

ATTACHMENT 1
BC-13-080
CONTRACT AMENDMENT NO. 1

Contract Summary Form:

Contract Number : BC-13-080

D1. Fiscal Year: FY 2012-13 through FY 2014-15
 D2. Budget Unit Number (*plus -Ship/-Bill codes in paren's*) : 054
 D3. Requisition Number.....:
 D4. Department Name.....: Public Works, Resource Recovery & Waste Mgmt
 D5. Contact Person: Joddi Leipner
 D6. Phone.....: 805-882-3614

K1. Contract Type (*check one*): ☒ Personal Service ☐ Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : Preparation of Subsequent EIR
 K3. Original Contract Amount.....: \$193,178 (includes a contingency amount of \$32,196)
 K4. Contract Begin Date: November 13, 2012
 K5. Original Contract End Date: December 31, 2014
 K6. Amendment History (*leave blank if no prior amendments*):

<u>Seq#</u>	<u>Effective Date</u>	<u>This Amndt</u>	<u>Amt</u>	<u>Cum Amndt</u>	<u>To Date</u>	<u>New Total</u>	<u>Amt</u>	<u>New End Date</u>	<u>Purpose</u>
<i>(2-4 words)</i>									
1	Apr 22, 2014	\$39,164	\$193,178	\$232,342	Dec 31, 2014	TRRP	SEIR	add. work	

 K7. Department Project Number: 195053

B1. Is this a Board Contract? (*Yes/No*).....: yes
 B2. Number of Workers Displaced (*if any*): NA
 B3. Number of Competitive Bids (*if any*): 3
 B4. Lowest Bid Amount (*if bid*).....: \$121,462
 B5. If Board waived bids, show Agenda Date.....:
 B6. ... and Agenda Item Number.....: #
 B7. Boilerplate Contract Text Unaffected? (*Yes / or cite ¶¶*) : yes

F1. Encumbrance Transaction Code.....: NA
 F2. Current Year Encumbrance Amount.....: \$N/A
 F3. Fund Number: 1930
 F4. Department Number.....: 054
 F5. Division Number (*if applicable*).....:
 F6. Account Number: 7460
 F7. Cost Center number (*if applicable*):
 F8. Payment Terms.....: Net 30

V1. Vendor Numbers (*A=uditor; P=urchasing*): 615250
 V2. Payee/Contractor Name: Padre Associates, Inc.
 V3. Mailing Address: 1861 Knoll Drive
 V4. City State (*two-letter*) Zip (*include +4 if known*) : Ventura, CA 93003
 V5. Telephone Number.....: 805-644-2220
 V6. Contractor's Federal Tax ID Number (*EIN*): 77-0444582
 V7. Contact Person.....: Matt Ingamells
 V8. Workers Comp Insurance Expiration Date: 2/1/13
 V9. Liability Insurance Expiration Date[s] (*G=enl; P=rofl*): 2/1/13 (G&P)
 V10. Professional License Number: #
 V11. Verified by (*name of County staff*)

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.....: _____

**Board of Supervisors Contract Amendment No. 1
to the Contract with Padre Associates, Inc. for the Tajiguas Landfill Resource
Recovery Project Subsequent EIR
(BC-13-080)**

The agreement between the County of Santa Barbara (County) and Padre Associates, Inc. (CONTRACTOR) which was entered into on November 13, 2012 (Board Contract No. BC-13-080) is hereby modified and amended as follows:

1. Exhibit B Payment Arrangements (Paragraph A) is hereby amended to read:

A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$232,342, which includes \$25,000 of contingency.

2. Exhibit B Payment Arrangements (Paragraph B) is hereby amended to read:

B. Extra work required to complete the project may be authorized only if CONTRACTOR received written approval by the COUNTY's designated representative as identified in Paragraph 1 of this Agreement at the same rate per unit as included in EXHIBIT A. The total amount of this contingency fund is \$25,000.

All other terms and conditions of the agreement will remain in full force and effect.

