

## FIRST AMENDMENT 2010-11

### TO AGREEMENT FOR SERVICES OF CONTRACTOR ON PAYROLL

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of a Contractor on Payroll, EID# 11361, by and between the **County of Santa Barbara** (County) and **Edward Benson, MD** (Contractor), for the continued provision of **Psychiatric Services**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2010, except as modified by this First Amended Contract.

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.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

- I. **Delete Exhibit B, Contractor on Payroll Compensation, and replace with the following:**

#### EXHIBIT B

#### CONTRACTOR ON PAYROLL Compensation

**COUNTY** shall pay **CONTRACTOR** for professional services pursuant to this Agreement upon biweekly submission by **CONTRACTOR** of a timesheet, and such payment shall be subject to deductions and withholding of state and federal taxes. In no event shall the compensation payable exceed the total sum of \$91520 without written amendment. This not to exceed amount includes the following:

- **Santa Maria Adult Outpatient Clinic: \$91520 for 832 hours of work by **CONTRACTOR** at a rate of \$110.00 per hour.**

**FIRST AMENDMENT 2010-11**

Agreement for Services of Contractor on Payroll between the **County of Santa Barbara** and Edward Benson, MD.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on 3/15/11.

COUNTY OF SANTA BARBARA

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

By: \_\_\_\_\_  
JONI GRAY  
CHAIR, BOARD OF SUPERVISORS

Date: \_\_\_\_\_

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

APPROVED AS TO FORM:  
CEO/HUMAN RESOURCES

**CONTRACTOR**

By: \_\_\_\_\_  
Human Resources Director

By: \_\_\_\_\_  
SocSec or TaxID Number:

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED AS TO FORM AND CONTENT:  
ANN DETRICK, PHD

APPROVED AS TO FORM:  
RISK MANAGEMENT

By: \_\_\_\_\_  
Department Director

By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# FIRST AMENDMENT 2010-11

## Contract Summary

**BC# 11361**

D1. Fiscal Year: FY 10-11  
 D2. Budget Unit Number: 043 (043-02-01-2110-0)  
 D3. Requisition Number: N/A  
 D4. Department Name: Alcohol, Drug and Mental Health Services  
 D5. Contact Person: Erin Jeffery  
 D6. Phone: (805) 681-5168  
 K1. Contract Type (*check one*):  Personal Service     Capital Project/Construction  
 K2. Brief Summary of Contract Description/Purpose: Psychiatric Services  
 K3. Original Contract Amount: \$68640  
 K4. Contract Begin Date: 7/1/2010  
 K5. Original Contract End Date: 6/30/2011  
 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>
1	3/15/11	\$22880	\$22880	\$91520	6/30/11	Add hours

K7. Department Project Number: \_\_\_\_\_  
 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*): \$  
 B5. If Board waived bids, show Agenda Date: \_\_\_\_\_  
 B6. ... and Agenda Item Number: #  
 B7. Boilerplate Contract Text Unaffected? (*Yes / or cite ¶¶*): Yes  
 F1. Encumbrance Transaction Code: 1701  
 F2. Current Year Encumbrance Amount: \$91520  
 F3. Fund Number: 0044  
 F4. Department Number: 043  
 F5. Division Number (*if applicable*): N/A  
 F6. Account Number: 6177  
 F7. Cost Center number (*if applicable*): \_\_\_\_\_  
 F8. Payment Terms: Net 30  
 V1. Vendor Numbers (*A=uditor; P=urchasing*): EID#11361  
 V2. Payee/**CONTRACTOR** Name: Edward Benson, MD  
 V3. Mailing Address: PO Box 13213  
 V4. City State (*two-letter*) Zip (*include +4 if known*): San Luis Obispo, CA 93406  
 V5. Telephone Number: 8052647852  
 V6. **CONTRACTOR'S** Federal Tax ID Number (*EIN or SSN*): \_\_\_\_\_  
 V7. Contact Person: Edward Benson, MD  
 V8. Workers Comp Insurance Expiration Date: N/A  
 V9. Liability Insurance Expiration Date[s] (*G=enl; P=rofl*): N/A  
 V10. Professional License Number: #A21127  
 V11. Verified by (*name of County staff*): Erin Jeffery  
 V12. Company Type (*Check one*):  Individual     Sole Proprietorship     Partnership     Corporation

**I certify the following:** information is complete and accurate; designated funds are available; required concurrences are as evidenced on signature page.

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