

**ATTACHMENT 2**

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**Amendment No. 5 to the PSA for  
the Jalama Beach AOA**



County of Santa Barbara \* General Services  
Capital Projects Division

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**AMENDMENT NO. 5 TO  
PROFESSIONAL SERVICES AGREEMENT**

Between

**THE COUNTY OF SANTA BARBARA**

And

**Blackbird Architects, Inc.**

For

**ARCHITECTURAL – ENGINEERING AND RELATED PROFESSIONAL DESIGN  
SERVICES**

For

**Jalama Beach Park, Affordable Overnight Accommodations**  
PROJECT NUMBER: 8703

**April 9, 2019**

**AMENDMENT No. 5 TO PROFESSIONAL SERVICES AGREEMENT**  
**FOR**  
**ARCHITECTURAL – ENGINEERING AND RELATED PROFESSIONAL DESIGN SERVICES**  
**Jalama Beach Park, Affordable Overnight Accommodations**

**This is an Amendment to the above-referenced Professional Services Agreement between THE COUNTY OF SANTA BARBARA (hereinafter "Owner" or "County") and BLACKBIRD ARCHITECTS, INC. (hereinafter "Consultant"), and collective may be referred to as "Parties".**

**PART 1 - RECITALS**

- 1.01 WHEREAS**, the parties hereto under the date of October 18, 2016, entered into an professional services agreement (hereinafter "PSA Agreement") for Architectural, Engineering and related professional design services, by Consultant in connection with the Jalama Beach Park, Affordable Overnight Accommodations (hereinafter "Project");
- 1.02 WHEREAS**, the parties hereto amended the scope of work and compensation provided for within the PSA Agreement pursuant to amendments dated April 10, 2017 ("Amendment No. 1"), October 17, 2017 ("Amendment No. 2"), March 13, 2018 ("Amendment No. 3") and August 2, 2018 ("Amendment No. 4") that replaced PSA Agreement sections 2.01 and 2.02; added references to Exhibits A1, A2, A3, A4, A5, A6, A7 and A8 in PSA Agreement Part 17; added obligations stated in Exhibits A1, A2, A3, A4, A5, A6, A7 and A8 to the PSA Agreement; and provided that all other terms of the PSA Agreement remained in full force and effect; and
- 1.03 WHEREAS**, the term of the PSA Agreement expired on October 18, 2018; due to unforeseen circumstances, the term expired before Consultant could complete the Services. However, Consultant continued to provide the Services under the PSA Agreement and the parties now intend to extend the term of the PSA Agreement to allow Consultant sufficient time to complete the Services pursuant to the terms of the PSA Agreement, as amended.

**NOW, THEREFORE, Owner and Consultant agree that the PSA Agreement, as amended, is further amended as follows:**

**PART 2 – PROJECT AUTHORIZATION, TERM AND MAXIMUM COMPENSATION**

**2.03 Term**

- A. This Amendment No. 5 extends the term of the PSA to June 30, 2021 ("Term"), unless earlier terminated under Part 12 of this Agreement.

Amendment No. 5 to Agreement for Architectural, Engineering, and Related Professional Design Services between the **County of Santa Barbara** and **Blackbird Architects, Inc.**

**IN WITNESS WHEREOF**, the parties have executed this Fifth Amendment to be effective on the date executed by County.

**COUNTY**

By: \_\_\_\_\_  
STEVE LAVAGNINO, CHAIR  
BOARD OF SUPERVISORS

Dated: \_\_\_\_\_

**ATTEST:**

MONA MIYASATO,  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

By: \_\_\_\_\_  
Deputy

**CONSULTANT:**

Blackbird Architects, Inc.

