

FIFTH AMENDMENT
to the
AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR
between
COUNTY OF SANTA BARBARA
and
PACIFIC PRIDE FOUNDATION
for the
HIV CARE/SURVEILLANCE/PREVENTION PROGRAMS

THIS IS THE FIFTH AMENDMENT (hereafter referred to as Fifth Amendment) to the Agreement for Services of Independent Contractor, number BC-10-092 (hereafter Agreement), by and between the County of Santa Barbara (COUNTY) and Pacific Pride Foundation (CONTRACTOR), for the provision of services specified herein.

WHEREAS, the Agreement is effective through June 30, 2013; and

WHEREAS, the parties desire to amend the Agreement to expand the Scope of Service to include Prevention services as mandated by the Master Grant Agreement 10-95290 A02 with the State of California; and

WHEREAS, the Prevention services have been provided by CONTRACTOR since January 1, 2012, yet the funding from the Master Grant Agreement was not received by COUNTY until October 2012; and

WHEREAS, the parties desire to further amend the Agreement to adjust the compensation to provide a one-time payment of \$40,000 to CONTRACTOR for those Prevention services provided during the period: January 1, 2012 through June 30, 2012 (FY 2011-12), as well as provide for continued funding for Prevention services through June 30, 2013 (FY 2012-13); and

WHEREAS, this Fifth Amendment incorporates the terms and conditions set forth in the Agreement and the First, Second, Third and Fourth Amendments except as modified by this Fifth Amendment;

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

1. **Definitions.** Capitalized terms used in this Fifth Amendment to the extent not otherwise defined herein shall have the same meanings as in the Agreement.
2. **Amendments.**

The Agreement is amended as follows:

3. **SCOPE OF SERVICES.** CONTRACTOR agrees to provide services to COUNTY for Fiscal Years ~~2010-11~~, 2011-12 and 2012-13 in accordance with EXHIBIT A, ~~and~~

EXHIBIT A-1, *and EXHIBIT A-2*, attached hereto and incorporated herein by reference

5. **COMPENSATION OF CONTRACTOR.** CONTRACTOR shall be paid for performance under this Agreement in accordance with the terms of EXHIBIT B, *dated January 1, 2012*, attached hereto and incorporated herein by reference. Billing shall be made by invoice, which shall include the contract number assigned by COUNTY and which is delivered to the address given in Section 2 NOTICES, above following completion of the increments identified on EXHIBIT B for the respective Fiscal Year. Unless otherwise specified on EXHIBIT B for the respective Fiscal Year, payment shall be net thirty (30) days from presentation of invoice.

The EXHIBITS are amended as follows:

- a) ***EXHIBIT A-2 – STATEMENT OF WORK for Prevention Services, Effective Date: January 1, 2012***, attached hereto shall be incorporated in the Agreement.
 - b) **EXHIBIT B – PAYMENTS ARRANGEMENTS**, shall be replaced in its entirety with **EXHIBIT B – PAYMENTS ARRANGEMENTS, dated January 1, 2012**, attached hereto and incorporated herein by reference.
3. **Counterparts.** This Fifth Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

Fifth Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Pacific Pride Foundation**.

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

COUNTY OF SANTA BARBARA

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

Chair, Board of Supervisors

By: _____
Deputy

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

APPROVED
TAKASHI WADA, MD, MPH
DIRECTOR / HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO
RISK MANAGER

By: _____

By: _____
Risk Manager

Fifth Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Pacific Pride Foundation**.

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

CONTRACTOR

By: _____
Pacific Pride Foundation

Date: _____

EXHIBIT A-2

**STATEMENT OF WORK
for
PREVENTION SERVICES**

Effective Date: January 1, 2012

For HIV Prevention services per State Master Grant Agreement 10-95290 A02, CONTRACTOR shall provide the services outlined in the Activity Description sections for the period January 1, 2012 through June 30, 2013, as follows:

