

THIRD AMENDMENT 2008-2009

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is a Third amendment (hereafter referred to as the "Third Amended Contract") to the Agreement for Services of Independent Contractor, number BC 07-124, by and between the **County of Santa Barbara** (County) and **The Medicine Shoppe** (Contractor), for the continued provision of **Pharmacy Services**.

Whereas, this Third Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors in April 2007, the First Amendment approved by the County Board of Supervisors in June 2007, the Second Amendment approved by the County Board of Supervisors in June 2008, except as modified by this Third Amended Contract.

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

I. Delete Item 1, Paragraph 1, of Exhibit B, Payment Arrangements, and replace with the following:

CONTRACTOR SERVICES. For Contractor services to be rendered under this Agreement, Contractor shall be paid at the rate specified in the Schedule of Services (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$195000**.

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SIGNATURE PAGE

Third Amended Contract for Services of Independent Contractor between the County of Santa Barbara and **The Medicine Shoppe** for FY 2008-09.

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

COUNTY OF SANTA BARBARA

By: _____
Joseph Centeno
Chair, Board of Supervisors
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 77-0558918.
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
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ANN DETRICK, PH.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 07-124

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 08-09
 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 Pharmacy Services
 K3. Contract Amount \$ 195000
 K4. Contract Begin Date 7/1/2008
 K5. Original Contract End Date 6/30/2007
 K6. Amendment History

Seq#	Effective	ThisAmndtA	CumAmndtToDa	NewTotalA	NewEndDat	Purpose
1	7/1/2008	\$270000	\$270000	\$270000	6/30/2009	08-09 funds
2	7/1/2008	-\$75000	\$195000	\$195000	6/30/2009	Decrease funds

B1. Is this a Board Contract? (Yes/No)..... Yes
 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 \$195000
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (if applicable)..... N/A
 F6. Account Number..... 7405
 F7. Cost Center number (if applicable)..... N/A
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) A = 490115
 V2. Payee/Contractor Name The Medicine Shoppe
 V3. Mailing Address..... 3605 State St.
 V4. City, State (two-letter) Zip (include +4 if known)..... Santa Barbara, CA 93105
 V5. Telephone Number..... 8056871376
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 77-0558918
 V7. Contact Person..... Carole Thomasco
 V8. Workers Comp Insurance Expiration Date 12/1/2009
 V9. Liability Insurance Expiration Date[s] (G=Genl; P=Prof) GL 8/15/2009, PL 8/15/2009
 V10. Professional License Number 45172
 V11. Verified by (name of county staff)..... Danielle Spahn
 V12. Company Type (Check one): Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____