

FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, referenced as number **BC 18008**, by and between the **County of Santa Barbara** (County) and **Southern Coast Janitorial** (Contractor), agrees to provide and County agrees to accept the services specified herein.

Whereas, Contractor represents that it is specially trained, skilled, experienced and competent to perform the special services required by County and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2017, except as modified by this First Amended Contract; and

Whereas, the parties agree to add language to the Agreement clarifying the availability of Contractor staff, with no change to the maximum amount of the contract.

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

I. In Exhibit A-1, Statement of Work, add the following to Section 3. Hours/Days of Services:

- D. Contractor shall provide a telephone number in order to contact the House Keeping Supervisor 24/7, after hours, during weekends and holidays, in the event that emergency services are required.

II. All other terms and conditions remain in full force and effect.

FIRST AMENDMENT

First Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Southern Coast Janitorial**.

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

COUNTY OF SANTA BARBARA:

By: _____
JOAN HARTMANN
CHAIR, BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

SOUTHERN COAST JANITORIAL

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management