

## AMENDMENT

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Second Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 09-012**, by and between the **County of Santa Barbara** (County) and **Mental Health Association in Santa Barbara County** (Contractor), for the continued provision of Rehabilitation services to Adults with Mental Illness.

Whereas, this Second Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2008, the First Amendment approved by the County Board of Supervisors in October 2008, except as modified by this Second Amended Contract.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

**I. Delete section 1, Designated Representative, of the Agreement, and replace with the following:**

1. **DESIGNATED REPRESENTATIVE:** Assistant Director – Administration (telephone 805.681.5220) is the representative of County and will administer this Agreement for and on behalf of County. Annmarie Cameron (telephone number 8058848440) is the authorized representative for Contractor. Changes in designated representatives shall be made only after advance written notice to the other party.
2. **NOTICES.** Whenever it shall become necessary for either party to serve notice on the other respecting the Agreement, such notice shall be in writing and shall be served by Registered or Certified Mail, Return Receipt Requested, addressed as follows:

A. To County:                      Director  
    Santa Barbara County  
    Alcohol, Drug, and Mental Health Services  
    300 N. San Antonio Road, Bldg. 3  
    Santa Barbara, CA 93110

To Contractor:                  Annmarie Cameron, Executive Director  
    Mental Health Association in Santa Barbara County  
    617 Garden St.  
    Santa Barbara, CA 93101

- B. Any such notice so mailed shall be deemed to have been served upon and received by the addressee five (5) days after deposit in the mail. Either party shall have the right to change the place or person to whom notice is to be sent by giving written notice to the other party of the change.

**II. Delete first paragraph of Exhibit A, Statement of Work, and replace with the following:**

**The following terms shall apply to all programs operated under this contract, included as Exhibits A-1 through A-4.**

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### III. Delete section 3, subsection A, Service Level Reports, of Exhibit A, Statement of Work, and replace with the following:

- A. **SERVICE LEVEL REPORTS.** Contractor shall use the County MIS system to track required data elements. These data elements include: units of service, the number of clients admitted to the Program, unique clients served, total number of clients discharged and number of clients discharged to a lower/higher level of care, and provide summary reports from other Contractor data sources, as requested. For program described in Exhibit A-4, Contractor shall report to the County the number of participants per month no later than twenty (20) calendar days following the end of the month reported.

### IV. Delete section 4, Performance, of Exhibit A, Statement of Work, and replace with the following:

4. **PERFORMANCE.** Contractor shall adhere to the County's ADMHS Model of Care<sup>1</sup>, ADMHS Code of Conduct, ADMHS requirements, all relevant provisions of the California Code of Regulations Title 9, Chapter 14, all relevant provisions of the Mental Health Services Act (MHSA), and all relevant provisions of applicable law that are now in force or which may hereafter be in force.

### V. Delete Exhibit A-2 header and replace with the following:

**Exhibit A-2**  
**STATEMENT OF WORK**  
**Casa Juana Maria – August 1, 2008 through June 30, 2009**  
**Lyons House – August 1 through December 11, 2008**

### VI. Add Exhibit A-4, Statement of Work – Santa Barbara Consumer-Led Program.

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<sup>1</sup> [ADMHS Model of Care](#)

**AMENDMENT  
EXHIBIT A-4  
Santa Barbara Consumer-Led Program  
January 1, 2009 to June 30, 2009**

1. **PROGRAM SUMMARY:** The new Santa Barbara Consumer-Led Program (hereafter “the Program”) provides a combination of wellness and recovery-oriented services to persons with mental illness and their families (hereafter “Participants”). The Program has been in transition since August 2008, during which time the Contractor was involved in a series of consumer-focused regional community forums, as described in Exhibit A-1. Through this input, the Program will evolve into a service designed and led by consumers and will be responsible for developing and supporting:
  - Peer-led wellness and recovery-oriented groups and trainings, as well as one-to-one peer support;
  - Assistance to persons with mental illness to develop social relationships and activities in the community;
  - Connections among individuals living with mental illness;
  - Peer support competencies and leadership skills for those consumers interested in achieving these goals;
  - Family support activities, such as family support groups;
  - Resource information for community members, consumers, and families of individuals with mental illness, to increase understanding of mental illness and bolster the community’s ability to support persons with mental illness.

The Program will be located at 617 Garden Street, Santa Barbara, California.

