

THIRD AMENDMENT 2012-2013

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Third Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 11-082**, by and between the **County of Santa Barbara** (County) and **Davis Guest Home** (Contractor), for the continued provision of **Daily care and IMD stepdown care**.

Whereas, this Third Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in March 2011, the First Amendment approved by the County Board of Supervisors in June 2011, the Second Amendment approved by the County Board of Supervisors in June 2012, except as modified by this Third Amended Contract.

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds in the amount of \$51,000 to the Agreement so as to compensate Contractor for services to be rendered under this Agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

I. Delete Section 1, Contractor Services, from Exhibit B, Payment Arrangements, and replace with the following:

- 1. CONTRACTOR SERVICES.** For services to be rendered under this Agreement, Contractor shall be paid at the rate specified in the Schedule of Fees (Exhibit B-1), with a maximum value not to exceed **\$156000**.

II. Delete Exhibit B-1, Schedule of Fees, and replace with the following:

**Exhibit B-1
SCHEDULE OF FEES**

<u>Type of Service</u>	<u>Billing Increment</u>	<u>Rate</u>	<u>Contract Maximum Value</u>
Daily Care	Per Day	\$75.00	\$156000

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

AMENDMENT

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Davis Guest Home.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: _____
SALUD CARBAJAL, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 94-2532667
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel
Date: _____

By _____
Deputy

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
TAKASHI WADA, MD, MPH
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

AMENDMENT

CONTRACT SUMMARY PAGE

BC 11-082

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year 12-13
D2. Budget Unit Number 043
D3. Requisition Number..... N/A
D4. Department Name Alcohol, Drug, & Mental Health
D5. Contact Person..... Danielle Spahn
D6. Telephone (805) 681-5229

K1. Contract Type (*check one*): ☐ Personal Service ☐ Capital
K2. Brief Summary of Contract Description/Purpose..... Daily care and IMD stepdown care
K3. Contract Amount \$156000
K4. Contract Begin Date 7/1/2012
K5. Original Contract End Date..... 6/30/2011
K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2012	\$105000		\$105000	6/30/2013	Renew for FY 12-13
2	7/1/2012	\$51000	\$156000	\$156000	6/30/2013	Increase contract

B1. Is this a Board Contract? (*Yes/No*) True
B2. Number of Workers Displaced (*if any*) N/A
B3. Number of Competitive Bids (*if any*) N/A
B4. Lowest Bid Amount (*if bid*)..... N/A
B5. If Board waived bids, show Agenda Date N/A
and Agenda Item Number
B6. Boilerplate Contract Text Unaffected? (*Yes / or cite* Yes

F1. Encumbrance Transaction Code 1701
F2. Current Year Encumbrance Amount..... \$156000
F3. Fund Number 0044
F4. Department Number..... 043
F5. Division Number (*if applicable*) N/A
F6. Account Number..... 7462
F7. Cost Center number (*if applicable*) 4741
F8. Payment Terms..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=202159
V2. Payee/Contractor Name Davis Guest Home
V3. Mailing Address..... 1878 E. Hatch Road.
V4. City, State (two-letter) Zip (include +4 if known) Modesto, CA 95351
V5. Telephone Number..... 2095381496
V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 94-2532667
V7. Contact Person..... Lonny Davis, Director
V8. Workers Comp Insurance Expiration Date..... 10/1/2013
V9. Liability Insurance Expiration Date[s] G-5/14/2013, P-5/14/2013
V10. Professional License Number..... CCLD#507001266
V11. Verified by (name of county staff) Danielle Spahn
V12. Company Type (*Check one*): Individual ☐ Sole Proprietorship ☐ Partnership ☒ Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____