

**AGREEMENT**  
between  
**COUNTY OF SANTA BARBARA**  
and  
**CROSSROADS STAFFING**  
for  
**TEMPORARY PERSONNEL SERVICES**

**THIRD AMENDMENT**

**THIS IS THE THIRD AMENDMENT** (hereafter referred to as Third Amendment) to the Agreement for Services of Independent Contractor for Temporary Personnel Services, by and between the County of Santa Barbara (COUNTY) and Crossroads (CROSSROADS) (the "Agreement").

**WHEREAS**, the Agreement is effective through June 30, 2020; and

**WHEREAS**, the parties desire to amend the Agreement by increasing the contract amount by \$100,000 through June 30, 2020 for a new total contract value of \$650,000; and

**WHEREAS**, this Third Amendment incorporates the terms and conditions set forth in the Agreement, approved by the County of Santa Barbara on July 17, 2018; the First Amendment, approved by the County on March 19, 2019; and the Second Amendment, approved by the County on June 4, 2019.

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. **Amendments.**

a. The Agreement is amended as follows:

**EXHIBIT B:**

SECTION A is deleted in its entirety and is replaced as follows: For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$650,000 for duration of contract.

2. **Counterparts.** This Third Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

3. **Effectiveness of Agreement.** Any and all other terms and provisions of the Agreement, as amended, remain in full force and effect.

**IN WITNESS WHEREOF**, the parties have executed this Third Amendment to be effective

\_\_\_\_\_.

COUNTY OF SANTA BARBARA

\_\_\_\_\_  
Chair, Board of Supervisors

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

ATTEST:  
MONA MIYASATO, COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

CONTRACTOR:

CROSSROADS STAFFING

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

By: \_\_\_\_\_  
Authorized Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

APPROVED AS TO FORM:  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
BETSY SCHAFFER, CPA  
AUDITOR-CONTROLLER

By: \_\_\_\_\_  
Deputy County Counsel

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

RECOMMENDED FOR APPROVAL:  
MARIA ELENA DE GUEVARA  
HUMAN RESOURCES DIRECTOR

APPROVED AS TO FORM:  
RAY AROMATORIO, ARM, AIC  
RISK MANAGER

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

By: \_\_\_\_\_  
Risk Manager