

**Second Amendment to the Master Contract Between the County of Santa Clara and the City of Milpitas**

**\*12**

This is the second Amendment to the Master Contract between the County of Santa Clara (COUNTY) and the City of Milpitas (CONTRACTOR) entered into on July 01, 2006 to provide Senior Nutrition Services.

On May 20, 2008, the Board of Supervisors approved the Delegation of Authority to the Social Services Agency (SSA) Director, or designee, to negotiate, execute, amend, and terminate. The Delegation of Authority for this Contract will expire on June 30, 2009.

**Background**

The purpose of this Amendment is to extend the contract term for one additional year to June 30, 2009 and augment funds by \$164,741. The additional funding is included in the revised Maximum Financial Obligation. The attached Meals and Program Budget reflect the services and fiscal budget for the extended term.

This Contract is amended as follows

1. Section 1, on page 23, **TERM OF CONTRACT** is revised to read: This Contract commences on July 01, 2006 and expires on June 30, 2008, unless terminated earlier or otherwise amended.
2. Section 3, on page 23, **MAXIMUM FINANCIAL OBLIGATION** is revised to read: CONTRACTOR is entitled to reimbursement for actual allowable expenditures subject to the provisions of this Contract, not to exceed \$145,702 in FY 2006-2007, not to exceed \$154,460 in FY 2007-2008 and not to exceed \$164,741 in FY 2008-2009.
3. Add Attachment C-09, **BUDGET SUMMARY and PAYMENT PROVISIONS** for FY 2008-2009.

All other terms and conditions of the agreement remain in full force and effect.

In the event of a conflict between the original Contract and this Amendment, this Amendment controls.

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IN WITNESS WHEREOF, COUNTY and CONTRACTOR hereby agree to the terms of this Contract.

COUNTY OF SANTA CLARA

CONTRACTOR

By: \_\_\_\_\_  
Will Lightbourne                      Date  
Director, Social Services Agency

By: \_\_\_\_\_  
Name: \_\_\_\_\_                      Date  
Title: \_\_\_\_\_

APPROVED AS TO FORM  
AND LEGALITY

APPROVED BY:

\_\_\_\_\_  
Kristin Baker                              Date  
Assistant County Counsel

\_\_\_\_\_  
Gary Graves                              Date  
Assistant County Executive

Attachments:  
C-09 Budget Summary and Payment Provisions FY2008-2009

Attachment C-09 Budget Summary & Payment Provisions FY 2008-2009

**Santa Clara County- Social Services Agency  
Senior Nutrition Program  
MILPITAS**

**Budget - FY 08/09**

Asian 2 days	65	96	6,240
Bateman 5 days	88	154	13,552
Additional Bateman 3 days a week	23	96	2,208
	Daily	250	22,000
		Total	Annual
		Service Days	M-F

<b>1. PERSONNEL</b>				<b>\$ 57,400</b>
a. <u>Site Manager</u>		\$ 28,509		
b. <u>Kitchen Aide</u>		\$ 14,786		
c. <u>Janitor</u>		\$ 5,642		
d. <u>Van Driver</u>		\$ 8,463		
<b>2. OPERATION COSTS</b>				<b>\$ 9,873</b>
Overhead	@\$.183 meal	\$ 4,026		
Site Transportation		\$ 5,847		
<b>3. VARIANCE CATEGORIES</b>				<b>\$ 5,652</b>
Insurance/Worker Comp.	n/a	\$ -		
Fiscal	n/a	\$ -		
Staff Mileage	@ .505 mi.	\$ 102		
Equipment & Repair		\$ 50		
Non-Food Items	@ \$.25 meal	\$ 5,500		
<b>4. FOOD COSTS</b>				<b>\$ 91,816</b>
New Orient @ 4.16 & .30 milk	\$ 4.46 *	6,240	27,830	
Bateman	\$ 4.06 *	15,760	63,986	
<b>5. TOTAL BUDGET</b>				<b>\$ 164,741</b>
<b>6. CONTRACT AMOUNT</b>				<b>\$ 164,741</b>

County's share at 50% of Total Expended Budget. Maximum not to exceed \$ 82,371

Fifty percent of participant contributions retained by Milpitas

Personnel Detail

	Hours	Days	Hourly Rate	Earnings	Fringe	Vacation	Sick Leave	Medical	Total Costs
Site Manager	6.00	261	13.49	21,125	2,324	915	1,098	3,047	28,509
Kitchen Aide	4.00	261	9.33	9,741	1,071	422	506	3,047	14,786
Janitor	2.00	250	9.33	4,665	513	211	253		5,642
Van Driver	3.00	250	9.33	6,998	770	316	380		8,463
<b>Total Personnel Costs</b>				<b>42,528</b>	<b>4,678</b>	<b>1,863</b>	<b>2,236</b>	<b>6,094</b>	<b>57,400</b>

Formula

Days	250 + 11 holidays	Vacation	Hours x 10 x Hourly Rate x 1.13
Earnings	Hours x Days x Hourly Rate	Sick Leave	Hours x 12 x Hourly Rate x 1.13
Fringe	11% of Earnings		

Payment Provisions

CONTRACTOR understands and agrees that this Contract is a **cost-reimbursement** contract. All references to "you" in this Attachment refer to CONTRACTOR.

You can only be reimbursed for expenses paid out in a report month. The Line Item allocations represent the **maximum annual amount** available for your budget. **Once the contracted line item allocations balances have been used, you cannot continue to claim a current monthly expenditure reimbursement for these items.** You may want to note on the bottom of the monthly expenditure report if you have a continuing expense over and above a zero balance line item or you may want to keep a separate record of your actual expenditures. This may help if you request a line item transfer or may help justify a change in your budget during the annual budget preparation meetings. Please see **LINE ITEM CHANGES\*\* (See Below)** for more information.

