

Contract Summary Form:

Contract Number

BC 10 047

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year ..... : FY 2009-10 and 2010-11

D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 054

D3. Requisition Number..... :

D4. Department Name..... : Public Works/Flood Control

D5. Contact Person..... : Rick Tomasini

D6. Phone..... : ext. 5636

K1. Contract Type (check one): [ ] Personal Service [ ] Capital Project/Construction

K2. Brief Summary of Contract Description/Purpose : trucking services

K3. Original Contract Amount..... : \$300,000

K4. Contract Begin Date ..... : August 18, 2009

K5. Original Contract End Date..... : June 30, 2011

K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtTo</u>	<u>DateNewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
No. 1	4/5/10	200,000		\$500,000		increase contract amount

K7. Department Project Number..... :

B1. Is this a Board Contract? (Yes/No) ..... : yes

B2. Number of Workers Displaced (if any) ..... : N/A

B3. Number of Competitive Bids (if any) ..... : 6

B4. Lowest Bid Amount (if bid)..... :

B5. If Board waived bids, show Agenda Date..... :

B6. ... and Agenda Item Number..... : #

B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

F1. Encumbrance Transaction Code..... : 1701

F2. Current Year Encumbrance Amount..... : \$

F3. Fund Number ..... : 2560

F4. Department Number..... : 054

F5. Division Number (if applicable)..... : 04

F6. Account Number..... : 7701 Program: 3002

F7. Cost Center number (if applicable)..... :

F8. Payment Terms ..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) ..... : 166682

V2. Payee/Contractor Name ..... : Charlene's Transportation

V3. Mailing Address..... : P.O. Box 863

V4. City State (two-letter) Zip (include +4 if known) : Goleta, CA 93116

V5. Telephone Number ..... : (805) 683-0991

V6. Contractor's Federal Tax ID Number (EIN or SSN) : 95-2490685

V7. Contact Person ..... : Charlene Milby

V8. Workers Comp Insurance Expiration Date..... :

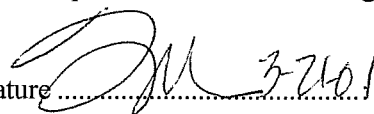
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :

V10. Professional License Number..... : #

V11. Verified by (name of County staff)..... :

V12. Company Type (Check one): [ ] Individual [ ] Sole Proprietorship [ ] Partnership [ ] Corporation

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

Date : Authorized Signature  3-21-10

**Amendment No. 1 to the Agreement for Trucking Services with  
Charlene's Transportation  
(BC No. 10-047)**

The agreement between the Santa Barbara County Flood Control & Water Conservation District (County) and Charlene's Transportation (Contractor) which was entered into on August 18, 2009 (Board Contract No. 10-047), is hereby modified and amended as follows:

**1. Exhibit B, paragraph A is hereby amended to read:**

A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including reimbursements, not to exceed \$500,000.

All other terms and conditions of the agreement will remain in full force and effect. This amendment is effective on \_\_\_\_\_, 2011.

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

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

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

By: *Theo Fallato*  
Deputy

SANTA BARBARA COUNTY WATER  
AGENCY

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

By: \_\_\_\_\_  
Chair, Board of Directors

By: *Ray Aromatorio*

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

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

CONTRACTOR:  
Charlene's Transportation

By: *Dennis Marshall*  
Deputy County Counsel

By: *Charlene Murray*  
Title: *President*