

Agreement for Services of Independent Contractor

Between

Santa Barbara County

and

Carolyn Griffith, M.D.

Fourth Amendment

Effective January 1, 2007

This is the fourth amendment (hereafter referred to as "Amendment Four") to the Agreement for Services of Independent Contractor, number BC-05-185 (Agreement), by and between the County of Santa Barbara (COUNTY) and Carolyn Griffith, M.D. (CONTRACTOR), for the provision of Obstetrical and Gynecological physician services for the period June 20, 2005 through June 30, 2006.

Whereas, the Agreement is effective through June 30, 2008.

Whereas, the Agreement was amended effective June 20, 2005, May 1, 2006 and August 8, 2006.

Whereas, the parties desire to amend the Agreement to adjust the related compensation and the number of contract hours.

Whereas, this Amendment Four 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 Amendment Four, 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:

5. **COMPENSATION OF CONTRACTOR.** CONTRACTOR shall be paid for performance under this Amendment Four in accordance with the terms of Exhibit B, Compensation, as revised herein.

- b. **EXHIBIT A – STATEMENT OF WORK** is amended as shall read as follows:

Section 2) MEDICAL SERVICES

a) Clinic Care

For the period January 1, 2007 through June 30, 2008, Contractor shall provide clinic coverage approximately 32 contract hours per week of clinic coverage for OB and GYN services.

b) Emergency call and call back (as mutually agreed and scheduled).

i) **CONTRACTOR** *For the period January 1, 2007 through June 30, 2008 Contractor shall share a 1 in 4 call coverage Monday-Sunday, 24 hours per day, 7 days per week.*

All other terms and conditions remain in full force and effect

- c. **Exhibit B - PAYMENT ARRANGEMENTS** is amended as follows:

Section 2 the following language is amended.

For services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including cost reimbursement, not to exceed \$110,000 for services provided from June 20, 2005 through June 30, 2006; ~~\$254,856~~ \$312,098 for the period July 1, 2006 through June 30, 2007; and ~~\$134,707~~ \$249,148 for the period July 1, 2007 through June 30, 2008.

Section 4. a) the following language is amended

- ii.) For the period of July 1, 2006 through ~~June 30, 2007~~ *September 8, 2006* (inclusive) CONTRACTOR shall be paid a monthly amount of \$8,707.

For the period of January 1, 2007 through June 30, 2007 (inclusive) CONTRACTOR shall be paid a monthly amount of \$17,414.

- iii.) For the period of July 1, 2007 through June 30, 2008 (inclusive) CONTRACTOR shall be paid a monthly amount of ~~\$9,099~~ \$18,198.

3. **Ramifications.** The terms and provisions set forth in this Amendment Four shall modify and supercede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, as expressly modified and superseded by this Amendment Four, 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 enforceable obligations of the parties.
4. **Counterparts.** This Amendment Four may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

Amendment Four to Agreement for Services of Independent Contractor BC-05-185 between the **County of Santa Barbara and Carolyn Griffith, M.D.**

IN WITNESS WHEREOF, the parties have executed this Amendment Four to be effective January 1, 2007.

COUNTY OF SANTA BARBARA

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

By: _____
Chair, Board of Supervisors

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

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

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED:
ELLIOT SCHULMAN, MD, MPH
DIRECTOR/HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM
RAY AROMATORIO, ARM, AIC
RISK PROGRAM ADMINISTRATOR

By: _____
Director

By: _____

Amendment Four to Agreement for Services of Independent Contractor BC-05-185 between the **County of Santa Barbara and Carolyn Griffith, M.D.**

IN WITNESS WHEREOF, the parties have executed this Amendment Four to be effective January 1, 2007.

CONTRACTOR

Carolyn Griffith, M.D.

By: _____
Signature

Printed Name, Title

Date: _____

D1. Year(s): FYs 05/06; 06/07, & 07/08
 D2. Department Number (plus -Ship/-Bill codes in paren's): 041
 D3. Requisition Number:
 D4. Department Name: Public Health Department
 D5. Contact Person.....: Dawn McGrew
 D6. Phone: (805) 681-5205

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose.: Physician Services
 K3. Original Contract Amount: \$110,000
 K4. Contract Begin Date.....: June 20, 2005
 K5. Original Contract End Date: June 30, 2006
 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	6/20/05	\$0		\$110,000		Admin Changes
2	5/1/06	\$264,563		\$374,563		6/30/08Term,\$, & Admin Changes
3	8/8/06	\$125,000		\$499,563		\$ & Temporary On-call provisions.
4	1/1/07	171,683		\$671,246		Increase in contract hours & \$

K7. Department Project Number..... :
 B1. Is this a Board Contract? (Yes/No)..... : Yes
 B2. Number of Workers Displaced (if any)..... : 0
 B3. Number of Competitive Bids (if any)..... : N/A
 B4. Lowest Bid Amount (if bid) : \$
 B5. If Board waived bids, show Agenda Date :
 B6. Agenda Item Number :
 B7. Boilerplate Contract Text Unaffected? N/A

F1. Encumbrance Transaction Code :
 F2. Current Year Encumbrance Amount..... :
 F3. Fund Number.....: 0042
 F4. Department Number: 041
 F5. Division Number (if applicable): 1299
 F6. Account Number: 7467
 F7. Cost Center number (if applicable)..... :
 F8. Payment Terms: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... :
 V2. Payee/Contractor Name.....: Carolyn Griffith, M.D.
 V3. Mailing Address: 219 Vista Del Cumbre
 V4. City State (Three-letter) Zip (include +4 if known): Santa Barbara, CA 93106 (rptcsg@cox.net)
 V5. Telephone Number: 563-2973 (H) 630-6399 (C)
 V6. Contractor's Federal Tax ID Number (EIN or SSN): On file
 V7. Contact Person.....: Carolyn Griffith, M.D.
 V8. Workers Comp Insurance Expiration Date: waived
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): waived
 V10. Professional License Number.....: On file
 V11. Verified by (name of County staff).....: Dawn McGrew
 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 _____