

Santa Barbara Health Care Center Multi Zone 6 and Roof Replacement Project.
Project No. J02014 K-2
Amendment No. 1

Santa Barbara Clinic Multi-zone # 6 Air-handler Replacement Project
AUTHORIZED CONTRACT AMENDMENT
COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA

IN THE MATTER OF AMENDMENT OF)
CONTRACT
WITH: Newton Construction and Management) AMENDMENT NO. 1
Santa Barbara Health Care Center Multi Zone 6 and) Contract # BC-012-129
Roof Replacement Project # J02014 K-2,
Santa Barbara , CA)

WHEREAS, the County of Santa Barbara (COUNTY) and Newton Construction and Management (CONTRACTOR), P.O. Box # 3260, San Luis Obispo, Ca. 93403, entered into a contract dated May 22nd 2012, in the amount of Two Hundred Forty Two Thousand Dollars (\$242,000.00) for the Santa Barbara Health Care Center Multi Zone 6 and Roof Replacement Project # J02014 K-2, Santa Barbara, California; and

WHEREAS, it has been deemed necessary by the County to make the following alterations known as Amendment # 1; To replace the damaged equipment curb, reinsulate pipes, replace valves. This work was completed for \$9,424.00 (Within the amount authorized by the Board for change orders on the original contract)

NOW, THEREFORE, the Agreement is amended as follows:

Section 1:

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

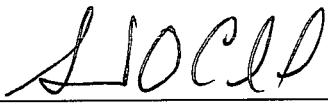
5. \$251,424.00

Subject to adjustments and liquidated damages, if any, as provided in the Contract documents, the full price to be paid to CONTRACTOR for satisfactory completion of all requirements of CONTRACTOR under the Agreement is the base amount of Two Hundred Forty Two Thousand Dollars (\$242,000.00), plus Amendment No. 1 for Nine Thousand Four Hundred Twenty Four Dollars (\$9,424.00) for a total Contract amount of Two Hundred Fifty One Thousand Four Hundred Twenty Four Dollars (\$251,424.00) to be paid as provided for in the Contract Documents. CONTRACTOR shall maintain and make available to COUNTY all books, papers, job descriptions, records, detail costs, estimates, subcontracts, and financial records related to or which arise out of work or under the terms or conditions of the Contract. The form of record keeping shall be subject to approval by COUNTY. These books, papers, records, claims, and accounts shall be made available for examination during normal business hours by COUNTY or COUNTY's representative and shall be retained at CONTRACTOR's principal place of business in California for audit during normal business at such place for four (4) years after recording of Notice of Completion of Project. CONTRACTOR shall provide an office to enable COUNTY and County's representative to conduct such audit.

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

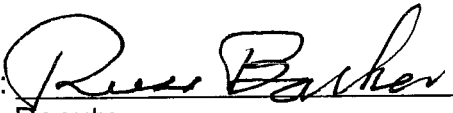
COUNTY OF SANTA BARBARA

By: 

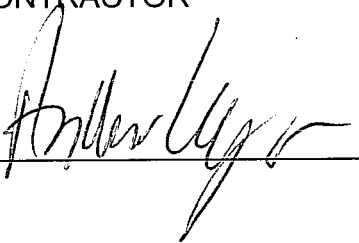
Chair, Board of Supervisors
County of Santa Barbara

Date: 1-11-13

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

By: 
Deputy


CONTRACTOR

By: 

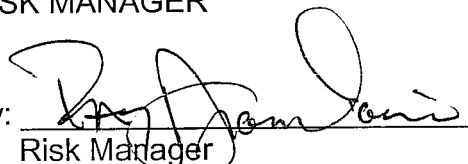
APPROVED AS TO FORM:
DENNIS A. MARSHALL
COUNTY COUNSEL

By: 
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:
ROBERT W GEIS, CPA
AUDITOR-CONTROLLER

By: 
Deputy
Deputy Auditor-Controller
Gregory Eric Levin
Advanced and Specialty Accounting

APPROVED AS TO FORM:
RAY AROMATORIO, ARM, AIC
RISK MANAGER

By: 
Risk Manager

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Section 2:

This Contract Amendment, along with the consent of the CONTRACTOR attached hereto, shall constitute a contract between the County of Santa Barbara and Smith Electric Service. The compensation for this Contract Amendment includes any and all Contractor costs associated with additional work and days on the site, including but not limited to overhead and home office costs. No additional compensation, beyond that set forth herein, is due Contractor on account of this Contract Amendment or its effect on Contractor's operations. All other sections of the Agreement between the parties shall remain in full force and effect.

Original Contract amount	<u>\$242,000.00</u>
Amount of Amendment No. 1	<u>\$ 9,424.00</u>
Total Amended Contract Amount before this Amendment	<u>\$0</u>
Total Contract after this Amendment	<u>\$251,424.00</u>
Original Contract Completion Date	<u>08/15/2012</u>
Total number of days extension Amendment No. 1	<u>168</u>
Revised Contract Completion Date before this Amendment	<u>01/30/2013</u>
Revised Contract Completion Date after this Amendment	<u>01/30/2013</u>

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PROJECT NO. J02014 K-1
CONTRACT AMENDMENT # 1

EXHIBIT "A"

Constructive Change Order # 1

Work Performed: Contractor provided additional labor and materials to replace the equipment curb, reinsulate existing piping. (\$7,750.00)

Constructive Change Order # 2

Work Performed: Contractor to repair damaged valves on hot and cold water supply, re-test of water system and supply addition low voltage electrical wiring.
(\$1,674.00)

TOTAL \$ 9,424.00

Contract Summary

BC 12 - 12 9

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	12/13
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	
D3.	Requisition Number	
D4.	Department Name	Public Health
D5.	Contact Person	Anne Fearon
D6.	Telephone.....	5171

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Replacement of MZ6 Air Handler
K3.	Original Contract Amount	\$242,000.00
K4.	Contract Begin Date	5/15/12
K5.	Original Contract End Date	1/30/2013
K6.	Amendment History (leave blank if no prior amendments)	\$9,424.00
K7.	Department Project Number	J02014-K2

B1.	Is this a Board Contract? (Yes/No)	Yes
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	6
B4.	Lowest Bid Amount (if bid)	\$242,000.00
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	Yes

F1.	Encumbrance Transaction Code	
F2.	Current Year Encumbrance Amount.....	\$251,424.00
F3.	Fund Number.....	0042
F4.	Department Number	041
F5.	Division Number (if applicable)	
F6.	Account Number	
F7.	Cost Center number (if applicable)	
F8.	Payment Terms	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	P=18685 A=002844
V2.	Payee/Contractor Name.....	Newton Construction and Management
V3.	Mailing Address	P.O. Box # 3260
V4.	City State (two-letter) Zip (include +4 if known).....	San Luis Obsipo, CA 93403
V5.	Telephone Number	805-544-5583
V7.	Contact Person	Eric Newton
V8.	Workers Comp Insurance Expiration Date	3/28/2013
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof.).....	(G) 3/28/2013
V10.	Professional License Number	783608
V11.	Verified by (name of county staff)	Richard Whirly

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: 12/3/2012 Authorized Signature: 