

## TENTH AMENDMENT 2009-10

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is a Tenth amendment (hereafter referred to as the "Tenth Amended Contract") to the Agreement for Services of Independent Contractor, number BC 05-017, by and between the **County of Santa Barbara** (County) and **PharMerica (formerly Kindred Pharmacy Services)** (Contractor), for the continued provision of **Pharmacy Services**.

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds to the Agreement so as to compensate Contractor for services rendered under this Agreement.

Whereas, this Tenth Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors in August 2004, and the terms and conditions of the First Amendment approved by the County Board of Supervisors in November 2005, the Second Amendment approved by the ADMHS Director in July 2006, the Third Amendment approved by the County Board of Supervisors in July 2006, the Fourth Amendment approved by the County Board of Supervisors in April 2007, the Fifth Amendment approved by the County Board of Supervisors in July 2007, the Sixth Amendment approved by the County Board of Supervisors in June 2008, the Seventh Amendment approved by the County Board of Supervisors in June 2008, the Eighth Amendment approved by the County Board of Supervisors in May 2009, the Ninth Amendment approved by the County Board of Supervisors in June 2009, except as modified by this Tenth 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 Item 1, Paragraph 1, of Exhibit B, Payment Arrangements, and replace with the following:**

- 1. CONTRACTOR SERVICES.** For Contractor services to be rendered under this Agreement, Contractor shall be paid at the rate specified in this Exhibit B, with a maximum value not to exceed **\$420000**.

**TENTH AMENDMENT 2009-10**

**SIGNATURE PAGE**

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and **PharMerica (formerly Kindred Pharmacy Services)** for FY 2009-10.

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

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
JANET WOLF  
CHAIR, BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
MICHAEL F. BROWN  
CLERK OF THE BOARD

**CONTRACTOR**

By: \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Tax Id No 72-1205642.  
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: \_\_\_\_\_

# TENTH AMENDMENT 2009-10

## CONTRACT SUMMARY PAGE

**BC 05-017**

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 ..... Pharmacy Services  
 K3. Contract Amount ..... \$ 420000  
 K4. Contract Begin Date..... 7/1/09  
 K5. Original Contract End Date ..... 6/30/2010  
 K6. Amendment History .....

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2009	\$350000		350000	6/30/10	09-10 funds
2	7/1/2009	\$70000	\$420000	\$420000	6/30/10	Add 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..... \$420000  
 F3. Fund Number ..... 0044  
 F4. Department Number..... 043  
 F5. Division Number (if applicable) ..... N/A  
 F6. Account Number ..... 7405  
 F7. Cost Center number (if applicable) ..... N/A  
 F8. Payment Terms..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing)..... A=528122  
 V2. Payee/Contractor Name ..... PharMerica (formerly Kindred Pharmacy)  
 V3. Mailing Address..... 1901 Campus Place  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Louisville, KY 40299  
 V5. Telephone Number..... 5026277000  
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 72-1205642  
 V7. Contact Person..... Larry Litzman  
 V8. Workers Comp Insurance Expiration Date ..... 7/31/2010  
 V9. Liability Insurance Expiration Date[s] (G=Genl; P=Profl)..... GL 7/31/2010, PL 7/31/2010  
 V10. Professional License Number..... 48707  
 V11. Verified by (name of county staff) ..... Erin Jeffery  
 V12. Company Type (Check one):            Sole Proprietorship Partnership     Corporation

**I certify** information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_