Board Contract Summary

BC 22-069

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	FY 2021/22 – 2023/24		
D2.	Department Name	Flood Control		
D3.	Contact Person	Matt Griffin		
D4.	Telephone	X83444		
K1.	Contract Type (check one): Personal Service Capital			
K2.	Brief Summary of Contract Description/Purpose	Construction of the Santa Monica Debris Basin Operational Improvements Project		
K3.	Department Project Number	SC8370		
K4.	Original Contract Amount	\$5,469,313.25 (\$5,196,965 plus cont \$272,348.25)		
K5.	Contract Begin Date	6/28/22		
K6.	Original Contract End Date	Upon Completion		
K7.	Amendment? (Yes or No)	1		
K8.	- New Contract End Date	N/A		
K9.	- Total Number of Amendments	N/A		
K10.	- This Amendment Amount	\$409,587.61 (\$372,352.37 plus cont \$37,235.24		
K11.	- Total Previous Amendment Amounts	N/A		
K12.	- Revised Total Contract Amount	\$5,878,900.86 (\$5,569,317.37 plus cont \$309,583.49)		
B1.	Intended Board Agenda Date	12/12/23		
B2.	Number of Workers Displaced (if any)	N/A		
B3.	Number of Competitive Bids (if any)			
B4.	Lowest Bid Amount (if bid)			
B5.	If Board waived bids, show Agenda Date	N/A		
	and Agenda Item Number			
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	FEMA language included		
F4	Ford Month on	2610		
F1.	Fund Number			
F2.	Department Number			
F3.	Line Item Account Number			
F4.	Project Number (if applicable)	SC8370		
F5.	Program Number (if applicable)			
F6.	Org Unit Number (if applicable)	1.00		
F7.	Payment Terms	net 30		
V1.	Auditor-Controller Vendor Number	463617		
V2.	Payee/Contractor Name	Lash Construction Inc.		
V3.	Mailing Address	P.O. Box 4640		
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93140		
V5.	Telephone Number	805-963-3553		
V6.	Vendor Contact Person	James Lash		
V7.	Workers Comp Insurance Expiration Date	1/1/24		
V8.	Liability Insurance Expiration Date	1/1/24		
V9.	Professional License Number			
V10	Verified by (print name of county staff)			
V11	Company Type (Check one): Individual Sole Prop			
I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.				
11/14/2023 11:22 AM PST Lim Ruin				
Date: Authorized Signature:				

AMENDMENT NO. 1 TO THE SANTA BARBARA COUNTY FLOOD CONTROL DISTRICT AGREEMENT FOR COUNTY PROJECT NO. SC8370 WITH LASH CONSTRUCTION, INC. (BC 22-069)

Pursuant to Section 11 of the Santa Barbara County Flood Control District Agreement for County Project No. SC8370 (hereinafter AGREEMENT) entered into on June 28, 2022 as BC No. 22-069, between the Santa Barbara County Flood Control and Water Conservation District (hereafter COUNTY), and Lash Construction, Inc, having its principal place of business at P.O. Box 4640, Santa Barbara, CA 93140 (hereafter CONTRACTOR), the COUNTY and CONTRACTOR amend the AGREEMENT as provided in this Amendment No. 1:

1. Section 5 of the AGREEMENT is hereby amended to read:

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 \$5,569,317.37 to be paid as provided in the Contract Documents.

The Engineer is authorized to order the performance of supplemental work itemized in the bid item list, to be paid as provided in the Contract Documents. In no event shall the District be liable for the cost of any supplemental work unless approved in advance and in writing by the Engineer.

The Engineer is authorized to order, as change order work, changes and additions to the work being performed under this contract in an amount not to exceed \$309,583.49 (Contingency) in accordance with California Public Contract Code Sections 20142 and 20395, as applicable, to be paid as provided in the Contract Documents.

In all other respects, the AGREEMENT remains unchanged and in full effect.

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

ATTEST:	SANTA BARBARA COUNTY FLOOD CONTROL & WATER CONSERVATION			
Mona Miyasato	DISTRICT:			
County Executive Officer				
Ex Officio Clerk of the Board of Directors of the Santa Barbara County Flood Control and Water Conservation District				
Ву:	Ву:			
Deputy Clerk	_	Das Williams, Chair, Board of Directors		
	Date:			
RECOMMENDED FOR APPROVAL:	CONTRACTOR:			
Scott D. McGolpin Public Works Director	Lash C	onstruction, Inc.		
DocuSigned by:		CocuSigned by:		
C 11 A. O.L.	Dv.	I'm Lash		
By: Scott McGolpin	Ву:	B540E987054B4F8		
		Authorized Representative		
	Name:	Jim Lash		
	Title:	Vice President		
APPROVED AS TO FORM:	APPR FORM	OVED AS TO ACCOUNTING		
Rachel Van Mullem	Betsy M. Schaffer, CPA			
County Counsel	Audito	r-Controller		
DocuSigned by:		DocuSigned by:		
By: 65n fam	Ву:	C. Editan		
Deputy County Counsel		Deputy		
APPROVED AS TO FORM:				
Greg Milligan, ARM				
Risk Manager				
DocuSigned by:				
By: Greg Milligan				
Risk Management				