Tier I Activity:	Testing in Non-Healthcare Settings	<p>Is the activity being performed in your LHJ, or are you intending to perform this activity?</p> <input checked="" type="checkbox"/> Yes (please complete this page) <input type="checkbox"/> No (proceed to the next page)			
Funding Source(s):		Funding Amount:	Date Funding Ends:		
PS12-1201 HIV Prevention		64,887	06/30/13		
<i>Example: RyanWhite Part A</i>		\$60,000	09/31/12		
Target Population(s) Served:					
For each column, enter the number of people to be reached in each Target Population served.					
African American/Black		Hispanic		Not Race/Ethnicity Specific	
#	Target Population	#	Target Population	#	Target Population
	HHV-Positive		HHV-Positive		HHV-Positive
	Partners of Known HIV-Positives		Partners of Known HIV-Positives		Partners of Known HIV-Positives
	TG		TG		TG
28	MSM	129	MSM	88	MSM
	MSM/IDU		MSM/IDU		MSM/IDU
	IDU	47	IDU	60	IDU
	Other:	48	Other: NGI		Other:
<p>HIV-Positive: People living with HIV/AIDS; Partners of Known HIV-Positives: People with sexual/needle sharing known HIV-positive partners; TG: Transgender people; MSM: Men who have sex with men; MSM/IDU: Men who have sex with men & inject drugs; IDU: Injection drug users; and Other: Please define target population.</p>					
<p>Activity Description(s): Please provide the specific name of the intervention(s). Be sure to include whether it is evidence-based and the names of the agency/agencies conducting the intervention(s). Describe the collaborative relationship between providers of this activity and health care providers or others working with the target population. Also list any anticipated training needs specific to this activity.</p> <p>Intervention-HIV Counseling and Testing. Pacific Pride Foundation will provide HIV counseling and testing services at sites in Santa Barbara and Santa Maria. Pacific Pride will target populations at highest risk of HIV in Santa Barbara County. The targeted populations are determined using data from testing in 2011-2012. Pacific Pride collaborates primarily with the Santa Barbara Public Health Department, and the Santa Barbara Neighborhood Clinics, but also has collaborations with Planned Parenthood and Casa Esperanza, the local homeless shelter. Training of additional Test Counselors will be necessary to increase the Education & Prevention staff to appropriate levels.</p>					
Program Activity Workbook - FY 12/13					

Tier I Activity:	Linkage to Care (LTC)	<p>Is the activity being performed in your LHJ, or are you intending to perform this activity?</p> <input checked="" type="checkbox"/> Yes (please complete this page) <input type="checkbox"/> No (proceed to the next page)
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Funding Source(s):	Funding Amount:	Date Funding Ends:
PS12-1201 HIV Prevention	1,275.00	06/30/13
<i>Example: Ryan White Part A</i>	<i>\$60,000</i>	<i>09/31/12</i>

Target Population(s) Served:

For each column, enter the number of people to be reached in each Target Population served.

African American/Black		Hispanic		Not Race/Ethnicity Specific	
#	Target Population	#	Target Population	#	Target Population
	HIV-Positive	4	HIV-Positive	4	HIV-Positive
	Partners of Known HIV-Positives		Partners of Known HIV-Positives		Partners of Known HIV-Positives
	TG		TG		TG
	MSM		MSM		MSM
	MSM/IDU		MSM/IDU		MSM/IDU
	IDU		IDU		IDU
	Other:		Other:		Other:

HIV-Positive: People living with HIV/AIDS; **Partners of Known HIV-Positives:** People with sexual/needle sharing known HIV-positive partners; **TG:** Transgender people; **MSM:** Men who have sex with men; **MSM/IDU:** Men who have sex with men & inject drugs; **IDU:** Injection drug users; and **Other:** Please define target population.

Activity Description(s): Please provide the specific name of the intervention(s). Be sure to include whether it is evidence-based and the names of the agency/agencies conducting the intervention(s). Describe the collaborative relationship between providers of this activity and health care providers or others working with the target population. Also list any anticipated training needs specific to this activity.

Linkage to Care - Pacific Pride Foundation

Pacific Pride works directly with the Santa Barbara Public Health Department to link clients into care. Pacific Pride also has Case Management services under contract with the Public Health Department to provide additional services as needed. No training in Linkage to care is anticipated.

Tier I Activity:	Partner Services (PS)	<p>Is the activity being performed in your LHJ, or are you intending to perform this activity?</p> <input checked="" type="checkbox"/> Yes (please complete this page) <input type="checkbox"/> No (proceed to the next page)
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Funding Source(s):	Funding Amount:	Date Funding Ends:
PS12-1201 HIV Prevention	14,588	06/30/13
<i>Example: RyanWhite Part A</i>	\$60,000	09/31/12

Target Population(s) Served:

For each column, enter the number of people to be reached in each Target Population served.

