached hereto and incorporated herein.
3. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

By: _____
Heidi Hall
Chair of the Board of Supervisors

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

CONTRACTOR:

By: _____
Ana Acton, Executive Director
FREED Center for Independent
Living
2059 Nevada City Hwy, Ste 102
Grass Valley, CA 95945

EXHIBIT "B"
SCHEDULE OF CHARGES AND PAYMENTS
FREED Center for Independent Living

Subject to the satisfactory performance of services required of the Contractor pursuant to this Agreement, and the terms and conditions set forth in this Agreement, the County shall reimburse Contractor a maximum amount not to exceed \$282,083 for the entire contract term of July 1, 2018 through June 30, 2020. The maximum amount shall not exceed \$131,095 for FY 18/19 and shall not exceed \$150,988 for FY 19/20. The contract maximum for each fiscal year is based on the following project budget:

Budget	Category	Expense FY 18/19	Expense FY 19/20	Narrative
Case Manager/Housing Coordinator	Personnel	\$ 21,862	\$ 33,179	0.29 FTE FY 18/19; .645 FTE FY 19/20. Annual salary \$37,170 and Benefits
SOAR Counselor/ Disability Advocate	Personnel	\$ 15,568	\$ 5,574	0.45 FTE FY 18/19; .15 FTE FY 19/20. Annual salary \$37,170 and Benefits
Outreach	Operating	\$ 1,200	\$ 1,200	Outreach per exhibit "A" (includes travel costs)
Office Supplies	Operating	\$ 953	\$ 933	2 Laptop, 1 desk computer, workstation, postage, paper, etc. under \$5,000 per item.
Housing Financial Assistance	Operating	\$ 75,000	\$ 91,601	Direct assistance per exhibit "A"
Administrative Indirect Cost Rate	Personal/ Operating	\$ 16,512	\$ 18,501	10% indirect cost rate and includes rent, utilities, communication, security, and legal fees.
TOTAL EXPENSES		\$ 131,095	\$150,988	

Contract reimbursement will be based on actual salary/benefits of Contractor's assigned staff and program expenses, but in no event shall exceed the salary/benefit amounts set forth in this Exhibit B.

Contractor may shift budget line items with prior written approval from the Director or designee.

Contract maximum is contingent and dependent upon the department's receipt of anticipated grant funding for this program.

For administrative services and other program expenses, Contractor shall submit monthly invoices with an itemized breakdown by grant program listing:

- Date(s) and number(s) of hours of services performed,

- Operations, telecommunications, training, supplies, and travel expenses.
- Direct Housing Assistance Costs: rent, utilities, home setup, home modifications, and any other direct housing expenses.
- Administrative costs calculated as 10% of the total of the month's expenses due for that month.

Contractor agrees to be responsible for the validity of all invoices and vouchers.

To expedite payment, Contractor shall reference on their invoice the Resolution Number that has been assigned to their approved contract.

County shall review the invoice and notify Contractor within fifteen (15) working days if an individual item or group of costs is questioned. Contractor has the option to remove the questioned cost(s) or delay the entire invoice pending resolution of the cost(s). Payment of approved invoices shall be made within thirty (30) days of receipt of a complete, correct, and approved invoice. Contractor shall submit invoices, reports and documentation, and lease reimbursement vouchers to:

Nevada County Health and Human Services Agency
Attn: DSS Fiscal Staff
950 Maidu Avenue
Nevada City, California 95959