

FIFTH AMENDMENT 2009-10

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fifth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 07-053**, by and between the **County of Santa Barbara (County)** and **Victor Treatment Centers, Inc (Contractor)**, for the continued provision of **Children's Group Home Services**.

Whereas, this Fourth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in October 2006, the First Amendment approved by the County Board of Supervisors in June 2007, the Second Amendment approved by the Director ADMHS in July 2007, the Third Amendment approved by the County Board of Supervisors in June 2008, the Fourth Amendment approved by the County Board of Supervisors in June 2009, except as modified by this Fifth 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 Section II from Exhibit B, Payment Arrangements, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **\$108000**. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

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

**EXHIBIT B-1
SCHEDULE OF FEES**

Service	Daily Rate
Hearing clients Redding, San Bernardino, Santa Rosa, Stockton	\$180.00
Deaf clients Santa Rosa Program	\$237.00

Total Contract not to exceed:

\$108000

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Victor Treatment Centers, Inc.

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

COUNTY OF SANTA BARBARA

By: _____
Chair, Board of Supervisors

Date: _____

Contractor

By: _____
Tax Id No 94-2264395.
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

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
Date: _____

By _____
Deputy
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ANN DETRICK, PH.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 07-053

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 09-10
 D2. Budget Unit Number 043
 D3. Requisition Number N/A
 D4. Department Name Alcohol, Drug, & Mental Health Services
 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 Children's Group Home Services
 K3. Contract Amount \$108000
 K4. Contract Begin Date 7/1/2009
 K5. Original Contract End Date 6/30/2007
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09			\$125000	6/30/10	09-10 renewal
2	7/1/09	-17000	-17000	\$108000	6/30/10	Reduce funds

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 Paragraph) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$108000
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (if applicable) N/A
 F6. Account Number 7460
 F7. Cost Center number (if applicable) 5771
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A 544099
 V2. Payee/Contractor Name Victor Treatment Centers, Inc
 V3. Mailing Address 2561 California Park Dr..
 V4. City, State (two-letter) Zip (include +4 if known) Chico, CA 95928
 V5. Telephone Number 5308930758
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 94-2264395
 V7. Contact Person Neal Sternberg Executive Administrator
 V8. Workers Comp Insurance Expiration Date 1/1/2011
 V9. Liability Insurance Expiration Date[s] G=6/1/2010, P=6/1/2010
 V10. Professional License Number 00000916 -9165 -9162 -9164 -9163
 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: _____