Board Contract Summary

BC <u>17-157</u>

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 2016-17	
D2.	Department Name	Flood Control	
D3.	Contact Person	Jon Frye	
D4.	Telephone	X3444	
K1.	Contract Type (check one): Personal Service Capital		
K2.	Brief Summary of Contract Description/Purpose	Survey work	
K3.	Department Project Number		
K4.	Original Contract Amount	\$100,000	
K5.	Contract Begin Date	September 13, 2016	
K6.	Original Contract End Date	September 12, 2017	
K7.	Amendment? (Yes or No)	Yes	
K8.	- New Contract End Date	December 31, 2019	
K9.	- Total Number of Amendments		
K10.	- This Amendment Amount	\$100,000	
K11.	- Total Previous Amendment Amounts	. N/A	
K12.	- Revised Total Contract Amount	\$200,000	
B1.	Intended Board Agenda Date	December 12, 2017	
B2.	Number of Workers Displaced (if any)	N/A	
B3.	Number of Competitive Bids (if any)	N/A	
B4.	Lowest Bid Amount (if bid)		
B5.	If Board waived bids, show Agenda Date	N/A	
	and Agenda Item Number	N/A	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	Added paragraph 33 and paragraphs C and F in Exhibit B	
F1.	Fund Number	various	
F2.	Department Number	054	
		8400	
F3.	Line Item Account Number		
F4.	Project Number (if applicable)	054	
	Project Number (if applicable)	054 3005	
F4.	Project Number (if applicable)	054 3005	
F4. F5.	Project Number (if applicable)	054 3005	
F4. F5. F6. F7.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms.	054 . 3005 Net 30	
F4. F5. F6. F7.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms Auditor-Controller Vendor Number	054 3005 Net 30 513410	
F4. F5. F6. F7. V1. V2.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms. Auditor-Controller Vendor Number. Payee/Contractor Name.		
F4. F5. F6. F7. V1. V2. V3.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms. Auditor-Controller Vendor Number. Payee/Contractor Name. Mailing Address.		
F4. F5. F6. F7. V1. V2. V3. V4.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms Auditor-Controller Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known)		
F4. F5. F6. F7. V1. V2. V3. V4. V5.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms. Auditor-Controller Vendor Number. Payee/Contractor Name. Mailing Address. City State (two-letter) Zip (include +4 if known). Telephone Number		
F4. F5. F6. F7. V1. V2. V3. V4. V5. V6.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms. Auditor-Controller Vendor Number. Payee/Contractor Name. Mailing Address. City State (two-letter) Zip (include +4 if known). Telephone Number. Vendor Contact Person.		
F4. F5. F6. F7. V1. V2. V3. V4. V5. V6. V7.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms Auditor-Controller Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor Contact Person Workers Comp Insurance Expiration Date		
F4. F5. F6. F7. V1. V2. V3. V4. V5. V6. V7. V8.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms. Auditor-Controller Vendor Number. Payee/Contractor Name. Mailing Address. City State (two-letter) Zip (include +4 if known). Telephone Number. Vendor Contact Person. Workers Comp Insurance Expiration Date Liability Insurance Expiration Date		
F4. F5. F6. F7. V1. V2. V3. V4. V5. V6. V7.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms. Auditor-Controller Vendor Number. Payee/Contractor Name. Mailing Address. City State (two-letter) Zip (include +4 if known). Telephone Number Vendor Contact Person. Workers Comp Insurance Expiration Date Liability Insurance Expiration Date Professional License Number		
F4. F5. F6. F7. V1. V2. V3. V4. V5. V6. V7.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms. Auditor-Controller Vendor Number. Payee/Contractor Name. Mailing Address. City State (two-letter) Zip (include +4 if known). Telephone Number. Vendor Contact Person. Workers Comp Insurance Expiration Date Liability Insurance Expiration Date		
F4. F5. F6. F7. V1. V2. V3. V4. V5. V6. V7. V8. V9.	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms Auditor-Controller Vendor Number Payee/Contractor Name. Mailing Address. City State (two-letter) Zip (include +4 if known) Telephone Number Vendor Contact Person Workers Comp Insurance Expiration Date Liability Insurance Expiration Date Professional License Number Verified by (print name of county staff)		
F4. F5. F6. F7. V1. V2. V3. V4. V5. V6. V7. V8. V9. V10	Project Number (if applicable) Program Number (if applicable) Org Unit Number (if applicable) Payment Terms Auditor-Controller Vendor Number Payee/Contractor Name Mailing Address City State (two-letter) Zip (include +4 if known) Telephone Number Vendor Contact Person Workers Comp Insurance Expiration Date Liability Insurance Expiration Date Professional License Number Verified by (print name of county staff)		

AMENDMENT NO. 1 TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR WITH MNS ENGINEERS, INC. (BC NO. 17-157)

Pursuant to Paragraph 25 of the Agreement for Services of Independent Contractor (hereinafter AGREEMENT) entered into on September 13, 2016, as BC No.17-157, between the Santa Barbara County Flood Control and Water Conservation District (hereafter COUNTY), and MNS Engineers Inc., having its principal place of business at 201 N. Calle Cesar Chavez, Santa Barbara, California 93103 (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 September 13, 2016 and end performance upon completion, but no later than December 31, 2019 unless otherwise directed by COUNTY or unless earlier terminated.

2. Exhibit B, paragraph A is 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 \$200,000.

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: Mona Miyasato SANTA BARBARA COUNTY FLOOD County Executive Officer **CONTROL & WATER CONSERVATION** Ex Officio Clerk of Board of DISTRICT: Directors of the Santa Barbara County Flood Control and Water **Conservation District** By: By: Joan Hartmann, Chair, Board of Deputy Clerk Directors Date:

RECOMMENDED FOR APPROVAL:

Santa Barbara County Flood Control & Water Conservation District

By:

Scott D. McGolpin Public Works Director

APPROVED AS TO FORM:

Michael C. Ghizzoni County Counsel

Ву:

Deputy County Counsel

APPROVED AS TO FORM:

Ray Aromatorio, ARM, AIC Risk Manager

Bv.

Risk Management

CONTRACTOR:
MNS Engineers

By:

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Authorized Representative

Name:

Title:

JAMES A.

ECIDENT 3 1

APPROVED AS TO ACCOUNTING

FORM:

Theodore A. Fallati, CPA Auditor-Controller

Ву:

Deputy