

## AMENDMENT 1

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the first amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number BC 05-182, by and between the **County of Santa Barbara** (COUNTY) and **CompHealth** (CONTRACTOR), for the continued provision of providing Locum Tenens physician services.

Whereas, COUNTY would like to amend the compensation paid to CONTRACTOR under the Fiscal Year 04-06 contract by \$350,000.00 to pay for services provided by CONTRACTOR beyond that contemplated by the original contract; and

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors on 6/21/2005, 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 Item 1, (Paragraph 1) of Exhibit B, Payment Arrangements, and replace with the following:

#### EXHIBIT B PAYMENT ARRANGEMENTS

1. **CONTRACTOR SERVICES.** For **CONTRACTOR** services to be rendered under this Agreement, **CONTRACTOR** shall be paid at the rate specified in the Schedule of Rates (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed \$690,000.

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

1. See Attached.

**EXHIBIT B-1**

**SCHEDULE OF RATES**

<b>ADULT</b>	<b>SERVICE</b>	<b>CHILD/ADOLSCENT</b>	<b>SERVICE</b>
\$875.00	Regular Daily Rate	\$925.00	0 – 8 Hours Per M-F Weekday
\$165.00	Overtime Rate	\$175.00	<u>Per hour</u> in excess of 40 hours per M – F week. <u>Per hour</u> for physical time spent in facility when on call.
\$165.00	Weeknight Beeper Rate (Telephone consults only)	\$175.00	Per weeknight of call
\$440.00	Weekend Beeper Rate (Telephone consults only)	\$465.00	Per weekend day on call
\$440.00	Holiday Rate (In addition to normal charges)	\$465.00	<u>Per observed holiday</u> , regardless of whether services are provided on that day. <u>Holiday on-call</u>
\$75.00	In Addition to Normal Charges	\$75.00	Per day worked from 12/17/04 to 1/5/05

**TOTAL CONTRACT VALUE FY 04-06**

**\$ 690,000**

**SIGNATURE PAGE**

First Amended Contract for Services of Independent **CONTRACTOR** between the County of Santa Barbara and **CompHealth.**

**IN WITNESS WHEREOF**, the parties have executed this First Amended Contract to be effective on the date executed by **COUNTY**.

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_

Chair, Board of Supervisors

Date: \_\_\_\_\_

CONTRACTOR

By: \_\_\_\_\_

Tax ID No. 58-1615085

ATTEST:

MICHAEL F. BROWN  
CLERK OF THE BOARD

By: \_\_\_\_\_

Deputy

APPROVED AS TO FORM:  
STEPHEN SHANE STARK  
COUNTY COUNSEL

By: \_\_\_\_\_ Deputy  
County Counsel

APPROVED AS TO FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By: \_\_\_\_\_  
Deputy

APPROVED AS TO FORM:  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
JAMES L. BRODERICK, Ph.D.  
DIRECTOR

By: \_\_\_\_\_  
Director

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK PROGRAM ADMINISTRATOR

By: \_\_\_\_\_  
Risk Program Administrator

**SUMMARY PAGE**

**Amendment 1**

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..... 04-06  
 D2. Budget Unit Number ..... 043  
 D3. Requisition Number ..... N/A  
 D4. Department Name ..... Alcohol, Drug, & Mental Health  
 D5. Contact Person ..... Jack Juntunen  
 D6. Telephone..... (805) 681-4090

K1. Contract Type (check one):  Personal Service  Capital  
 K2. Brief Summary of Contract Description/Purpose ..... Locum Tenens Physicians  
 K3. Original Contract Amount ..... \$340,000  
 K4. Contract Begin Date ..... 7/1/2004  
 K5. Original Contract End Date ..... 6/30/2006  
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2004	\$350,000	\$350,000	\$690,000	6/30/2006	Increase Service

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..... N/A  
 B6. Boilerplate Contract Text Unaffected? (Yes / or cite) Yes

F1. Encumbrance Transaction Code ..... 1701  
 F2. Current Year Encumbrance Amount..... 690,000  
 F3. Fund Number..... 0044  
 F4. Department Number ..... 043  
 F5. Division Number (if applicable)..... N/A  
 F6. Account Number..... 7469  
 F7. Cost Center number (if applicable)..... N/A  
 F8. Payment Terms ..... N/A

V1. Vendor Numbers (A=Auditor; P=Purchasing) ..... N/A  
 V2. Payee/Contractor Name ..... CompHealth  
 V3. Mailing Address ..... PO Box 57915  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Salt Lake City, UT 84017  
 V5. Telephone Number..... 8004533030  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... 58-1615085  
 V7. Contact Person ..... Jenn Holman  
 V8. Workers Comp Insurance Expiration Date..... 11/01/06  
 V9. Liability Insurance Expiration Date[s] (G=Genl; ..... GL 2/1/2007, PL2/1/2007  
 V10. Professional License Number..... N/A  
 V11. Verified by (name of county staff) ..... Jack Juntunen  
 V12. Company Type (Check one): Sole Proprietorship Partnership  Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_