

## **FIRST AMENDMENT**

### **TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR**

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 10-033**, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter** (Contractor), for the continued provision of **Treatment, detox, perinatal case management, and transitional living.**

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2009, 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:

**I. Delete "This Agreement Includes" section of the Agreement and replace with the following:**

**THIS AGREEMENT INCLUDES:**

- A. EXHIBIT A, A-1, A-2, A-3, A-4, A-5, A-6 and A-7 – Statements of Work
- B. EXHIBIT B - Payment Arrangements
- 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 BAA – HIPAA Business Associate Agreement
- H. EXHIBIT E – Program Goals, Outcomes and Measures

**II. Delete the heading of Exhibit A, Statement of Work, and replace with the following:**

**The following terms shall apply to all programs operated under this contract, included as Exhibits A-1 through A-7.**

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### III. Add Exhibit A-7, Statement of Work: Recovery-Oriented Systems of Care:

#### Exhibit A-7 Statement of Work Recovery-Oriented Systems of Care

1. **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<sup>1</sup>. 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 Psycho-educational drug abuse intervention groups. The Program will be located at:
  - A. Recovery Point, 731 South Lincoln Street, Santa Maria, California.
  - B. Turning Point, 604 Ocean Avenue, Lompoc, California.
2. **PROGRAM GOALS.**
  - A. Introduce participants to an ongoing process of recovery designed to achieve total abstinence from abuse of AOD;
  - B. Promote self-sufficiency and empower substance abusers to become productive and responsible members of the community;
  - C. Reduce recidivism and increase community safety.
3. **DEFINITIONS.**
  - A. **Self-Management and Recovery Training (SMART) Recovery®:** SMART is a self-help program for AOD abuse issues that was established to provide an alternative to Alcoholics Anonymous, Narcotics Anonymous and other faith-based 12-Step programs. SMART is a Cognitive Behavioral Therapy (CBT) model that is offered in a small group format, supported through peer-driven meetings where participants have the opportunity to learn and refine these skills from those who have mastered them in their own recovery. SMART focuses on recognizing and changing distorted thought patterns in order to change emotions and behaviors. SMART provides an important alternative for non-believers and those alienated from 12-Step programs to participate meaningfully in recovery groups. Its focus on CBT also aligns with the Matrix treatment strategy.
  - B. **Double Trouble in Recovery (DTR):** DTR is designed to meet the needs of clients with co-occurring disorders. Traditional 12-Step groups are single-focus groups based on the "one-

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<sup>1</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) “Working Definition of Recovery” available at [http://pfr.samhsa.gov/docs/ROSCs\\_principles\\_elements\\_handout.pdf](http://pfr.samhsa.gov/docs/ROSCs_principles_elements_handout.pdf)

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disease - one-recovery" model. This specialization is largely what bonds members together. However, traditional 12-Step models may not provide adequate assistance to individuals with co-occurring disorders. DTR fills a gap by customizing the 12-Steps for clients with co-occurring disorders to address their individual needs, including medication management issues.

**C. Psycho-educational drug abuse intervention groups:** Psycho-educational drug abuse intervention groups are didactic or lecture and discussion groups covering established Matrix Model Early Recovery and Relapse Prevention topics. Topics will focus on the process of recovery, including post acute withdrawal syndrome (PAWS), relapse prevention planning and skills building.

### 4. SERVICES.

- A. Contractor will hold two (2) of any combination of the groups listed in Section 3 per week.
  - 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 SMART<sup>2</sup> and DTR<sup>3</sup>, 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.

### 5. ADDITIONAL PROGRAM REQUIREMENTS.

- A. Contractor will maintain an attendance roster of all clients affiliated with any Alcohol, Drug, and Mental Health Services system of care.
- B. Contractor shall enter client data, including admission, discharge, and California Outcomes Measurement System data, into the County MIS system for the following clients: SACPA clients who successfully complete the SACPA program; and are not admitted to another formal program. It is anticipated that clients who do not successfully complete the SACPA program while participating in a ROSC group will be enrolled in an Outpatient Drug Free treatment program, therefore the Contractor shall not be required to enter the client into the MIS System under the ROSC program.