African American/Black		Hispanic		Not Race/Ethnicity Specific	
#	Target Population	#	Target Population	#	Target Population
	HIV-Positive	4	HIV-Positive	4	HIV-Positive
	Partners of Known HIV-Positives		Partners of Known HIV-Positives		Partners of Known HIV-Positives
	TG		TG		TG
	MSM		MSM		MSM
	MSM/IDU		MSM/IDU		MSM/IDU
	IDU		IDU		IDU
	Other:		Other:		Other:

HIV-Positive: People living with HIV/AIDS; Partners of Known HIV-Positives: People with sexual/needle sharing known HIV-positive partners; TG: Transgender people; MSM: Men who have sex with men; MSM/IDU: Men who have sex with men & inject drugs; IDU: Injection drug users; and Other: Please define target population.

Activity Description(s): Please provide the specific name of the intervention(s). Be sure to include whether it is evidence-based and the names of the agency/agencies conducting the intervention(s). Describe the collaborative relationship between providers of this activity and health care providers or others working with the target population. Also list any anticipated training needs specific to this activity.

Partner Services - Pacific Pride Foundation
 Partners of known HIV+'s may seek testing at PPF sites in both Santa Barbara and Santa Maria. HIV+'s will be offered Partner Services and are counseled during the testing and disclosure process to encourage their partners to be tested. Partner Services are also offered to HIV+ clients through Pacific Pride Foundations Case Management program on an ongoing basis in an effort to identify the partners of HIV+ persons.

Tier I Activity:	Condom Distribution	<p>Is the activity being performed in your LHJ, or are you intending to perform this activity?</p> <input checked="" type="checkbox"/> Yes (please complete this page) <input type="checkbox"/> No (proceed to the next page)
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Funding Source(s):	Funding Amount:	Date Funding Ends:
PS12-1201 HIV Prevention	NA	07/31/14
<i>Example: RyanWhite Part A</i>	<i>\$60,000</i>	<i>09/31/12</i>

Target Population(s) Served:
 For each column, please check each Target Population to be served (check all that apply).

African American/Black		Hispanic		Not Race/Ethnicity Specific	
✓	Target Population	✓	Target Population	✓	Target Population
✓	HIV-Positive	✓	HIV-Positive	✓	HIV-Positive
✓	Partners of Known HIV-Positives	✓	Partners of Known HIV-Positives	✓	Partners of Known HIV-Positives
	TG	✓	TG	✓	TG
	MSM	✓	MSM	✓	MSM
	MSM/IDU		MSM/IDU		MSM/IDU
	IDU		IDU		IDU
	Other:	✓	Other: NGI		Other:

HIV-Positive: People living with HIV/AIDS; **Partners of Known HIV-Positives:** People with sexual/needle sharing known HIV-positive partners; **TG:** Transgender people; **MSM:** Men who have sex with men; **MSM/IDU:** Men who have sex with men & inject drugs; **IDU:** Injection drug users; and **Other:** Please define target population.

Activity Description(s): Please provide any known venues (e.g. community-based organizations, community health centers/clinics, LGBT centers, bars, dance clubs, sex clubs, bathhouses, local business partners, etc.) who serve the high-risk target populations listed above that will want to participate in the condom distribution. If venues have not yet been identified, please describe your plan for selecting the venues.

SBCPHD and PPF will recruit local venues where clientele make up a high concentration of one or more of the priority populations. All 10 venues will complete necessary forms and be submitted to SOA by October 1, 2012.

Tier II Activity:

Hepatitis C Testing

(Tier I pre-requisite does not apply.)

Is the activity being performed in your LHJ, or are you intending to perform this activity?

- Yes** (please complete this page)
 No (proceed to the next page)

Funding Source(s):	Funding Amount:	Date Funding Ends:
PS12-1201 HIV Prevention	15,250	06/30/13
<i>Example: RyanWhite Part A</i>	<i>\$60,000</i>	<i>09/31/12</i>

Target Population(s) Served:

For each column, enter the number of people to be reached in each Target Population served.

