

Summary Form:

Contract Number : BC-08-090

- D1. Fiscal Year : FY 2007/08 and 2008/09
- D2. Budget Unit Number (*plus -Ship/-Bill codes in paren's*) : 1930 (054-05-01-1050-1)
- D3. Requisition Number..... : N/A
- D4. Department Name..... : Public Works
- D5. Contact Person..... : Joddi Leipner
- D6. Phone..... : 805-882-3614

- K1. Contract Type (*check one*): Personal Service Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose : Restoration Planning and Permitting for the Tajiguas Landfill Reconfiguration and Baron Ranch Restoration Project

- K3. Original Contract Amount..... : \$ 154,000
- K4. Contract Begin Date : January 23, 2008
- K5. Original Contract End Date..... : December 31, 2009

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

<i>Seq#</i>	<i>EffectiveDate</i>	<i>ThisAmndtAmt</i>	<i>CumAmndtTo</i>	<i>DateNewTotalAmt</i>	<i>NewEndDate</i>	<i>Purpose (2-4 words)</i>
01	9/23/08	\$45,440	\$154,000	\$199,440	12/31/2009	Addition scope of work

- K7. Department Project Number : 129921

- B1. Is this a Board Contract? (*Yes/No*) : Yes
- B2. Number of Workers Displaced (*if any*) : None
- B3. Number of Competitive Bids (*if any*)..... : N/A
- B4. Lowest Bid Amount (*if bid*)..... : \$ 154,000
- B5. If Board waived bids, show Agenda Date..... : N/A
- B6. ... and Agenda Item Number..... : #
- B7. Boilerplate Contract Text Unaffected? (*Yes / or cite ¶¶*) : Yes

- F1. Encumbrance Transaction Code..... : 1701
- F2. Current Year Encumbrance Amount..... : \$
- F3. Fund Number : 1930
- F4. Department Number : 054
- F5. Division Number (*if applicable*)..... :
- F6. Account Number : 8200
- F7. Cost Center number (*if applicable*) : N/A
- F8. Payment Terms : Net 30

- V1. Vendor Numbers (*A=uditor; P=urchasing*)..... :
- V2. Payee/Contractor Name : EcoSystems Restoration Associates a Division of P&D Consultants
- V3. Mailing Address..... : 8954 Rio San Diego Drive, Suite 610
- V4. City State (*two-letter*) Zip (*include +4 if known*) : San Diego, CA 92108
- V5. Telephone Number : 619-291-1475
- V6. Contractor's Federal Tax ID Number (*EIN or SSN*) :
- V7. Contact Person : Tito Marchant, Vice President
- V8. Workers Comp Insurance Expiration Date : 4/1/08
- V9. Liability Insurance Expiration Date[s] (*G=enl; P=rofl*) : 4/1/08
- V10. Professional License Number : #
- 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. 1
to the Contract with EcoSystems Restoration Associates for Biological Support Services
(permitting and Restoration Planning) for the
Tajiguas Landfill Reconfiguration and Baron Ranch Restoration Project (BC No. 08-090)**

The agreement between the County of Santa Barbara (County) and EcoSystems Restoration Associates (CONTRACTOR) which was entered into on February 19, 2008 (Board Contract No. 08-090), is hereby modified and amended as follows:

1. **Exhibit A Statement of Work is hereby amended to include the revised Scope of Work dated August 28, 2008 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 **\$199,440.**

All other terms and conditions of the agreement will remain in full force and effect. This amendment is effective on _____, 2008.

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

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

By: _____
Deputy

By: _____
Deputy

COUNTY OF SANTA BARBARA

APPROVED AS TO INSURANCE:
RAY AROMATORIO, ARM, AIC
RISK PROGRAM ADMINISTRATOR

By: _____
Chair Salud Carbajal,
Board of Supervisors

By: _____

Date: _____

CONTRACTOR:
ECOSYSTEMS RESTORATION ASSOC.

APPROVED AS TO FORM:
DENNIS A. MARSHALL
COUNTY COUNSEL

By: _____

By: _____
Deputy County Counsel

Title: _____

DEPT: 054, FUND: 1930, ACCT: 7460
PROGRAM: 1750, PROJECT: 129921

**EXHIBIT A-2
AMENDED SCOPE OF WORK**