



## EIGHTH AMENDMENT 2008-2009

II. 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 \$350000.

**EIGHTH AMENDMENT 2008-2009**

**SIGNATURE PAGE**

Eighth Amended Contract for Services of Independent Contractor between the County of Santa Barbara and **Pharmerica (formerly Kindred Pharmacy Services)** for FY 2008-09.

**IN WITNESS WHEREOF**, the parties have executed this Eighth 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 72-1205642.  
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: \_\_\_\_\_

**EIGHTH AMENDMENT 2008-2009**

**CONTRACT SUMMARY PAGE**

**BC 05-017**

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 Services  
 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..... \$ 350000  
 K4. Contract Begin Date ..... 7/1/2008  
 K5. Original Contract End Date ..... 6/30/2007  
 K6. Amendment History .....

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2008	\$275000	\$275000	\$275000	6/30/2009	08-09 funds
2	7/1/2008	\$75000	\$350000	\$350000	6/30/2009	Increase contract

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 Paragraph)... Yes  
 F1. Encumbrance Transaction Code..... 1701  
 F2. Current Year Encumbrance Amount ..... \$350000  
 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=528122  
 V2. Payee/Contractor Name ..... Pharmedica (formerly Kindred  
 V3. Mailing Address ..... 6950 Hollister Ave. #103  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Goleta, CA 93117  
 V5. Telephone Number..... 8059687040  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... 72-1205642  
 V7. Contact Person ..... Dionne Payne  
 V8. Workers Comp Insurance Expiration Date ..... 7/31/2009  
 V9. Liability Insurance Expiration Date[s] (G=Genl; P=Profl) ..... GL 7/31/2009, PL 7/31/2009  
 V10. Professional License Number ..... 48707  
 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: \_\_\_\_\_