

## SECOND AMENDMENT 2018 - 2019

### TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the “Second Amended Contract”) to the Agreement for Services of Independent Contractor, referenced as number **BC 18-243**, by and between the **County of Santa Barbara** (County) and **Good Samaritan Shelter** (Contractor), wherein Contractor agrees to provide and County agrees to accept the services specified herein.

**Whereas**, Contractor(s) 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**, this Second Amended Contract adds new language to the statement of work for Mental Health Funded Shelter Beds, for the provision of Resiliency Interventions for Sexually Exploited (RISE) shelter beds and services effective July 1, 2018 through October 7, 2018;

**Whereas**, this Second Amended Contract s increases Mental Health funding by \$15,000 for FY 18-19;

**Whereas**, this Second Amended Contract provides an earlier termination date of November 30, 2018 for all Alcohol and Drug Program (ADP) services, based on the December 1, 2018 start date for the Drug Medical Organized Delivery System in Santa Barbara County, and as a result of the one month shorter term, ADP funding under this contract for FY 18-19 will be reduced by \$135,402;

**Whereas**, as a result of the Mental Health and ADP funding revisions during FY 18-19, this Second Amended Contract provides a new contract maximum amount not to exceed \$959,995 through June 30, 2019, inclusive of ADP funding not to exceed \$718,495 through November 30, 2018.; and

**Whereas**, this Second Amended Contract incorporates the First Amended Contract terms and conditions approved by the County Board of Supervisors in October 2018 and the terms and conditions set forth in the original Agreement approved by the County Board of Supervisors in June 2018, except as modified in this Second Amended Contract.

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

**I. In Exhibit A-8-MH Statement of Work, Mental Health –Funded Shelter Beds, delete Section 2. Services and Section 3. Clients and replace with the following:**

**2. SERVICES.**

- A. Contractor shall provide shelter beds for a minimum of five (5) homeless mentally ill clients per day, and two (2) for Resiliency Interventions for Sexually Exploited (RISE) clients in Santa Maria, and one (1) homeless mentally ill client in Lompoc, screened and referred by the Behavioural Wellness Homeless Outreach Worker or designated RISE staff.
- B. Contractor shall:
  1. Monitor clients for physical health issues;
  2. Assist clients with personal hygiene;

## SECOND AMENDMENT 2018 - 2019

3. Assist clients to access community supports and resources;
  4. Provide 24/7 hour support for RISE clients, if needed; and
  5. Provide an evening meal, breakfast, shower, laundry, and mail for clients, included in each night's stay for as long as the client is a resident at Program.
3. **CLIENTS.** Contractor shall provide shelter beds and the services described in Section 2 to six (6) individuals with severe mental illness and two (2) RISE clients who are any of the following:
- A. Homeless;
  - B. Needing shelter while awaiting receipt of benefits; or
  - C. Temporarily displaced while awaiting placements in more permanent housing.

### **II. In Exhibit B Financial Provisions – ADP, Delete Section II Maximum Contract Amount and replace it with the following:**

The Maximum Contract Amount of this Agreement shall not exceed **\$959,995** for FY 18-19, inclusive of **\$718,495** in Alcohol and Drug Program funding through November 30, 2018, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-ADP. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

### **III. In Exhibit B Financial Provision – MH, Delete Section II. Maximum Contract Amount and replace it with the following:**

The Maximum Contract Amount of this Agreement shall not exceed **\$959,995** for FY 18-19, inclusive of **\$241,500** in Mental Health funding through June 30, 2019, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-MH and subject to the provisions in Section I. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

