

SECOND AMENDMENT TO AGREEMENT

between

COUNTY OF SANTA BARBARA

and

AECOM

January 1, 2013

THIS IS THE SECOND AMENDMENT TO THE AGREEMENT (hereafter Second Amendment) to Agreement number BC-11-091 made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter COUNTY), and AECOM (hereafter CONTRACTOR).

WHEREAS, the Agreement is effective through December 31, 2012; and

WHEREAS, the parties desire to amend the Agreement to extend the term to continue work as set forth in Agreement and the First Amendment; and

WHEREAS, this Second Amendment incorporates the terms and conditions set forth in the Agreement and the First Amendment, except as modified by this Second Amendment.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR hereby agree to amend the Agreement as follows:

1. **Definitions.** Capitalized terms used in this Second Amendment, to the extent not otherwise defined herein shall have the same meanings as in the Agreement.
2. **Amendments.**
 - a. The Agreement is amended as follows:
 4. **TERM.** CONTRACTOR shall commence performance on May 3, 2011 and end performance upon completion, but no later than ~~December 31, 2012~~ **June 30, 2013**, unless otherwise directed by COUNTY or unless earlier terminated.
3. **Counterparts.** This Second Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

First Amendment to Agreement between the **County of Santa Barbara** and the **AECOM**.

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to be effective January 1, 2013.

COUNTY OF SANTA BARBARA

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

By: _____
Deputy Clerk

By: _____
Chair, Board of Supervisors

Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

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

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED:
TAKASHI WADA, MD, MPH
DIRECTOR / HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO, ARM, AIC
RISK MANAGER

By: _____

By: _____

First Amendment to Agreement between the **County of Santa Barbara** and the **AECOM**.

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CONTRACTOR

By: _____
AECOM

Date: _____

Contract Summary

BC 11-091

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	FY 2011-12 and FY 2012-13
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	
D3.	Requisition Number	
D4.	Department Name	Public Health
D5.	Contact Person	David Brummond
D6.	Telephone.....	346-7348

K1.	Contract Type (check one): X Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Engineering Services
K3.	Original Contract Amount	\$179,700
K4.	Contract Begin Date	5-3-11
K5.	Original Contract End Date.....	6-30-12
K6.	Amendment History (leave blank if no prior amendments)	A01 extended term to 12-31-12 and increased the contract amount by \$30,977.
K7.	Department Project Number	

B1.	Is this a Board Contract? (Yes/No)	Yes
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	N/A
B4.	Lowest Bid Amount (if bid)	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	

F1.	Encumbrance Transaction Code	
F2.	Current Year Encumbrance Amount	NA
F3.	Fund Number.....	0042
F4.	Department Number	041
F5.	Division Number (if applicable)	13
F6.	Account Number	
F7.	Cost Center number (if applicable)	
F8.	Payment Terms	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	
V2.	Payee/Contractor Name	AECOM
V3.	Mailing Address	5001 E. Commercenter Dr
V4.	City State (two-letter) Zip (include +4 if known)	Bakersfield, CA. 93309
V5.	Telephone Number	(661)-325-7253
V7.	Contact Person	Ben Horn
V8.	Workers Comp Insurance Expiration Date	4-1-13
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof)	4-1-13
V10.	Professional License Number	4-1-13
V11.	Verified by (name of county staff)	Rose Davis

V12 Company Type (Check one) Individual Sole Proprietorship Partnership X Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____

