

Attachment A

**FIRST AMENDMENT TO
AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR**

Between
COUNTY OF SANTA BARBARA
And
TRIUMPH PROTECTION GROUP
For
SECURITY SERVICES BC19-102

THIS IS THE FIRST AMENDMENT (hereafter “First Amendment for Services) to the Agreement for Services of Independent Contractor (hereafter “Contract”), made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter “COUNTY”), and Triumph Protection Group (hereafter “CONTRACTOR”).

WHEREAS, the parties desire to amend the Contract to include the attached updated Fee Schedule;

WHEREAS, this First Amendment incorporates the terms and conditions set forth in the Contract except as modified by this First Amendment.

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

1. **Definitions.** Capitalized terms used in this First Amendment, to the extent not otherwise defined herein, shall have the same meaning as in the Contract.
2. **Amendments.**
 - a. The parties desire to amend the Contract (BC19-102) EXHIBIT A page 1 STATEMENT OF WORK Rates, to incorporate the attached updated Fee Schedule.
3. **Counterparts.** This First Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between parties.

It is expressly understood that in all other respects, said terms and conditions of the Contract shall be in full force and effect.

First Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara and Triumph Protection Group.**

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment 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: _____
Steve Lavagnino, Chair
Board of Supervisors

Date: _____

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:

Ray Aromatorio
Risk Manager

By: _____
Risk Manager

RECOMMENDED FOR APPROVAL:

Janette D. Pell
General Services

By: _____
Director of General Services

Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Triumph Protection Group**.

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

CONTRACTOR:

Triumph Protection Group

By: _____
Authorized Representative

Name: _____

Title: _____



TRIUMPH

— PROTECTION GROUP —

June 27, 2019

County of Santa Barbara

FEE SCHEDULE

TYPE OF SERVICE	Rate	OT & Holiday Rate
Uniformed Armed Agents	\$30.00	\$45.00
Uniformed Agents	\$24.00	\$36.00
Uniformed Agents - Additional Services with less than 24 hours' notice for	\$31.00	\$46.50

Our rates include overtime for any shift exceeding eight hours