

AMENDMENT TO SUBLEASE AMENDMENT NO.: ONE (1)
FILE NO.: 4880-001
PROJECT NO.: 124099

THIS AMENDMENT TO SUBLEASE, made and entered into this 1st day of December 2007, by and between The County of Santa Barbara, hereinafter called Sublessor and the State of California acting by and through the Director of the Department of General Services, hereinafter called the State,

WITNESSETH:

WHEREAS, under sublease dated November 19, 1999, the State hires from Sublessor certain premises located at 1410 South Broadway, Santa Maria, California, as more particularly described in said sublease; and

WHEREAS, the parties hereto desire to amend said sublease to (1) extend the term of the sublease; (2) decrease space and (3) change the monthly rental;

NOW THEREFORE, It is mutually agreed between the parties hereto as follows:

1.) The expiration date in paragraph 2 of the sublease is hereby extended to October 31, 2008.

2.) Effective March 1, 2007, the leased area of, as referenced in the description paragraph one (1), 6,056 square feet is changed to 5,975 square feet including 2,482 square feet of exclusive space and 3,493 square feet of shared space, as outlined in red and green on the attached Exhibit "D", titled "Floor Plan with Leased Area Calc's.", Project No.: 124099, dated November 15, 2007. All other notes on the Exhibit "A" shall remain in full force and effect;

3). Effective March 1, 2007, the monthly rent schedule as shown in Paragraph 4 of said sublease is deleted and the following rent schedule is substituted in its place:

TEN THOUSAND THREE HUNDRED THIRTY-SIX AND 75/100 DOLLARS
(\$10,336.75) from March 1, 2007 through October 31, 2008 and thereafter.

Except as amended herein, all the terms of said sublease hereinabove referred to shall remain unchanged and in full force and effect.

PROJECT NO.124099

IN WITNESS WHEREOF, this Amendment to Sublease has been executed by the parties hereto on the date first above written.

STATE OF CALIFORNIA.

SUBLESSOR

Approval Recommended:

DEPARTMENT OF GENERAL SERVICES
REAL ESTATE SERVICES DIVISION
PROFESSIONAL SERVICES BRANCH

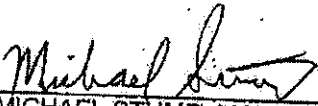
COUNTY OF SANTA BARBARA
DEPARTMENT OF SOCIAL SERVICES

By 
HENRY L. POLLAK, Real Estate Officer

By 
KATHY M. GALLAGHER, DIRECTOR

Approved:

DIRECTOR OF THE DEPARTMENT
OF GENERAL SERVICES

By 
MICHAEL STUMP, MANAGER,
Real Estate Leasing and Planning

STANDARD AGREEMENT

STD. 213 (Rev 06/03)

Cleared
CSGDist. A8/29/06

Contractor's Copy

AGREEMENT NUMBER

M661858

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:
- STATE AGENCY'S NAME
Employment Development Department
- CONTRACTOR'S NAME
Santa Barbara County
2. The term of this Agreement is: November 1, 2005 through October 31, 2007
3. The maximum amount of this Agreement is: \$15,953.04
Fifteen Thousand Nine Hundred Fifty Three Dollars and Four Cents
4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A	Scope of Work	1 Page
Attachment A-1	Specifications	1 Page
Exhibit B	Budget Detail and Payment Provisions	1 Page
Attachment B-1	Budget Detail	1 Page
Exhibit C *	General Terms and Conditions	GTC 306
Exhibit D	Special Terms and Conditions	1 Page

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this Agreement as if attached hereto.
These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

Santa Barbara County

BY (Authorized Signature)



DATE SIGNED (Do not type)

7/28/06

PRINTED NAME AND TITLE OF PERSON SIGNING

Kathy Gallagher, Director

ADDRESS

234 Camino Del Remedio, Santa Barbara, CA 93110

STATE OF CALIFORNIA

AGENCY NAME

Employment Development Department

BY (Authorized Signature)



DATE SIGNED (Do not type)

8/29/06

PRINTED NAME AND TITLE OF PERSON SIGNING

Rose Liu, Manager, Contract Services Group

ADDRESS

800 Capitol Mall, MIC 62-C, Sacramento, CA 95814

California Department of General
Services Use Only☒ Exempt per:

DGS Exemption Letter No. 54.2

AGREEMENT/SUMMARY

STD. 215 (Rev 4/2002)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

Collocation

AGREEMENT NUMBER M661858	AMENDMENT NUMBER
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1. CONTRACTOR'S NAME Santa Barbara County		2. FEDERAL I.D. NUMBER
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3. AGENCY TRANSMITTING AGREEMENT Employment Development Department	4. DIVISION, BUREAU, OR OTHER UNIT Contract Services Group	5. AGENCY BILLING CODE 23336
--	--	--

6. NAME AND TELEPHONE NUMBER OF CONTRACT ANALYST FOR QUESTIONS REGARDING THIS AGREEMENT Luella Vaughn (916) 654-9183
--

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If YES, enter prior contractor name and Agreement Number)	SANTA BARBARA COUNTY M489185
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8. BRIEF DESCRIPTION OF SERVICES - LIMIT 72 CHARACTERS INCLUDING PUNCTUATION AND SPACES EDD to reimburse Santa Barbara County for telephone service cost
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9. AGREEMENT OUTLINE This Agreement will reimburse Santa Barbara County Department of Social Services for the Employment Development Department's (EDD) share of the telephone service cost located at 1410 S. Broadway, Santa Maria, CA 93456-7060.
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10. PAYMENT TERMS (More than one may apply.)			
<input type="checkbox"/> MONTHLY FLAT RATE	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> ONE-TIME PAYMENT	<input type="checkbox"/> PROGRESS PAYMENT
<input type="checkbox"/> ITEMIZED INVOICE	<input type="checkbox"/> WITHHOLD _____ %	<input type="checkbox"/> ADVANCED PAYMENT NOT TO EXCEED	
<input type="checkbox"/> REIMBURSABLE/REVENUE	\$ _____ OR _____ %		
<input type="checkbox"/> OTHER (Explain) _____			

11. PROJECTED EXPENDITURES					
FUND TITLE	ITEM	F.Y.	CHAPTER	STATUTE	PROJECTED EXPENDITURES
UA	7100-001-0870	2005/2006	038	2005	\$ (See Object Code)
					\$
OBJECT CODE	2005/2006 888-00720-410 \$5,317.68				
	2006/2007 888-00720-410 \$7,976.52				
	2007/2008 888-00720-410 \$2,658.84				
				AGREEMENT TOTAL	\$ 15,953.04

OPTIONAL USE	AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 15,953.04
I CERTIFY upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.	PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT \$ 0.00
	TOTAL AMOUNT ENCUMBERED TO DATE \$ 15,953.04

				15,953.04
AGREEMENT	From	Through	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
Original	11/1/2005	10/31/2007	\$ 15,953.04	NOT BID - Other
Amendment No.			\$	
Amendment No.			\$	
Amendment No.			\$	

(Continue)

AGREEMENT/SUMMARY

STD 215 (Rev 4/2002)

BIDDING METHOD USED:

- ☐ REQUEST FOR PROPOSAL (RFP)
(Attach justification if secondary method is used)
- ☐ INVITATION FOR BID (IFB)
- ☐ USE OF MASTER SERVICE AGREEMENT
- ☐ SOLE SOURCE CONTRACT
(Attach STD. 821)
- ☒ EXEMPT FROM BIDDING
(Give authority for exempt status)
- ☒ OTHER (Explain)

NOTE: Proof of advertisement in the State Contracts Register or an approved form
STD. 821, Contract Advertising Exemption Request, must be attached

EDD will reimburse Santa Barbara County for

14. SUMMARY OF BIDS (List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)

15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, PLEASE EXPLAIN REASON(S) (If an amendment, sole source, or exempt, leave blank)

16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?