## SECOND AMENDMENT 2018 - 2019

### IV. Delete Exhibit B-1- ADP and replace with the following:

Exhibit B-1  
Schedule of Rates and Contract Maximum

CONTRACTOR NAME: Good Samaritan Shelter

FISCAL YEAR: 2018-19

Drug Medi-Cal / Non Drug Medi-Cal	Service Type	Mode	Service Description	Unit of Service	AoD Cost		
					DMC Service Function Code	Report Service Code	County Maximum Allowable Rate
Drug Medi-Cal Billable Services	Day Services	10	Intensive Outpatient Treatment (IOT)	Session	30	30	\$58.53
			Intensive Outpatient Treatment (IOT) - Perinatal	Session	30	30	\$86.11
	Outpatient	15	ODF Individual Counseling	Session	80	34	\$78.44
			ODF Group Counseling	Session	85	33	\$30.89
			ODF Individual Counseling - Perinatal	Session	80	34	\$81.93
			ODF Group Counseling - Perinatal	Session	85	33	\$38.56
	Residential Services	5	Perinatal Residential	Daily	30	51	\$90.14
Non - Drug Medi-Cal Billable Services	Early Intervention / Secondary Prevention	N/A	Early Intervention	Hours	N/A	18	Actual Cost
			Outreach / Intervention	Hours	N/A	19	Actual Cost
			Intravenous Drug User (IDU or IDDU)	Hours	N/A	20	Actual Cost
			Referrals/ Screening/ Intake	Hours	N/A	21	Actual Cost
	CalWORKs	N/A	Interim Treatment Services CalWORKs	Hours	N/A	35	Actual Cost
	Residential	N/A	Free-Standing Residential Detoxification	Bed Day	N/A	50	Actual Cost
			Perinatal Residential	Bed Day	N/A	51	Actual Cost
			Transitional Living Center (Perinatal/Parolee Only)	Bed Day	N/A	56	Actual Cost
			Alcohol/Drug Free Housing (Perinatal/Parolee Only)	Bed Day	N/A	57	Actual Cost
	Ancillary Services	N/A	Perinatal Outreach	Hours	N/A	22	Actual Cost
			Case Management (excluding SACPA clients)	Hours	N/A	68	\$60.76
			Transportation (Perinatal/Parolee Only)	Hours	N/A	71	Actual Cost
				Hours	N/A	71	Actual Cost

\* used the same rate as Perinatal Residential Treatment UOS (Daily) \$80.92

56-TLC PN is not DMC Svc -this rate comes from actual costs based on prior cost reports (both locations/beds=costs)

Good Sam FY1819													
	Program											TOTAL	
	Residential Detox (Santa Maria)***	Residential Detox (Lompoc)	Recovery Point (Santa Maria)	ROSC	Project PREMIE (Santa Maria)	Turning Point PN Outpatient (Lompoc)	Transitional Living Centers (Santa Maria)	Transitional Living Centers (Lompoc)	Alcohol and Drug Free Housing (Santa Maria)	Family Treatment Drug Court (Lompoc and Santa Maria)	Lompoc Recovery Center		Casa De Familia Treatment Center
	July 1, 2018 to November 30, 2018												
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT**													
Drug Medi-Cal			71,440		120,236	107,672					32,871	28,488	360,707
Drug Medi-Cal - Perinatal Residential	23,333												23,333
Realignment/SAPT - Discretionary	65,867	44,708	34,379	6,125		1,750				26,667	9,748	2,042	191,286
Realignment/SAPT - Perinatal	10,000	-			2,960	658	28,883	41,667					84,168
CalWORKS		2,500					16,000	10,000	30,500				59,000
Other County Funds													-
TOTAL (SOURCES OF FUNDING)	\$ 99,200	\$ 47,208	\$ 105,819	\$ 6,125	\$ 123,196	\$ 110,080	\$ 44,883	\$ 51,667	\$ 30,500	\$ 26,667	\$ 42,619	\$ 30,530	\$ 718,495

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

\*The 15% Administrative Fee is deducted from the Drug Medi-Cal Gross Claim Maximum. Maximum (Net) Contract Amount is Less Administrative Fee of 15% (Drug Medi-Cal Only).

\*\* Funding sources are estimated at the time of contract execution and may be reallocated at Behavioral Wellness' discretion based on available funding sources.

\*\*\*Residential Detox Santa Maria - includes \$50k for DMC perinatal residential treatment and funds for board and care starting October 1, 2018.

<sup>1</sup> CalWORKS units paid at rate established in most recently filed cost report.