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<sup>2</sup> Available at <http://www.smartrecovery.org/>

<sup>3</sup> Available at <http://www.doubletroubleinrecovery.org>

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**IV. Delete Section II, Maximum Contract Amount of Exhibit B, Financial Provisions, 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 \$1616640. 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.

**V. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the attached.**

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

CONTRACTOR NAME: **Good Samaritan Shelter Services, Inc.** FISCAL YEAR: **2009-10**

DESCRIPTION/MODE/SERVICE FUNCTION:	PROGRAM											TOTAL
	Unit	Residential Detox (Santa Maria)	Residential Detox (Lompoc)	Recovery Point (Santa Maria)	Recovery Point ROSC (Santa Maria)	Project PREMIE (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Turning Point ROSC (Lompoc)	Transitional Living Centers (Santa Maria)	Transitional Living Centers (Lompoc)	CARES North Dual Diagnosis Specialist	
NUMBER OF UNITS PROJECTED (based on history):												
Perinatal 33-DCR	day	-	-	-	-	1,401	1,808	-	-	-	-	3,209
Perinatal 33 - ODF Group	session	-	-	-	-	715	1,089	-	-	-	-	1,804
Perinatal 34 - ODF Individual	session	-	-	-	-	287	406	-	-	-	-	693
33 - ODF Group	session	-	-	4,045	-	-	-	-	-	-	-	4,045
34 - ODF Individual	session	-	-	430	-	-	-	-	-	-	-	430
50 - Residential Detox	bed day	3,148	2,062	-	-	-	-	-	-	-	-	5,210
85-SATTA (8 tests = 1 staff hour)	staff hour	60	30	171	-	-	-	-	-	-	-	262
56-TLC PN	bed day	-	-	-	-	-	-	2,947	2,195	-	-	5,142
SAMHSA MARS Services	cost reimbursed	\$31,575	-	-	-	-	-	-	-	-	-	\$31,575
SAMHSA SWHF Services	cost reimbursed	-	-	-	-	-	\$254,296	-	-	-	-	\$254,296
CARES Dual Diagnosis Specialist	cost reimbursed	-	-	-	-	-	-	-	-	-	\$121,000	\$121,000
18-Recovery-Oriented Systems of Care	cost reimbursed	-	-	-	\$10,000	-	-	\$10,000	-	-	-	\$20,000
<b>COST PER UNIT/PROVISIONAL RATE:</b>												
Perinatal 33 - DCR							\$73.04					
Perinatal 33 - ODF Group							\$57.26					
Perinatal 34-ODF Individual							\$95.23					
33-ODF Group Except Perinatal							\$28.27					
34-ODF Individual Except Perinatal							\$66.53					
50-Residential Detox							\$56.89					
85-SATTA							\$66.53					
56 - TLC PN							\$77.46					
SAMHSA MARS Services							As Budgeted					
SAMHSA SWHF Services							As Budgeted					
CARES Dual Diagnosis Specialist							As Budgeted					
18-Recovery-Oriented Systems of Care							As Budgeted					
<b>GROSS COST:</b>		\$ 280,083	\$ 205,930	\$ 263,660	\$ 10,000	\$ 159,100	\$ 480,796	\$ 10,000	\$ 316,812	\$ 185,122	\$ 121,000	\$2,032,503
<b>LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)</b>												
CLIENT FEES		\$ 24,000	\$ 24,000	\$ 76,083					\$ 24,000	\$ 15,122		\$163,205
CLIENT INSURANCE												\$0
CONTRIBUTIONS/GRANTS		\$ 21,428	\$ 62,630			\$ 14,100			\$ 9,500			\$107,658
FOUNDATIONS/TRUSTS												\$0
SPECIAL EVENTS												\$0
OTHER (LIST): OTHER GOVERNMENT		\$ 20,000		\$ 50,000			\$ 20,000		\$ 55,000			\$145,000
OTHER (LIST):												\$0
<b>TOTAL CONTRACTOR REVENUES*</b>		\$ 65,428	\$ 86,630	\$ 126,083		\$ 14,100	\$ 20,000		\$ 88,500	\$ 15,122	\$ -	\$415,863
<b>MAXIMUM (NET) CONTRACT AMOUNT:</b>		<b>\$ 214,655</b>	<b>\$ 119,300</b>	<b>\$ 137,577</b>	<b>\$ 10,000</b>	<b>\$ 145,000</b>	<b>\$ 460,796</b>	<b>\$ 10,000</b>	<b>\$ 228,312</b>	<b>\$ 170,000</b>	<b>\$ 121,000</b>	<b>\$ 1,616,640</b>
DM/C Administrative Fee (15%)**				\$ 16,765		\$ 25,588	\$ 26,471					\$ 68,824
DM/C Gross Claim Maximum				111,765		\$ 170,588	\$ 176,471					\$ 458,824
<b>SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT</b>												
Medi-Cal Treatment Services (6241)				\$ 95,000		\$ 60,000	\$ 75,000					\$ 230,000
Medi-Cal Perinatal Services (6242)						\$ 85,000	\$ 75,000					\$ 160,000
Drug Testing SB 233/SATTA (6239)		\$ 4,000	\$ 2,000	\$ 11,405								\$ 17,405
SACPA Treatment Services (6240)***				\$ 25,268								\$ 25,268
SACPA OTP (6240)		\$ 79,880	\$ 30,000									\$ 109,880
ADP Treatment Services - SAPT (6243)		\$ 79,200	\$ 47,300	\$ 5,904			\$ 36,500					\$ 168,904
Perinatal Non Drug Medi-Cal (6244)			\$ 20,000						\$ 171,312	\$ 170,000		\$ 361,312
SAMHSA MARS Grant (6246)		\$ 31,575										\$ 31,575
SAMHSA SWHF Grant (6244)							\$ 254,296					\$ 254,296
SAMHSA FSSC Grant (6244) - to 9/30/09***									\$ 53,000			\$ 53,000
Drug Court Services (6246)		\$ 20,000										\$ 20,000
CalWORKS (6249)			\$ 20,000				\$ 20,000		\$ 4,000			\$ 44,000
Youth Services (6250)												\$ -
Prevention Services (6351)												\$ -
Recovery-Oriented Systems of Care (6243)					\$ 10,000			\$ 10,000				\$ 20,000
Other County Funds											\$ 121,000	\$ 121,000
<b>TOTAL (SOURCES OF FUNDING)</b>		<b>\$ 214,655</b>	<b>\$ 119,300</b>	<b>\$ 137,577</b>	<b>\$ 10,000</b>	<b>\$ 145,000</b>	<b>\$ 460,796</b>	<b>\$ 10,000</b>	<b>\$ 228,312</b>	<b>\$ 170,000</b>	<b>\$ 121,000</b>	<b>\$ 1,616,640</b>

CONTRACTOR SIGNATURE: \_\_\_\_\_  
 STAFF ANALYST SIGNATURE: \_\_\_\_\_  
 FISCAL SERVICES SIGNATURE: \_\_\_\_\_

\* 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).  
 \*\*\*This amount is an estimate based on a projection of the grant funds that will be available to the provider in FY 09-10. The actual amount will be determined by the amount of unexpended grant funds remaining after June 30, 2009. County will disburse funds not to exceed the actual grant funds available. In the event available grant funds are lower than this estimate, County will not provide other funding to supplement grant funds.

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

AGENCY NAME: Good Samaritan Shelter  
 COUNTY FISCAL YEAR: 2009-10 - updated 9/11/09

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Cares	Turning Point Lompoc	Lompoc Detox	SM-TLC	Recovery Point	Santa Maria Detox	Shelter Programs	Project Premie	TLC Lompoc
1	Contributions	\$ 208,107	\$ 183,158				\$ 62,630	\$ 9,500		\$ 21,428	\$ 75,500	\$ 14,100	
2	Foundations/Trusts	\$ 200,000	\$ 100,000								\$ 100,000		
3	Special Events		\$ -										
4	Legacies/Bequests		\$ -										
5	Associated Organizations		\$ -										
6	Membership Dues		\$ -										
7	Sales of Materials		\$ -										
8	In Kind Contributions		\$ -										
9	Miscellaneous Revenue		\$ -										
10	ADMHS Funding	\$ 1,657,640	\$ 1,657,640	\$ 121,000	\$ 470,796	\$ 119,300	\$ 228,312	\$ 147,577	\$ 214,655	\$ 41,000	145000	\$ 170,000	
11	Other Government Funding	\$ 90,100	\$ 47,500							\$ 47,500			
12													
13	Other (CWS)	\$ 120,000	\$ 120,000		\$ 20,000		\$ 40,000	\$ 50,000	\$ 10,000				
14	Other (County of SLO)	\$ 25,000	\$ 25,000				\$ 15,000		\$ 10,000				
15	Other (Human Services)	\$ 187,500	\$ 187,500								\$ 187,500		
16	Other (SBCEO)	\$ 80,000	\$ -										
17	Other (Residential Services)	\$ 50,000	\$ 25,000								\$ 25,000		
18	Total Other Revenue	\$ 2,618,347	\$ 2,345,798	\$ 121,000	\$ 490,796	\$ 181,930	\$ 292,812	\$ 197,577	\$ 256,083	\$ 476,500	\$ 159,100	\$ 170,000	
	I.B Client and Third Party												
19	Medicare		-										
20	Client Fees	\$ 250,018	208,205				\$ 24,000	\$ 24,000	\$ 76,083	\$ 24,000	\$ 45,000		\$ 15,122
21	Insurance		-										
22	SSI		-										
23	Other (specify)		-										
24	Total Client and Third Party	250,018	208,205	-	-	24,000	24,000	76,083	24,000	45,000	-	15,122	
25	GROSS PROGRAM REVENUE	2,868,365	2,554,003	121,000	490,796	205,930	316,812	273,660	280,083	521,500	159,100	185,122	

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	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	Cares	Turning Point Lompoc	Lompoc Detox	SM-TLC	Recovery Point	Santa Maria Detox	Shelter Programs	Project Premie	TLC Lompoc
26	Salaries (Complete Staffing Schedule)	1,807,000	\$ 1,515,000	\$ 110,000	\$ 258,300	\$ 152,000	\$ 179,400	\$ 174,000	\$ 204,000	\$ 250,000	\$ 99,600	\$ 87,700
27	Employee Benefits		\$ -									
28	Consultants		\$ -									
29	Payroll Taxes		\$ -									
30	<b>Personnel Costs Total (Sum of lines 26</b>	<b>\$ 1,807,000</b>	<b>\$ 1,515,000</b>	<b>\$ 110,000</b>	<b>\$ 258,300</b>	<b>\$ 152,000</b>	<b>\$ 179,400</b>	<b>\$ 174,000</b>	<b>\$ 204,000</b>	<b>\$ 250,000</b>	<b>\$ 99,600</b>	<b>\$ 87,700</b>
31	Professional Fees	24,000	\$ 21,700		\$ 1,500	\$ 1,500	\$ 900	\$ 2,500	\$ 1,700	\$ 5,000	\$ 600	\$ 8,000
32	Supplies	150,000	\$ 142,934		\$ 46,700	\$ 4,000	\$ 25,300	\$ 10,000	\$ 4,000	\$ 30,000	\$ 7,934	\$ 15,000
33	Telephone	42,000	\$ 41,614		\$ 12,000	\$ 2,000	\$ 6,214	\$ 5,000	\$ 2,000	\$ 8,000	\$ 3,200	\$ 3,200
34	Postage & Shipping	3,000	\$ 3,200		\$ 500	\$ 500	\$ 300	\$ 500	\$ 500	\$ 500	\$ 200	\$ 200
35	Occupancy (Facility Lease/Rent/Costs)	153,400	\$ 142,800		\$ 38,000			\$ 36,400		\$ 68,400		
36	Rental/Maintenance Equipment		\$ -									
37	Printing/Publications		\$ -									
38	Transportation	45,000	\$ 45,000		\$ 9,000	\$ 9,000	\$ 5,400		\$ 9,000	\$ 6,000	\$ 3,600	\$ 3,000
39	Conferences, Meetings, Etc	28,000	\$ 25,790		\$ 6,090	\$ 2,000	\$ 3,000	\$ 4,000	\$ 2,000	\$ 3,000	\$ 2,000	\$ 3,700
40	Insurance	50,000	\$ 50,000		\$ 10,000	\$ 3,000	\$ 12,000	\$ 4,000	\$ 3,000	\$ 10,000	\$ 4,000	\$ 4,000
41	Licenses and Fees	15,000	\$ 15,000		\$ 3,000		\$ 1,800	\$ 3,000	\$ 3,000	\$ 3,000	\$ 1,200	
42	Repairs and Maintenance	100,000	\$ 100,000		\$ 20,000	\$ 5,000	\$ 5,900	\$ 5,000	\$ 10,000	\$ 50,000	\$ 700	\$ 3,400
43	General and Administrative		\$ -									
44	Drug Testing	150,000	\$ 150,000		\$ 20,000	\$ 10,000	\$ 35,000	\$ 11,000	\$ 10,000	\$ 35,000	\$ 14,000	\$ 15,000
45	Utilities	100,000	\$ 100,000		\$ 25,000	\$ 5,000	\$ 20,000	\$ 4,000	\$ 5,000	\$ 25,000	\$ 8,000	\$ 8,000
46	<b>SUBTOTAL DIRECT COSTS</b>	<b>\$ 2,667,400</b>	<b>\$ 2,353,038</b>	<b>\$ 110,000</b>	<b>\$ 450,090</b>	<b>\$ 194,000</b>	<b>\$ 295,214</b>	<b>\$ 259,400</b>	<b>\$ 254,200</b>	<b>\$ 493,900</b>	<b>\$ 145,034</b>	<b>\$ 151,200</b>
	<b>III. INDIRECT COSTS</b>											
47	Administrative Indirect Costs	200,965	\$ 200,965	\$ 11,000	\$ 40,706	\$ 11,930	\$ 21,598	\$ 14,260	25883	\$ 27,600	\$ 14,066	\$ 33,922
48	<b>GROSS DIRECT AND INDIRECT COSTS</b>	<b>\$ 2,868,365</b>	<b>\$ 2,554,003</b>	<b>\$ 121,000</b>	<b>\$ 490,796</b>	<b>\$ 205,930</b>	<b>\$ 316,812</b>	<b>\$ 273,660</b>	<b>\$ 280,083</b>	<b>\$ 521,500</b>	<b>\$ 159,100</b>	<b>\$ 185,122</b>

