

**FIRST AMENDMENT TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR FOR
CALWORKS HOUSING SUPPORT PROGRAM**

Santa Barbara County
Department of Social Services

First Amendment

This is a *First Amendment* (*First Amendment to the Agreement*) to the Agreement for Services of Independent Contractor, by and between the **County of Santa Barbara** (COUNTY) and **Transition House** (CONTRACTOR).

WHEREAS, on July 17, 2018, COUNTY approved the Agreement for Services of Independent Contractor, number BC#19-048, (Agreement) with CONTRACTOR for Housing Support Program (HSP) services for families in the California Work Opportunity and Responsibility to Kids (CalWORKs) program;

WHEREAS, the initial term of the Agreement commenced on August 1, 2018 and is set to expire June 30, 2019; and

WHEREAS, the parties now desire to amend the Agreement to increase the contract amount for the term from August 1, 2018 through June 30, 2019.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows.

The Agreement is amended as follows:

1. Section 2, **NOTICES**, of the Agreement, is amended to state in its entirety:

Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by email, personal delivery or facsimile, or with postage prepaid by first class mail, registered or certified mail, or express courier service, as follows:

To COUNTY: *Christina Groppetti, Division Chief*
Department of Social Services
2125 Centerpointe Parkway, Santa Maria, CA 93455
FAX: (805) 346-8366
EMAIL: c.groppetti@sbcsocialserv.org

To CONTRACTOR: Kathleen Baushke, Executive Director
Transition House
425 E. Cota Street
Santa Barbara, CA 93101
FAX: (805) 966-6331
EMAIL: kbaushke@transitionhouse.com

Karen Nielsen, Program Director
Partners in Housing Solutions
425 E. Cota Street

Santa Barbara, CA 93101
FAX: (805) 966-6331
EMAIL: karennielsen@landlordliaisonsb.org

or at such other address or to such other person that the parties may from time to time designate in accordance with this Notices section. If sent by first class mail, notices and consents under this section shall be deemed to be received five (5) days following their deposit in the U.S. mail. This Notices section shall not be construed as meaning that either party agrees to service of process except as required by applicable law.

2. Section A of EXHIBIT B is amended to state in its entirety:

A. For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total contract amount, including Staff Budget (case management costs), Direct Services Budget (rental cost reimbursements), and Travel Costs (with Department of Social Services (DSS) written approval) as listed below:

Program Year:	Staff Budget:	Direct Services Budget:	Travel Costs:	Total Not to Exceed Budget
August 1, 2018 - June 30, 2019	\$137,083	\$22,000	\$1,000	\$160,083

3. Section IV. **PERFORMANCE MEASURES/OUTCOMES** of EXHIBIT A is amended to state in its entirety:

A. For the period of August 1, 2018 to June 30, 2019, CONTRACTOR shall provide homeless assistance and homeless prevention services to 100% of CalWORKs referrals and place 35 CalWORKs families into permanent housing through the HSP.

In all other respects, the Agreement remains unchanged and shall remain in full effect.

//
//

First Amendment to the Agreement between the **County of Santa Barbara** and **Transition House**.

IN WITNESS WHEREOF, the parties have executed this First Amendment to the Agreement to be effective on the date executed by COUNTY.

ATTEST:

Mona Miyasato
County Executive Officer
Clerk of the Board

By: _____
Deputy Clerk

COUNTY OF SANTA BARBARA:

By: _____
Chair, Board of Supervisors

Date: _____

RECOMMENDED FOR APPROVAL:

Social Services

By: _____
Department Head

CONTRACTOR:

Transition House

By: _____
Authorized Representative

Name: Kathleen Baushke

Title: Executive Officer

APPROVED AS TO FORM:

Michael C. Ghizzoni
County Counsel

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

Betsy M. Schaffer , CPA
Auditor-Controller

By: _____
Deputy

APPROVED AS TO FORM:

Risk Management

By: _____
Risk Management