



DEPARTMENT OF PARKS AND RECREATION  
Channel Coast District  
911 San Pedro Street  
Ventura, CA 93001  
(805) 585-1854  
(805) 585-1857 Fax

Lisa Ann L. Mangat, Director

January 28, 2016

Santa Barbara County Public Health  
Attn: Debra Palacio  
344 N. San Antonio Road  
Santa Barbara, CA 93110

Ms. Palacio,

Attached you will find our Amendment #1, Contract C1442001 for water testing. We would like to extend the term of this agreement until September 3, 2016.

Please sign the attached Std 213A and return to me.

Reason behind the extension, is that we currently have enough funds encumbered to cover until the end of September 2016. If you have any questions or concerns please give me a call. Thank you so much.

Sincerely,

Gayla Swann  
Administrative Officer I  
Contract Analyst

Attachments

**STANDARD AGREEMENT AMENDMENT**

STD. 213A (Rev 06/03)(CA ST PKG, EXCEL 10/22/2009)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED \_\_\_\_\_ Pages

AGREEMENT NUMBER C1442001	AMENDMENT NUMBER 1
REGISTRATION NUMBER	

1. This Agreement is entered into between the State Agency and Contractor named below:

STATE AGENCY'S NAME

California Department of Parks &amp; Recreation

CONTRACTOR'S NAME

Santa Barbara County Public Health

2. The term of this

Agreement is 7/1/14 through 6/30/2016 9/30/2016

3. The maximum amount of this Agreement after this amendment is: \$ 7,496.00

SEVEN THOUSAND FOUR HUNDRED NINETY SIX DOLLARS NO/100

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:



Amendment is for and extension of the Term of the Agreement only.

Term extended from ~~6/30/2016~~ to 9/30/2016

Funds already encumbered will allow this contract to be extended to the above referenced date.

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)		
Santa Barbara County Public Health		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
		
PRINTED NAME AND TITLE OF PERSON SIGNING		
Debra Palacio, Director		
ADDRESS		
344 N. San Antonio Road, Santa Barbara, CA 93110		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME		
California Department of Parks & Recreation		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
		
PRINTED NAME AND TITLE OF PERSON SIGNING		
Jean Carr, Administrative Officer III		
ADDRESS		
911 San Pedro Street, Ventura, CA 93001		
		<input type="checkbox"/> Exempt per:

 CONTRACTOR  STATE AGENCY  DEPT. OF GEN.SER.  CONTROLLER  ACCOUNTING SVS.