FIRST AMENDMENT TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS FIRST AMENDMENT (hereafter First Amendment to the Agreement) to the Agreement for Services of Independent Contractor is made by and between the County of Santa Barbara (County) and Zona Seca (Contractor), for the continued provision of services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County, and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein;

WHEREAS, the County Board of Supervisors authorized the County to enter into a Revenue Agreement for Services of Independent Contractor, on May 3, 2022 for the provision of Driving Under the Influence (DUI) and Penal Code 1000 (PC 1000) programs, with a projected revenue of \$57,000, inclusive of \$19,000 annually, for the period of July 1, 2022 through June 30, 2025; and

WHEREAS, this First Amendment to the Agreement updates the DUI rates for the period of July 1, 2022 through June 30, 2025.

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

I. Delete Exhibit B-1 Schedule of Fees DUI Program/PC 1000 in its entirety and replace with the following:

EXHIBI B-1 SCHEDULE OF RATES DUI/PC1000 PROGRAMS

Annual Revenue is based on the number of individuals participating in the program at the approved rates listed below and in accordance with the sliding fee scale.

TYPE OF SERVICE	Projected Client Fees Collected	Projected Annual Fees Paid to County
Driving Under the Influence (DUI) Program	\$600,000	\$18,000
PC 1000/Drug Diversion Program * Clients will be billed \$15.00 for a positive confirmation test.	*\$13,000	\$1,000
Total Projected Annual Revenue Fees:		\$19,000
Total Projection Revenue for FY 22-25:		\$57,000

DUI Program Participant Fee Schedule		
Wet & Reckless Program	\$353.55	
18-20 Year Old Program	\$346.55	
3-Month Program	\$849.55	
6-Month Program	\$1,090.55	
9-Month Program	\$1,858.00	
Other Fees		
AOD Screening	\$30	
Duplicate Completion Certificate	\$12	
Leave of Absence	\$40	
Missed Activity	\$20	
Reinstatement	\$25	
Reschedule	\$20	
Return Check	\$25	
Transfer Out	\$65	

PC 1000 Participant Fee Schedule		
PC 1000 Program Service Fee	\$1,000	
,		
Other Fees		
Return Check	\$25	
Transfer-Out	\$45	
Reinstatement	\$40	
Missed Activity	\$15	
Drug Test	Included	

- II. Effectiveness. The terms and provisions set forth in this First Amendment to the Agreement shall modify and supersede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by this First Amendment to the Agreement, are ratified and confirmed and shall continue in full force and effect, and shall continue to be legal, valid, binding, and enforceable obligations of the Parties.
- III. **Execution of Counterparts.** This First Amendment to the Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original and all such counterparts or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

THIS SECTION INTENTIONALLY LEFT BLANK SIGNATURE PAGE FOLLOWS.

SIGNATURE PAGE

First Amendment to the Agreement for Services of Independent Contractor between the County of Santa Barbara and Zona Seca.

IN WITNESS WHEREOF, the parties have executed this First Amendment to the Agreement to be effective on the July 1, 2022.

	COU.	JOAN HARTMANN, CHAIR BOARD OF SUPERVISORS
	Date:	8-16-22
ATTEST:	CONT	TRACTOR:
MONA MIYASATO COUNTY EXECUTIVE OFFICER CLERK OF THE BOARD	ZONA	A SECA
By: She la Cla Cuerra Deputy Clerk	By:	Frank Bandus C3A23DDDED04428 Authorized Representative
Date: \$-16-22	Name:	1
of the second like	Title:	
The Color	Date	
APPROVED AS TO FORM:	APPRO	OVED AS TO ACCOUNTING FORM:
RACHEL VAN MULLEM	BETS	Y M. SCHAFFER, CPA
COUNTY COUNSEL	AUDI	TOR-CONTROLLER DocuSigned by:
By: Bo Bu	By:	Robert Guis IV
Deputy County Counsel		Deputy
RECOMMENDED FOR APPROVAL:		APPROVED AS TO INSURANCE FORM:
ANTONETTE NAVARRO, LMFT, DIRECTO	R	GREG MILLIGAN, ARM
DEPARTMENT OF BEHAVIORAL WELLNESS		RISK MANAGER
DocuSigned by:		DocuSigned by:
By: Intonette "Toni" Navarro	By:	Greg Milligan
Director		Risk Manager