

## FIRST AMENDMENT 2012-13

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of a Contractor on Payroll, **EID #778**, by and between the **County of Santa Barbara** (County) and **Bob G. Black** (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 2012, except as modified by this First Amended Contract; and

Whereas, County anticipates that Contractor will provide fewer services than contemplated by the original Agreement. This amendment reduces the Agreement by \$25,250 to align the Agreement with the level of service Contractor is anticipated to provide 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 \$74750 without written amendment. This not to exceed amount includes the following:

- \$74750 for 650 hours of work by **CONTRACTOR** at a rate of \$115.00 per hour.

**FIRST AMENDMENT 2012-13**

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Agreement for Services of Contractor on Payroll between the **County of Santa Barbara** and Bob G. Black, MD.

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

COUNTY OF SANTA BARBARA

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

By: \_\_\_\_\_  
SALUD CARBAJAL, CHAIR  
BOARD OF SUPERVISORS

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

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

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: \_\_\_\_\_

APPROVED AS TO FORM AND CONTENT:  
DEPARTMENT DIRECTOR

APPROVED AS TO FORM:  
RISK MANAGEMENT

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

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

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

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

**FIRST AMENDMENT 2012-13**

**EID# 778**

**Contract Summary**

D1. Fiscal Year: FY 12-13  
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 043  
 D3. Requisition Number: \_\_\_\_\_  
 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: \$74750  
 K4. Contract Begin Date: 7/1/2012  
 K5. Original Contract End Date: 6/30/2013  
 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	3/5/2013	-\$25250	-\$25250	\$74750	6/30/2013	Adjustment to Hours

K7. Department Project Number: \_\_\_\_\_  
 B1. Is this a Board Contract? (Yes/No): Yes  
 B2. Number of Workers Displaced (if any): \_\_\_\_\_  
 B3. Number of Competitive Bids (if any): \_\_\_\_\_  
 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: \$74750  
 F3. Fund Number: 0044  
 F4. Department Number: 043  
 F5. Division Number (if applicable): 3500  
 F6. Account Number: 6177  
 F7. Cost Center number (if applicable): \_\_\_\_\_  
 F8. Payment Terms: Net 30  
 V1. Vendor Numbers (A=uditor; P=urchasing): \_\_\_\_\_  
 V2. Payee/CONTRACTOR Name: Bob G. Black, MD  
 V3. Mailing Address: 1136 Arbolado Road  
 V4. City State (two-letter) Zip (include +4 if known): Santa Barbara, CA 93103  
 V5. Telephone Number: 8059662797  
 V6. CONTRACTOR'S Federal Tax ID Number (EIN or SSN): on file  
 V7. Contact Person: Dr. Bob Black  
 V8. Workers Comp Insurance Expiration Date: N/A  
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): N/A  
 V10. Professional License Number: #C 42375  
 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: \_\_\_\_\_