

SANTA MARIA COURT COMPLEX HAZARD MITIGATION PROGRAM  
AUTHORIZED CONTRACT AMENDMENT  
COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA

IN THE MATTER OF AMENDMENT OF CONTRACT )  
WITH DIANI BUILDING CORP. ) AMENDMENT NO. 2  
FOR THE SANTA MARIA COURT COMPLEX HAZARD )  
MITIGATION PROGRAM )  
SANTA MARIA, CA )

WHEREAS, the County of Santa Barbara (COUNTY) and DIANI BUILDING CORP. (CONTRACTOR), P.O. Box 5757 / 351 N. Blosser Rd., Santa Maria, CA, 93456, entered into a contract agreement dated April 12, 2011 (AGREEMENT), for the amount of FIVE HUNDRED FORTY-FOUR THOUSAND NINE HUNDRED NINETY-NINE DOLLARS AND ZERO CENTS (\$544,999.00) for the Santa Maria Court Complex Hazard Mitigation Program, Project Number 8518, Santa Maria California; and

WHEREAS, the General Conditions permit alterations in the cumulative amount not to exceed that stipulated in 20142 of the California Public Contract Code, or \$210,000 for this contract, provided they are specified in writing, and are agreed upon by the CONTRACTOR and the Director of the General Services Department or his Designee; and

WHEREAS, it has been deemed necessary by the COUNTY'S Director of General Services Designee, Manager of Capital Projects Division, to alter the cumulative amount through Change Orders un-ratified by the Board (Exhibit A) totaling FORTY-TWO THOUSAND NINE HUNDRED THIRTY DOLLARS (\$42,930.00) and a zero (0) calendar day time extension in the contract period which were specified in writing and previously agreed upon by the COUNTY and the CONTRACTOR.

NOW, THEREFORE, the Agreement is hereby amended as follows:

Section 1:

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

5. **PAYMENT:** As full compensation for furnishing all labor, supervision, overhead, materials and equipment and for doing all the work completed and embraced in this AGREEMENT and subject to adjustments and liquidated damages, if any, as provided in the Contract Documents, the base amount to be paid to the CONTRACTOR for satisfactory completion of all requirements of the Contractor under this AGREEMENT is and shall be the original contract amount of FIVE HUNDRED FORTY-FOUR THOUSAND NINE HUNDRED NINETY-NINE DOLLARS AND ZERO CENTS (\$544,999.00), plus Amendment No. 1 for THIRTY-FIVE THOUSAND SEVEN HUNDRED SEVEN DOLLARS AND TWENTY-FIVE CENTS (\$35,707.25), plus change orders 7, 9, and 11 through 16 for FORTY-TWO THOUSAND NINE HUNDRED THIRTY DOLLARS (\$42,930.00) for a total contract amount of SIX HUNDRED TWENTY-THREE THOUSAND SIX HUNDRED THIRTY-SIX DOLLARS AND TWENTY-FIVE CENTS (\$623,636.25), to be paid as provided in the Contract Documents dated April 12, 2011. The CONTRACTOR assumes and will provide against any and all loss or damage arising out of the nature of the work undertaken, or from the action of the elements, or from any unforeseen difficulties or obstructions which may arise or be encountered in the prosecution of the work until its acceptance by the COUNTY, and assumes any and all expenses incurred by or in consequence of suspension or discontinuance of the work, for well and faithfully completing the work and the whole thereof, in the manner and to the requirements of the Contract and directions of the County Representative, hereunder. The COUNTY will have the right to audit the Contractor's project records. Records must be made available in a form satisfactory to the Santa Barbara County Auditor-Controller.

Section 2:

Paragraph 2 of the Contract is hereby amended by the addition of the following language:

2. **WORK**

Items of work to be performed by the CONTRACTOR shall include all items stated in "Exhibit A," incorporated by this reference and attached hereto.

Section 3:

SANTA MARIA COURT COMPLEX HAZARD MITIGATION PROGRAM

Project No. 8518

Amendment No. 2

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

COUNTY

By: [Signature]  
CHAIR,  
BOARD OF SUPERVISORS

Date: 3-5-13

ATTEST:

CHANDRA L. WALLAR  
CLERK OF THE BOARD

By: [Signature]  
Deputy

CONTRACTOR

Diani Building Corp.