African American/Black		Hispanic		Not Race/Ethnicity Specific	
#	Target Population	#	Target Population	#	Target Population
	HIV-Positive		HIV-Positive		HIV-Positive
	Partners of Known HIV-Positives		Partners of Known HIV-Positives		Partners of Known HIV-Positives
	TG		TG		TG
	MSM		MSM		MSM
	MSM/IDU		MSM/IDU		MSM/IDU
	IDU	75	IDU	75	IDU
	Other:		Other:		Other:

HIV-Positive: People living with HIV/AIDS; **Partners of Known HIV-Positives:** People with sexual/needle sharing known HIV-positive partners; **TG:** Transgender people; **MSM:** Men who have sex with men; **MSM/IDU:** Men who have sex with men & inject drugs; **IDU:** Injection drug users; and **Other:** Please define target population.

Activity Description(s): Please provide the specific name of the intervention(s). Be sure to include whether it is evidence-based and the names of the agency/agencies conducting the intervention(s). Describe the collaborative relationship between providers of this activity and health care providers or others working with the target population. Also list any anticipated training needs specific to this activity.

Pacific Pride Foundation works closely with the Santa Barbara Neighborhood Clinics (SBNC) on HCV Testing. Currently all clients testing positive for HCV are referred to SBNC for treatment. SBNC receives funding to be able to offer clients access to free medical care and medications. Pacific Pride is working to build a better collaboration for clients in the north county so as to eliminate the need for travel to Santa Barbara. Currently north county clients are referred to Public Health for follow up appointments. Clients are also linked to a monthly Hepatitis C support group held in the north part of the county.

EXHIBIT B

PAYMENT ARRANGEMENTS Periodic Compensation

January 1, 2012

Upon execution of the State of California, Department of Public Health, Office of AIDS Amendment A02 to Agreement Number 10-95290, CONTRACTOR shall be eligible for reimbursement as follows:

- A. For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total agreement amount, including cost reimbursements, not to exceed \$265,700, allocated as follows:
 - FY 2011-12: One-time payment of \$40,000 for Prevention services provided January 1, 2012 through June 30, 2012.
 - FY 2012-13: \$225,700 for the period July 1, 2012 through June 30, 2013 for Prevention, Care and Surveillance services.
- B. Payment for services and/or reimbursement of costs shall be made upon CONTRACTOR's satisfactory performance, based upon the scope and methodology contained in EXHIBIT A, EXHIBIT A-1 and EXHIBIT A-2, as determined by COUNTY.
- C. Upon completion of the work detailed in EXHIBIT A, EXHIBIT A-1 and EXHIBIT A-2 and/or delivery to COUNTY of item(s) specified therein, CONTRACTOR shall submit to the COUNTY designated representative an invoice or certified claim on the County Treasury for the service performed. This invoice or claim must cite the assigned Board Contract Number. COUNTY designated representative shall evaluate the quality of the service performed and/or the item(s) delivered and if found to be satisfactory shall initiate payment processing. COUNTY shall pay invoices or claims for satisfactory work within 30 days of presentation.
- D. COUNTY's failure to discover or object to any unsatisfactory work or billings prior to payment will not constitute a waiver of COUNTY's right to require CONTRACTOR to correct such work or billings or seek any other legal remedy.

Contract Summary

BC 10-092

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.....	FY 2011-12 through FY 2012-13
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	041
D3.	Requisition Number	
D4.	Department Name.....	Public Health
D5.	Contact Person	Susie Herrera
D6.	Telephone.....	346-8276

K1.	Contract Type (check one): X Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	
K3.	Original Contract Amount.....	\$225,184
K4.	Contract Begin Date.....	7-1-09
K5.	Original Contract End Date	6-30-10
K6.	Amendment History (leave blank if no prior amendments)	A01: adjust scope, term, comp; A02 adjust scope, term, comp; A03 adjust comp; A04 adjust comp; A05 expand SOW, adjust comp
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.....	
	and Agenda Item Number	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	

F1.	Encumbrance Transaction Code	
F2.	Current Year Encumbrance Amount	(\$40,000 FY 11/12) \$225,700 FY 12/13
F3.	Fund Number	0042
F4.	Department Number	041
F5.	Division Number (if applicable)	13
F6.	Account Number	7460
F7.	Cost Center number (if applicable)	
F8.	Payment Terms	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	
V2.	Payee/Contractor Name	Pacific Pride Foundation
V3.	Mailing Address	126 E. Haley Street, Ste A-11
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93101
V5.	Telephone Number	805-963-3636 x125
V7.	Contact Person	David Selberg
V8.	Workers Comp Insurance Expiration Date	n/a
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	n/a
V10.	Professional License Number	n/a
V11.	Verified by (name of county staff)	Rose Davis

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: _____

