TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Third Amended Contract") to the Agreement for Services of Independent Contractor, number <u>BC 10-036</u>, by and between the **County of Santa Barbara** (County) and **Phoenix of Santa Barbara** (Contractor), for the continued provision of **Adult Treatment and Co-occurring Services**.

Whereas, this Third Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2009, the First Amendment approved by the County Board of Supervisors in November 2009, the Second Amendment approved by the County Board of Supervisors in July 2010, except as modified by this Third 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 "This Agreement Includes" section of the Agreement and replace with the following:

THIS AGREEMENT INCLUDES:

- A. EXHIBIT A, A-1, A-2 Statement of Work
- B. EXHIBIT B Financial Provisions
- C. EXHIBIT B-1 Schedule of Fees
- D. EXHIBIT B-2 Contractor Budget
- E. EXHIBIT B-3 Sliding Fee Scale
- F. EXHIBIT C Standard Indemnification and Insurance Provisions
- G. EXHIBIT E Program Goals, Outcomes and Measures
- II. Delete Section 1. PROGRAM SUMMARY from Exhibit A-1, <u>Statement of Work</u>, Recovery-Oriented Systems of Care, and replace with the following:
 - I. PROGRAM SUMMARY. Recovery-Oriented Systems of Care (ROSC) (hereafter "the Program") support person-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families, and communities to achieve sustained health, wellness, and recovery from alcohol and drug problems. The establishment of peer supported self-help groups is fundamental to a ROSC. These ROSC groups are usually alternatives or additions to the current menu of 12-Step meetings that have been established throughout the community. Contractor will establish one or more of the following groups: SMART Recovery®, Double Trouble and/or Psychoeducational drug abuse intervention groups. The Program will be located at 107 East

Phoenix ADP BC 10-036 Amend 3

¹ Substance Abuse and Mental Health Services Administration (SAMHSA) "Working Definition of Recovery" available at http://pfr.samhsa.gov/docs/ROSCs_principles_elements_handout.pdf

Micheltorena Street and the Probation Reporting and Referral Center (PRRC) at 4550 Hollister Avenue in Santa Barbara, California.

III. Delete Section 4. SERVICES from Exhibit A-1, <u>Statement of Work, Recovery-Oriented Systems of Care</u>, and replace with the following:

4. SERVICES.

- A. Contractor will hold one (1) to two (2) of any combination of the groups listed in Section 3 per week per location.
 - i. Contractor will offer two (2) groups during evening and/or weekend hours.
 - ii. Groups will be sixty (60) to ninety (90) minutes in length each.
 - iii. SMART Recovery groups shall have a maximum of twelve (12) participants. Other groups may be as large as the location allows.
- B. Contractor will select group models from those listed in Section 3 that are best suited for their clients' needs.
- C. Contractor will follow the curriculum and guidelines established by SMART² and DTR³, as applicable.
- D. Contractor will provide staff to facilitate groups until clients / peers can facilitate groups on their own following the curriculum and guidelines established by the organizations listed in Section 3, as applicable, and the requirements of this Exhibit A-1.

IV. Add Exhibit A-2, Statement of Work, Clean and Sober Drug Court:

Exhibit A-2 Statement of Work Clean and Sober Drug Court (CSDC)

1. PROGRAM SUMMARY: Phoenix of Santa Barbara (hereafter "Contractor") provides outpatient alcohol and other drug (AOD) treatment services to adults who have drug-related convictions and co-occurring substance use issues and mental illness (hereafter "clients"). Contractor shall serve clients in the Clean and Sober Drug Court (hereafter "the Program"), which is funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). The Program provides AOD treatment services to assist clients obtain and maintain sobriety and treatment for mental illness. Treatment services include best practice individual and group counseling and drug testing. The Council on Alcoholism and Drug Abuse (CADA) shall be responsible to conduct the initial screening; subsequently, the Program will provide varying levels of service, depending on client's needs. Sanctuary Psychiatric Centers shall serve clients who require the most intensive co-occurring treatment services, Phoenix will serve clients who require less intensive services and CADA will serve clients who require the least intensive treatment. The Program shall be certified by the California Department of

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² Available at http://www.smartrecovery.org/

³ Available at http://www.doubletroubleinrecovery.org

Alcohol and Drug Programs (ADP) to provide Outpatient Alcohol and/or Other Drug Services and will be located at 107 E. Micheltorena Street, Santa Barbara, California.