2. **SERVICES.** For the period of January 1 through June 30, 2009, Contractor will provide a Program that is client-designed and client-led. The Program will assure a comfortable, supportive, culturally competent approach through which Participants will receive peer support, participate in learning opportunities, social activities and meaningful interactions with others. In addition, Contractor will continue to collaborate with the County and selected Participants in the on-going development of the Program.
  - A. Contractor will provide intern placement opportunities for peer recovery staff trained through the MHSA Workforce Education and Training Program;
  - B. Contractor will provide mentoring, management and leadership opportunities for peer recovery staff and other interested Participants leading to enhanced involvement in Program oversight. Staff will offer assistance to Participants in developing Program proposals and outreach to consumers involved in the program planning process. The goal is to provide Participants with a respectful, receptive environment to bring their new ideas, and assistance in developing those proposals;
  - C. Contractor will provide activities designed to promote mental health recovery, social interaction and independence. These include programs in interpersonal relationships, effective communication and conflict resolution, accessing community resources (therapeutic, health, vocational, educational), and strengthening bonds with family, friends and significant others. Wellness Recovery Action Plan (WRAP) groups will be run

**AMENDMENT  
EXHIBIT A-4  
Santa Barbara Consumer-Led Program  
January 1, 2009 to June 30, 2009**

on a regular basis by consumer staff and/or County staff. Contractor will offer oversight for Participant-prepared presentations;

- D. Program will function as a Participant-operated program with peer recovery staff and supervisors providing positive and inspirational role models for others;
  - E. Contractor will collaborate with County and a Southern Santa Barbara County Peer Guidance Council in the on-going development of the Program. Monthly meetings of these parties will be held to foster the development of a consumer-run organization that can eventually assume the management of the Program, determine the recovery-oriented groups and activities to be developed, ensure that recovery-oriented groups and activities are developed or identified for the mono-lingual Spanish speaking Participants, support development of child care where needed to allow for Program participation, interview and select Participants who will lead groups or activities at the program, and develop incentives to encourage participation. Quarterly, the South County and North County Peer Guidance Councils shall meet to confer on Program design;
  - F. Clients (volunteer or stipend) will lead groups focusing on various topics and activities, based on the interests and skills of the Participants. These groups, such as WRAP, peer support groups, benefits planning and career exploration, will provide a structured opportunity for Participants to learn new skills, interact with one another, and learn about the accessing of community resources. In particular, there will be an emphasis on bilingual presentations. Families will be referred to Partner's in Hope Family Partner's for services, and support groups. The Program will have a resource list available to family members;
  - G. Participants will share in the upkeep of the physical location which serves as a "hub" for the overall Program;
  - H. Contractor will work with the local community to obtain support for activities in the form of in-kind donations and financial support;
  - I. Contractor will assist in creating an informational resource hub for community resources and activities, and will provide a resource list, in English and Spanish, that is available to participants.
3. **CLIENTS.** Contractor and County anticipate a minimum of fifty (50) unduplicated Participants per month during the first three months of the Program, growing to a minimum of one hundred (100) unduplicated Participants per month by June 30, 2009. The Participant population will be clients with SMI, and their families, and the Program will allow participation by clients at varying stages of recovery.
4. **HOURS.** The Center will be open from 10:00 a.m. to 4:00 p.m. Mondays, Wednesdays and Thursdays; and 10:00 a.m. to 7:00 p.m. Tuesdays. Additional activities of the Program are expected to occur outside of the Center hours.

**AMENDMENT  
EXHIBIT A-4  
Santa Barbara Consumer-Led Program  
January 1, 2009 to June 30, 2009**

5. **STAFFING.** Contractor will employ an appropriate mix of FTE, part-time stipend and volunteer staff to provide Participant desired events and services.
- A. For the period of January 1 through June 30, 2009 Contractor will employ 3.25 FTE, with a .75 FTE Site Program Manager, .5 FTE Programming and Training Manager, and 2.0 Resource Staff. At least .75 FTE will be Spanish-speaking bilingual.
- B. Staff will have experience in leading client activities and demonstrate responsiveness to Participant issues and concerns.
6. **PROGRAM EVALUATION, PERFORMANCE AND OUTCOME MEASURES**
- A. Contractor shall provide a written report to County on a monthly basis regarding Program progress toward accomplishment of program goals and objectives consistent with MHSA principles.
- B. Contractor shall work collaboratively with County to develop Program goals, performance outcomes, and measures.
- C. **Monitoring.** Contractor, in collaboration with the ADMHS Adult Division Chief and the MHSA Program Manager, shall develop regular meeting schedules and agenda content consistent with MHSA requirements.
7. **COMMUNITY SERVICES AND SUPPORTS.** Contractor agrees to adhere to the five key concepts of MHSA Community Services and Supports<sup>2</sup> (CSS) service delivery:
- A. Community collaboration;
- B. Cultural Competence to enable providers to work effectively in cross-cultural situations and employment of staff who represent the ethnicity and cultures of the Clients served;
- C. A Client- and Family-Driven System of Care;
- D. A focus on Wellness, including Recovery and Resilience;
- E. Integrated Service experiences for Clients and families to help them avoid having to negotiate with multiple agencies and funding sources to meet their needs.

