



CHANGE ORDER

Date: 10/16/17
Order Number: CN21146
Change Number: CO 1
Department Name: Behavioral Wellness
Customer Number: 043
Requested By: Qiuana Lopez
Phone #: 805/ 681-5229

Supplier Name and Address:

LAGS SPINE & SPORTSCARE
MEDICAL CENTERS, INC.
801 E CHAPEL ST
SANTA MARIA, CA 93454

Note to Supplier:

This is a change in the order specified, under which you are supplying us with certain goods or services. If the change is not acceptable to you, or you require additional data, please contact the Buyer identified below (or on the original order). No reply is awaited.

If you do not object to this change in writing prior to taking any further action in fulfilling the order (with all changes), you will be presumed to concur with this change and you will be bound by its terms.

The following change is requested and authorized:

Increase contract in the amount of \$62,500. Contract maximum not to exceed \$100,000 for Intensive Outpatient alcohol and other drug treatment for our ADP Program.

Contract terms: 9/05/17 to 6/30/18

All terms and conditions and exhibits remain the same.

Department Input - Does this Change-Order involve Federal Funds (circle one): No Yes (Federal Super Circular requirements apply)

Melanie Johnson
Authorized Departmental Signature
Melanie Johnson
Printed Name

10/17/18
Date
805/681-5121
Phone (7 digit)

R. Hardy
Buyer
Hardy
Printed Name

10-23-17
Date
805/
Phone (7 digit)

CHANGE ORDER ENCUMBRANCE (This section for County Use Only)

(Refer to FIN Manual for Encumbrance Form Instructions)

Batch ID:

Choose what you want to do:

O	Enter Original Encumbrance
I	Increase Encumbrance
R	Reduce Encumbrance

Posting Date

/ /

Audit Trail #

Document # ENC

Action	Contract/P.O.#	Vendor#	Fund	Dept No	Line Item Account	Amount	Program	Org Unit	Project	Desc ID
1 O	CN21146		0049	043	7461	37,500	6241/ 6243			A
2 I	CN21146		0049	0043	7461	62,500	6241/ 6243			
3										
4										
5										
Total						\$100,000				

A Original

B Increase

Qiuana Lopez

805-681-5229



COUNTY OF SANTA BARBARA

PURCHASING AGENT
105 EAST ANAPAMU ST. RM. B5
SANTA BARBARA, CA 93101

ORDER

CN21146

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PO Date
JUL/01/2017

REFER INQUIRIES TO BUYER:

RICK HARDY

Phone: 805-568-2691

Fax: 805-568-2705

SHIP-TO: BEHAVIORAL WELLNESS - DIRECTED

SUPPLIER: Attn: FRANCIS P LAGATTUTA II

LAGS SPINE & SPORTSCARE

MEDICAL CENTERS, INC.

801 E CHAPEL ST

SANTA MARIA, CA 93454

Phone: 805/332-4568 X103

Fax: 805/332-3487

BILL TO: BEHAVIORAL WELLNESS - FISCAL

429 N. SAN ANTONIO RD.

SANTA BARBARA, CA 93110

Phone: 805/681-5168

TERMS	F.O.B.	SUPPLIER CODE	DELIVERY DATE	REQUESTED BY	REQ. NO.
NET 30	DESTINATION-PREPAY & ADD	24506	JUN/30/2018	QUIANA LOPEZ	CN20190

LN	QUANTITY	G/L ACCOUNT DESCRIPTION	PRICE/UNIT	EXTENSION
1	1 LOT	0049+043+7461+6241	100,000.00 /LOT	100,000.00

LAGS SPINE & SPORTSCARE MEDICAL CENTERS, INC./SERVICE CONTRACT

SPECIAL NOTICE TO SUPPLIER: THIS CONTRACT REPLACES YOUR PREVIOUS YEAR CONTRACT #CN20190 WHICH EXPIRES ON JUNE 30TH, 2017. YOU MUST SIGN & RETURN THIS REPLACEMENT CONTRACT, AND YOU MUST REFERENCE THE NEW NUMBER ON ALL INVOICES & CORRESPONDENCE RELATED TO THE DESCRIBED WORK EFFECTIVE JULY 1, 2017.

GENERAL: provide intensive outpatient alcohol and other drug treatment for our ADP program as described in the attached: Standard Terms and Conditions, Additional Terms and Conditions, Exhibit A-1,E,B,B-1,B-2,B-3 and Exhibit X.

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 \$100,000.00. 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) applies.

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: Francis Lagattuta, II Date: 10-23-17

Director of operations M.H. + Recovery

Applicable License # (Medical/Contractor/Etc):

Tax 1: 0.00

Tax 2: 0.00

Total: 100,000.00

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

(2) Mail invoices to the "bill to" address.

(3) 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 non-discrimination in employment, hazardous chemicals and equipment safety standards, that are available for viewing at www.countyofsb.org

County of Santa Barbara

This order is being tracked by:



Supplier



COUNTY OF SANTA BARBARA

PURCHASING AGENT
105 EAST ANAPAMU ST. RM. B5
SANTA BARBARA, CA 93101

ORDER

CN21146

Page No.
1 of 1

PO Date
JUL/01/2017

REFER INQUIRIES TO BUYER:

RICK HARDY

Phone: 805-568-2691

Fax: 805-568-2705

SHIP-TO: BEHAVIORAL WELLNESS - DIRECTED

SUPPLIER: Attn: FRANCIS P LAGATTUTA II
LAGS SPINE & SPORTSCARE
MEDICAL CENTERS, INC.
801 E CHAPEL ST
SANTA MARIA, CA 93454

BILL TO: BEHAVIORAL WELLNESS - FISCAL
429 N. SAN ANTONIO RD.
SANTA BARBARA, CA 93110
Phone: 805/681-5168

Phone: 805/332-4568 X103

Fax: 805/332-3487

TERMS	F.O.B.	SUPPLIER CODE	DELIVERY DATE	REQUESTED BY	REQ. NO.
NET 30	DESTINATION-PREPAY & ADD	24506	JUN/30/2018	QUIANA LOPEZ	CN20190

LN	QUANTITY	G/L ACCOUNT DESCRIPTION	PRICE/UNIT	EXTENSION
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<p>LAGS SPINE & SPORTSCARE MEDICAL CENTERS, INC/SERVICE CONTRACT SPECIAL NOTICE TO SUPPLIER : THIS CONTRACT REPLACES YOUR PREVIOUS YEAR CONTRACT #CN20190 WHICH EXPIRES ON JUNE 30TH, 2017. YOU MUST SIGN & RETURN THIS REPLACEMENT CONTRACT, AND YOU MUST REFERENCE THE NEW NUMBER ON ALL INVOICES & CORRESPONDENCE RELATED TO THE DESCRIBED WORK EFFECTIVE JULY 1, 2017. GENERAL: provide intensive outpatient alcohol and other drug treatment for our ADP program as described in the attached: Standard Terms and Conditions, Additional Terms and Conditions, Exhibit A-1,E,B,B-1,B-2,B-3 and Exhibit X. 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 \$100,000.00. 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) applies. 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.</p> <p>Accepted By: (X) <u>Francis Lagattuta II</u> Print Name/Title: <u>Francis Lagattuta II</u> Date: <u>10-23-17</u> <u>Director of Operations M.H. + Recovery</u> Applicable License # (Medical/Contractor/Etc): _____</p> <p>Tax 1: 0.00 Tax 2: 0.00 Total: 100,000.00</p>				

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Richard H. Hardy

COUNTY OF SANTA BARBARA

Department

This order is being tracked by:

