

Board Contract Summary

BC 19-098

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: Auditor-Controller Intranet Policies->Contracts.

D1.	Fiscal Year	FY 18-19
D2.	Department Name	Flood Control
D3.	Contact Person	Rick Tomasini
D4.	Telephone	681-5636

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	time and material contract for maintenance of flood control facilities
K3.	Department Project Number	various
K4.	Original Contract Amount	\$ 1,000,000
K5.	Contract Begin Date	7/1/18
K6.	Original Contract End Date	6/30/19
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date	N/A
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount.....	\$1,000,000
K11.	- Total Previous Amendment Amounts.....	N/A
K12.	- Revised Total Contract Amount	\$2,000,000

B1.	Intended Board Agenda Date	February 26, 2019
B2.	Number of Workers Displaced (if any)	N/A
B3.	Number of Competitive Bids (if any).....	N/A
B4.	Lowest Bid Amount (if bid)	N/A
B5.	If Board waived bids, show Agenda Date.....	N/A
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	Added federal language per CC

F1.	Fund Number	various
F2.	Department Number.....	054
F3.	Line Item Account Number.....	7701/7703
F4.	Project Number (if applicable)	various
F5.	Program Number (if applicable)	3002
F6.	Org Unit Number (if applicable).....	
F7.	Payment Terms.....	net 30

V1.	Auditor-Controller Vendor Number.....	463617
V2.	Payee/Contractor Name.....	Lash Construction Inc.
V3.	Mailing Address.....	P.O. Box 4640
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93140
V5.	Telephone Number	805-963-3553
V6.	Vendor Contact Person.....	James Lash
V7.	Workers Comp Insurance Expiration Date	1/1/20
V8.	Liability Insurance Expiration Date	1/1/20
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 2/11/19 Authorized Signature: [Signature]

**AMENDMENT NO. 1 TO THE
AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR WITH LASH CONSTRUCTION INC.
(BC NO. 19-098)**

Pursuant to Paragraph 30 of the Agreement for Services of Independent Contractor (hereinafter AGREEMENT) entered into on July 1, 2018 as BC No.19-098, between the Santa Barbara County Flood Control and Water Conservation District (hereafter COUNTY), and Lash Construction Inc., having its principal place of business at 721 Carpinteria Street, Santa Barbara, CA 93103 (hereafter CONTRACTOR), the COUNTY and CONTRACTOR amend the AGREEMENT as follows:

1. Exhibit B, paragraph A is hereby amended to read:

- A. For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed **\$2,000,000.**

In all other respects, the AGREEMENT remains unchanged and in full effect.

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

ATTEST:

Mona Miyasato
County Executive Officer
Ex Officio Clerk of Board of
Directors of the Santa Barbara
County Flood Control and Water
Conservation District

**SANTA BARBARA COUNTY FLOOD
CONTROL & WATER CONSERVATION
DISTRICT:**


By: _____
Deputy Clerk

By: _____
Steve Lavagnino, Chair, Board
of Directors

Date: _____

**RECOMMENDED FOR
APPROVAL:**

Santa Barbara County Flood
Control & Water Conservation
District

By: 
Scott D. McGolpin
Public Works Director

**CONTRACTOR:
Lash Construction Inc.**

By: 
Authorized Representative

Name: James W. Lash

Title: Vice President

APPROVED AS TO FORM:

Michael C. Ghizzoni
County Counsel

By: 
Deputy County Counsel

**APPROVED AS TO ACCOUNTING
FORM:**

Betsy M. Schaffer, CPA
Auditor-Controller

By: 
Deputy

APPROVED AS TO FORM:

Ray Aromatorio, ARM, AIC
Risk Manager

By: 
Risk Management