

**STANDARD AGREEMENT AMENDMENT**

STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED \_\_\_\_\_ Pages

|                     |                  |
|---------------------|------------------|
| AGREEMENT NUMBER    | AMENDMENT NUMBER |
| <b>SMM-0618</b>     | <b>2</b>         |
| REGISTRATION NUMBER |                  |
| <b>XXXXX</b>        |                  |

- This Agreement is entered into between the State Agency and Contractor named below:  
STATE AGENCY'S NAME  
Santa Monica Mountains Conservancy  
CONTRACTOR'S NAME  
Mountains Recreation and Conservation Authority
- The term of this Agreement is 2/27/06 through 6/30/08
- The maximum amount of this Agreement after this amendment is: \$385,000
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:  
 Scope of work shall be amended to limit the legal services component of the scope to fees and associated costs required to ensure compliance with the Coastal Act and costal land use planning.

All other terms and conditions shall remain the same.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

|  |                                  |   |
|--|----------------------------------|---|
| <b>CONTRACTOR</b>  |                                  | <b>CALIFORNIA</b><br>Department of General Services<br>Use Only |
| CONTRACTOR'S NAME <i>(If other than an individual, state whether a corporation, partnership, etc.)</i> |                                  |   |
| <u>Mountains Recreation and Conservation Authority</u>   |                                  |   |
| BY <i>(Authorized Signature)</i>   | DATE SIGNED <i>(Do not type)</i> |   |
|                      |                                  |   |
| PRINTED NAME AND TITLE OF PERSON SIGNING   |                                  |   |
| <u>Michael Berger, Chair</u>   |                                  |   |
| ADDRESS  |                                  |   |
| <u>570 W. Ave. 26, Suite 100, Los Angeles, CA 90065</u>  |                                  |   |
| <b>STATE OF CALIFORNIA</b>   |                                  |   |
| AGENCY NAME  |                                  |   |
| <u>Santa Monica Mountains Conservancy</u>  |                                  |   |
| BY <i>(Authorized Signature)</i>   | DATE SIGNED <i>(Do not type)</i> |   |
|                      |                                  |   |
| PRINTED NAME AND TITLE OF PERSON SIGNING   |                                  |   |
| <u>Elizabeth Cheadle, Chair</u>  |                                  |   |
| ADDRESS  |                                  |   |
| <u>5750 Ramirez Canyon Rd., Malibu, CA 90265</u>   |                                  |   |
|  |                                  | <input checked="" type="checkbox"/> Exempt per:                 |

**AGREEMENT SUMMARY**  
STD 215 (Rev 4/2002)

|                  |                  |
|------------------|------------------|
| AGREEMENT NUMBER | AMENDMENT NUMBER |
| SMM-0618         | 2                |

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

|   |   |
|---|---|
| 1. CONTRACTOR'S NAME<br><b>Mountains Recreation and Conservation Authority (Escondido PP&amp;D)</b> | 2. FEDERAL I.D. NUMBER<br><b>77-0112367</b> |
|---|---|

|   |                                    |  |
|---|------------------------------------|--|
| 3. AGENCY TRANSMITTING AGREEMENT<br><b>Santa Monica Mountains Conservancy</b> | 4. DIVISION, BUREAU, OR OTHER UNIT | 5. AGENCY BILLING CODE<br><b>10507</b> |
|---|------------------------------------|--|

6. NAME AND TELEPHONE NUMBER OF CONTRACT ANALYST FOR QUESTIONS REGARDING THIS AGREEMENT  
**Juliet Chung, 323.221.8900 ext. 145**

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?  
 NO       YES (If YES, enter prior contractor name and Agreement Number)

8. BRIEF DESCRIPTION OF SERVICES - LIMIT 72 CHARACTERS INCLUDING PUNCTUATION AND SPACES  
**Project planning and design activities Escondido and Ramirez Canyons and Ramirez Creek restoration.**

9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)  
**Project planning and design necessary for a Coastal Development project for the protection of the land and water resources of the Santa Monica Bay coastal watershed, including the expansion of recreational use and trail development in Escondido and Ramirez Canyons and the restoration of Ramirez Creek.**

Scope shall be amended to limit the legal services component of the scope to fees and associated costs required to ensure compliance with the Coastal Act and coastal land use planning.

