

THIRD AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Third Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 11-062**, by and between the **County of Santa Barbara** (County) and **Medical Doctor Associates** (Contractor), for the continued provision of **Locum Tenens temporary physician services**.

Whereas, this Third Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in December 2010, the First Amendment approved by the County Board of Supervisors in June 2011, the Second Amendment approved by the County Board of Supervisors in June 2012, except as modified by this Third 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 \$375,840 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 1, Contract Maximum, from Exhibit B, Financial Provisions, and replace with the following:

1. **Contract Maximum.** For services to be rendered under this contract, Contractor shall be paid at the rate specified in the Schedule of Rates (Exhibit B-1), with a maximum value not to exceed **\$660000**.

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

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EXHIBIT B-1 SCHEDULE OF RATES

	General Psychiatry	Child/ Adolescent Psychiatry
Hourly Rate All Inclusive*	\$148	\$162
Overtime (per hour)**	\$163	\$177
Weeknight on-call Mon-Fri 5PM to 8AM	\$144	\$163
Weekend on-call Per 24 hrs 8AM to 8AM	\$505	\$577
Holiday call Per 24 hrs, 8AM to 8AM	\$795	\$889
Total Contract Maximum	<u>\$660000</u>	

*A premium of \$4/hour shall be applied during the months of July, August and June 2013.

**Overtime rate shall not apply in the event Contractor, Professional and County agree to a modified work schedule such as 9/80.

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Medical Doctor Associates.

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

COUNTY OF SANTA BARBARA

By: _____
SALUD CARBAJAL, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 26-2936432.
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

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
TAKASHI WADA, M.D., MPH
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 11-062

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 12-13
D2. Budget Unit Number 043
D3. Requisition Number N/A
D4. Department Name Alcohol, Drug, & Mental Health
D5. Contact Person Erin Jeffery
D6. Telephone (805) 681-5168

K1. Contract Type (*check one*): ☐ Personal Service ☐ Capital
K2. Brief Summary of Contract Description/Purpose Locum Tenens temporary physician
K3. Contract Amount \$660000
K4. Contract Begin Date 7/1/2012
K5. Original Contract End Date 6/30/2011
K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2012	284160		284160	6/30/2013	Renew for FY 12-13
2	7/1/2012	375840	660000	660000	6/30/2012	Add funds for FY 12-13

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*) Yes

F1. Encumbrance Transaction Code 1701
F2. Current Year Encumbrance Amount \$660000
F3. Fund Number 0044 & 0048
F4. Department Number 043
F5. Division Number (*if applicable*)
F6. Account Number 7467
F7. Cost Center number (*if applicable*) MULT
F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=003616
V2. Payee/Contractor Name Medical Doctor Associates
V3. Mailing Address 145 Technology Pkwy.
V4. City, State (two-letter) Zip (include +4 if known) Norcross, GA 30092
V5. Telephone Number 8007347435
V6. Contractor's Federal Tax ID Number (*EIN or SSN*) 26-2936432
V7. Contact Person Jim Ginter President
V8. Workers Comp Insurance Expiration Date 8/30/2013
V9. Liability Insurance Expiration Date[s] G=8/30/2013; P=4/1/2013
V10. Professional License Number N/A
V11. Verified by (name of county staff) Erin Jeffery
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: _____