

FIRST AMENDMENT

TO THE 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, number **BC 12-018**, by and between the **County of Santa Barbara** (County) and **Sylmar Health & Rehabilitation Center, a subsidiary of Golden State Health Centers, Inc.** (Contractor), for the continued provision of **IMD Services for adults**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2011, except as modified by this First Amended Contract.

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds in the amount of \$55000 to the Agreement so as to compensate Contractor for services to be rendered under this Agreement.

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 II. MAXIMUM CONTACT AMOUNT from Exhibit B, Financial Provisions, 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 **\$275000**. The Maximum Contract Amount shall consist of County, State, and/or Federal funds. 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.

II. 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: Sylmar Health and
Rehabilitation Center

FISCAL YEAR: 2011-12

Facility	Program	Maximum Daily Rate
Sylmar	Basic IMD/STP	\$127.31
	Augmented/ Deaf Patch	\$26.84
	Bed Hold	(\$5.18)
Maximum Contract Amount		\$275,000

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 Sylmar Health & Rehabilitation Center, a subsidiary of Golden State Health Centers, Inc.

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

COUNTY OF SANTA BARBARA

By: _____
DOREEN FARR, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-2589283.
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 MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 12-018

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..... 11-12
 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 IMD Services for adults.
 K3. Contract Amount..... \$275000
 K4. Contract Begin Date 7/1/2011
 K5. Original Contract End Date..... 6/30/2012
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2011	\$55000	\$55000	\$275000	6/30/2012	Increase FY 11-12 funding

B1. Is this a Board Contract? (Yes/No)..... Yes
 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..... \$275000
 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)..... 4663
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID..... A=795685
 V2. Payee/Contractor Name Sylmar Health & Rehabilitation Center, a subsidiary of Golden State Health Centers, Inc.
 V3. Mailing Address 13347 Ventura Blvd..
 V4. City, State (two-letter) Zip (include +4 if known) Sherman Oaks, CA 91423
 V5. Telephone Number 8183853225
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 95-258928395-2589283
 V7. Contact Person..... Martin Weiss Vice President
 V8. Workers Comp Insurance Expiration Date 1/1/2013
 V9. Liability Insurance Expiration Date[s] G=9/7/2012, P=9/7/2012
 V10. Professional License Number..... N/A920000123
 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: _____