

CONTRACT TO PROVIDE PRINTING AND MAILING SERVICES

Santa Barbara County
Department of Social Services

**First Amendment
December 2006**

This is the first amendment (hereafter referred to as the "First Amended Contract") to the contract by and between the **County of Santa Barbara** (COUNTY) and **Document Fulfillment Services (DFS)** (CONTRACTOR), for the provision of providing CalWIN Client Correspondence Printing and Mailing Services.

Whereas, the Contract is effective through February 28, 2007.

Whereas, the parties desire to amend the Contract to adjust the compensations necessary to fulfill the obligations of this contract by CONTRACTOR.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the existing contract numbered BC# 06-105, approved by the County Board of Supervisors on February 21, 2006 except as modified by this First Amended Contract.

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

1. Amendments

a) The current Contract is amended as follows:

5. **COMPENSATION OF CONTRACTOR**. CONTRACTOR shall be paid for performance under this agreement in accordance with the terms of Revised Exhibit B (revised December 2006).

b) Exhibit B is amended as follows:

A. In Section A, the number, \$150,000 is deleted and replaced with **\$ 200,000.00**

IN WITNESS WHEREOF, this First Amended Contract has been executed by parties hereto upon signature by the Clerk of the Board.

CONTRACTOR:

By _____ Date _____
Document Fulfillment Services
Steve Shill, General Manager

COUNTY OF SANTA BARBARA:

ATTEST:

MICHAEL F. BROWN
Clerk of the Board

By _____
Chair, Board of Supervisors

By _____
Deputy

Date _____

APPROVED AS TO FORM:
STEPHEN SHANE STARK
County Counsel

APPROVED AS TO INSURANCE:
RAY AROMATORIO
Risk Program Administrator

By _____

By _____

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS
Auditor-Controller

By _____

Contract Summary Form:

Contract Number : _____ BC 06-105 _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

- D1. Fiscal Year : FY06/07
- D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044
- D3. Requisition Number : n/a
- D4. Department Name : Social Services
- D5. Contact Person : Christina Groppetti
- D6. Phone..... : 805/346-7302

- K1. Contract Type (check one): Personal Service Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose : CalWIN Correspondence Printing and Mailing Services
- K3. Original Contract Amount : \$150,000
- K4. Contract Begin Date..... : 3/1/06
- K5. Original Contract End Date : 2/28/07
- K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndt Amt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
1	3/1/06	\$40,000	\$50,000	\$200,000	n/a	Adjust compensation

- K7. Department Project Number : n/a

- B1. Is this a Board Contract? (Yes/No)..... : Yes
- B2. Number of Workers Displaced (if any)..... : None
- B3. Number of Competitive Bids (if any) : 7
- B4. Lowest Bid Amount (if bid) : \$
- B5. If Board waived bids, show Agenda Date : n/a
- B6. ... and Agenda Item Number : #
- B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Section 5 and 12 of original contract

- F1. Encumbrance Transaction Code : 1701
- F2. Current Year Encumbrance Amount : \$147,643.05
- F3. Fund Number..... : 0055
- F4. Department Number : 044
- F5. Division Number (if applicable) : 07
- F6. Account Number : 7450 & 7451
- F7. Cost Center number (if applicable)..... : 01
- F8. Payment Terms : Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing) : n/a
- V2. Payee/Contractor Name..... : Document Fulfillment Services
- V3. Mailing Address : 910 Riverside Parkway # 40
- V4. City State (two-letter) Zip (include +4 if known) : West Sacramento, CA 95605
- V5. Telephone Number..... : (916) 374-9002
- V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 37-1443695
- V7. Contact Person..... : Steve Shill, General Manager
- V8. Workers Comp Insurance Expiration Date..... : 11/22/07
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): 11/22/07
- V10. Professional License Number : #
- V11. Verified by (name of County staff) : Christina Groppetti
- 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 : _____