Board Contract Summary

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	2016-17 and 2017-18	
D1.	Department Name		
D3.			
	Contact Person		
D4.	Telephone	. X3561	
K1.	Contract Type (check one): Personal Service Capital		
1/0	Dailet Community of Combined Description/Domestic	Agreement for environmental consulting services (as	
K2.	Brief Summary of Contract Description/Purpose	needed)	
K3.	Department Project Number		
K4.	Original Contract Amount	. \$50,000	
K5.	Contract Begin Date	August 23, 2016	
K6.	Original Contract End Date	June 30, 2017	
K7.	Amendment? (Yes or No)	-Yes	
K8.	- New Contract End Date	June 30, 2018	
K9.	- Total Number of Amendments	1	
K10.	- This Amendment Amount	\$50,000	
K11.	- Total Previous Amendment Amounts	N/A	
K12.	- Revised Total Contract Amount	. \$100,000	
B1.	Intended Board Agenda Date		
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	-N/A	
	and Agenda Item Number		
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	Added paragraphs C and F in Exhibit B and amended Exhibit C	
		(approved by Risk Management)	
F1.	Fund Number	.3060	
F2.	Department Number	.054	
F3.	Line Item Account Number	.7460	
F4.	Project Number (if applicable)		
F5.	Program Number (if applicable)		
F6.	Org Unit Number (if applicable)		
F7.	Payment Terms	Net 30	
_			
V1.	Auditor-Controller Vendor Number	.313257	
V2.	Payee/Contractor Name		
V3.	Mailing Address	900 Broken Sound Parkway, STE 200	
V4.	City State (two-letter) Zip (include +4 if known)		
V5.	Telephone Number		
V6.	Vendor Contact Person		
V7.	Workers Comp Insurance Expiration Date	4/1/18	
V8.	Liability Insurance Expiration Date	4/1/18	
V9.	Professional License Number		
V10	Verified by (print name of county staff)	clopez	
V11	/11 Company Type <i>(Check one):</i> Individual Sole Proprietorship Partnership Corporation		

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page. _____Authorized Signature:

AMENDMENT NO. 1 TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR WITH GEOSYNTEC CONSULTANTS (BC NO. 17-126)

Pursuant to Paragraph 25 of the Agreement for Services of Independent Contractor (hereinafter AGREEMENT) entered into on August 23, 2016, as BC No.17-126, between the County of Santa Barbara (hereafter COUNTY), and **Geosyntec Consultants** having its principal place of business at 924 Anacapa Street, Santa Barbara, CA 93101 (hereafter CONTRACTOR), the COUNTY and CONTRACTOR amend the AGREEMENT as follows:

1. Paragraph 4 of the AGREEMENT is amended to read:

TERM. CONTRACTOR shall commence performance on August 23, 2016 and end performance upon completion, but no later than June 30, 2018 unless otherwise directed by COUNTY or unless earlier terminated.

2. Exhibit B, paragraph A and B are hereby amended to read:

- A. For CONTRACTOR services to be rendered under this Agreement, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$100,000.
- B. Payment for services and /or reimbursement of costs shall be made upon CONTRACTOR's satisfactory performance, based upon the scope and methodology contained in **EXHIBIT A** as determined by COUNTY. Payment for services and/or reimbursement of costs shall be based upon the costs, expenses, overhead charges and hourly rates for personnel, as defined in **Attachment B1** (2016 Schedule of Fees) **and B2** (2017 Schedule of Fees). Invoices submitted for payment that are based upon **Attachment B1** (2016 Schedule of Fees) **and B2** (2017 Schedule of Fees) must contain sufficient detail to enable an audit of the charges and provide supporting documentation if so specified in EXHIBIT A.

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

ATTEST:

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

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Mona Miyasato County Executive Officer Clerk of Board	COUNTY OF SANTA BARBARA:
By:	By: Joan Hartmann, Chair Board of Supervisors
	Date:

RECOMMENDED FOR APPROVAL:

Public Works Department

Scott D. McGolpin, Director

CONTRACTOR:

Geosyntec Consultants

Ву:

Deand Sky 5/3/17

Authorized Representative

Name:

Title:

Drandon Steets

APPROVED AS TO FORM:

Michael C. Ghizzoni County Counsel

Ву:

peputy County Counsel

APPROVED AS TO ACCOUNTING

FORM:

Theodore A. Fallati, CPA Auditor-Controller

APPROVED AS TO FORM:

Ray Aromatorio, ARM, AIC

Risk Manager

By:

Risk Management

Ву:

Depu

ATTACHMENT B2

CONFIDENTIAL

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GEOSYNTEC CONSULTANTS 2017 RATE SCHEDULE

Staff Professional	\$120
Senior Staff Professional	\$140
Professional	\$160
Project Professional	\$185
Senior Professional	\$205
Principal	\$225
Senior Principal	\$245
Engineering Technician I	\$ 62
Engineering Technician II	\$ 68
Senior Engineering Technician I	\$ 75
Senior Engineering Technician II	\$ 80
Site Manager I	\$ 87
Site Manager II	\$ 97
Construction Manager I	\$110
Construction Manager II	\$120
Designer	\$132
Senior Drafter/Senior CADD Operator	\$ 120
Drafter/CADD Operator/Artist	\$ 110
Project Administrator	\$ 65
Clerical	\$ 52
Direct Expenses	Cost plus 12%
Subcontract Services	Cost plus 12%
Technology/Communications Fee	3% of Professional Fees
Specialized Computer Applications (per hour)	\$ 15
Personal Automobile (per mile)	Current Gov't Rate

Rates are provided on a confidential basis and are client and project specific.

Unless otherwise agreed, rates will be adjusted annually based on a minimum of the Produce Price Index for Engineering Services.

Rates for field equipment, health and safety equipment, and graphical supplies presented upon request.

Photocopies (per page)