2. PROGRAM GOALS.

- A. Assist clients to establish a clean and sober lifestyle;
- B. Improve client's quality of life, and reduce episodes of criminality and psychiatric disorder:
- C. Increase capacity in the South Santa Barbara County Drug Courts for culturally competent and gender-specific co-occurring treatment.
- 3. **PROGRAM COLLABORATION.** The CADA shall receive and screen referrals from Santa Barbara area courts. The CSDC Court Team shall refer clients to appropriate providers based upon client's treatment needs. In addition to Contractor, Program services may be provided by other treatment providers.

4. **DEFINITIONS.**

Substance Abuse Mental Health Services Administration (SAMHSA): SAMHSA is a division of the U.S. Department of Health and Human Services. SAMHSA aims to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders. SAMHSA provides funding to support substance abuse treatment.

- 5. **SERVICES.** Contractor will comply with Program requirements, and shall provide services as described in the CSDC Treatment Guidelines, accepted by the Therapeutic Justice Policy Council. Contractor's services include:
 - A. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health, including substance use issues. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures. Contractor shall conduct assessments for each client deemed appropriate for Contractor's treatment program. Contractor's assessment of clients will include the SAMHSA Government Performance Reporting Assessment (GPRA), the Addiction Severity Index (ASI) and the Trauma Symptom Inventory (TSI) as described in Section 12.
 - B. **Outpatient Drug Free (ODF)** are treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. ODF is also known as nonresidential services [Federal Definition].
 - i. ODF Group [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four (4) or more clients, up to a total of ten (10) clients, at the same time, focusing on the needs of the individuals served, in a 90 minute session.

- ii. **ODF Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention, subject to the limitations described in Title 22 CCR Section 51341.1.
- C. Contractor shall use the *Matrix Model* and *Seeking Safety* for all clients in accordance with SAMHSA grant requirements and specifications.
- D. Contractor shall provide referrals to vocational, literacy, education, and family counseling as applicable.
- E. Contractor shall provide random drug testing as described in the ADMHS Drug Testing Policy and Procedures, and CSDC Guidelines.
- F. Contractor shall meet once per month as part of CSDC Oversight Committee.
- G. Contractor shall participate in a quarterly graduate activity in collaboration with the Court and other treatment contractors, sharing in the cost of the celebratory activities.
- H. Contractor shall attend Court Team meetings in Santa Barbara.
- Contractor shall attend SACPA/SATC Core Team and Policy Council meetings and work with County to develop recommendations, guidelines, and procedures for adult treatment services.
- 6. **STAFFING.** Contractor shall use SAMHSA grant funds to provide a minimum of 0.5 Full Time Equivalent (FTE) alcohol and other drug (AOD) counselor who meets the requirements as described in California Code of Regulations, Title 9, Division 4, Chapter 8 to provide services as described in Section 5.
- 7. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide services to drug court participants identified as having co-occurring substance abuse and mental health issues referred by the CSDC Court Team.
 - Contractor shall provide services to 16 unduplicated clients during the period of January 1, 2011 through June 30, 2011. Contractor is expected to serve at least 36 unduplicated clients by the conclusion of the grant period.
- 8. **LENGTH OF STAY.** Clients shall receive Program services for nine (9) to twelve (12) months.

9. **REFERRALS.**

- A. Contractor shall receive identified and eligible referrals from the CSDC Court Team and CADA. Referrals shall be accompanied by written documentation.
- B. Contractor shall contact the referral source within 72 hours with a verification of enrollment.

10. ADMISSION PROCESS.

- A. Contractor shall admit clients whose substance use issues and treatment needs are within the scope of the Contractor's practice referred by sources described in Section 9.A.
 - Admission criteria have been established by the CSDC Guidelines; determination of client's eligibility for enrollment in the Program shall be made by the CSDC team.
 - ii. Contractor shall interview and screen client to confirm client's appropriateness for the Program.
- B. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:
 - i. Consent to Treatment form, Program rules and guidelines, signed by client;
 - Release of information form, signed by client;
 - iii. Financial assessment and contract for fees.
 - iv. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
 - 1. Social, economic and family background;
 - 2. Education;
 - 3. Vocational achievements;
 - 4. Criminal history, legal status;
 - Medical history;
 - 6. Drug history;
 - 7. Previous treatment.
 - v. Emergency contact information for client.
- C. Contractor shall notify referral source if client is not accepted into the Program, based on Section 11, within one business day of receiving the initial referral.
- D. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.
- E. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.

- 11. **EXCLUSION CRITERIA.** In addition to exclusionary criteria specified in the CSDC Guidelines, the following may be cause for client exclusion from the program on a case-by-case basis:
 - A. Client threat of or actual violence toward staff or other clients;
 - B. Rude or disruptive behavior that cannot be redirected.

