

**Attachment D**  
**First Addendum to**  
**Funding Agreement**

FIRST ADDENDUM TO  
FUNDING AGREEMENT FOR AB2034 ONE-TIME HOUSING FUNDS  
BETWEEN  
THE COUNTY OF SANTA BARBARA  
AND  
TRANSITIONS-MENTAL HEALTH ASSOCIATION

THIS IS AN ADDENDUM TO THE FUNDING AGREEMENT FOR AB2034 ONE-TIME HOUSING FUNDS ( the “ FUNDING AGREEMENT”) by and between the COUNTY OF SANTA BARBARA, a political subdivision of the State of California, hereinafter referred to as “COUNTY”; and TRANSITIONS MENTAL HEALTH ASSOCIATION, hereinafter referred to as “CONTRACTOR”, with reference to the following:

WHEREAS, CONTRACTOR AND COUNTY entered into a FUNDING AGREEMENT on June 18, 2002 for the provision of a minimum total of 6 beds for use and occupancy by low income clients by CONTRACTOR in return for AB2034 funding from the County; and

WHEREAS, CONTRACTOR secured the AB2034 funding referenced in said FUNDING AGREEMENT with two properties, 1418 S. Raven Court in Santa Maria, CA (“Raven Court”) and 117 W. Tunnell St. (“Tunnell St.”) in Santa Maria, CA; and

WHEREAS, CONTRACTOR has continuously fulfilled its obligation to provide a minimum total of 6 beds for use and occupancy as set forth in the FUNDING AGREEMENT; and

WHEREAS, CONTRACTOR sold the Raven Court home and replaced that property with a like-kind property located at 613 N. Curryer, Santa Maria, CA (“Curryer St.”); and

WHEREAS, COUNTY and CONTRACTOR desire to transfer the security for the AB2034 funding from the Raven Court property to the Curryer St. property; and

WHEREAS, said transfer will assure continued compliance with the CONTRACTOR’S commitments under the FUNDING AGREEMENT; and

NOW THEREFORE, COUNTY AND CONTRACTOR agree as follows:

1. The FUNDING AGREEMENT dated June 18, 2002 will remain in full force and effect except as changed via this FIRST ADDENDUM to the FUNDING AGREEMENT; and
2. The obligations described in the FUNDING AGREEMENT as applicable to the Raven Court property now apply to the Curryer St. property; and

3. The reporting requirements under Section 7 of the FUNDING AGREEMENT will be consolidated with other performance reports submitted by CONTRACTOR to COUNTY. CONTRACTOR agrees to submit quarterly reports that include the required elements described in Section 7 of the FUNDING AGREEMENT as part of its Quarterly Programmatic Reports submitted to COUNTY on January 25, April 25, July 25 and October 25.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties have executed this First Addendum to be effective \_\_\_\_\_, 2019.

**COUNTY OF SANTA BARBARA:**

By: \_\_\_\_\_  
STEVE LAVAGNINO, CHAIR  
BOARD OF SUPERVISORS

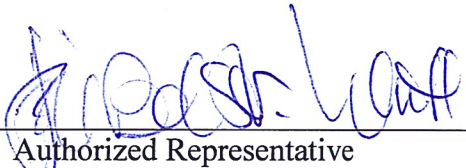
Date: \_\_\_\_\_

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

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

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

**CONTRACTOR:**  
TRANSITIONS MENTAL HEALTH  
ASSOCIATION

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

Name: Jill Bolster-White

Title: Executive Director

Date: 2/20/19

**APPROVED AS TO FORM:**  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

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

**APPROVED AS TO ACCOUNTING FORM:**  
BETSY M. SCHAFFER, CPA  
AUDITOR-CONTROLLER

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

**RECOMMENDED FOR APPROVAL:**  
ALICE GLEGHORN, PH.D., DIRECTOR  
DEPARTMENT OF BEHAVIORAL  
WELLNESS

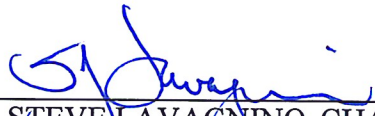
By: \_\_\_\_\_  
Director

**APPROVED AS TO INSURANCE FORM:**  
RAY AROMATORIO  
RISK MANAGEMENT

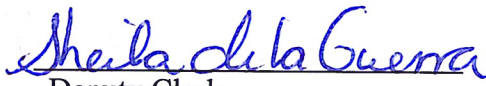
By: \_\_\_\_\_  
Risk Management

IN WITNESS WHEREOF, the parties have executed this First Addendum to be effective \_\_\_\_\_, 2019.

**COUNTY OF SANTA BARBARA:**

By:   
STEVE LAVAGNINO, CHAIR  
BOARD OF SUPERVISORS  
Date: 3-19-19

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

By:   
Deputy Clerk  
Date: 3-19-19

**CONTRACTOR:**  
TRANSITIONS MENTAL HEALTH  
ASSOCIATION

By: \_\_\_\_\_  
Authorized Representative  
Name: Jill Bolster-White  
Title: Executive Director  
Date: \_\_\_\_\_

**APPROVED AS TO FORM:**  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

By:   
Deputy County Counsel

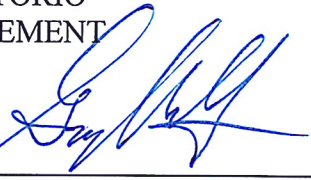
**APPROVED AS TO ACCOUNTING FORM:**  
BETSY M. SCHAFFER, CPA  
AUDITOR-CONTROLLER

By:   
Deputy

**RECOMMENDED FOR APPROVAL:**  
ALICE GLEGHORN, PH.D., DIRECTOR  
DEPARTMENT OF BEHAVIORAL  
WELLNESS

By:   
Director

**APPROVED AS TO INSURANCE FORM:**  
RAY AROMATORIO  
RISK MANAGEMENT

By:   
Risk Management