## SECOND AMENDMENT 2018 - 2019

### V. Delete Exhibit B-1- MH and replace with the following:

#### EXHIBIT B-1 MH DEPARTMENT OF BEHAVIORAL WELLNESS SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME:

Good Samaritan Shelter

FISCAL YEAR: 2018-2019

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.46
			Collateral	Minutes	10	\$3.18
			*MHS- Assessment	Minutes	30	\$3.18
			MHS - Plan Development	Minutes	31	\$3.18
			*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.18
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.18
			Crisis Intervention	Minutes	70	\$4.73
Non-Medi-Cal Billable Services	Shelter Beds	N/A	Shelter Beds	Per Bed per Day	N/A	28.08
			RISE Shelter Beds	Per Bed per Day	N/A	\$150/day 1st client; \$50/day each additional client

	PROGRAM					TOTAL
	Homeless Clinician	Shelter Beds	RISE Shelter Beds July 1, 2018 - October 7, 2018			
GROSS COST:	\$ 165,000	\$ 61,500	\$ 15,000			\$241,500
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
OTHER (LIST):						\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -	\$ -	\$ -		\$0
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE	\$ 165,000	\$ 61,500	\$ 15,000	\$ -	\$ -	\$ 241,500

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$ 107,250					\$ 107,250
NON-MEDI-CAL		\$ 61,500	\$ 15,000			\$ 76,500
SUBSIDY	\$ 57,750					\$ 57,750
OTHER (LIST):						\$ -
TOTAL (SOURCES OF FUNDING)	\$ 165,000	\$ 61,500	\$ 15,000	\$ -	\$ -	\$ 241,500

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

(1) Additional services may be provided if authorized by Director or designee in writing.

(2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.

\* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.

## SECOND AMENDMENT 2018 - 2019

### VI. Delete Exhibit B-2 and replace with the following:

Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet Entity Budget By Program																	
AGENCY NAME:		Good Samaritan Shelter															
COUNTY FISCAL YEAR:		2018-2019															
Gray Shaded cells contain formulas, do not overwrite																	
LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CASA DE FAMILIA TREATMENT CENTER	RECOVERY POINT	PROJECT PREMIE	TURNING POINT	LOMPOC RECOVERY CENTER	HOMELESS CLINICIANS	SANTA MARIA EMERGENCY SHELTER	LOMPOC EMERGENCY SHELTER	SANTA MARIA TLC	LOMPOC TLC	SANTA MARIA DX	LOMPOC DX	FAMILY TREATMENT DRUG COURT	
1	Contributions	\$ 70,500	\$ 64,800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,800	\$ 25,000	\$ -	\$ -	\$ -	\$ -	\$ -	
2	Foundations/Trusts	\$ 181,138	\$ 178,164	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 48,334	\$ 8,962	\$ 50,000	\$ 50,000	\$ -	\$ 20,869	\$ -	
3	Miscellaneous Revenue	\$ 7,500	\$ 7,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,750	\$ 3,750	\$ -	\$ -	\$ -	\$ -	\$ -	
4	ADMHS Funding	\$ 1,101,897	\$ 1,101,897	\$ 36,636	\$ 126,984	\$ 147,836	\$ 132,097	\$ 51,144	\$ 165,000	\$ 96,750	\$ 17,600	\$ 50,660	\$ 60,000	\$ 129,040	\$ 56,150	\$ 32,000	
5	Other Government Funding	\$ 951,720	\$ 579,716	\$ 1,237	\$ 30,910	\$ 12,364	\$ 12,364	\$ 4,946	\$ -	\$ 196,748	\$ 179,968	\$ 35,230	\$ 35,230	\$ 50,360	\$ 20,360	\$ -	
6	Reserves		\$ -													\$ -	
7	Other (specify)		\$ -													\$ -	
8	Other (specify)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9	Other (specify)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10	Total Other Revenue	\$ 2,312,755	\$ 1,932,077	\$ 37,873	\$ 157,894	\$ 160,200	\$ 144,461	\$ 56,090	\$ 165,000	\$ 385,382	\$ 235,279	\$ 135,890	\$ 145,230	\$ 179,400	\$ 97,379	\$ 32,000	
I.B Client and Third Party Revenues:																	
11	Client Fees	\$ 50,000	50,000	\$ 5,000	\$ 10,000	\$ -	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ 10,000	\$ -	
12	SSI	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13	Rents	\$ 251,900	45,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ 17,500	\$ 17,500	\$ -	\$ -	\$ -	
14	Total Client and Third Party Revenues (Sum of lines 19 through 23)	301,900	95,000	5,000	10,000	-	-	10,000	-	-	10,000	17,500	17,500	15,000	10,000	-	
15	GROSS PROGRAM REVENUE BUDGET	2,614,655	2,027,077	42,873	167,894	160,200	144,461	66,090	165,000	385,382	245,279	153,390	162,730	194,400	107,379	32,000	