12. DOCUMENTATION REQUIREMENTS.

- A. No later than seven (7) days after client entry into Program, Contractor shall complete the GPRA;
- B. No later than thirty (30) days after client entry into Program, Contractor shall complete:
 - Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results
 of the ASI shall be utilized for treatment and discharge planning. Contractor shall
 report the results of the ASI and recommendations to the court;
 - ii. Trauma Symptom Inventory (TSI);
 - iii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Treatment Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the assignment of a primary counselor. The Plan shall be consistent with the results of the client's ASI. The Treatment Plan is considered complete and effective on the date of the counselor's signature. Contractor shall periodically review and update the Treatment Plan every ninety (90) days.

C. Follow up Assessments:

- i. Per SAMHSA Grant requirements, Contractor shall administer a second ASI six (6) months after the initial ASI.
- ii. Per SAMHSA Grant requirements, Contractor shall administer a follow up GPRA assessment with each client six (6) months after entry into the Program, at discharge and six (6) months after discharge.

13. DISCHARGES.

- A. Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:
 - Recommendations for post-discharge;
 - ii. Linkages to other services, if appropriate;
 - iii. Reason for discharge;

- iv. Clinical discharge summary.
- B. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.
- V. Delete Section II. MAXIMUM CONTRACT AMOUNT from Exhibit B, <u>Financial Provisions</u>, 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 **\$156498**. 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.

VI. Delete Exhibit B-1, <u>Schedule of Rates and Contract Maximum</u>, and replace with the following:

EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Phoenix FISCAL YEAR: 2010-2011

		PROGRAM									
	Unit	Outpatient Treatment	ROSC	Clean & Sober Drug Court 1/1/11 - 6/30/11	Total						
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMB	NUMBER OF UNITS PROJECTED (based on history):								
33-ODF Group	session	4075			4,075						
34-ODF Individual	session	363			363						
85-SATTA (8 tests = 1 staff hour)	staff hour	38			38						
18-Recovery-Orieted Systems of Care	cost reimbursed		\$14,600		\$ 14,600						
68-SAMHSA CSDC Grant Services	cost reimbursed			\$15,090	\$ 15,090						
COST PER UNIT/PROVISIONAL RATE:											
33-ODF Group		\$28.69									
34-ODF Individual		7.53									
85-SATTA (8 tests = 1 staff hour)			\$67	7.53							
18-Recovery-Orieted Systems of Care		As Budgeted									
68-SAMHSA CSDC Grant Services			As Bu	dgeted							
GROSS COST:		\$ 150,808 \$ 14,600 \$ 15,090									
LESS REVENUES COLLECTED BY CONTRACTOR:	(as depicted in Co	ontractor's Budget P	acket)								
CLIENT FEES		\$ 18,000			\$18,00						
CLIENT INSURANCE					\$						
CONTRIBUTIONS/GRANTS (includes unsecured)		\$ 6,000			\$6,00						
FOUNDATIONS/TRUSTS					\$						
SPECIAL EVENTS					\$						
OTHER (LIST): OTHER GOVERNMENT					\$						
OTHER (LIST): INVESTMENT INCOME					\$						
TOTAL CONTRACTOR REVENUES*		\$ 24,000	\$ -		\$24,00						
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 126,808	\$ 14,600	\$ 15,090	\$ 156,498						
DM/C Administrative Fee (15%) **		\$ 17,527									
DM/C Gross Claim Maximum		\$ 116,845									

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT										
Medi-Cal Treatment Services (6241)		\$99,318			\$99,318					
Medi-Cal Perinatal Services (6242)					\$0					
Drug Testing SB 233/SATTA (6239)		\$2,020			\$2,020					
SACPA Treatment Services (6240)		\$18,700			\$18,700					
ADP Treatment Services - SAPT (6243)					\$0					
Recovery Oriented System of Care (ROSC) (6243)			\$14,600		\$14,600					
Perinatal Non-Drug Medi-Cal (6244)					\$0					
SAMHSA SWHF Grant (6244)					\$0					
Drug Court Services (6246)		\$6,770			\$6,770					
SAMHSA MARS Grant (6246)					\$0					
SAMHSA CSDC Grant (6246)				\$15,090	\$15,090					
CalWORKS (6249)					\$0					
Youth Services (6250)					\$0					
SAMHSA B2R Grant (6250)					\$0					
Prevention Services (6351)					\$0					
TOTAL (SOURCES OF FUNDING)		\$ 126,808	\$ 14,600	\$ 15,090	\$156,498					

CONTRACTOR SIGNATURE:	
STAFF ANALYST SIGNATURE:	
FISCAL SERVICES SIGNATURE:	

A B C D E F

A B C D E F G H I J K L M N

^{*}Total Contractor Revenues serve as a hard match for SAPT funds. The source of the hard match shall be non-ADMHS sources secured by Contractor. The match does not apply to DM/C.

