

# Purchasing Detail for Record #: BL03983

Order #: BL03983

Replacement# OR Req#: 1696

**Vendor:** HOLIDAY MOTEL (23540)  
605 S BROADWAY  
SANTA MARIA, CA  
93458  
Ph: 805/925-2497  
FAX: 805/922-1874  
Contact: RAJENDRA PANCHAL

**Order Date:** 10/10/2014

**Delivery Date:** 6/30/2022

**Purchasing Contact:** RICK (805-568-2691)

--BILLING--    **Fund:** 0042    **Dept:** 041    **LIAcct:** 7671    **Prog:** 1409    **Org:**    **Proj:**

**Bill To**

300 N SAN ANTONIO RD  
SANTA BARBARA , CA  
93110

**Ship To**

PROGRAM MANAGER  
345 CAMINO DEL REMEDIO  
SANTA BARBARA, CA  
93110

**Detail Line 1**

**Description:** HOLIDAY MOTEL - BLANKET SERVICE CONTRACT - This order is for the purchase of only those items, materials, or services specified: TO PROVIDE LODGING FOR TB PATIENTS AND SUSPECTED AND CONFIRMED COVID-19 PATIENTS AS NEEDED AND APPROVED BY THE COUNTY OF SANTA BARBARA PUBLIC HEALTH DEPARTMENT..

FEDERAL CLAUSES: The attached Federal Clauses, Exhibit B and Exhibit C shall apply to this contract.

COMPENSATION: \$55/NIGHT PLUS TAX

PRICES: Prices, terms and conditions of all purchases or services made under authority of this order shall be those established by trade custom with the County of Santa Barbara, by agreement between the County Purchasing Manager and your company, or as hereinafter set forth.

PAYMENT: Invoices for payment, showing all prices and applicable discounts, are to be submitted on a monthly basis to the billing address designated on this order, with reference made to this order number. PAYMENT MAY BE DELAYED OR DISALLOWED if Vendor fails to obtain at time of each transaction, from County employee placing order, the signature, printed name, department and account number, and proper billing address.

CONTRACT PERIOD: Contract to begin OCTOBER 10, 2014. Continuation of this order is approved yearly until cancelled in writing by the County Purchasing Manager.

COMPLIANCE: Review the Public Health Department Compliance Program Plan, Code of Ethics and Risk Plan (<http://cosb.countyofsb.org/phd/phdcompliance.aspx>). Adhere to the policies and procedures as outlined in these Plan elements at all times under the terms of this agreement;

CONTRACTOR shall conduct regular and frequent reviews of all clinical, support staff and any subcontractors providing services to PHD under this agreement against the Centers for Medicare & Medicaid Services (CMS) Exclusions List and other applicable lists; and

CONTRACTOR or any CONTRACTOR staff or CONTRACTOR subcontractors excluded or found to be on any of the aforementioned lists shall not provide services under this Agreement nor shall the cost of such staff be claimed to

CMS or PHD.

LIMITATIONS: Total expenditure during any Fiscal Year period (July 1 through June 30) shall not exceed the amount indicated below. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

LIMIT: \$50,000.00

CANCELLATION: This order is subject to cancellation by the County Purchasing Manager on a day-to-day basis.

**Value:** \$50,000.00

**Tax:** \$0.00

**Sub-Total:** \$50,000.00

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**Grand Total:** \$50,000.00

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