10. PAYMENT TERMS (More than one may apply.)  
 MONTHLY FLAT RATE       QUARTERLY       ONE -TIME PAYMENT       PROGRESS PAYMENT  
 ITEMIZED INVOICE       WITHHOLD \_\_\_\_\_ %       ADVANCED PAYMENT NOT TO EXCEED  
 REIMBURSEMENT/REVENUE      \$ \_\_\_\_\_ or 90 %  
 OTHER (Explain) Payments will be made on a reimbursable basis.

| 11. PROJECTED EXPENDITURES<br>FUND TITLE | ITEM                          | F.Y. | CHAPTER | STATUTE | PROJECTED EXPENDITURES |
|--|-------------------------------|------|---------|---------|------------------------|
| SM Bay/Ventura County Watershed          | 3810-301-6031 Section 7571[4] | 2005 | 38      | 2005    | \$ 0                   |
|  |                               |      |         |         | \$                     |

OBJECT CODE      **AGREEMENT TOTAL      \$ 0**

OPTIONAL USE      AMOUNT ENCUMBERED BY THIS DOCUMENT  
**\$ 0**

I CERTIFY upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.      PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT  
**\$ 585,000**

ACCOUNTING OFFICER'S SIGNATURE      DATE SIGNED      TOTAL AMOUNT ENCUMBERED TO DATE  
           **\$ 585,000**

| 12. AGREEMENT   | TERM    |         | TOTAL COST OF THIS TRANSACTION | BID, SOLE SOURCE, EXEMPT |
|-----------------|---------|---------|--------------------------------|--------------------------|
|                 | From    | Through |                                |                          |
| Original        | 2/27/06 | 6/30/08 | \$ 200,000                     | <b>Exempt</b>            |
| Amendment No. 1 | 2/27/06 | 6/30/08 | \$ 385,000                     |                          |
| Amendment No. 2 | 2/27/06 | 6/30/06 | \$ 0                           |                          |
| Amendment No. 3 |         |         | \$                             |                          |
| <b>TOTAL</b>    |         |         | <b>\$ 585,000</b>              |                          |

(Continue)

**AGREEMENT SUMMARY**

STD. 215 (NEW 02/98)

## 13. BIDDING METHOD USED:

 REQUEST FOR PROPOSAL (RFP)*(Attach justification if secondary method is used)* INVITATION FOR BID (IFB) USE OF MASTER SERVICE AGREEMENT SOLE SOURCE CONTRACT*(Attach STD. 821)* EXEMPT FROM BIDDING*(Give authority for exempt status)* OTHER *(Explain)* N/A-Local Assistance GrantNOTE: *Proof of advertisement in the State Contracts Register or an approved form STD. 821, Contract Advertising Exemption Request, must be attached*14. SUMMARY OF BIDS *(List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)*

N/A – Local Assistance Grant

15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, PLEASE EXPLAIN REASON(S) *(If an amendment, sole source, or exempt, leave blank)*

N/A – Local Assistance Grant

## 16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?

N/A – Local Assistance Grant

17. JUSTIFICATION FOR CONTRACTING OUT *(Check one)* Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified. Contracting out is justified based on Government Code 19130(b). Justification for the Agreement is described below.*Justification:*

N/A – Local Assistance Grant

18. FOR AGREEMENTS IN EXCESS OF \$5,000, HAS THE LETTING OF THE AGREEMENT BEEN REPORTED TO THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING?

 NO  YES  N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10?

 NO  YES  N/A

20. FOR CONSULTING AGREEMENTS, DID YOU REVIEW ANY CONTRACTOR EVALUATIONS ON FILE WITH THE DGS LEGAL OFFICE?

 NO  YES  NONE ON FILE  N/A

21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?

A. CONTRACTOR CERTIFICATION CLAUSES  NO  YES  N/AB. STD. 204, VENDOR DATA RECORD  NO  YES  N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED

 NO  YES  N/A23. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? *(If an amendment, explain changes, if any)* NO *(Explain below)* YES *(If YES complete the following)*

DISABLED VETERAN BUSINESS ENTERPRISES: \_\_\_\_\_ % OF AGREEMENT

 Good faith effort documentation attached if 3% goal is not reached. We have determined that the contractor has made a sincere good faith effort to meet the goal.*Explain:*

N/A – Local Assistance Grant

## 24. IS THIS A SMALL BUSINESS CERTIFIED BY OSBCR?

 NO  YES *(Indicate Industry Group)*

SMALL BUSINESS REFERENCE NUMBER

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN ONE YEAR? *(If YES, provide justification)* NO  YES

N/A – Local Assistance Grant

***I certify that all copies of the referenced Agreement will conform to the original Agreement sent to the Department of General Services.***

SIGNATURE/TITLE



DATE SIGNED