

COUNTY OF SANTA BARBARA

PURCHASING AGENT 105 EAST ANAPAMU ST. RM. 304 SANTA BARBARA, CA 93101

C	ORDER				
CI	N21170				
Page No.	PO Date				
1 of 1	JUL/01/2017				

REFER INQUIRIES TO BUYER:

PHUNG LOMAN

Phone: 805-568-2697 Fax: 805-568-2705

SHIP-TO: BEHAVIORAL WELLNESS - DIRECTED

SUPPLIER: Attn: DEAN PALIUS

SANTA YNEZ VALLEY PEOPLE

HELPING PEOPLE, INC

P O BOX 1478

SOLVANG, CA 93464

BILL TO: BEHAVIORAL WELLNESS - FISCAL

429 N. SAN ANTONIO RD. SANTA BARBARA, CA 93110

Phone: 805/681-5168

Phone: (805)-686-0295 805-686-2856 Fax:

TERMS	F.O.B.	SUPPLIER CODE	DELIVERY DATE	REQUESTED BY	REQ. NO.
NET 30		10862	JUN/30/2018	QIUANA LOPEZ	

LN	QUANTITY	G/L ACCOUNT DESCRIPTION	PRICE/UNIT	EXTENSION
1	1 LOT	++043+7462+	61.250.00 /LOT	61 250 00

SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE? SERVICE CONTRACT

GENERAL: PROVIDE PREVENTION AND EARLY INTERVENTION SERVICES AS STATED IN THE AGREEMENT AND EXHIBITS A-ADP, EXHIBIT A-MH, ATTACHMENT A, ATTACHMENT D, ATTACHMENT E, EXHIBIT B-ADP, EXHIBIT B-MH, EXHIBIT B-1-ADP, EXHIBIT B-1-MH, EXHIBIT B-2 AND EXHIBIT C ATTACHED.

CONTRACT PERIOD: Start date, as directed. Termination date, as directed and NO LATER THAN JUNE 30, 2018.

LIMITATIONS: Total expenditure for the period shall not exceed \$61,250.00. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

STANDARD TERMS & CONDITIONS FOR INDEPENDENT CONTRACTORS (ver. 2016 06 22) attached.

Insurance documents already on file in Purchasing Division.

THIS CONTRACT IS NOT VALID FOR AMOUNTS IN EXCESS OF ONE HUNDRED THOUSAND DOLLARS (\$100,000)

NOTE TO CONTRACTOR: No payment will be due or payable unless this contract is properly executed and returned to the County Purchasing Office. Do not commence performance until you have executed this contract and returned it to the County of Santa Barbara Purchasing Division, 105 E. Anapamu St, RM 304, Santa Barbara, CA 93101.

Accepted By: (X)

Print Name/Title:

Applicable License # (Medical/Contractor/Etc):

Tax 1: Tax 2: 0.00 0.00

Total:

61,250.00

(1) The order number and Bill to dept. name shown above must appear on all invoices, shipping papers, packages and correspondence.

Mail invoices to the "bill to" address.

All duty and/or taxes must be shown separately on invoice where applicable.

(4) This order is subject to the terms and conditions stated, including nondiscrimination in employment, hazardous chemicals and equipment safety standards, that are available for viewing at www.countyofsb.org

COUNTY OF SANTA BARBARA

