

**ATTACHMENT 2**  
**CONTRACT AMENDMENT NO. 2**

D1. Fiscal Year .....: FY 2012/13, 2013/14 and 2014/15  
 D2. Budget Unit Number .....: 1930(054-05-01-1050-1)  
 D3. Requisition Number.....:  
 D4. Department Name.....: Public Works, RRWMD  
 D5. Contact Person .....: Joddi Leipner  
 D6. Phone.....: 805-882-3614

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K1. Contract Type (*check one*):  Personal Service  Capital Project/Construction  
 K2. Brief Summary of Contract Description/Purpose : Baron Ranch Restoration Implementation  
 K3. Original Contract Amount.....: \$368,702.50 (+\$36,870.00 contingency)  
 K4. Contract Begin Date .....: November 1, 2010  
 K5. Original Contract End Date.....: December 30, 2012  
 K6. Amendment History (*leave blank if no prior amendments*):  
 1 October 15, 2011 \$199,950 \$368,702.50 \$568,652 December 30, 2012 Phase III Restoration  
 2 July 10, 2012 \$961,065 \$1,161,015 \$1,529,717 (+\$36,870) June 2015 Phase IV & V Restoration  
 K7. Department Project Number .....: 129923

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B1. Is this a Board Contract? (*Yes/No*).....: Yes  
 B2. Number of Workers Displaced (*if any*) .....: None  
 B3. Number of Competitive Bids (*if any*) .....: NA  
 B4. Lowest Bid Amount (*if bid*).....: \$  
 B5. If Board waived bids, show Agenda Date .....: N/A  
 B6. ... and Agenda Item Number.....: #  
 B7. Boilerplate Contract Text Unaffected?.....: yes

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F1. Encumbrance Transaction Code.....: N/A  
 F2. Current Year Encumbrance Amount .....: \$  
 F3. Fund Number .....: 1930  
 F4. Department Number.....: 054  
 F5. Division Number (*if applicable*).....:  
 F6. Account Number .....: 7460  
 F7. Cost Center number (*if applicable*) .....: N/A  
 F8. Payment Terms.....: Net 30

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V1. Vendor Numbers (*A=uditor; P=urchasing*) .....:  
 V2. Payee/Contractor Name .....: Ecological Conservation and Management  
 V3. Mailing Address .....: 6755 Mira Mesa Blvd., Suite 123413  
 V4. City State Zip .....: San Diego, CA 92121  
 V5. Telephone Number.....: 858-842-7344  
 V6. Contractor's Federal Tax ID Number .....: 27-1196276  
 V7. Contact Person.....: Tito Marchant, President  
 V8. Workers Comp Insurance Expiration Date .....: 2/5/13  
 V9. Liability Insurance Expiration Date[s] .....: G – 1/15/13P – 1/15/13  
 V10. Professional License Number .....: N/A  
 V11. Verified by (*name of County staff*) .....: Colleen Hankins  
 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:

**Board of Supervisors Contract Amendment No. 2  
to the Contract with Ecological Conservation and Management for the  
Tajiguas Landfill Reconfiguration and Baron Ranch Restoration Project –  
Phase IV and V (BC-11-051)**

The agreement between the County of Santa Barbara (County) and Ecological Conservation and Management (CONTRACTOR) which was entered into on October 20, 2010 (Board Contract No. BC-11-051) and amended on September 20, 2011 (Contract Amendment No. 1) is hereby modified and amended as follows:

**1. Exhibit A Statement of Work is hereby amended to include the revised Scope of Work dated June 5, 2012 included herein as Exhibit A-2.**

**2. Exhibit B Payment Arrangements (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 cost reimbursements, not to exceed **\$\$1,529,717.**

All other terms and conditions of the agreement will remain in full force and effect. This amendment is effective on \_\_\_\_\_, 2012.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA

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

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

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

CONTRACTOR

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

By: \_\_\_\_\_  
TaxID Number: \_\_\_\_\_

APPROVED AS TO FORM:  
DENNIS A. MARSHALL  
COUNTY COUNSEL

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

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

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

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

By: \_\_\_\_\_  
Risk Manager

**EXHIBIT A-2**

**STATEMENT OF WORK**