^{**}The 15% Administrative Fee is deducted from the Drug Medi-Cal Gross Claim Maximum. Maximum (Net) Contract Amount is less Administrative Fee of 15% (Drug Medi-Cal only).

VII. Delete Exhibit B-2, Contractor Budget, and replace with the following:

Santa Barbara County Alcohol, Drug and Mental Health Services (
Entity Budget By Program

AGENCY NAME: The Phoenix of Santa Barbara

COUNTY FISCAL YEAR: 2010-11

Gray Shaded cells contain formulas, do not overwrite													
"INE #	COLUMN# 1		2		3		4		5	6			7
	I. REVENUE SOURCES:	ORC	AL AGENCY/ GANIZATION BUDGET	ZATION PROGRAMS Phoenix		enix House	Моц	ıntain House	ADP		CSDC		
1	Contributions	\$	125,000	\$	69,000	\$	40,500	\$	22,500	\$	6,000		
2	Foundations/Trusts			\$	-								
3	Special Events			\$	-								
4	Legacies/Bequests			\$	-								
5	Associated Organizations			\$	-								
6	Membership Dues			\$	-								
7	Program Service Fees	\$	71,192	\$	18,000					\$	18,000		
8	SAMHSA CSDC Grant	\$	15,090	\$	15,090					\$	-	\$	15,090
9	ROSC	\$	8,600	\$	14,600					\$	14,600		
10	ADMHS Funding - MH MC & ADP MC	\$	971,134	\$	985,452	\$	406,145	\$	479,989	\$	99,318		
11	ADP - SACPA Services	\$	18,700	\$	18,700					\$	18,700		
12	Residential - Shelter Plus	\$	33,745	\$	37,618	\$	19,368	\$	18,250				
13	Residential Board & Care Rent	\$	241,196	\$	251,683	\$	115,355	\$	136,328				
14	Residential Private Pay	\$	147,397	\$	94,628	\$	49,490	\$	45,138				
15	Drug Testing	\$	2,020	\$	2,020					\$	2,020		
16	Drug Court	\$	6,770	\$	6,770					\$	6,770		
17	Interest Income	\$	1,555	\$	-								
18	Total Other Revenue (Sum of lines 1 through 17)	\$	1,642,399	\$	1,513,561	\$	630,858	\$	702,205	\$	165,408	\$	15,090
	I.B Client and Third Party Revenues:												
19	Medicare				-								
20	Client Fees				-								
21	Insurance				-								
22	SSI				-								
23	Other (specify)				-								
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)		-		-		-		-		-		-
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)		1,642,399		1,513,561		630,858		702,205		165,408		15,090

