

SIXTH AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is the Sixth Amendment (hereafter referred to as the "Sixth Amended Contract") to the Revenue Agreement, by and between the **County of Santa Barbara** (County) and **Zona Seca, Inc.** (Contractor), for the continued provision of **PC 1000/DUI Services** and payment of fees to County.

Whereas, this Revenue Agreement has been renewed annually since its inception and the terms and conditions remain substantively unchanged from year to year; and

Whereas, it is in the best interest of County and Contractor to streamline the annual Revenue Agreement renewal process and to extend this Revenue Agreement for the multi-year period to Fiscal Year 16-17 and Contractor shall continue to pay administrative fees to County during those Fiscal Years; and

Whereas, this Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors in July 2006, the First Amendment approved by the County Board of Supervisors in June 2007, the Second Amendment approved by the County Board of Supervisors in June 2008, the Third Amendment approved by the County Board of Supervisors in June 2009, the Fourth Amendment approved by the County Board of Supervisors in June 2010, the Fifth Amendment approved by the County Board of Supervisors in June 2013, except as modified by this Sixth Amended Contract.

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

I. To Item 4, Term, from Agreement, add the following:

4. Contractor shall continue performance through Fiscal Year 2016-17, ending performance upon completion, but no later than **June 30, 2017** unless otherwise directed by County or unless earlier terminated.

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

EXHIBIT B-1
SCHEDULE OF FEES

The program services, as listed below and described in Exhibit A have been mutually agreed to by Contractor and County.

TYPE OF SERVICE	Projected Client Fees Collected	Projected Annual Fees Paid to County
PC 1000/Drug Diversion Program	\$90,000	\$1,000
Driving Under the Influence (DUI) Program	\$570,285	\$33,900
Total Annual Fees		\$34,900

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Program Fees			
PC 1000 Participant Fee Schedule		DUI Program Participant Fee Schedule	
PC 1000 Program Service Fee	\$1,000	Wet & Reckless Program	\$268.55
		18-20 Year Old Program	\$241.55
		3-Month Program	\$567.55
		6-Month Program	\$893.55
		9-Month Program	\$1,167.00
Other Fees			
PC 1000		DUI Program	
Return Check	\$25	Return Check	\$25
Transfer-Out	\$45	Leave of Absence	\$40
Reinstatement	\$40	Reinstatement	\$50
Missed Activity	\$15	Missed Activity	\$20
Drug Test	Included	Reschedule	\$20
		AOD Screening	\$30
		Duplicate Completion Certificate	\$12

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III. Delete Exhibit B-2, Fee Schedule (Sliding Scale), and replace with the following:

COUNTY OF SANTA BARBARA ALCOHOL & DRUG PROGRAM FEE SCHEDULE FY 2014-15

ANNUAL GROSS FAMILY INCOME								
NUMBER OF DEPENDENTS								
FEE PER VISIT	1	2	3	4	5	6	7	8
5	11,670	15,730	19,790	23,850	27,910	31,970	36,030	40,090
10	15,730	19,790	23,850	27,910	31,970	36,030	40,090	44,150
15	19,790	23,850	27,910	31,970	36,030	40,090	44,150	48,210
20	23,850	27,910	31,970	36,030	40,090	44,150	48,210	52,270
25	27,910	31,970	36,030	40,090	44,150	48,210	52,270	56,330
30	31,970	36,030	40,090	44,150	48,210	52,270	56,330	60,390
35	36,030	40,090	44,150	48,210	52,270	56,330	60,390	64,450
40	40,090	44,150	48,210	52,270	56,330	60,390	64,450	68,510
45	44,150	48,210	52,270	56,330	60,390	64,450	68,510	72,570
50	48,210	52,270	56,330	60,390	64,450	68,510	72,570	76,630
55	52,270	56,330	60,390	64,450	68,510	72,570	76,630	80,690
60	56,330	60,390	64,450	68,510	72,570	76,630	80,690	84,750
65	60,390	64,450	68,510	72,570	76,630	80,690	84,750	88,810
70	64,450	68,510	72,570	76,630	80,690	84,750	88,810	92,870
75	68,510	72,570	76,630	80,690	84,750	88,810	92,870	96,930
80	72,570	76,630	80,690	84,750	88,810	92,870	96,930	100,990
85	76,630	80,690	84,750	88,810	92,870	96,930	100,990	105,050
90	80,690	84,750	88,810	92,870	96,930	100,990	105,050	109,110

MONTHLY GROSS FAMILY INCOME

NUMBER OF DEPENDENTS								
FEE PER VISIT	1	2	3	4	5	6	7	8
5	973	1,311	1,649	1,988	2,326	2,664	3,003	3,341
10	1,311	1,649	1,988	2,326	2,664	3,003	3,341	3,679
15	1,649	1,988	2,326	2,664	3,003	3,341	3,679	4,018
20	1,988	2,326	2,664	3,003	3,341	3,679	4,018	4,356
25	2,326	2,664	3,003	3,341	3,679	4,018	4,356	4,694
30	2,664	3,003	3,341	3,679	4,018	4,356	4,694	5,033
35	3,003	3,341	3,679	4,018	4,356	4,694	5,033	5,371
40	3,341	3,679	4,018	4,356	4,694	5,033	5,371	5,709
45	3,679	4,018	4,356	4,694	5,033	5,371	5,709	6,048
50	4,018	4,356	4,694	5,033	5,371	5,709	6,048	6,386
55	4,356	4,694	5,033	5,371	5,709	6,048	6,386	6,724
60	4,694	5,033	5,371	5,709	6,048	6,386	6,724	7,063
65	5,033	5,371	5,709	6,048	6,386	6,724	7,063	7,401
70	5,371	5,709	6,048	6,386	6,724	7,063	7,401	7,739
75	5,709	6,048	6,386	6,724	7,063	7,401	7,739	8,078
80	6,048	6,386	6,724	7,063	7,401	7,739	8,078	8,416
85	6,386	6,724	7,063	7,401	7,739	8,078	8,416	8,754
90	6,724	7,063	7,401	7,739	8,078	8,416	8,754	9,093

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SIGNATURE PAGE

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

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on July 1, 2014.

COUNTY OF SANTA BARBARA

By: _____
STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS

Date: _____

CONTRACTOR
ZONA SECA, INC.

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

By: _____
Deputy Clerk

Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: 
Deputy County Counsel

Date: 8/14/14

RECOMMENDED FOR APPROVAL:
ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES
TAKASHI WADA, MD, MPH
INTERIM DIRECTOR

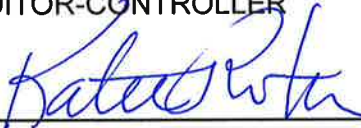
By: 
Director

Date: 8/13/14

By: _____

Date: _____

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By: 
Deputy

Date: 8/14/14

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: 
Date: 8/14/14

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By: _____
STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS

Date: _____

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

CONTRACTOR
ZONA SECA, INC.

By: _____
Deputy Clerk

By: Frank Banish

Date: _____

Date: August 12, 2014

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel

By _____
Deputy

Date: _____

Date: _____

RECOMMENDED FOR APPROVAL:
ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES
TAKASHI WADA, MD, MPH
INTERIM DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director

By: _____

Date: _____

Date: _____