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<sup>2</sup> *A Readers' Guide to Mental Health Services Act Community Services and Supports, Three-Year Program and Expenditure Plan Requirements*, California Department of Mental Health, 8/16/05

## AMENDMENT

**VII. Delete Item II, Maximum Contract Amount, of Exhibit B, Payment Arrangements, and replace with the following:**

**II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **\$700529** Dollars. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

**VIII. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:**

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## EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME:

Mental Health Association in Santa Barbara

FISCAL YEAR: 2008-09

	PROGRAM					TOTAL
	Fellowship Club	Casa Juana Maria	Lyon's House	Family Advocate	Consumer-Led Program	
	Aug. 1 through Dec. 31, 2008	Aug. 1 through June 30, 2009	Aug. 1 through Dec. 11, 2008	Aug. 1, 2008 to Jun. 30, 2009	Jan. 1, 2008 to Jun. 30, 2009	
DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):					
Outpatient - Placement/Brokerage (15/01-09)	-	151	60	40	-	252
Outpatient Mental Health Services (15/10-59)	-	130,219	51,854	34,495	-	216,568
Outpatient - Crisis Intervention (15/70-79)	-	35	14	9	-	58
SERVICE TYPE: M/C, NON M/C	NON M/C	M/C	M/C	M/C	NON M/C	
UNIT REIMBURSEMENT	cost	minute	minute	minute	cost	
COST PER UNIT/PROVISIONAL RATE:						
Outpatient - Placement/Brokerage (15/01-09)	\$1.42					
Outpatient Mental Health Services (15/10-59)	\$1.83					
Outpatient - Crisis Intervention (15/70-79)	\$2.73					
<b>GROSS COST:</b>	<b>\$ 210,434</b>	<b>\$ 315,948</b>	<b>\$ 128,892</b>	<b>\$ 68,033</b>	<b>\$ 132,050</b>	<b>\$ 855,357</b>
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)						
A PATIENT FEES						\$0
B PATIENT INSURANCE						\$0
C CONTRIBUTIONS		\$ 18,212	\$ 4,950	\$ 3,825		\$26,987
D FOUNDATIONS/TRUSTS	\$ 11,741					\$11,741
E SPECIAL EVENTS						\$0
F OTHER (LIST): Board & Care		\$ 59,125	\$ 28,925			\$88,050
G OTHER (LIST): In-Kind MHA					\$ 27,050	\$27,050
H OTHER (LIST): Membership Dues				\$ 1,000		\$1,000
<b>TOTAL CONTRACTOR REVENUES</b>	<b>\$ 11,741</b>	<b>\$ 77,337</b>	<b>\$ 33,875</b>	<b>\$ 4,825</b>	<b>\$ 27,050</b>	<b>\$154,828</b>
<b>MAXIMUM CONTRACT AMOUNT:</b>	<b>\$ 198,693</b>	<b>\$ 238,611</b>	<b>\$ 95,017</b>	<b>\$ 63,208</b>	<b>\$ 105,000</b>	<b>\$ 700,529</b>
<b>SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT</b>						
A MEDI-CAL/FFP		\$ 119,306	\$ 47,509	\$ 15,802		\$ 182,616
B OTHER FEDERAL FUNDS						\$ -
C REALIGNMENT/VLF FUNDS		\$ 119,306	\$ 47,509	\$ 15,802		\$ 182,616
D STATE GENERAL FUNDS						\$ -
E COUNTY FUNDS	\$ 198,693			\$ 31,604		\$ 230,297
F HEALTHY FAMILIES						\$ -
G TITLE 4E						\$ -
H AB 3632						\$ -
I EPSDT						\$ -
J FIRST 5 GRANT						\$ -
K MHSA					\$ 105,000	\$ 105,000
L OTHER (LIST):						\$ -
<b>TOTAL (SOURCES OF FUNDING)</b>	<b>\$ 198,693</b>	<b>\$ 238,611</b>	<b>\$ 95,017</b>	<b>\$ 63,208</b>	<b>\$ 105,000</b>	<b>\$ 700,529</b>