By: [Signature]

APPROVED AS TO FORM:

DENNIS A. MARSHALL  
COUNTY COUNSEL

By: [Signature]  
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By: [Signature]  
Deputy

APPROVED AS TO FORM:

RAY AROMATORIO, ARM, AIC  
RISK MANAGER

By: [Signature]  
Risk Manager

Dept 063

Line Item 8200

Fund 0030

Program 1930

Project 8518

SANTA MARIA COURT COMPLEX HAZARD MITIGATION PROGRAM  
 PROJECT NO. 8518  
 AMENDMENT NO. 2

EXHIBIT "A"

Change Orders Previously Awarded:

Change Order (Balance)	7	Perform separation at Parapet Walls at Building C. Amount included in Contract Amendment No. 1 as force account was \$2,900.00; final amount was \$7,539.00; balance is \$4,639.00.	\$4,639.00
Change Order (Balance)	9	Installation of wall sleeve & temporary ductwork and removal & reinstallation of existing ductwork. Amount included in Contract Amendment No. 1 as force account was \$5,100.00; final amount was \$5,200.00; balance is \$100.00.	\$100.00
Change order	11	Add blocking, bolting, and base plates due to discovered conditions at Building C Line C.	\$2,009.00
Change order	12	Extra work per Alternate Detail for Building C Line 7 fix.	\$14,222.00
Change order	13	Installation of post splices per RFI 45.	\$6,551.00
Change order	14	Modifications for drag strut installation at Building C Grid Line 9.5 per RFI 52.	\$3,644.00
Change order	15	Modifications for roof truss connection to framed wall at Building C, Grid Line 10 per RFI 53.	\$2,583.00
Change order	16	Relocate 24x18 Combustion Air Vent above Seismic Separation and Flashing per RFI 57.	\$9,182.00
		<b>TOTAL:</b>	<b>\$42,930.00</b>

**Contract Summary Form:**

Contract Number: BC 11-089-

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than \$100,000, submit a purchasing requisition to the Purchasing Division of General Services. See "Online Purchasing Manual" under "General Services", "Purchasing", "Policies and Procedures." *"See also "Contracts for Services" policy. Form not applicable to revenue contracts.*

D1. Fiscal Year .....: FY 2011-12  
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's)...: 063  
 D3. Requisition Number .....:  
 D4. Department Name.....: General Services, Capital Projects  
 D5. Contact Person.....: John Green  
 D6. Phone.....: 934-6229

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
 K2. Brief Summary of Contract Description/Purpose.....: Santa Maria Court Complex Hazard Mitigation Program  
 K3. Original Contract Amount.....: \$544,999.00  
 K4. Contract Begin Date.....: April 12, 2011  
 K5. Original Contract End Date.....: when scope of work is complete as defined in contract  
 K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmnt	CumAmndtToDate	NewTotalAmnt	NewEndDate	Purpose (2-4 words)
2	2/14/12	\$42,930.00	\$78,737.25	\$623,636.25	2/25/12	Unforeseen and E&Os

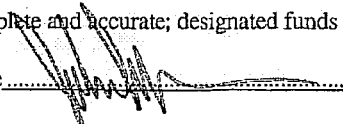
K7. Department Project Number.....: 8518

B1. Is this a Board Contract? (Yes/No).....: Yes  
 B2. Number of Workers Displaced (if any).....: none  
 B3. Number of Competitive Bids (if any).....: 4 bidders  
 B4. Lowest Bid Amount (if bid).....: \$544,999.00  
 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.....: \$N/A  
 F3. Fund Number.....: 0030  
 F4. Department Number.....: 063  
 F5. Division Number (if applicable).....:  
 F6. Account Number.....: 8700  
 F7. Cost Center number (if applicable).....:  
 F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing).....:  
 V2. Payee/Contractor Name.....: Diani Building Corp.  
 V3. Mailing Address.....: P.O. Box 5757/351 N. Blosser  
 V4. City State (two-letter) Zip (include +4 if known).....: Santa Maria, CA 93456  
 V5. Telephone Number.....: (805) 925-9533  
 V6. Contractor's Federal Tax ID Number (EIN or SSN).....: 20-1735138  
 V7. Contact Person.....: Mike Diani  
 V8. Workers Comp Insurance Expiration Date.....: 4/1/13  
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) ...: 4/1/13  
 V10. Professional License Number.....: #850921  
 V11. Verified by (name of County staff).....: John Green  
 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  2.11.13