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

Date: _____

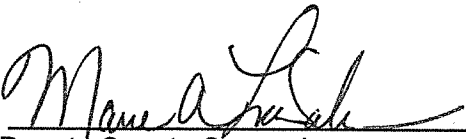
ATTEST:
MONA MIYASATO
CLERK OF THE BOARD

CONTRACTOR

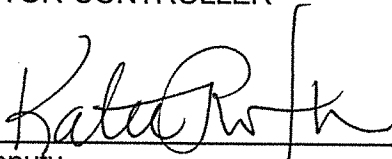
By: _____
Deputy

By: 
TaxID Number: 77-0444582

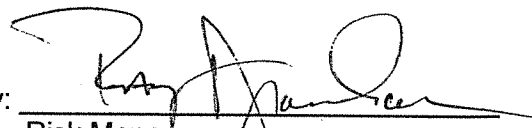
APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: 
Deputy County Counsel

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

By: 
Deputy

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

By: 
Risk Manager

ATTACHMENT 2
BC-13-081
CONTRACT AMENDMENT NO. 1

Contract Summary Form:

Contract Number : BC-13-081

D1. Fiscal Year : FY 2012-13 through FY 2014-15
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 054
 D3. Requisition Number :
 D4. Department Name : Public Works, Resource Recovery & Waste Mgmt
 D5. Contact Person : Joddi Leipner
 D6. Phone : 805-882-3614

K1. Contract Type (check one): ☒ Personal Service ☐ Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose: Prepare Air Quality and Biological Technical Reports
 K3. Original Contract Amount : \$237,000 (includes \$21,600 contingency)
 K4. Contract Begin Date : November 13, 2012
 K5. Original Contract End Date : December 31, 2014
 K6. Amendment History (leave blank if no prior amendments):
 Seq# EffectiveDateThisAmndtAmtCumAmndtToDate NewTotalAmt NewEndDate Purpose
 (2-4 words)
 1 Apr 22, 2014 \$42,128 \$237,000 \$279,128 Dec 31, 2014 TRRP AQ modeling changes
 K7. Department Project Number : 195053

B1. Is this a Board Contract? (Yes/No) : yes
 B2. Number of Workers Displaced (if any) : NA
 B3. Number of Competitive Bids (if any) : NA
 B4. Lowest Bid Amount (if bid) :
 B5. If Board waived bids, show Agenda Date :
 B6. ... and Agenda Item Number : #
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Boiler text modified (approved by County Counsel and Risk Management)

F1. Encumbrance Transaction Code : NA
 F2. Current Year Encumbrance Amount : \$N/A
 F3. Fund Number : 1930
 F4. Department Number : 054
 F5. Division Number (if applicable) :
 F6. Account Number : 7460
 F7. Cost Center number (if applicable) :
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) : 050161
 V2. Payee/Contractor Name : AECOM
 V3. Mailing Address : 1220 Avenida Acaso
 V4. City State (two-letter) Zip (include +4 if known) : Camarillo, CA 93012
 V5. Telephone Number : 805-388-3775
 V6. Contractor's Federal Tax ID Number (EIN) : 95-2661922
 V7. Contact Person : Sara Head
 V8. Workers Comp Insurance Expiration Date : 4/1/2013
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): G - 4/1/13, P - 4/1/13
 V10. Professional License Number : #
 V11. Verified by (name of County staff)

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.....: _____

**Board of Supervisors Contract Amendment No. 1
to the Contract with AECOM Technical Services, Inc. for the Tajiguas Landfill
Resource Recovery Project Air Quality Technical Report and
Biological Technical Report
(BC-13-081)**

The agreement between the County of Santa Barbara (County) and AECOM Technical Services, Inc. (CONTRACTOR) which was entered into on November 13, 2012 (Board Contract No. BC-13-081) is hereby modified and amended as follows:

1. Exhibit B Payment Arrangements (Paragraph A) is hereby amended to read:

A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$279,128, which includes \$10,000 of contingency.

2. Exhibit B Payment Arrangements (Paragraph B) is hereby amended to read:

B. Extra work required to complete the project may be authorized only if CONTRACTOR received written approval by the COUNTY's designated representative as identified in Paragraph 1 of this Agreement at the same rate per unit as included in EXHIBIT A. The total amount of this contingency fund is \$10,000.

All other terms and conditions of the agreement will remain in full force and effect.

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

Date: _____

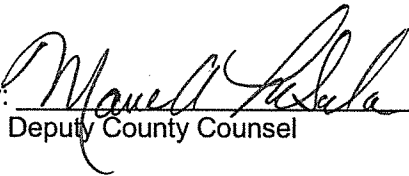
ATTEST:
MONA MIYASATO
CLERK OF THE BOARD

CONTRACTOR
SARA J. HEAD
VICE PRESIDENT, AECOM

By: _____
Deputy

By: *Sara J. Head*
TaxID Number: 95-2661922

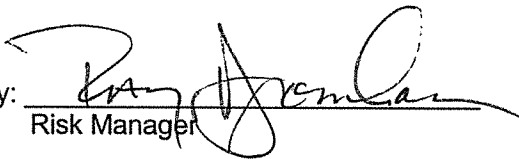
APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: 
Deputy County Counsel

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

By: 
Deputy

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

By: 
Risk Manager

