



COUNTY OF SANTA BARBARA

PURCHASING AGENT
105 EAST ANAPAMU ST. RM. B5
SANTA BARBARA, CA 93101

ORDER	
CN23030	
Page No. 1 of 2	PO Date JUL/01/2019

REFER INQUIRIES TO BUYER:

PHUNG LOMAN
Phone: 805-568-2697
Fax: 805-568-2705

SHIP-TO: ADMHS - AS DIRECTED

SUPPLIER:

Attn: LAURA LI
CALIFORNIA MENTAL HEALTH
SERVICES AUTHORITY
3043 GOLD CANAL DR STE 200
RANCHO CORDOVA, CA 95670

BILL TO: ADMHS - FISCAL
429 N. SAN ANTONIO RD.
SANTA BARBARA, CA 93110
Phone: 805/681-5168

Phone: 916/859-4818

TERMS	F.O.B.	SUPPLIER CODE	DELIVERY DATE	REQUESTED BY	REQ. NO.
NET 30	DESTINATION-PREPAY & ADD	23412	JUN/30/2020	DENISE MORALES	CN21320

LN	QUANTITY	G/L ACCOUNT DESCRIPTION	PRICE/UNIT	EXTENSION
1	1 LOT	0044+043+0000+4662+	1,402.00 /LOT	1,402.00

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY/SERVICE CONTRACT
 SPECIAL NOTICE TO SUPPLIER : THIS CONTRACT REPLACES YOUR PREVIOUS YEAR CONTRACT #CN21320 WHICH EXPIRES ON JUNE 30TH, 2018. YOU MUST SIGN & RETURN THIS REPLACEMENT CONTRACT, AND YOU MUST REFERENCE THE NEW NUMBER ON ALL INVOICES & CORRESPONDENCE RELATED TO THE DESCRIBED WORK EFFECTIVE JULY 1, 2018.
 GENERAL: PROVIDE FACILITATION OF NEGOTIATION WITH THE STATE REGARDING PROCUREMENT OF STATE HOSPITAL BEDS, FOR OPERATIONS PER THE ATTACHED PARTICIPATION AGREEMENT

CONTRACT PERIOD: July 1, 2018 through June 30, 2020.

LIMITATIONS: Total expenditure for the period shall not exceed \$1402.00. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

STANDARD TERMS & CONDITIONS FOR INDEPENDENT CONTRACTORS applies.
Insurance documents already on file in Purchasing Division.

THIS CONTRACT IS NOT VALID FOR AMOUNTS IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000)

NOTE TO CONTRACTOR: No payment will be due or payable unless this contract is properly executed and returned to the County Purchasing Office. Do not commence performance until you have executed this contract and returned it to the County of Santa Barbara Purchasing Division, 105 E. Anapamu St, RM B-5, Santa Barbara, CA 93101.

Accepted By: (X) Kim Santin

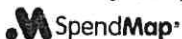
Print Name/Title: Kim Santin, Fin. Dir Date: 7/24/2019

Applicable License # (Medical/Contractor/Etc): _____

Continued on next page...

- (1) The order number and Bill to dept. name shown above must appear on all invoices, shipping papers, packages and correspondence.
- (2) Mail invoices to the "bill to" address.
- (3) All duty and/or taxes must be shown separately on invoice where applicable.
- (4) This order is subject to the terms and conditions stated, including non-discrimination in employment, hazardous chemicals and equipment safety standards, that are available for viewing at www.countyofsb.org

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COUNTY OF SANTA BARBARA





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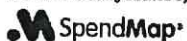
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NET 30	DESTINATION-PREPAY & ADD	23412		DENISE MORALES	CN21320

LN	QUANTITY	G/L ACCOUNT DESCRIPTION	PRICE/UNIT	EXTENSION
			Tax 1:	0.00
			Tax 2:	0.00
			Total:	1,402.00

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 COUNTY OF SANTA BARBARA


This order is being tracked by:

**Supplier**

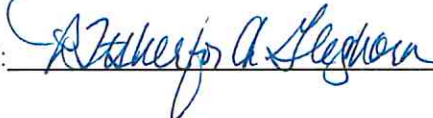
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT
COVER SHEET

1. Santa Barbara County ("Participant") desires to participate in the Program identified below.
Name of Program: State Hospitals Program
2. This Participation Agreement Amendment extends the current term for one additional fiscal year, from 7/1/2019 to 6/30/2020, for a funding amount not to exceed \$1,402.00.
3. All other terms of Participation Agreement 278-2017-SHP shall remain in full force and effect.
4. Authorized Signatures:

CaIMHSA

Signed:  Name (Printed): John E. Chaquica, CPA, MBA, ARM
Title: Chief Operating Officer Date: 4/21/19

Participant: SANTA BARBARA COUNTY

Signed:  Name (Printed): Alice Gleghorn, Ph.D.
Title: Director of Behavioral Wellness Date: _____