

**FIRST AMENDMENT 2014-2017**

**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 15-025**, by and between the **County of Santa Barbara** (County) and **Davis Guest Home** (Contractor), for the continued provision of twenty-four hour, seven days per week (24/7) mental health rehabilitation services, residential care, and room and board (hereafter "Daily Care").

Whereas, this Agreement is effective through June 30, 2017; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2014, except as modified by this First Amended Contract.

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

**I. Add Section 37:**

**37. MANDATORY DISCLOSURE**

Contractor must disclose, in a timely manner, in writing to the County, any known violations of Federal criminal law involving fraud, bribery, or gratuity violations affecting this Agreement.

**II. Delete Exhibit B-1, Schedule of Fees, and replace with the following:**

**Exhibit B-1  
SCHEDULE OF FEES**

<u>Type of Service</u>	<u>Billing Increment</u>	<u>Rate</u>	<u>Contract Maximum Value per Fiscal Year</u>
Daily Care	Per Client per Day	\$95.00	<b>\$156000</b>

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

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

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

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**SIGNATURE PAGE**

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Davis Guest Home.

**IN WITNESS WHEREOF**, the parties have executed this Amendment to be effective July 1, 2015.  
COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
JANET WOLF, CHAIR  
BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
MONA MIYASATO, COUNTY EXECUTIVE  
OFFICER, CLERK OF THE BOARD

CONTRACTOR  
Davis Guest Home

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

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

APPROVED AS TO FORM:  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By \_\_\_\_\_  
Deputy County Counsel  
Date: \_\_\_\_\_

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

RECOMMENDED FOR APPROVAL :  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
ALICE A. GLEGHORN, PH.D.  
DIRECTOR

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGER

By \_\_\_\_\_  
Director  
Date: \_\_\_\_\_

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