

FOURTH AMENDMENT
(BOS AGREEMENT NO.: ____-____)

This Fourth Amendment to Agreement No. 22-143 (“Fourth Amendment”) is made and entered into as of the last date signed below, by and between the County of Yolo (“County”) and Children’s Home Society of California (“Subrecipient”), jointly referred to as the “Parties” herein.

WHEREAS, on or about June 28, 2022, the Parties entered into Agreement No. 22-143 (“Agreement”); and

WHEREAS, on or about June 27, 2023, the Parties amended the Agreement via the First Amendment; and

WHEREAS, on or about January 9, 2024, the Parties further amended the Agreement via the Second Amendment; and

WHEREAS, on or about June 17, 2024, the Parties further amended the Agreement via the Third Amendment; and

WHEREAS, the Parties would now like to amend the Agreement, as previously amended, to:

1. Revise the **SUBAWARD INFORMATION** table to extend the term of the Agreement through June 30, 2026, update the amount funded and update the available optional extension; and
2. Revise **Section 1. of Attachment 1** to add funding in the amount of \$926,391 for a new contract maximum of \$2,761.812 by adding funding in the amount of \$272,930 for Fiscal Year (FY) 2024-25 and adding funding in the amount of \$653,461 for FY 2025-26; and
3. Revise **Section 2. of Attachment 1** to update the option year amount and available optional extensions; and
4. Revise **Section 15. of Attachment 1** to update County email address; and
5. Revise **Attachment 3A** to update County contacts and email addresses; and
6. Revise **Section 2 of Attachment 4** to update County email address; and
7. Revise **Attachment 6.** to update FY 2024-25, 2025-26 and optional extension budgets; and
8. Revise **Section III. of Attachment 8** to update County’s Risk Manager.

NOW, THEREFORE, THE PARTIES HEREBY AGREE AS FOLLOWS:

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1. The **SUBAWARD INFORMATION** table of the Agreement is hereby amended to read as follows:

SUBAWARD INFORMATION

Subrecipient Legal Name:	Children’s Home Society of California		
Subaward Project Title:	Emergency Child Care Bridge Program for Foster Children		
At the County’s option, this Agreement may be extended for one (1) additional twelve (12) month period on the same terms and conditions set forth in this agreement upon written notice to Sub-Recipient by the County.			
Subaward Project Period:	Start:	July 1, 2022	End: June 30, 2026
Amount Funded:	\$2,761,812		
Federal /State Awarding Agency:	CDSS	Federal Award Number:	N/A
CFDA Number:	96.658	CFDA Title:	Foster Care Title IVE

2. **Section 1. of Attachment 1** to the Agreement is hereby amended to read as follows:

1. Compensation and Payment Terms

Subject to the satisfactory performance of the services required of Sub-Recipient pursuant to this Agreement, and to the terms and conditions set forth in this Agreement, and following Sub-Recipient’s submission of an appropriate claim, and such other documentation that the County may require, County shall pay Sub-Recipient according to the terms set forth in this Agreement. Sub-Recipient agrees to accept the foregoing payments as full and complete payment for all services provided pursuant to this Agreement, irrespective of whether the cost of such services and related administrative expenses exceed such payments.

Any other provision of this Agreement notwithstanding, the maximum payment obligation to Sub-Recipient through **June 30, 2026**, shall be no greater than **TWO MILLION SEVEN HUNDRED SIXTY-ONE THOUSAND EIGHT HUNDRED TWELVE DOLLARS (\$2,761,812)** specified as follows:

FY 2022-23 July 1, 2022 through June 30, 2023	FY 2023-24 July 1, 2023 through June 30, 2024	FY 2024-25 July 1, 2024 through June 30, 2025	FY 2025-26 July 1, 2025 through June 30, 2026	Total
\$792,332	\$612,558	\$703,461	\$653,461	\$2,761,812

3. **Section 2. of Attachment 1** to the Agreement is hereby amended to read as follows:

2. Option Year

The County may exercise its option to extend the term of the Agreement Upon request of the County, Subrecipient shall provide a contract budget for each option year in conformance with the requirements of this Agreement. In the event that the County elects to exercise an option, County shall notify the Subrecipient in writing. The notice shall include the revised agreement term, approved funding amount to be added to the Agreement; and revised agreement maximum payment obligation, subject to the maximums set forth below:

Option Year/ Fiscal Year (OY/FY)	Revised Agreement Expiration Date Per OY/FY	Maximum Increased Funding Amount Per OY/FY	Revised Agreement Lifetime Maximum Per OY/FY
OY/FY 2026-27	On or before June 30, 2027	Less than or equal to \$653,461	Less than or equal to \$3,415,273

In no event shall the term of the Agreement extend beyond **June 30, 2027**, nor shall the total contract maximum exceed the amount of **THREE MILLION FOUR HUNDRED FIFTEEN THOUSAND TWO HUNDRED SEVENTY-THREE DOLLARS (\$3,415,273)** unless otherwise agreed to in writing by the parties and in conformity with the then-current Yolo County Procurement Policy approved by the Yolo County Board of Supervisors.

4. **Section 15. of Attachment 1** to the Agreement is hereby amended to read as follows:

15. Insurance

Subrecipient, at their sole cost and expense, shall obtain and maintain throughout the entire term of this Subaward, the insurance set forth in Attachment 7 attached hereto.