**\*\*Contributions are intended to cover any cost in excess of contract maximum or cost not reimbursable under this contract.**

## SECOND AMENDMENT 2018 - 2019

	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CASA DE FAMILIA TREATMENT CENTER	RECOVERY POINT	PROJECT PREMIE	TURNING POINT	LOMPOC RECOVERY CENTER	HOMELESS CLINICIANS	SANTA MARIA EMERGENCY SHELTER	LOMPOC EMERGENCY SHELTER	SANTA MARIA TLC	LOMPOC TLC	SANTA MARIA DX	LOMPOC DX	FAMILY TREATMENT DRUG COURT
	III.A. Salaries and Benefits Object Level															
16	Salaries (Complete Staffing Schedule)	1,170,042	\$ 913,810	\$ 21,451	\$ 84,607	\$ 85,628	\$ 71,976	\$ 29,504	\$ 75,040	\$ 164,204	\$ 105,987	\$ 55,406	\$ 51,456	\$ 96,408	\$ 51,978	\$ 20,164
17	Employee Benefits	327,612	\$ 255,867	\$ 6,006	\$ 23,690	\$ 23,976	\$ 20,153	\$ 8,261	\$ 21,011	\$ 45,977	\$ 29,676	\$ 15,514	\$ 14,408	\$ 26,994	\$ 14,554	\$ 5,646
18	Consultants		\$ -													
19	Payroll Taxes	117,004	\$ 91,381	\$ 2,145	\$ 8,461	\$ 8,563	\$ 7,198	\$ 2,950	\$ 7,504	\$ 16,420	\$ 10,599	\$ 5,541	\$ 5,146	\$ 9,641	\$ 5,198	\$ 2,016
20	Salaries and Benefits Subtotal	\$ 1,614,658	\$ 1,261,057	\$ 29,602	\$ 116,757	\$ 118,167	\$ 99,326	\$ 40,716	\$ 103,555	\$ 226,602	\$ 146,262	\$ 76,461	\$ 71,010	\$ 133,043	\$ 71,730	\$ 27,826
	III.B Services and Supplies Object Level															
21	Auto Expenses	21,625	\$ 20,126	-	-	1,432	1,530	-	5,751	4,000	1,690	1,600	1,600	1,498	1,025	-
23	Contracted Services	60,796	\$ 54,453	127	972	271	300	40	10,660	8,729	6,707	5,385	7,302	6,826	7,132	-
24	Computer Expenses	994	\$ 254	-	-	-	-	-	-	194	59	-	-	-	-	-
25	Occupancy	158,272	\$ 96,333	-	1,529	4,665	7,474	5,400	-	28,430	2,585	16,422	24,598	4,391	840	-
27	Drug Testing	21,119	\$ 19,503	764	11,864	857	764	2,618	-	1,939	697	-	-	-	-	-
28	Education & Training	9,300	\$ 8,294	800	1,033	1,400	1,320	600	736	250	80	482	486	550	557	-
29	Gov'tl Fees & Charges	27,770	\$ 24,744	2,000	1,689	2,597	2,137	1,800	-	184	340	4,612	4,612	2,775	1,998	-
30	Insurance	27,266	\$ 20,739	520	831	1,062	1,713	791	863	3,960	2,168	3,362	3,155	1,323	993	-
31	Laundry	-	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-
32	Legal & Accounting	1,514	\$ 298	-	-	-	-	-	-	298	-	-	-	-	-	-
33	Meetings and Seminars	92	\$ 280	-	-	-	-	-	200	40	40	-	-	-	-	-
34	Office Expense/Supplies	12,026	\$ 11,928	1,152	1,812	1,501	1,350	895	2,348	2,208	663	-	-	-	-	-
35	Postage	80	\$ 80	-	-	-	-	-	-	40	40	-	-	-	-	-
36	Program Supplies Food	16,826	\$ 14,226	-	-	-	-	-	-	3,782	3,726	882	1,097	3,120	1,619	-
37	Program Supplies	71,056	\$ 58,249	905	2,862	2,503	2,632	912	1,105	12,242	6,710	9,788	11,242	4,560	2,788	-
38	Rental of Buildings	16,128	\$ 12,420	-	-	-	-	-	12,420	-	-	-	-	-	-	-
39	Rental of Equipment	3,005	\$ 2,802	40	595	-	-	-	-	160	160	480	480	687	200	-