17. JUSTIFICATION FOR CONTRACTING OUT (Check one)

- ☐ Contracting out is based on cost savings per Government Code 19130(a).
The State Personnel Board has been so notified.

- ☐ Contracting out is justified based on Government Code 19130(b).
Justification for the Agreement is described below.

Justification:

18. FOR AGREEMENTS IN EXCESS OF \$5000, HAS THE LETTING OF THE AGREEMENT BEEN REPORTED TO THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING?

☐ NO ☒ YES ☐ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10?

☐ NO ☒ YES ☐ N/A

20. FOR CONSULTING AGREEMENTS, DID YOU REVIEW ANY CONTRACTOR EVALUATIONS ON FILE WITH THE DGS LEGAL OFFICE?

☐ NO ☐ YES ☒ NONE ON FILE ☐ N/A

21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?

A. CONTRACTOR CERTIFICATION CLAUSES

☐ NO ☐ YES ☒ N/A

B. STD. 204, VENDOR DATA RECORD

☐ NO ☐ YES ☒ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED

☐ NO ☒ YES ☐ N/A

23. ARE DISABLED VETERAN BUSINESS ENTERPRISE GOALS REQUIRED? (If an amendment, explain changes, if any)

☒ NO (Explain below)

☐ YES (If YES complete the following)

DISABLED VETERAN BUSINESS ENTERPRISES: _____ % OF AGREEMENT

Explain:

☐ Good faith effort documentation attached if 3% goal is not reached.

☐ We have determined that the contractor has made a sincere good faith effort to meet the goal.

24. IS THIS A SMALL BUSINESS CERTIFIED BY OSBC?

☒ NO ☐ YES (Indicate Industry Group)

SMALL BUSINESS REFERENCE NUMBER

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN ONE YEAR? (If YES, provide justification)

☐ NO ☒ YES

EDD shares the telephone services with Santa Barbara County

I certify that all copies of the referenced Agreement will conform to the original Agreement sent to the Department of General Services.

SIGNATURE / TITLE

Luella Vaughn

Contract Analyst

DATE SIGNED

8/9/06

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD. 213 (Rev 06/03)

AGREEMENT NUMBER	M661858
REGISTRATION NUMBER	

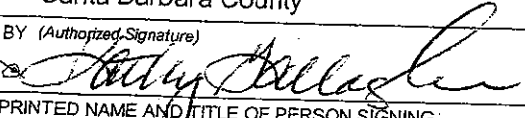
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IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) Santa Barbara County	
BY (Authorized Signature) 	DATE SIGNED (Do not type) 7/28/06
PRINTED NAME AND TITLE OF PERSON SIGNING Kathy Gallagher, Director	
ADDRESS 234 Camino Del Remedio, Santa Barbara, CA 93110	

STATE OF CALIFORNIA

AGENCY NAME Employment Development Department	
BY (Authorized Signature) 	DATE SIGNED (Do not type) 8/29/06
PRINTED NAME AND TITLE OF PERSON SIGNING Rose Liu, Manager, Contract Services Group	
ADDRESS 800 Capitol Mall, M/C 62-C, Sacramento, CA 95814	

California Department of General
Services Use Only

☒ Exempt per:
DGS Exemption Letter No. 54.2



Arnold Schwarzenegger
Governor

August 29, 2006

Kathy Gallagher, Director
Santa Barbara County Department of Social Services
234 Camino Del Remedio
Santa Barbara, CA 93110

Attn: Mona Baker

SUBJECT: Contract Agreement No. M661858

Enclosed is your copy of the fully executed contract Agreement No. M661858.

Please call me at (916) 654-9183 if you have any questions or concerns regarding Agreement No. M661858.

Sincerely,

A handwritten signature in cursive script that reads "Luella Vaughn".

Luella Vaughn
Contract Analyst
(916) 654-9183

Enclosure