Subrecipient shall not commence services until Subrecipient submitted all the insurance required and such insurance has been approved by the County. All insurance shall be sent to the County's Procurement Division at procurement@yolocounty.gov for review and approval.

5. **Attachment 3A** to the Agreement is hereby amended to read as attached.

6. **Section 2 of Attachment 4** to the Agreement is hereby amended to read as follows:

2. Fiscal Year Annual Reports

- Annual Training Report

This report summarizes all training provided to Subrecipient's staff and all outreach training performed by Subrecipient's staff. Due date: the 15th of the month following the end of Fiscal Years. Send to hhsa-cyf-cqui@yolocounty.gov.

- Aggregated Staff and Volunteer Ethnicity Survey

An Individual Staff and Volunteer Ethnicity Survey form will be provided as a tool to accumulate data to be compiled into the aggregated report. Due date: November 30, following the completion of a fiscal year

- Equipment Report (If applicable, see Attachment II, section 4.)

Due date: July 31, following the completion of a fiscal year

- Certified Audited Financial Reports (If applicable, see Attachment I, section 16)

Due date: July 31 of the following year, if the Agreement expires or terminates on June 30. In the event that this Agreement expires or is terminated on a date other than June 30, Contractor shall provide County such an Audit Report covering the preceding period of July 1 through the date of expiration or termination within 45 days of the expiration or termination.

All annual reports, with the exception of Certified Audited Financial Reports, shall be sent electronically via email to the County Financial Contact in Attachment 3A.

IN WITNESS WHEREOF the Parties have executed this Fourth Amendment as of the day and year last set forth below.

SUBRECIPIENT

COUNTY OF YOLO

Beverly Tidwell, Chief Executive Officer
Children's Home Society of California

Mary Vixie Sandy, Chair
Board of Supervisors

Date: _____

Date: _____

Joan Planell, Interim Director
Health and Human Services Agency

Attest:
Julie Dachtler, Senior Deputy Clerk
Board of Supervisors

By: _____
Deputy (Seal)

Approved as to Form:
Philip J. Pogledich, County Counsel

By: Hope P. Welton
Hope P. Welton, Senior Deputy

ATTACHMENT 3A – COUNTY CONTACTS

Legal Name:	County of Yolo		
Legal Address:	625 Court Street., Room 102 Woodland, CA 95695		
Website:	www.yolocounty.org		
County Contacts			
Central Email:	HHSAContracts@yolocounty.gov		
Grant Project Manager:	Salaam Shabazz		
Email:	Salaam.shabazz@yolocounty.gov	Telephone Number:	530-661-2907
Administrative Contact:	Salaam Shabazz		
Email:	Salaam.shabazz@yolocounty.gov	Telephone Number:	530-666-8290
COI Contact Email:	procurement@yolocounty.gov		
Financial Contact:	Lucy Chavez		
Email:	Lucy.Chavez@yolocounty.gov	Telephone Number:	530-661-2797
Email Invoices:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Invoice Email (if different):	HHSA.accountspayable@yolocounty.gov
Authorized Official:	Yolo County BOS Chair		
Email:	HHSAContracts@yolocounty.gov	Telephone Number:	
Administrative Address:			
Name:	Yolo County Health and Human Services Agency		
Address:	137 North Cottonwood Street Woodland, CA 95695		
Grant Project Manager Address:			
Name:	Salaam Shabazz		
Address:	Health & Human Services Agency 137 Borth Cottonwood Street Woodland, CA 95695		

ATTACHMENT 6 – BUDGET INFORMATION

Below or Attached - 2 pages

Children’s Home Society of California	
Emergency Child Care Bridge Program Services	
Cost Items	Fiscal Year 2022-23 July 1, 2022 through June 30, 2023
Voucher Assistance *	\$628,815
Child Care Navigator	\$102,100
Trauma Informed Care Training	\$61,417
Total Direct Expenses	\$792,332

Children’s Home Society of California	
Emergency Child Care Bridge Program Services	
Cost Items	Fiscal Year 2023-24 July 1, 2023 through June 30, 2024
Voucher Assistance *	\$469,369
Child Care Navigator	\$130,491
Trauma Informed Care Training	\$12,698
Total Direct Expenses	\$612,558

Children’s Home Society of California	
Emergency Child Care Bridge Program Services	
Cost Items	Fiscal Year 2024-25 July 1, 2024 through June 30, 2025
Voucher Assistance *	\$584,475
Child Care Navigator	\$70,376
Trauma Informed Care Training	\$48,610
Total Direct Expenses	\$703,461

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ATTACHMENT 6 – BUDGET INFORMATION

Children’s Home Society of California	
Emergency Child Care Bridge Program Services	
Cost Items	Fiscal Years 2025-26 July 1, 2025 through June 30, 2026
Voucher Assistance *	\$584,475
Child Care Navigator	\$45,376
Trauma Informed Care Training	\$23,610
Total Direct Expenses	\$653,461

Children’s Home Society of California	
Emergency Child Care Bridge Program Services	
Cost Items	Optional Year(s) Fiscal Year 2026-27 July 1 st through June 30 th
Voucher Assistance *	\$584,475
Child Care Navigator	\$45,376
Trauma Informed Care Training	\$23,610
Total Direct Expenses	\$653,461

*Includes salaries, payroll taxes, benefits, operating expenses, provider supplies, trauma training, and indirect expenses.