40	Repairs & Maintenance	42,797	\$ 28,974	-	848	1,338	2,377	67	75	7,793	6,194	3,360	4,194	1,538	1,191	-
41	Telephone/Internet	29,761	\$ 25,157	192	2,699	1,628	1,668	1,918	4,001	1,503	1,924	2,868	2,868	2,800	1,088	-
42	Travel Expense	5,746	\$ 4,957	987	1,200	-	-	1,000	1,370	200	200	-	-	-	-	-
43	Util - Electricity	30,640	\$ 19,027	-	1,089	565	908	279	61	2,363	6,357	2,304	2,658	1,780	663	-
44	Util - Heat (Gas)	13,160	\$ 9,086	191	215	377	606	-	-	1,072	1,688	1,536	1,772	1,187	442	-
45	Util - Trash Disposal	425	\$ 200	-	-	-	-	-	-	-	200	-	-	-	-	-
46	Util - Water/Sewer	37,619	\$ 19,894	-	-	942	1,514	434	333	4,328	-	3,840	4,430	2,967	1,106	-
47	License and Permits	283	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-
48	Rapid Rehousing and other payments	50,655	\$ 49,594	-	-	-	-	-	-	24,797	24,797	-	-	-	-	-
49	Services and Supplies Subtotal	\$ 658,955	\$ 501,618	\$ 7,678	\$ 29,238	\$ 21,137	\$ 26,292	\$ 16,754	\$ 39,923	\$ 108,513	\$ 67,024	\$ 56,922	\$ 70,495	\$ 36,000	\$ 21,643	\$ -
50	III. C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)		\$ -													
51	SUBTOTAL DIRECT COSTS	\$ 2,273,613	\$ 1,762,675	\$ 37,280	\$ 145,995	\$ 139,304	\$ 125,618	\$ 57,469	\$ 143,478	\$ 335,115	\$ 213,286	\$ 133,383	\$ 141,504	\$ 169,043	\$ 93,373	\$ 27,826
52	IV. INDIRECT COSTS															
53	Administrative Indirect Costs (Reimbursement limited to 15%)	341,042	\$ 264,401	\$ 5,592	\$ 21,899	\$ 20,896	\$ 18,843	\$ 8,620	\$ 21,522	\$ 50,267	\$ 31,993	\$ 20,007	\$ 21,226	\$ 25,357	\$ 14,006	\$ 4,174
54	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 47+48)	\$ 2,614,655	\$ 2,027,077	\$ 42,873	\$ 167,894	\$ 160,200	\$ 144,461	\$ 66,090	\$ 165,000	\$ 385,382	\$ 245,279	\$ 153,390	\$ 162,730	\$ 194,400	\$ 107,379	\$ 32,000

## **SECOND AMENDMENT 2018 - 2019**

**VII. All other terms remain in full force and effect.**

## SECOND AMENDMENT 2018 - 2019

Second Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Good Samaritan Shelter**.

**IN WITNESS WHEREOF**, the parties have executed this Second Amendment to be effective July 1, 2018.

### COUNTY OF SANTA BARBARA:

By: \_\_\_\_\_  
DAS WILLIAMS, CHAIR  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

### ATTEST:

MONA MIYASATO  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

### CONTRACTOR:

GOOD SAMARITAN SHELTER

By: \_\_\_\_\_  
Deputy Clerk

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### APPROVED AS TO FORM:

MICHAEL C. GHIZZONI  
COUNTY COUNSEL

### APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA  
AUDITOR-CONTROLLER

By: \_\_\_\_\_  
Deputy County Counsel

By: \_\_\_\_\_  
Deputy

### RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR  
DEPARTMENT OF BEHAVIORAL  
WELLNESS

### APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO  
RISK MANAGEMENT

By: \_\_\_\_\_  
Director

By: \_\_\_\_\_  
Risk Management