

ATTACHMENT C

SECOND AMENDMENT

SECOND AMENDMENT TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS SECOND AMENDMENT to the Agreement for Services of Independent Contractor (hereafter the "Second Amendment"), is made and entered into this 1st day of July 2021, by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter "County") and Good Samaritan Shelter Services (hereafter "Contractor"). For purposes of this Second Amendment, the County and Contractor shall be referred to collectively as the "Parties."

WHEREAS, Parties entered into an Agreement for Services of Independent Contractor with an effective date of July 1, 2018 (hereafter the "Agreement"), by which Contractor agreed to provide discharge planning services to Sheriff's Treatment Program inmates; and

WHEREAS, The First Amendment to this Agreement approved by the Board of Supervisors on, December 10, 2019, provides that the term of the Agreement shall end on June 30, 2020;

WHEREAS, the Parties desire to further amend the Agreement to extend the term on a yearly basis and expiring on June 30, 2021.

WHEREAS, Parties desire to amend the Agreement to extend the term.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the receipt and sufficiency of which are hereby acknowledged, it is mutually agreed upon as follows:

1. The term of the Agreement, Section 4, Term, is extended to June 30, 2021.
2. In all other respects, the terms and conditions of the Agreement shall continue unchanged and in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this Second Amendment to be effective on the date executed by the County.

ATTEST:
Mona Miyasato
County Executive Officer
Clerk of the Board

COUNTY OF SANTA BARBARA:

By: _____

By: _____

Deputy Clerk


Bob Nelson, Chair
Board of Supervisors

Date: _____

RECOMMENDED FOR APPROVAL:
Santa Barbara Sheriff's Office

CONTRACTOR:
Good Samaritan Shelter Services

By:  5/6/21
Bill Brown, Sheriff

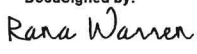
By: 
Authorized Representative
Name: Sylvia Barnard
Title: Executive Director


APPROVED AS TO FORM:

**APPROVED AS TO ACCOUNTING
FORM:**

Michael C. Ghizzoni
County Counsel

Betsy Schaffer, CPA
Auditor-Controller

By: DocuSigned by:

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Deputy County Counsel

By: DocuSigned by:

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Deputy

APPROVED AS TO FORM:

Risk Management

By: DocuSigned by:

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Risk Management