

STANDARD AGREEMENT

(Grant - Rev 09/06)

AGREEMENT NUMBER 07-090	AM. NO. 1
TAXPAYERS FEDERAL EMPLOYER IDENTIFICATION NO. 94-1728064	

THIS AGREEMENT, made and entered into this _____ day of _____, 2008, in the State of California, by and between State of California, through its duly elected or appointed, qualified and acting


TITLE OF OFFICER ACTING FOR STATE | AGENCY
Executive Officer | **State Coastal Conservancy**, hereafter called the State, and
 ASSIGNOR'S NAME
The Land Conservancy of San Luis Obispo County, hereafter called the Assignor, and
 ASSIGNEE'S NAME
The County of Santa Barbara, hereafter called the Assignee.

WITNESSETH: That the Assignor, the Assignee and the State, for and in consideration of the covenants, conditions, agreements and stipulations hereinafter expressed, do hereby agree as follows:

The State Coastal Conservancy ("the Conservancy") and the Land Conservancy of San Luis Obispo County ("the grantee" or "LCSLO") agree to amend their existing Grant Agreement No. 07-090 ("the Agreement"), and to assign all of the grantee's rights, obligations, duties and interests to The County of Santa Barbara ("the County"), as follows:

(Continued on following pages)

IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

STATE OF CALIFORNIA		ASSIGNOR	
AGENCY State Coastal Conservancy		ASSIGNOR (if other than an individual, state whether a corporation, partnership, etc.) The Land Conservancy of San Luis Obispo County	
BY (Authorized Signature) ▶		BY (Authorized Signature) ▶ 	
PRINTED NAME AND TITLE OF PERSON SIGNING Samuel Schuchat, Executive Officer 1330 Broadway, 13 th Floor, Oakland, CA 94612		PRINTED NAME AND TITLE OF PERSON SIGNING Brian Stark, Executive Director 743 Pacific Street, San Luis Obispo, CA 93401	
		ASSIGNEE	
		ASSIGNEE (if other than an individual, state whether a corporation, partnership, etc.) The County of Santa Barbara	
		BY (Authorized Signature) ▶ See attach page	
		PRINTED NAME AND TITLE OF PERSON SIGNING Salud Carbajal, Chair, Board of Supervisors 1105 Santa Barbara Street, Santa Barbara, CA 93101	

AMOUNT ENCUMBERED BY THIS DOCUMENT \$ -0-	PROGRAM/CATEGORY (CODE AND TITLE) Other Capital Outlay	FUND TITLE Wildlife Coast & Park Conservation Fund 88		
	(OPTIONAL USE) Paradise Beach Acquisition			
PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT \$1,270,000.00	ITEM 3760-804-0786(D)(2) Cat. 11	CHAPTER Prop 70	STATUTE 1988	FISCAL YEAR 88/89
TOTAL AMOUNT ENCUMBERED TO DATE \$1,270,000.00	OBJECT OF EXPENDITURE (CODE AND TITLE)			

I certify that this agreement is exempt from Department of General Services approval.

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.

SIGNATURE OF ACCOUNTING OFFICER | DATE

AMENDMENT AND ASSIGNMENT (Continued):

Phone No.: 805-568-3078
Name of Person Signing: Salud Carbajal
Title of Person Signing: Chair, Board of Supervisors

Contact Person, if different than Person Signing:
Name of Contact: Ronn Carlentine
Title of Contact: Real Estate Manager

4. The following sentence shall be added to the end of the first paragraph of the LIABILITY section of the Agreement:

“This agreement supersedes the grantee’s right as a public entity to indemnity (see Gov. Code Section 895.2) and contribution (see Gov. Code Section 895.6) as set forth in Gov. Code Section 895.4.”

All other terms and conditions of the existing agreement shall remain in effect.

Project: LCSLO Conveyance of Paradise Beach
Folio: 003538
APN: 113-160-005
Agent: RC

IN WITNESS WHEREOF, the Conservancy, the LCSLO and COUNTY have signed this Amendment and Assignment by the respective authorized officers as set forth below to be effective on the date executed by the Conservancy.

"COUNTY"
COUNTY OF SANTA BARBARA

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Chair, Board of Supervisors
Salud Carbajal

By: _____
Deputy

Date: _____

APPROVED:

By: 
Director of Parks

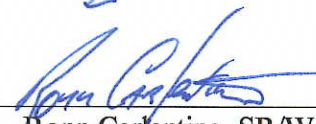
APPROVED AS TO FORM:
Daniel J. Wallace, Interim
COUNTY COUNSEL

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

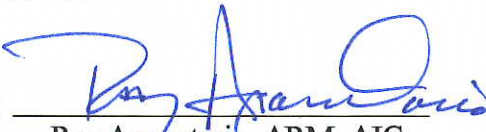
By: 
Deputy
KEVIN E. READY, SR. DEP. COUNTY COUNSEL

By: 
Deputy

APPROVED:

By: 
Ronn Carlentine, SR/WA
Real Property Manager

APPROVED:

By: 
Ray Aromatorio, ARM, AIC
Risk Program Administrator

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

SCC STD. 204 (07/2007)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.			
2	PAYEE'S LEGAL BUSINESS NAME (Type of Print) The County of Santa Barbara SOLE PROPRIETOR- ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) E-MAIL ADDRESS MAILING ADDRESS BILLING ADDRESS 1105 Santa Barbara Street CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE Santa Barbara, CA 93101			
3	PLEASE CHECK ONLY ONE BOX THAT CORRESPONDS TO THE PAYEE BUSINESS TYPE	PAYEE ENTITY TYPE <input type="checkbox"/> PARTNERSHIP (P) <input type="checkbox"/> ESTATE OR TRUST (E) <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR (I) ENTER SOCIAL SECURITY NUMBER (Required - 10 digits) (SSN required by authority of California Revenue and Tax Code Section 18646) Please check one box - Fed Tax ID is not required for Governmental payee. <input type="checkbox"/> FEDERAL (2) <input type="checkbox"/> STATE, CSU & CSU TRUSTEE (3) (Please circle one) <input type="checkbox"/> CITY or COUNTY (4) (Please circle one)	CORPORATION (C) : <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 9 5 - 6 0 0 2 8 3 3 (Required field - 9 digits) <input type="checkbox"/> SCHOOL DISTRICTS, PUBLIC COMMISSION, <input type="checkbox"/> REGENTS / UC'S (5) (Please circle) <input type="checkbox"/> OTHER : _____	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
Note: Additional Certified as	<input type="checkbox"/> SMALL BUSINESS or DISABLED VETERAN BUSINESS ENTERPRISE (Please circle one and enter Certification #) Certification Number: _____ (SB or DVB)			
4	PAYEE RESIDENCY STATUS <input type="checkbox"/> California Resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.			
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.			
		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	
		SIGNATURE	DATE TELEPHONE	
6	Please return completed form to: Department/Office: STATE COASTAL CONSERVANCY Mailing Address: 1330 BROADWAY, 13th FLOOR City/State/Zip: OAKLAND, CA 94612-2530 Telephone: 510-286-4372 Fax: _____ E-mail Address: _____			