

FIRST AMENDMENT TO
AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR
between
COUNTY OF SANTA BARBARA
and
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY
EFFECTIVE JULY 1, 2010

THIS IS THE FIRST AMENDMENT (hereafter referred to as **First Amendment**) to the Agreement for Services of Independent Contractor, number BC-10-041 (hereafter **Agreement**), by and between the County of Santa Barbara (COUNTY) and Domestic Violence Solutions for Santa Barbara County (CONTRACTOR), for the provision of emergency shelter for victims of domestic violence.

WHEREAS, the Agreement is effective through June 30, 2011; and

WHEREAS, the parties desire to amend the Agreement to transfer ownership and authority of the Agreement to the Santa Barbara County Department of Social Services; and

WHEREAS, this First Amendment incorporates the terms and conditions set forth in the Agreement, approved by the County of Santa Barbara.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows:

1. **Definitions.** Capitalized terms used in this First Amendment, to the extent not otherwise defined herein shall have the same meanings as in the Agreement.

2. **Amendments.**

a. The Agreement is amended as follows:

1. **DESIGNATED REPRESENTATIVE.** ~~Nancy Madsen, at phone number 681-4078~~ **Melissa Hoesterey, at phone 346-7248** is the representative of COUNTY and will administer this Agreement for and on behalf of COUNTY. Richard Kravetz at phone number 963-4458 ext. 19 is the authorized representative for CONTRACTOR. Changes in designated representatives shall be made only after advance written notice to the other party.

2. **NOTICES.** Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by first class mail, postage prepaid, or otherwise delivered as follows:

To COUNTY: ~~Nancy Madsen, Human Services Program Administrator
Santa Barbara County Public Health Department~~

~~300 N. San Antonio Road~~
~~Santa Barbara, CA 93110~~
Melissa Hoestery, CWS Division Chief
2125 S. Centerpointe Pkwy
Santa Maria, CA 93455

To CONTRACTOR: Richard Kravetz, Executive Director
Domestic Violence Solutions for Santa Barbara County
PO Box 1536
Santa Barbara, CA 93102

or at such other address or to such other person that the parties may from time to time designate. Notices and consents under this section, which are sent by mail, shall be deemed to be received five (5) days following their deposit in the U.S. mail.

3. **Ratifications.** The terms and provisions set forth in this First Amendment shall modify and supersede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, as expressly modified and superseded by this First Amendment, are ratified and confirmed and shall continue in full force and effect, and shall continue to be legal, valid, binding and shall continue to be legal, valid, binding and enforceable obligations of the parties.
4. **Counterparts.** This First Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

First Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Domestic Violence Solutions for Santa Barbara County**.

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

COUNTY OF SANTA BARBARA

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

Chair, Board of Supervisors

By: _____
Deputy

Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

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

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED
TAKASHI WADA, MD, MPH
DIRECTOR/HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By: _____
Director

By: _____
Risk Program Administrator

APPROVED
KATHY GALLAGHER
DIRECTOR
DEPARTMENT OF SOCIAL SERVICES

By: _____
Director

Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Domestic Violence Solutions for Santa Barbara County**.

IN WITNESS WHEREOF, the parties have executed this First Amendment to be effective July 1, 2010.

CONTRACTOR

By: _____
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY

Date: _____

Contract Summary Form:	BC-10-041 Amendment #1
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Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board if > \$100,000. If < \$100,000, submit a Purchasing Requisition to the Purchasing Division.

- D1. Year(s): FYs 09-10, & 10-11
D2. Department Number (plus -Ship/-Bill codes in paren's): 041
D3. Requisition Number:
D4. Department Name: Department of Social Services
D5. Contact Person.....: Linda Rodriguez
D6. Phone: x7294
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- K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose.: Support & maintain existing services levels for Domestic Violence Prevention Program
K3. Original Contract Amount \$240,000
K4. Contract Begin Date.....: 07/01/09
K5. Original Contract End Date: 6/30/11
K6. Amendment History (leave blank if no prior amendments): None.

<u>Seq#</u>	<u>Effective Date</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
1	July 1, 2010	Amend #1	Transfer Ownership from PHD to DSS			

K7. Department Project Number..... : 044
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 :
B6. ... and Agenda Item Number :
B7. Boilerplate Contract Text Unaffected? N/A

F1. Encumbrance Transaction Code : 1701
F2. Current Year Encumbrance Amount.....: \$120,000
F3. Fund Number.....: 0055
F4. Department Number: 044
F5. Program Number (if applicable): 4150
F6. Account Number: 7659
F7. Org. Unit Number.....: 5310
F8. Payment Terms: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... :
V2. Payee/Contractor Name..... : Domestic Violence Solutions for Santa Barbara County
V3. Mailing Address : P.O. Box 1536
V4. City State (two-letter) Zip (include +4 if known): Santa Barbara, CA 93102
V5. Telephone Number: 805-963-4458 ext 19
V6. Contractor's Federal Tax ID Number (EIN or SSN): On file.
V7. Contact Person.....: Richard Kravetz
V8. Workers Comp Insurance Expiration Date: 05/15/10
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): 05/15/10
V10. Professional License Number..... : A
V11. Verified by (name of County staff)..... : Linda Rodriguez
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 _____