

ATTACHMENT E

FIRST AMENDMENT OF AGREEMENT FOR SERVICES

WITH

GOOD SAMARIAN SHELTER FOR
REENTRY PLANNING SERVICES

FIRST AMENDMENT TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS FIRST AMENDMENT to the Agreement for Services of Independent Contractor (hereafter the "First Amendment"), is made and entered into this 7th day of ~~December~~ July 2019, by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter "County") and Good Samaritan Shelter Services (hereafter "Contractor"). For purposes of this First Amendment, the County and Contractor shall be referred to collectively as the "Parties."

WHEREAS, Parties entered into an Agreement for Services of Independent Contractor with an effective date of July 1, 2018 (hereafter the "Agreement"), by which Contractor agreed to provide discharge planning services to Santa Barbara County Jail inmates; and

WHEREAS, Parties desire to amend the Agreement to extend the term.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the receipt and sufficiency of which are hereby acknowledged, it is mutually agreed upon as follows:

1. The term of the Agreement, Section 4, Term, is extended to June 30, 2020.
2. In all other respects, the terms and conditions of the Agreement shall continue unchanged and in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this First Amendment to be effective on the date executed by the County.

ATTEST:
Mona Miyasato
County Executive Officer
Clerk of the Board

By: Shirley Mabe
Deputy Clerk

COUNTY OF SANTA BARBARA:

By: Steve Lavagnino
Steve Lavagnino, Chair
Board of Supervisors

Date: 12-10-19

RECOMMENDED FOR APPROVAL:
Santa Barbara Sheriff's Office

CONTRACTOR:
Good Samaritan Shelter

By: Bill Brown 11/22/19
Bill Brown, Sheriff

By: [Signature]
Authorized Representative
Name: Sylvia Barnard
Title: Executive Director

APPROVED AS TO FORM:

Michael C. Ghizzoni
County Counsel

APPROVED AS TO ACCOUNTING
FORM:
Betsy Schaffer, CPA
Auditor-Controller

By: [Signature]
Deputy County Counsel

By: [Signature]
Deputy

APPROVED AS TO FORM:
Risk Management

By: [Signature]
Risk Management