

Santa Barbara Clinic Chiller Replacement Project.  
Project No. J02014 K-1  
Amendment No. 1

Santa Barbara Clinic Chiller Replacement Project  
AUTHORIZED CONTRACT AMENDMENT  
COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA

IN THE MATTER OF AMENDMENT OF )  
CONTRACT  
WITH: Newton Construction and Management ) AMENDMENT NO. 1  
Santa Barbara Clinic Chiller Replacement Project # ) Contract # BC-012-120  
J02014 K-1,  
Santa Barbara , CA )

WHEREAS, the County of Santa Barbara (COUNTY) and Newton Construction and Management (CONTRACTOR), P.O. Box # 3260, San Luis Obispo, Ca. 93403, entered into a contract dated May 22<sup>nd</sup> 2012, in the amount of Two Hundred Twenty Seven Thousand Dollars (\$227,000.00) for the Santa Barbara Clinic Chiller Replacement Project # J02014 K-1, Santa Barbara, California; and

WHEREAS, it has been deemed necessary by the County to make the following alterations known as Amendment # 1; To relocate electrical service panels and install additional water flow gauges This work was completed for \$5,301.35 (Within the amount authorized by the Board for change orders on the original contract)

NOW, THEREFORE, the Agreement is amended as follows:

Section 1:

Paragraph 5 of said Contract is hereby amended to read as follows:

5. \$232,301.35

Subject to adjustments and liquidated damages, if any, as provided in the Contract documents, the full price to be paid to CONTRACTOR for satisfactory completion of all requirements of CONTRACTOR under the Agreement is the base amount of Two Hundred Twenty Seven Thousand Dollars (\$227,000.00), plus Amendment No. 1 for Five Thousand Three Hundred One Dollars and Thirty Five Cents (\$5,301.35) for a total Contract amount of Two Hundred Thirty Two Thousand Three Hundred One Dollars and Thirty Five Cents (\$232,301.35) to be paid as provided for in the Contract Documents. CONTRACTOR shall maintain and make available to COUNTY all books, papers, job descriptions, records, detail costs, estimates, subcontracts, and financial records related to or which arise out of work or under the terms or conditions of the Contract. The form of record keeping shall be subject to approval by COUNTY. These books, papers, records, claims, and accounts shall be made available for examination during normal business hours by COUNTY or COUNTY's representative and shall be retained at CONTRACTOR's principal place of business in California for audit during normal business at such place for four (4) years after recording of Notice of

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Completion of Project. CONTRACTOR shall provide an office to enable COUNTY and County's representative to conduct such audit.

Section 2:

This Contract Amendment, along with the consent of the CONTRACTOR attached hereto, shall constitute a contract between the County of Santa Barbara and Smith Electric Service. The compensation for this Contract Amendment includes any and all Contractor costs associated with additional work and days on the site, including but not limited to overhead and home office costs. No additional compensation, beyond that set forth herein, is due Contractor on account of this Contract Amendment or its effect on Contractor's operations. All other sections of the Agreement between the parties shall remain in full force and effect.

Original Contract amount	<u>\$227,000.00</u>
Amount of Amendment No. 1	<u>\$ 5,301.35</u>
Total Amended Contract Amount before this Amendment	<u>\$0</u>
Total Contract after this Amendment	<u>\$232,301.35</u>
Original Contract Completion Date	<u>07/16/2012</u>
Total number of days extension Amendment No. 1	<u>198</u>
Revised Contract Completion Date before this Amendment	<u>01/30/2013</u>
Revised Contract Completion Date after this Amendment	<u>01/30/2013</u>

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CONTRACT AMENDMENT # 1

EXHIBIT "A"

Constructive Change Order # 1

Work Performed: Contractor provided additional labor and materials to relocate electrical panels, install additional pressure and water flow gauges. (\$5,301.35)

**TOTAL \$ 5,301.35**

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

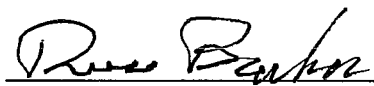
COUNTY OF SANTA BARBARA

By: 


Chair, Board of Supervisors  
County of Santa Barbara

Date: 1-11-13

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

By:   
Deputy

CONTRACTOR

By: 

APPROVED AS TO FORM:  
DENNIS A. MARSHALL  
COUNTY COUNSEL

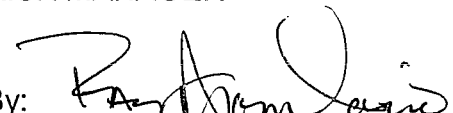
By:   
Deputy County Counsel

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

By:   
Deputy

Deputy Auditor-Controller  
Gregory Eric Levin  
Advanced and Specialty Accounting

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

By:   
Risk Manager

# Contract Summary

BC 12 - 120

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	12/13
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	
D3.	Requisition Number .....	
D4.	Department Name .....	Public Health
D5.	Contact Person.....	Anne Fearon
D6.	Telephone.....	5171

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	SB Clinic Chiller Replacement
K3.	Original Contract Amount .....	\$227,000.00
K4.	Contract Begin Date .....	4/17/2012
K5.	Original Contract End Date .....	1/30/2013
K6.	Amendment History (leave blank if no prior amendments) .....	\$5,301.35
K7.	Department Project Number .....	J02014-K1

B1.	Is this a Board Contract? (Yes/No) .....	Yes
B2.	Number of Workers Displaced (if any) .....	
B3.	Number of Competitive Bids (if any) .....	5
B4.	Lowest Bid Amount (if bid) .....	\$227,000.00
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph) .....	

F1.	Encumbrance Transaction Code .....	
F2.	Current Year Encumbrance Amount.....	\$232,301.35
F3.	Fund Number.....	0042
F4.	Department Number .....	041
F5.	Division Number (if applicable) .....	
F6.	Account Number.....	
F7.	Cost Center number (if applicable) .....	
F8.	Payment Terms .....	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	P=18685 A=002844
V2.	Payee/Contractor Name.....	Newton Construction and Management
V3.	Mailing Address .....	P.O. Box # 3260
V4.	City State (two-letter) Zip (include +4 if known).....	San Luis Obispo, CA 93403
V5.	Telephone Number .....	805-544-5583
V7.	Contact Person .....	Eric Newton
V8.	Workers Comp Insurance Expiration Date .....	3/28/2013
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	(G) 3/28/2013
V10.	Professional License Number .....	783608
V11.	Verified by (name of county staff) .....	Richard Whirly

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: 12/3/2012 Authorized Signature: 