By: KR  
AUTHORIZED REPRESENTATIVE  
Name: KEN RADTKEY  
Title: PRINCIPAL  
Address: 235 PALM AVE.  
City/State/Zip: SANTA BARBARA CA 93101

**APPROVED AS TO FORM:**

MICHAEL C. GHIZZONI  
COUNTY COUNSEL

By: [Signature]  
Deputy County Counsel

**APPROVED AS TO ACCOUNTING FORM:**

BETSY SCHAFFER, CPA, CPFO  
AUDITOR-CONTROLLER

By: [Signature]  
Deputy

**APPROVED AS TO FORM:**

RAY AROMATORIO, ARM, AIC  
RISK MANAGER

By: [Signature]  
Risk Manager

**RECOMMENDED FOR APPROVAL:**

JANETTE D. PELL, DIRECTOR  
GENERAL SERVICES DEPARTMENT

By: [Signature]  
Department Head

**END OF AGREEMENT**

# Board Contract Summary

BC 19 - 132

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 .....	2018-2019
D2.	Department Name .....	General Services
D3.	Contact Person .....	Todd Morrison
D4.	Telephone .....	934-6228

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Amendment 1 to PSA
K3.	Department Project Number .....	8505 PH2
K4.	Original Contract Amount .....	\$ 56,060.00
K5.	Contract Begin Date .....	02/27/18
K6.	Original Contract End Date .....	02/27/19
K7.	Amendment? (Yes or No) .....	yes
K8.	- New Contract End Date .....	06/30/2020
K9.	- Total Number of Amendments .....	1
K10.	- This Amendment Amount .....	\$ 0
K11.	- Total Previous Amendment Amounts .....	\$
K12.	- Revised Total Contract Amount .....	\$ 56,060.00

B1.	Intended Board Agenda Date .....	04/09/19
B2.	Number of Workers Displaced (if any) .....	
B3.	Number of Competitive Bids (if any) .....	
B4.	Lowest Bid Amount (if bid) .....	
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	

F1.	Fund Number .....	0030
F2.	Department Number .....	063
F3.	Line Item Account Number .....	8200
F4.	Project Number (if applicable) .....	8505 PH2
F5.	Program Number (if applicable) .....	1930
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	
V2.	Payee/Contractor Name .....	Blackbird Architects, Inc.
V3.	Mailing Address .....	235 Palm Ave.
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93101
V5.	Telephone Number .....	805-957-1315
V6.	Vendor Contact Person .....	Ken Radtkey, AIA
V7.	Workers Comp Insurance Expiration Date .....	05/15/19
V8.	Liability Insurance Expiration Date .....	05/15/19
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: \_\_\_\_\_ Authorized Signature: Todd Morrison

Digitally signed by Todd Morrison  
DN: cn=Todd Morrison, o=County of Santa Barbara, ou=General Services  
email=t.morrison@co.santa-barbara.ca.us, c=US  
Date: 2019.03.27 14:07:35 -0700

# Board Contract Summary

BC 17 - 211

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D1.	Fiscal Year .....	2018-2019
D2.	Department Name .....	General Services
D3.	Contact Person .....	Todd Morrison
D4.	Telephone .....	934-6228

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Amendment 5 to PSA
K3.	Department Project Number .....	8703
K4.	Original Contract Amount .....	\$ 183,350.00
K5.	Contract Begin Date .....	10/18/16
K6.	Original Contract End Date .....	10/18/18
K7.	Amendment? (Yes or No) .....	yes
K8.	- New Contract End Date .....	06/30/2021
K9.	- Total Number of Amendments .....	5
K10.	- This Amendment Amount .....	\$ 0
K11.	- Total Previous Amendment Amounts .....	\$ 30,166.25
K12.	- Revised Total Contract Amount .....	\$ 213,516.25

B1.	Intended Board Agenda Date .....	04/09/19
B2.	Number of Workers Displaced (if any) .....	
B3.	Number of Competitive Bids (if any) .....	
B4.	Lowest Bid Amount (if bid) .....	
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
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F1.	Fund Number .....	0030
F2.	Department Number .....	063
F3.	Line Item Account Number .....	8200
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F5.	Program Number (if applicable) .....	1930
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	
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Digitally signed by Todd Morrison  
DN: cn=Todd Morrison, o=County of Santa Barbara, ou=General Services, email=tomorr@co.santa-barbara.ca.us, c=US  
Date: 2019.03.27 14:11:11 -0700