

ATTACHMENT A

Board Contract Summary

BC 17 _258

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	FY18/19
D2.	Department Name	Public Works
D3.	Contact Person	Travis Spier
D4.	Telephone	805-729-6996

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	On Call Labor Services
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 600,000
K5.	Contract Begin Date	January 1, 2017
K6.	Original Contract End Date	December 31, 2017
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	12/31/2018
K9.	- Total Number of Amendments	2
K10.	- This Amendment Amount	\$ 280,000
K11.	- Total Previous Amendment Amounts	\$ 0
K12.	- Revised Total Contract Amount	\$ 880,000


B1.	Intended Board Agenda Date	08/14/18
B2.	Number of Workers Displaced (if any)	None
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	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	

F1.	Fund Number	1930
F2.	Department Number	054
F3.	Line Item Account Number	7460
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	1100,1133,1200,1301
F6.	Org Unit Number (if applicable)	N/A
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	006943
V2.	Payee/Contractor Name	Laurel Labor Services, Inc.
V3.	Mailing Address	P O Box 5792
V4.	City State (two-letter) Zip (include +4 if known)	Santa Maria, CA 93454
V5.	Telephone Number	805-928-0113
V6.	Vendor Contact Person	Lucy Laurel
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
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: 7/10/18 Authorized Signature: 

**AMENDMENT NO. 2 TO
AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR
BETWEEN COUNTY OF SANTA BARBARA AND LAUREL LABOR SERVICES (BC-17-258)**

This Amendment (hereinafter referred to as "Amendment No. 2") to the Agreement of Services of Independent Contractor (hereinafter referred to as "Agreement") is made by and between the County of Santa Barbara (hereinafter referred to as "COUNTY"), and Laurel Labor Services (hereinafter referred to as "CONTRACTOR") with reference to the following:

WHEREAS, COUNTY and CONTRACTOR executed the Agreement, Contract BC-17-258 on March 3, 2017; and

WHEREAS, the Agreement term date was extended to December 31, 2018, in Amendment No. 1 pursuant to Section 4. Term of the Agreement; and

WHEREAS, it is necessary to increase the total compensation for the agreement to provide uninterrupted services through the contract term date; and

WHEREAS, COUNTY and CONTRACTOR desire to amend the text of **EXHIBIT B, PAYMENT ARRANGEMENTS** to the Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, COUNTY AND CONTRACTOR agree to amend the Agreement as follows:

1. The text of **EXHIBIT B, PAYMENT ARRANGEMENTS**, Section A, shall be deleted and replaced by the following:
 - A. For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed **\$880,000**.
2. Except as set forth in Sections 1 hereof, this Amendment No. 2 shall not modify or change any of the provisions of the Agreement and the parties to this Agreement are bound by its provisions, as amended herein.

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Agreement for Services of Independent Contractor between the **County of Santa Barbara** and Laurel Labor Services.

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

ATTEST:

Mona Miyasato
County Executive Officer
Clerk of the Board

COUNTY OF SANTA BARBARA:

By: _____
Deputy Clerk

By: _____
Das Williams, Chair
Board of Supervisors

Date: _____

RECOMMENDED FOR APPROVAL:


Santa Barbara County Public Works
Department

CONTRACTOR:

Laurel Labor Services

By: 

Scott D. McGolpin
Department Head, Public Works
Director

By: 

Authorized Representative

Name: Lucy Laurel
Title: president

APPROVED AS TO FORM:


Michael C. Ghizzoni
County Counsel

APPROVED AS TO ACCOUNTING FORM:

Theodore A. Fallati, CPA
Auditor-Controller

By: 

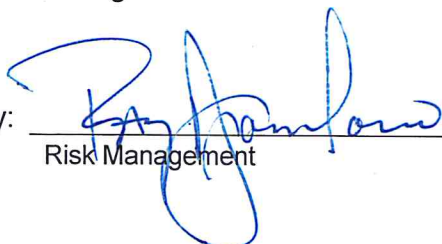
Deputy County Counsel

By: 

Deputy

APPROVED AS TO FORM:

Ray Aromatorio, ARM, AIC
Risk Manager

By: 

Risk Management