



COUNTY OF SANTA BARBARA

PURCHASING AGENT
105 EAST ANAPAMU ST. RM. 304
SANTA BARBARA, CA 93101

ORDER
CN18786
Page No. 1 of 2
PO Date JUL/01/2015

REFER INQUIRIES TO BUYER:

GLORIA NESS
Phone: 805-568-2691
Fax: 805-568-2705

SHIP-TO: ADMHS - AS DIRECTED

SUPPLIER: Attn:

EDWIN FELICIANO, M.D.
4681 LA LOMA WAY
SANTA BARBARA
CA 93110

BILL TO: ADMHS - FISCAL CONTRACTS
315 CAMINO DEL REMEDIO, RM 210
SANTA BARBARA, CA 93110
Phone: 805/681-5168

Phone: 610/349-4133

Table with 6 columns: TERMS, F.O.B., SUPPLIER CODE, DELIVERY DATE, REQUESTED BY, REQ. NO.
Row 1: NET 30, N/A, 18447, JUN/30/2016, D SPAHN, [blank]

Table with 5 columns: LN, QUANTITY, G/L ACCOUNT DESCRIPTION, PRICE/UNIT, EXTENSION
Row 1: 1, 1 EACH, 0044+043+6177+3500+0000+0000, 21,748.00 /EACH, 21,748.00

Edwin Feliciano, MD - Vendor #18447 - Psychiatrist

CONTRACTOR ON PAYROLL

SPECIAL NOTICE TO SUPPLIER : THIS CONTRACT REPLACES YOUR PREVIOUS YEAR CONTRACT #CN17191 WHICH EXPIRES ON JUNE 30TH, 2015. YOU MUST SIGN & RETURN THIS REPLACEMENT CONTRACT, AND YOU MUST REFERENCE THE NEW NUMBER ON ALL INVOICES & CORRESPONDENCE RELATED TO THE DESCRIBED WORK EFFECTIVE JULY 1, 2015.

CONTRACTOR'S SPECIFIC DUTIES: It is agreed that, under the terms of this contract, contractor will: provide Contractor On Payroll services as described in the attached Agreement Exhibit A and Exhibit B. Pursuant to change order dated 7-17-15, a replacement Exhibit B now exists and is attached.

CONTRACT PERIOD: July 1, 2015 through June 30, 2016.

COMPENSATION: The COUNTY shall pay CONTRACTOR the sum of \$110.00 per hour of professional services performed pursuant to this agreement, payable bi-weekly upon submission of a time card, which shall be subject to deductions and include withholding of State and Federal taxes as required by law.

LIMITATIONS: Total expenditure for the period shall not exceed \$21,748.00. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

Standard Terms & Conditions for Contractors on Payroll (ver.05/30/00) as previously submitted.

NOTE TO CONTRACTOR: Prior to performance it is mandatory that you SIGN (see X below) AND IMMEDIATELY MAIL OR FAX THIS DOCUMENT TO COUNTY PURCHASING.

Accepted By: (X) [Signature]

Print Name/Title: EDWIN A. FELICIANO, MD Date: 7-23-15

Continued on next page...

- (1) The order number and Bill to dept. name shown above must appear on all invoices, shipping papers, packages and correspondence.
(2) Mail invoices to the "bill to" address.
(3) All duty and/or taxes must be shown separately on invoice where applicable.
(4) This order is subject to the terms and conditions stated, including non-discrimination in employment, hazardous chemicals and equipment safety standards, that are available for viewing at www.countyofsb.org

[Signature]
COUNTY OF SANTA BARBARA

This order is being tracked by:

Supplier





# COUNTY OF SANTA BARBARA

**PURCHASING AGENT**  
105 EAST ANAPAMU ST. RM. 304  
SANTA BARBARA, CA 93101

**ORDER**

**CN18786**

Page No.  
2 of 2

PO Date  
JUL/01/2015

**REFER INQUIRIES TO BUYER:**

GLORIA NESS  
Phone: 805-568-2691  
Fax: 805-568-2705

**SHIP-TO:** ADMHS - AS DIRECTED

**SUPPLIER:** Attn:  
EDWIN FELICIANO, M.D.  
4681 LA LOMA WAY  
SANTA BARBARA  
CA 93110

**BILL TO:** ADMHS - FISCAL CONTRACTS  
315 CAMINO DEL REMEDIO, RM 210  
SANTA BARBARA, CA 93110  
Phone: 805/681-5168

Phone: 610/349-4133

TERMS	F.O.B.	SUPPLIER CODE	DELIVERY DATE	REQUESTED BY	REQ. NO.
NET 30	N/A	18447		D SPAHN	

LN	QUANTITY	G/L ACCOUNT DESCRIPTION	PRICE/UNIT	EXTENSION
----	----------	-------------------------	------------	-----------

Applicable License # (Medical/Contractor/Etc): C51764

Tax 1:	0.00
Tax 2:	0.00
<b>Total:</b>	<b>21,748.00</b>

- (1) The order number and Bill to dept. name shown above must appear on all invoices, shipping papers, packages and correspondence.
- (2) Mail invoices to the "bill to" address.
- (3) All duty and/or taxes must be shown separately on invoice where applicable.
- (4) This order is subject to the terms and conditions stated, including non-discrimination in employment, hazardous chemicals and equipment safety standards, that are available for viewing at [www.countyofsb.org](http://www.countyofsb.org)

COUNTY OF SANTA BARBARA

**Supplier**

This order is being tracked by:



Delete Item 7.B of the Agreement and replace with the following:

- B. Paid leave: **CONTRACTOR** shall receive paid leave as specified in Exhibit B. Paid leave shall be taken at a time determined and agreed upon in advance between **CONTRACTOR** and **COUNTY'S** designated representative. Accumulated paid leave must be taken within the contract period, as paid leave cannot be accrued to subsequent agreements; unused paid leave will be lost upon expiration of the Agreement. Prorated unused paid leave will be paid out if the contract is terminated early by **COUNTY**. **CONTRACTOR** may use his or her paid leave specified in Exhibit B for holidays, vacations, sickness, jury duty, and any other absence from work, and is not otherwise entitled to any additional paid holidays, vacation, sick leave or other leave. Special requirements may apply to **CONTRACTOR'S** coding of his or her time card in order to be able to receive paid leave.

Delete Exhibit B, Compensation, and replace with the following:

## EXHIBIT B

### CONTRACTOR ON PAYROLL Compensation

**COUNTY** shall pay **CONTRACTOR** for professional services pursuant to this Agreement upon biweekly submission by **CONTRACTOR** of a timesheet, and such payment shall be subject to deductions and withholding of state and federal taxes. In no event shall the compensation payable exceed the total sum of \$21748 without written amendment. This not to exceed amount includes the following:

- \$21748 for 197 hours of work by **CONTRACTOR** at a rate of \$110.00 per hour.

Per the 6/20/15 COP policy, COPs may receive up to 160 hours of leave time for every 2080 hours worked. COPs working less than 2080 hours would receive a prorated amount but at a minimum, 24 hours of leave time.