

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, number **BC 10-039**, by and between the **County of Santa Barbara** (County) and **University of California, Santa Barbara** (Contractor), for the continued provision of **Alcohol and Drug Program Evaluation Services**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2009, except as modified by this First 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 II, Maximum Contract Amount, of Exhibit B, Financial Provisions, and replace with the following:**

II. **MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount shall not exceed \$170000. 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.

- II. **Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the attached.**

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

CONTRACTOR NAME: University of California, Santa Barbara **FISCAL YEAR:** 2009-10

	PROGRAM					TOTAL
	SACPA	SATC	SAMHSA - SWHF	SAMHSA - MARS	SAMHSA-FSSC	
	July 1, 2009 - June 30, 2010	July 1, 2009 - June 30, 2010	July 1, 2009 - June 30, 2010	July 1, 2009 - June 30, 2010	July 1, 2009 - September 30, 2009	
DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):					
04-Research/Evaluation	12,500	31,000	52,500	54,000	20,000	170,000
UNIT REIMBURSEMENT	Cost Reimbursed	Cost Reimbursed	Cost Reimbursed	Cost Reimbursed	Cost Reimbursed	-
COST PER UNIT/PROVISIONAL RATE:	As Budgeted					
04-Research/Evaluation						
GROSS COST:	\$ 12,500	\$ 31,000	\$ 52,500	\$ 54,000	\$ 20,000	\$170,000
CONTRACTOR: (as depicted in Contractor's Budget)						
A CLIENT FEES						\$0
B CLIENT INSURANCE						\$0
C CONTRIBUTIONS/GRANTS (includes unsecured)						\$0
D FOUNDATIONS/TRUSTS						\$0
E SPECIAL EVENTS						\$0
F OTHER (LIST): OTHER GOVERNMENT						\$0
OTHER (LIST): INVESTMENT INCOME						\$0
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
MAXIMUM (NET) CONTRACT AMOUNT:	\$ 12,500	\$ 31,000	\$ 52,500	\$ 54,000	\$ 20,000	\$ 170,000
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT						
A SACPA (6240)	\$ 12,500					\$ 12,500
B Drug Court (6246)		\$ 31,000				\$ 31,000
C SAMHSA SWHF Grant (6244)			\$ 52,500			\$ 52,500
D SAMHSA MARS Grant (6244)				\$ 54,000		\$ 54,000
E SAMHSA FSSC Grant (6244) - to 9/30/09*					\$ 20,000	\$ 20,000
TOTAL (SOURCES OF FUNDING)	\$ 12,500	\$ 31,000	\$ 52,500	\$ 54,000	\$ 20,000	\$ 170,000

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*This amount is an estimate based on a projection of the grant funds that will be available to the provider in FY 09-10. The actual amount will be determined by the amount of unexpended grant funds remaining after June 30, 2009. County will disburse funds not to exceed the actual grant funds available. In the event available grant funds are lower than this estimate, County will not provide other funding to supplement grant funds.

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and University of California, Santa Barbara.

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 95-6006145.
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: _____

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CONTRACT SUMMARY PAGE

BC 10-039

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 09-10
 D2. Budget Unit Number 043
 D3. Requisition Number N/A
 D4. Department Name Alcohol, Drug, & Mental Health
 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 Alcohol and Drug Program
 K3. Contract Amount \$170000
 K4. Contract Begin Date 7/1/2009
 K5. Original Contract End Date 6/30/10
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09	-1000		170000	6/30/10	Reallocation of funds

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) Yes
 F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$170000
 F3. Fund Number 0049
 F4. Department Number 043
 F5. Division Number (if applicable) N/A
 F6. Account Number 7461
 F7. Cost Center number (if applicable) 6100
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=660745
 V2. Payee/Contractor Name University of California, Santa
 V3. Mailing Address 3227 Cheadle Hall, 3rd Floor
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93106
 V5. Telephone Number 8058935530
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-6006145
 V7. Contact Person George Hopwood, Sponsored
 V8. Workers Comp Insurance Expiration Date N/A
 V9. Liability Insurance Expiration Date[s] G-N/A P- N/A
 V10. Professional License Number N/A
 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: _____