

## EIGHTH AMENDMENT

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Eighth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 05-053**, by and between the **County of Santa Barbara** (County) and **Sierra Vista Rehabilitation Center** (Contractor), for the continued provision of **Institute for Mental Disease Services for Adults**.

Whereas, this Eighth Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors in July 2004, the First Amendment approved by the County Executive Office in December 2005, the Second Amendment approved by the County Board of Supervisors in September 2006, the Third Amendment approved by the County Board of Supervisors in July 2007, the Fourth Amendment approved by the County Board of Supervisors in June 2008, the Fifth Amendment approved by the County Board of Supervisors in June 2009, the Sixth Amendment approved by the County Board of Supervisors in June 2010, the Seventh Amendment approved by the County Board of Supervisors in June 2010, except as modified by this Eighth 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 Item 1, CONTRACTOR SERVICES, from 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 the Schedule of Services (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$255000**.

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**II. Delete Exhibit B-1, Schedule of Fees, and replace with the following:**

**EXHIBIT B-1  
SCHEDULE OF FEES**

<b>Service</b>	<b>Daily Rate</b>
Facility Rate	\$158.37
Special Treatment Program (STP)	\$ 5.72
Total Rate	\$164.09
Individualized Treatment (IT) Deaf Patch	\$50.00

**Total Contract Maximum Value**

**\$255000**

CONTRACTOR SIGNATURE:

\_\_\_\_\_

STAFF ANALYST SIGNATURE:

\_\_\_\_\_

FISCAL SERVICES SIGNATURE:

\_\_\_\_\_

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**SIGNATURE PAGE**

Contract for Services of Independent Contractor between the County of Santa Barbara and Sierra Vista Rehabilitation Center.

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

COUNTY OF SANTA BARBARA

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

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

**CONTRACTOR**

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

By: \_\_\_\_\_  
Tax Id No 952506400.  
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 MANAGER

By \_\_\_\_\_  
Director  
Date: \_\_\_\_\_

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

## EIGHTH AMENDMENT

**CONTRACT SUMMARY PAGE**

**BC 05-053**

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..... 10-11  
 D2. Budget Unit Number ..... 043  
 D3. Requisition Number .....  
 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 ..... Institute for Mental Disease  
 K3. Contract Amount..... \$ 255000  
 K4. Contract Begin Date ..... 7/1/2010  
 K5. Original Contract End Date ..... 6/30/2005  
 K6. Amendment History .....

Seq#	Effective Date	ThisAmndtA	CumAmndtToDat	NewTotalAmt	NewEndDat	Purpose
1	7/1/2010	\$200000		\$200000	6/30/2011	Renew for FY 10-11
2	3/15/2011	\$55000	\$255000	\$255000	6/30/2011	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 ..... \$255000  
 F3. Fund Number..... 0044  
 F4. Department Number ..... 043  
 F5. Division Number (if applicable)..... N/A  
 F6. Account Number..... 7460  
 F7. Cost Center number (if applicable)..... N/A  
 F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) ..... A=749605  
 V2. Payee/Contractor Name ..... Sierra Vista Rehabilitation Center  
 V3. Mailing Address ..... 3455 E. Highland  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Highland, CA 92346  
 V5. Telephone Number..... 9098626454  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... 952506400  
 V7. Contact Person ..... Elsie Murillo  
 V8. Workers Comp Insurance Expiration Date ..... 1/1/2012  
 V9. Liability Insurance Expiration Date[s] (G=Genl; P=Prof) ..... GL 8/1/2011, PL 8/1/2011  
 V10. Professional License Number ..... SNF License #240000117  
 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: \_\_\_\_\_