

AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

between

COUNTY OF SANTA BARBARA

and

PACIFIC PRIDE FOUNDATION

Third Amendment

Effective June 1, 2010

THIS IS THE THIRD AMENDMENT (hereafter referred to as Third Amendment) to the Agreement for Services of Independent Contractor, number BC-10-092 (hereafter Agreement), by and between the County of Santa Barbara (COUNTY) and Pacific Pride Foundation (CONTRACTOR), for the provision of services specified herein.

WHEREAS, the Agreement is effective through June 30, 2013; and

WHEREAS the parties desire to amend the Agreement to adjust the compensation to provide additional one-time funding for nutritional services, case management services, dental supplies and over the counter medication supplies; and

WHEREAS, this Third Amendment incorporates the terms and conditions set forth in the Agreement and the First and Second Amendments except as modified by this Third Amendment.

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 Third Amendment to the extent not otherwise defined herein shall have the same meanings as in the Agreement.

2. **Amendments.** The Agreement is amended as follows:

a) **EXHIBIT B – PAYMENTS ARRANGEMENTS, Section A** is amended as follows:

For CONTRACTOR services to be rendered under this ~~Second~~ **Third** Amendment, CONTRACTOR shall be paid a total agreement amount, including cost reimbursements, not to exceed ~~\$429,000~~ **\$469,000** as follows: ~~\$143,000~~ **\$183,000** for the period July 1, 2010 through June 30, 2011; \$143,000 for the period July 1, 2011 through June 30, 2012; and \$143,000 for the period of July 1, 2012 through June 30, 2013.

Third Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Pacific Pride Foundation**.

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective June 1, 2011.

COUNTY OF SANTA BARBARA

ATTEST:
CHANDRA L. WALLAR
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 MANAGER

By: _____

By: _____
Risk Manager

Third Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Pacific Pride Foundation**.

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective June 1, 2011.

CONTRACTOR

By: _____
Pacific Pride Foundation

Date: _____

- D1. Fiscal Year : FY 2009-10 through 2012-13
- D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 041
- D3. Requisition Number : N/A
- D4. Department Name : Public Health Department
- D5. Contact Person : Susie Herrera
- D6. Phone : 346-8276

- K1. Contract Type (check one): Personal Service Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose : HIV/AIDS Early Intervention Services
- K3. Original Contract Amount : \$225,184
- K4. Contract Begin Date..... : July 1, 2009
- K5. Original Contract End Date : June 30, 2010
- K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
A01	Increase FY 09-10 to \$245,184 and extend term to 6/30/11 at \$143,000 for FY 10-11					
A02	Extend term to 6/30/13 at \$143,000 for each FY					
A03	Increase FY 10-11 to \$183,000; FY 11-12 and 12-13 are still at \$143,000 each					

- K7. Department Project Number : N/A
- 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
- B6. ... and Agenda Item Number : #N/A
- B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

- F1. Encumbrance Transaction Code : 1701
- F2. Current Year Encumbrance Amount : \$
- F3. Fund Number..... : 0042
- F4. Department Number..... : 041
- F5. Division Number (if applicable)..... :
- F6. Account Number : 7460
- F7. Cost Center number (if applicable)..... :
- F8. Payment Terms..... : Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing) :
- V2. Payee/Contractor Name : Pacific Pride Foundation
- V3. Mailing Address : 126 E. Haley Street, Suite A-11
- V4. City State (two-letter) Zip (include +4 if known) : Santa Barbara, CA 93101
- V5. Telephone Number : 805-963-3636 x 125
- V6. Contractor's Federal Tax ID Number..... : On File
- V7. Contact Person..... : David Selberg
- V8. Workers Comp Insurance Expiration Date..... : N/A
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :
- V10. Professional License Number : #
- V11. Verified by (name of County staff) :
- 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 _____