	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	JNTY ADMHS ROGRAMS TOTALS	Pł	noenix House	Mountain House		ADP	CSDC	
26	Salaries (Complete Staffing Schedule)	793,521	\$ 722,514	\$	316,826	\$	297,568	\$ 97,540	\$	10,580
27	Employee Benefits	129,836	\$ 119,164	\$	66,509	\$	45,487	\$ 7,168		
28	Consultants	18,000	\$ 17,480	\$	8,460	\$	7,400	\$ 1,620		
29	Payroll Taxes	68,233	\$ 62,125	\$	27,247	\$	25,590	\$ 8,388	\$	900
30	Personnel Costs Total (Sum of lines 26 through 29)	\$ 1,009,590	\$ 921,283	\$	419,042	\$	376,045	\$ 114,716	\$	11,480
31	Professional Fees	11,225	\$ 10,867	\$	5,275	\$	4,582	\$ 910	\$	100
32	Supplies	106,744	\$ 104,838	\$	51,044	\$	44,153	\$ 9,096	\$	545
33	Telephone	14,273	\$ 13,379	\$	5,742	\$	6,411	\$ 1,101	\$	125
34	Postage & Shipping	1,018	\$ 987	\$	478	\$	417	\$ 92		
35	Occupancy (Facility Lease/Rent/Costs)	77,235	\$ 76,863	\$	4,550	\$	72,000	\$ 313		
36	Rental/Maintenance Equipment	27,717	\$ 27,353	\$	13,263	\$	12,976	\$ 1,014	\$	100
37	Printing/Publications	5,727	\$ 5,555	\$	2,692	\$	2,348	\$ 465	\$	50
38	Transportation	5,897	\$ 4,828	\$	2,098	\$	1,666	\$ 989	\$	75
39	Conferences, Mtgs, Memberships & Dues	10,964	\$ 8,869	\$	4,083	\$	3,604	\$ 1,072	\$	110
40	Insurance	15,388	\$ 14,350	\$	5,797	\$	6,194	\$ 2,119	\$	240
41	Utilities	34,024	\$ 32,435	\$	13,684	\$	16,863	\$ 1,703	\$	185
42	Office Supplies	10,123	\$ 9,933	\$	4,796	\$	4,287	\$ 765	\$	85
43	Community Outreach	11,448	\$ 11,104	\$	5,380	\$	4,694	\$ 1,030		
44	Depreciation	84,412	\$ 82,687	\$	14,761	\$	58,428	\$ 9,403	\$	95
45	Other - Recruitment	747	\$ 747	\$	634	\$	113	\$ -		
46	SUBTOTAL DIRECT COSTS	\$ 1,426,532	\$ 1,326,078	\$	553,319	\$	614,781	\$ 144,788	\$	13,190
	III. INDIRECT COSTS									
47	Administrative Indirect Costs	215,867	\$ 187,483	\$	77,539	\$	87,424	\$ 20,620	\$	1,900
48	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 1,642,399	\$ 1,513,561	\$	630,858	\$	702,205	\$ 165,408	\$	15,090

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Phoenix of Santa Barbara.

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: _____ ATTEST: CHANDRA L. WALLAR CONTRACTOR CLERK OF THE BOARD By:_____ Ву: _____ Tax ld No . Deputy Date: _____ Date: _____ APPROVED AS TO FORM: APPROVED AS TO ACCOUNTING FORM: DENNIS MARSHALL ROBERT W. GEIS, CPA **AUDITOR-CONTROLLER** COUNTY COUNSEL By____ By_____ Deputy County Counsel Deputy Date: _____ Date: _____ APPROVED AS TO FORM: APPROVED AS TO INSURANCE FORM: ALCOHOL, DRUG, AND MENTAL HEALTH **RAY AROMATORIO** SERVICES RISK PROGRAM ADMINISTRATOR ANN DETRICK, PH.D. DIRECTOR By: By_____ Director Date: _____ Date:

CONTRACT SUMMARY PAGE

BC 10-036

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

		oai i oai		040							
D2.	Bu	dget Unit Num	nber								
D3.	Re	quisition Num	ber								
D4.	De	partment Nam	ne	Alcohol, Drug, & Mental Health							
D5.	Co	ntact Person		Danielle Spahn							
D6.					(805) 681-5229						
						•					
K1.	Co	ntract Type (c	heck one) o Pe	ersonal Service ρ(Canital						
K2.					. Adult Treatment and Co-occuring						
K3.			t								
K4.											
K5.											
K6.						0/30/	11				
NO.	AII	ienament nist	.огу								
Seq#	ŧ	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTota	alAmt	NewEndDate	Purpose			
1		7/1/10	\$121090		\$121090		6/30/2011	Renew contract for			
								FY 10-11			
2		1/1/11	\$35408	\$156498	\$156498		6/30/2011	Add program &			
								funds			
5.4						_					
B1.				No)							
B2.				(if any)							
B3.				any)							
B4.											
B5.				nda Date		N/A					
	and	d Agenda Item	n Number								
B6.	Во	ilerplate Con	tract Text Un	affected? (Yes /	or cite	Yes					
F1.				e							
F2.	Cu	rrent Year En	cumbrance Am	ount		. \$156498					
F3.	Fu	nd Number				0049					
F4.	De	partment Num	nber			043					
F5.	Diν	ision Number	(if applicable).								
F6.			ſ								
F7.			nber (if applical								
F8.											
V1.			s (A=Auditor; P								
V2.						nix of Santa Ba					
V3.					107 E. Micheltorena St.						
V4.	Cit	y, State (two-l	etter) Zip (incl		Santa Barbara, CA 93101						

V11. Verified by (name of county staff)...... Danielle Spahn

Contractor's Federal Tax ID Number (EIN or SSN).............. 23-7220562

V12 Company Type (Check one): Individual ρ Sole Proprietorship ρ Partnership \boxtimes Corporation

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

Date: ____Authorized Signature: ____

V5.

V6.

V7.