

AMENDMENT No. 1  
TO PROFESSIONAL SERVICES AGREEMENT (PURCHASE ORDER NO. CN05167)  
FOR  
**FRANKLIN CLINIC REMODEL**  
**PROJECT NO. 8616 / FL3007**

This Amendment to Agreement is entered into, by and between:

William Araluce, AIA  
hereinafter called "ARCHITECT"

and

The County of Santa Barbara, California  
hereinafter called "COUNTY"

**WITNESSETH**

WHEREAS, the parties hereto under the date of June 29, 2006, entered into an agreement for performance of Architectural Services via Purchase Order No. CN05167, by ARCHITECT in connection with the Franklin Clinic Remodel, Project No. 8616 / FL3007, Santa Barbara, California; and

WHEREAS, the parties hereto desire to amend the Agreement:

NOW THEREFORE, the parties hereto agree as follows:

- I. Article 3, Item A, is hereby amended to read as follows:

**ARTICLE 3.           FEE AND PROVISION FOR PAYMENT:**

- A.       Fee: The COUNTY will pay the ARCHITECT a fee of One Hundred Thirty-Two Thousand Two Hundred Eighteen Dollars (\$132,218) for all work described in this Agreement and in Attachment A. Fee shall be invoiced based on Attachment B. Any additional applicable hourly rate billings as authorized in Article 4 shall be based on the information contained in Attachment B. Attachment B is attached hereto and incorporated herein by reference as though here fully set forth. Each portion of the Project let separately on a segregated bid basis shall be considered a separate Project only for the purpose of determining the fee for services for Design Development through Construction Administration in accordance with the Schedule of Fees.

II. Attachment B (Pricing and Payment), Item C amended to read as follows:

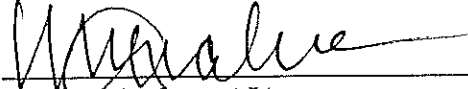
- C. **Reimbursable Expenses.** Reimbursable expenses are in addition to the compensation for basic services and extra work and include actual expenditures made by the ARCHITECT and the ARCHITECT'S employees and consultants in the interest of the Project for the expenses listed below:
1. Expense of transportation and per diem when traveling outside the COUNTY of Santa Barbara. Travel expenses shall be on the same basis and subject to the same conditions as are in effect for employees of the COUNTY. Such expenses shall not be compensable unless authorized in advance by the COUNTY.
  2. Expense of reproducing photographs, printing costs, postage and handling of drawings, specifications, and other documents, excluding reproductions for the office use of the ARCHITECT and the ARCHITECT'S consultants.
  3. Expense of data processing and photographic production techniques when used in connection with additional services.
  4. If authorized in advance by the COUNTY, expense of overtime work requiring higher than regular rates.
  5. Expense of renderings, models, and mock-ups, including color slides thereof requested by the COUNTY.
  6. Fees advanced for securing approval of authorities having jurisdiction over the Project.

Reimbursable expenses of \$3,931.00 are included in the contract fee.

APPROVED AND EXECUTED by COUNTY and ARCHITECT on this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

**“ARCHITECT”:**

William Araluce, AIA

  
\_\_\_\_\_  
William Araluce, AIA

Address: 5565 Carpinteria Avenue, Suite #25  
City/State/Zip: Carpinteria, CA 93013  
License No.: C-12765  
IRS No.: 562-68-0322

**“COUNTY”**

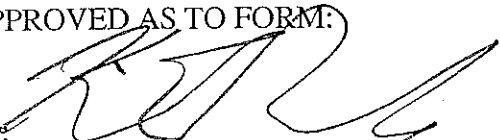
COUNTY OF SANTA BARBARA

ATTEST:


By: \_\_\_\_\_  
CHAIR, BOARD OF SUPERVISORS  
Salud Carbajal

By: \_\_\_\_\_  
MICHAEL F. BROWN  
CLERK OF THE BOARD

APPROVED AS TO FORM:

  
By: \_\_\_\_\_  
DANIEL J. WALLACE  
INTERIM COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:

  
By: \_\_\_\_\_  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

APPROVED AS TO FORM:

  
By: \_\_\_\_\_  
RAY AROMATORIO  
RISK PROGRAM ADMINISTRATOR

Contract Summary Form:

Contract Number: BC- 08-099

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 2007-2008
- 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.....: Jill Van Wie
- D6. Phone.....: 560-1079

- K1. Contract Type (check one):  Personal Service  Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose.....: Design of Clinic Remodel for Public Health
- K3. Original Contract Amount.....: \$100,000 (Purchase Order #CN05167)
- K4. Contract Begin Date.....: June 26, 2006
- K5. Original Contract End Date.....: June 30, 2007

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

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	3-25-08	\$32,218	\$32,218	\$132,218	12-31-08	Architectural Revisions

K7. Department Project Number .....: 8616

- B1. Is this a Board Contract? (Yes/No).....: No, but this amendment will need board approval/contract #
- B2. Number of Workers Displaced (if any) .....: none
- B3. Number of Competitive Bids (if any).....: none
- B4. Lowest Bid Amount (if bid).....: \$N/A
- 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.....: \$132,218
- F3. Fund Number.....: 0030
- F4. Department Number.....: 063
- F5. Division Number (if applicable).....: 1930
- F6. Account Number.....: 8700
- F7. Cost Center number (if applicable).....:
- F8. Payment Terms.....: Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing).....: P=038285
- V2. Payee/Contractor Name.....: William Araluce, AIA
- V3. Mailing Address.....: 5565 Carpinteria Ave., #25
- V4. City State (two-letter) Zip (include +4 if known).....: Carpinteria, CA 93013
- V5. Telephone Number.....: 805.684.0134
- V6. Contractor's Federal Tax ID Number (EIN or SSN).....: 562-68-0322
- V7. Contact Person.....: William Araluce
- V8. Workers Comp Insurance Expiration Date.....: N/A
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl)....: 11/1/08
- V10. Professional License Number.....: #C12765
- V11. Verified by (name of County staff).....: Jill Van Wie
- 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 