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

### IX. Delete Exhibit B-2, Contractor Budget, and replace with the following:

## AMENDMENT

LINE	COLUMN #	1	2	3	4	5	6	7	8	9
		<b>I. REVENUE SOURCES:</b>	<b>TOTAL AGENCY/ ORGANIZATION BUDGET</b>	<b>COUNTY ADMHS PROGRAMS TOTALS</b>	<b>Enter PROGRAM NAME Fellowship Club 5/12</b>	<b>Enter PROGRAM NAME Case Juana Maria 11/12</b>	<b>Enter PROGRAM NAME Lyons House 4/12</b>	<b>Enter PROGRAM NAME Family Advocate 11/12</b>	<b>Enter PROGRAM NAME Fellowship Club 6/12</b>	<b>Enter PROGRAM NAME Lyons House 11 days</b>
1		Contributions	\$ 104,800	\$ 26,987		\$ 18,212	\$ 4,950	\$ 3,825		
2		Foundations/Trusts	\$ 36,356	\$ 11,741	\$ 11,741					
3		Special Events		\$ -						
4		Legacies/Bequests		\$ -						
5		Associated Organizations		\$ -						
8		Membership Dues	\$ 1,000	\$ 1,000				\$ 1,000		
7		Sales of Materials		\$ -						
6		Investment Income		\$ -						
9		Miscellaneous Revenue	\$ 1,851	\$ -						
10		ADMHS Funding	\$ 700,529	\$ 700,529	\$ 198,693	\$ 238,611	\$ 87,276	\$ 63,209	\$ 105,000	\$ 7,741
11		Other Government Funding	\$ 13,332	\$ -						
12		MHA Contribution							\$ 27,050	
13		Rental Income	\$ 90,160	\$ -						
14		Board & Care)	\$ 151,500	\$ 88,050		\$ 59,125	\$ 26,533			\$ 2,392
15		Other (specify)		\$ -						
16		Other (specify)		\$ -						
17		Other (specify)		\$ -						
18		<b>Total Other Revenue (Sum of lines 1 through 17)</b>	<b>\$ 1,099,528</b>	<b>\$ 828,307</b>	<b>\$ 210,434</b>	<b>\$ 315,948</b>	<b>\$ 118,759</b>	<b>\$ 68,033</b>	<b>\$ 132,050</b>	<b>\$ 10,133</b>
		<b>I.B. Client and Third Party Revenues:</b>								
19		Medicare		-						
20		Client Fees		-						
21		Insurance		-						
22		SSI		-						
23		Other (specify)		-						
24		<b>Total Client and Third Party Revenues (Sum of lines 19 through 23)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
25		<b>GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)</b>	<b>1,099,528</b>	<b>828,307</b>	<b>210,434</b>	<b>315,948</b>	<b>118,759</b>	<b>68,033</b>	<b>132,050</b>	<b>10,133</b>