**FIRST AMENDMENT**

**SIGNATURE PAGE**

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Good Samaritan Shelter.

**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:  
MICHAEL F. BROWN  
CLERK OF THE BOARD

**CONTRACTOR**

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

By: \_\_\_\_\_  
Tax Id No 77-0133375.  
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 PROGRAM ADMINISTRATOR

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

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

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**CONTRACT SUMMARY PAGE**

**BC 10-033**

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 ..... 09-10  
 D2. Budget Unit Number ..... 043  
 D3. Requisition Number ..... N/A  
 D4. Department Name ..... Alcohol, Drug, & Mental Health  
 D5. Contact Person ..... Danielle Spahn  
 D6. Telephone ..... (805) 681-5229

K1. Contract Type (check one):  Personal Service  Capital  
 K2. Brief Summary of Contract Description/Purpose ..... Treatment, detox, perinatal case  
 K3. Contract Amount ..... \$1616640  
 K4. Contract Begin Date ..... 7/1/2009  
 K5. Original Contract End Date ..... 6/30/10  
 K6. Amendment History .....

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09	\$-83018		\$1616640	6/30/10	Delete SACPA and Add ROSC

B1. Is this a Board Contract? (Yes/No) ..... True  
 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) Yes

F1. Encumbrance Transaction Code ..... 1701  
 F2. Current Year Encumbrance Amount ..... \$1616640  
 F3. Fund Number ..... 0049  
 F4. Department Number ..... 043  
 F5. Division Number (if applicable) ..... N/A  
 F6. Account Number ..... 7461  
 F7. Cost Center number (if applicable) ..... 6240  
 F8. Payment Terms ..... Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID ..... A=324348  
 V2. Payee/Contractor Name ..... Good Samaritan Shelter  
 V3. Mailing Address ..... 401 W. Morrison Ave. Ste. B.  
 V4. City, State (two-letter) Zip (include +4 if known) ..... Santa Maria, CA 93458  
 V5. Telephone Number ..... 8053468185  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) ..... 77-0133375  
 V7. Contact Person ..... Sylvia Barnard, Executive Director  
 V8. Workers Comp Insurance Expiration Date ..... 6/15/2010  
 V9. Liability Insurance Expiration Date[s] ..... 9/18/2010  
 V10. Professional License Number ..... Recovery Point Detox - 420010BN  
 V11. Verified by (name of county staff) ..... Danielle Spahn  
 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: \_\_\_\_\_