These Line Item Definitions are part of the contract standards that were recommended by the Nutrition Contract Standards Committee and approved by the Board of Supervisors on March 10, 1998. Please refer accounting questions to Senior Nutrition Program (SNP) Accounting Staff and budget questions to the SNP Management Analyst.

**1. PERSONNEL** - Salaries and personnel expenses paid out during the report month should be claimed for all Nutrition employees that work and are authorized by your contract. Employee positions not filled cannot be claimed. Changes in personnel or circumstances that require a substitute should be reported to your assigned Dietitian **prior to filling the position**, explaining the reason for the change. Please indicate if this is a permanent or temporary change.

**2. OPERATION COSTS**

**Usage Costs** - This allowance is for rent or lease costs incurred and paid by your agency. ***You are reimbursed for rent or lease payments allocated to the Nutrition Program at the current per meal rate (\$0.463) for monthly meals served up to your budgeted allocation.*** If you share building or housing costs with other programs you must be able to verify and document how you pro-rate the amount charged to the Nutrition Program. Some sites do not pay rent or lease and are not budgeted for this line item.

**Overhead** - This category is an allowance for utilities (heating/electricity, telephone, janitorial services, and office supplies, printing, water softener or pest control) needed to support your nutrition site, incurred and paid by your agency. ***You are reimbursed at the current per meal overhead rate (\$0.183) for monthly meals served up to your budgeted allocation.*** If the costs are shared with other programs, you must be able to verify how you pro-rate the amount charged to the Nutrition Program.

**Site Transportation** - Most sites use the **Outreach Transportation** line item (See next line item). Some sites transport seniors to and from the nutrition program with their own van, bus or car. You can only claim for expenses paid out in the report month. A daily transportation log of who is picked up and returned, and mileage claimed must be available for verification.

Private transportation by persons in their own vehicles are not reimbursable unless all automobile insurance requirements, including assigning the County and the Sponsoring Agency as "other insured" on the driver's certificate of insurance are met. In some cases, a commercial driver's license is also necessary for the driver of an agency's bus, van or car.

**Outreach Transportation** - This allowance is negotiated with the contractor to transport seniors who are eligible to receive Outreach Transportation Services. Unless your agency is contracting directly for Outreach Transportation Services, this amount is entered into your budget and is part of the County Nutrition Outreach Contract that pools all Outreach allowances. **You do not deduct for this line item if you are part of the County Outreach Pool.** The amount is deducted from your budget in **Line Item 6. "Other Deductible" (See Below)**. You will receive a copy of the Outreach expenses that are deducted from your portion of the pool each month for rides to and from your site and are paid directly by the County each month. Only senior nutrition participants are able to have their rides reimbursed.

### 3. VARIANCE CATEGORIES

**Insurance/Worker's Compensation** - This is an allowance for insurance or worker's compensation insurance payments that are actually paid out in the report month. You are only reimbursed for actual payments made. If your agency pays for other programs, only the pro-rated amount paid for the Nutrition Program Employees is allowable as an expense.

**Fiscal** - This allowance is for bookkeeping, accounting and payment for the annual audit. If you share bookkeeping and accounting expenses with other non-nutrition programs, only the portion allocated and paid out for the nutrition program is allowable for reimbursement. You must document and be able to verify how you pro-rate your expenses towards the Nutrition Program. Documentation of the expense and when the expense was incurred must be available to the County when requested.

**Staff Mileage** - This allowance is for nutrition employees who are required to attend Nutrition Staff Meetings or Trainings. Mileage to and from meetings is reimbursed at the County rate (**\$0.505 per mile**). The amount allocated is determined by your yearly usage.

**Equipment and Repair** - This allowance is for small equipment and repair expenses.

\* The **Nutrition Equipment Committee** reviews requests for other equipment that exceed your budgeted amount. The amount of funds available through the Equipment Committee varies each year. Check with your Dietitian if you wish to submit a request.

**Non-Food Items** - This allowance will cover the cost of paper products, utensils, serving dishes, cleaning supplies and laundry.

**4. FOOD COSTS** - This is the allowance for food expenses. Based on whether you are a cook-on-site or a catered meal site, you may claim for raw food costs, restaurant catered meals or vendor catered meals. Some sites will have a combination of raw and catered food expenses.

**5. TOTAL BUDGET** - This is the total program budget amount before any deductibles.

**6. OTHER DEDUCTIBLE** - This line item will show items (**if applicable**) that are deducted from the budget. This may include the following items, but will not apply to all budgets:

County Outreach Transportation  
County Kaiser  
Contractor Contribution Amount

City Grants or Contributions  
Community Development Block Grants (CDBG)  
Other Income Contributions

**7. CONTRACT AMOUNT** - Final contracted budget for the site.

\*\* **LINE ITEM CHANGES** - May be requested in writing by CONTRACTOR'S Agency Representative. **Submit line item requests during the year when you first become aware of a need to transfer funds between line items.** Do not assume that line item transfers will be authorized. Final line item transfer requests for fiscal year ending June 30 are to be submitted no later than the first Friday of June. The SNP Program Manager and the Nutrition Services Manager will review these requests for approval or disapproval.

Any line item request must have funds available in your budget and be accompanied by an explanation of the reason for the request. Additional verification may be requested. The SNP Program Manager has final approval or disapproval authority for any line item change request.