

AGREEMENT
between
COUNTY OF SANTA BARBARA
and
SANTA BARBARA COUNTY OFFICE OF EDUCATION/HEALTH LINKAGES PROGRAM
for
MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) PARTICIPATION

SECOND AMENDMENT

Effective July 1, 2017

THIS IS THE SECOND AMENDMENT (hereinafter referred to as Second Amendment) to the MAA Health Linkages Agreement (the "Agreement") dated September 1, 2015 between the County of Santa Barbara, a political subdivision of the State of California (**COUNTY**), and the Santa Barbara Office of Education with an address at 3970 La Colina Road, Santa Barbara, CA 93160 (**CONTRACTOR**), effective as of July 1, 2017 ("Second Amendment Effective Date").

WHEREAS, the Agreement is effective through June 30, 2017; and

WHEREAS, the parties desire to amend the Agreement to extend the term; and

WHEREAS, this Second Amendment incorporates the terms and conditions set forth in the Agreement, approved by the County of Santa Barbara.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. **Definitions.** Capitalized terms used in this Second Amendment, to the extent not otherwise defined herein shall have the same meanings as in the Agreement.
2. **Amendments.**
 - a. The Agreement is amended as follows:
 4. **TERM.** The term of this Agreement shall be for the period of July 1 2017 through June 30, 2018.
3. **Counterparts.** This Second Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

Second Amendment to Agreement between the **County of Santa Barbara** and **Santa Barbara Office of Education**.

IN WITNESS WHEREOF, the parties have executed this Second Amendment to be effective July 1, 2017.

COUNTY OF SANTA BARBARA

Chair, Board of Supervisors

Date: _____

ATTEST:
MONA MIYASATO, COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
THEODORE A. FALLATI, CPA
AUDITOR-CONTROLLER

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED
CARRIE TOPLIFFE
INTERIM DIRECTOR
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO, ARM, AIC
RISK MANAGER

By: _____
Director

By: _____
Risk Manager

Second Amendment to Agreement between the **County of Santa Barbara** and **Santa Barbara Office of Education**.

IN WITNESS WHEREOF, the parties have executed this Second Amendment to be effective July 1, 2017.

Santa Barbara County Office of Education

By: _____
Authorized Representative

Name: Kathy Hollis _____

Title: Assistant Superintendent _____