## AMENDMENT

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9
		<b>III. DIRECT COSTS</b>	<b>TOTAL AGENCY/ ORGANIZATION BUDGET</b>	<b>COUNTY ADMHS PROGRAMS TOTALS</b>	<b>Enter PROGRAM NAME Fellowship Club 5/12</b>	<b>Enter PROGRAM NAME Case Juana Maria 11/12</b>	<b>Enter PROGRAM NAME Lyons House 4/12</b>	<b>Enter PROGRAM NAME Family Advocate 11/12</b>	<b>Enter PROGRAM NAME Fellowship Club 6/12</b>	<b>Enter PROGRAM NAME Lyons House 11 days</b>
26		Salaries (Complete Staffing Schedule)	639,348	\$ 396,884	\$ 78,098	\$ 163,973	\$ 59,626	\$ 38,355	\$ 53,500	\$ 5,332
27		Employee Benefits	170,867	\$ 85,982	\$ 17,181	\$ 36,073	\$ 13,117	\$ 8,438	\$ 10,000	\$ 1,173
		Stipends							\$ 6,000	
28		Consultants		\$ -						
29		Payroll Taxes		\$ -						
30		<b>Personnel Costs Total (Sum of lines 26 through 29)</b>	<b>\$ 810,215</b>	<b>\$ 484,866</b>	<b>\$ 95,279</b>	<b>\$ 200,046</b>	<b>\$ 72,743</b>	<b>\$ 46,793</b>	<b>\$ 69,500</b>	<b>\$ 6,505</b>
31		Professional Fees	13,800	\$ -						
32		Supplies	54,812	\$ 49,839	\$ 15,745	\$ 18,333	\$ 8,000	\$ 546	\$ 6,500	\$ 715
33		Telephone	8,949	\$ 5,152	\$ 2,288	\$ 1,738	\$ 632	\$ 437	\$ -	\$ 57
34		Postage & Shipping	15,620	\$ 2,920	\$ 500			\$ 1,820	\$ 600	\$ -
35		Occupancy (Facility Lease/Rent/Costs)	232,859	\$ 113,477	\$ 48,870	\$ 29,755	\$ 8,790	\$ 3,276	\$ 22,000	\$ 786
36		Rental/Maintenance Equipment	26,121	\$ 11,964	\$ 2,704	\$ 5,500	\$ 3,386	\$ 91		\$ 303
37		Printing/Publications	17,541	\$ 4,471	\$ 1,250			\$ 2,821	\$ 400	\$ -
38		Transportation	9,987	\$ 8,996	\$ 2,912	\$ 4,270	\$ 830	\$ 910		\$ 74
39		Conferences, Meetings, Etc	10,569	\$ 1,791	\$ 291				\$ 1,500	\$ -
40		Insurance	38,077	\$ 13,891	\$ 3,485	\$ 2,086	\$ 3,965		\$ 4,000	\$ 355
41		Social & Recreation	2,476	\$ 4,019	\$ 1,206	\$ 1,155	\$ 420		\$ 1,200	\$ 38
42		Miscellaneous	6,142	\$ 1,182	\$ 832				\$ 350	\$ -
43		License	607	\$ 625		\$ 407	\$ 200		\$ -	\$ 18
44		NAMI	2,783	\$ -						\$ -
45		Special Events	9,200	\$ -						
46		<b>SUBTOTAL DIRECT COSTS</b>	<b>\$ 1,261,758</b>	<b>\$ 703,213</b>	<b>\$ 175,362</b>	<b>\$ 263,290</b>	<b>\$ 98,966</b>	<b>\$ 56,694</b>	<b>\$ 106,050</b>	<b>\$ 8,851</b>
		<b>III. INDIRECT COSTS</b>								
47		Administrative Indirect Costs	(162,230)	\$ 146,144	\$ 35,072	\$ 52,658	\$ 19,793	\$ 11,339	\$ 26,000	\$ 1,282
48		<b>GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)</b>	<b>\$ 1,099,528</b>	<b>\$ 849,357</b>	<b>\$ 210,434</b>	<b>\$ 315,948</b>	<b>\$ 118,759</b>	<b>\$ 68,033</b>	<b>\$ 132,050</b>	<b>\$ 10,133</b>

**AMENDMENT**

**SIGNATURE PAGE**

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Mental Health Association in Santa Barbara County.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
Chair, Board of Supervisors  
Date: \_\_\_\_\_

ATTEST:  
MICHAEL F. BROWN  
CLERK OF THE BOARD

**CONTRACTOR**

By: \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Tax Id No 95-1962659.  
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: \_\_\_\_\_

AMENDMENT

CONTRACT SUMMARY PAGE

BC 09-012

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 ..... Rehabilitation services to Adults
K3. Contract Amount..... \$700529
K4. Contract Begin Date ..... 8/1/2008
K5. Original Contract End Date ..... 6/30/09
K6. Amendment History .....

Table with 7 columns: Seq#, Effective Date, ThisAmndtAmt, CumAmndtToDate, NewTotalAmt, NewEndDate, Purpose. Contains 2 rows of contract amendment data.

B1. Is this a Board Contract? (Yes/No)..... True
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 ..... \$700529
F3. Fund Number..... 0044
F4. Department Number..... 043
F5. Division Number (if applicable)..... N/A
F6. Account Number..... 7460
F7. Cost Center number (if applicable)..... 4741
F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID ..... A = 712758
V2. Payee/Contractor Name ..... Mental Health Association in
V3. Mailing Address ..... 617 Garden St..
V4. City, State (two-letter) Zip (include +4 if known) ..... Santa Barbara, CA 93101
V5. Telephone Number..... 8058848440
V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... 95-1962659
V7. Contact Person..... Annmarie Cameron Executive
V8. Workers Comp Insurance Expiration Date ..... 4/1/2009
V9. Liability Insurance Expiration Date[s] ..... G = 7/1/2009 ; P = 7/1/2009
V10. Professional License Number ..... CCLD 421703121
V11. Verified by (name of county staff)..... Danielle Spahn
V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_