

**AMENDMENT NO. 4
TO PROFESSIONAL SERVICES AGREEMENT
BETWEEN COUNTY OF MONTEREY AND
FRANK J. CONTE DBA CONTE'S GENERATOR SERVICE**

THIS AMENDMENT NO. 4 to the Professional Services Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and Frank J. Conte dba Conte's Generator Service (hereinafter, "CONTRACTOR") is hereby entered into between the County and the CONTRACTOR (collectively, the County and CONTRACTOR are referred to as the "Parties") as of the last date opposite the respective signatures.

WHEREAS, CONTRACTOR entered into a Professional Services Agreement with County on October 6, 2010, (hereinafter, "Agreement"); and

WHEREAS, Agreement was amended by the Parties on September 20, 2011 (hereinafter, "Amendment No. 1"), September 28, 2012 (hereinafter, "Amendment No. 2"), and October 1, 2013 (hereinafter, "Amendment No. 3"); and

WHEREAS, the County has a continuing need for regular preventative maintenance and emergency repairs and parts for the diesel generators operated and maintained by the Monterey County Resource Management Agency - Public Works; and

WHEREAS, due to unforeseen replacement and repair of generators which will deplete the amount previously budgeted, additional funding is necessary; and

WHEREAS, the Parties wish to further amend the Agreement to increase the amount by \$5,000.00 to allow CONTRACTOR to continue to provide services identified in the Agreement and as amended by this Amendment No. 4.

NOW, THEREFORE, the Parties agree to amend the Agreement as follows:

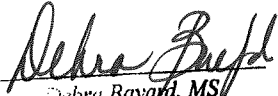
1. Amend the first sentence of Paragraph 2, "Payments by County", to read as follows:

The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$99,097.13.

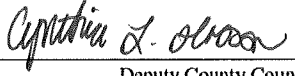
2. All other terms and conditions of the Agreement remain unchanged and in full force.
3. This Amendment No. 4 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.

IN WITNESS WHEREOF the Parties hereto have executed this Amendment No. 4 to the Agreement as of the last date opposite the respective signatures below:

COUNTY OF MONTEREY

By: 
Debra Bayard, MS
Deputy Purchasing Agent
County of Monterey
Contracts/Purchasing Officer
Date: 1/27/14

**Approved as to Form and Legality
Office of the County Counsel**

By: 
Cynthia L. Olson
Deputy County Counsel
Date: 1-17-14


Approved as to Fiscal Provisions

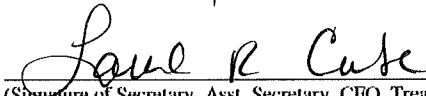
By: 
Auditor/Controller
Date: 1-21-14

Approved as to Indemnity and Insurance Provisions

By: _____
Risk Management
Date: _____

CONTRACTOR

Frank J. Conte dba Conte's Generator Service
Contractor Business Name*
By: 
(Signature of Chair, President, or Vice-President)
Its: Frank J. Conte GM
(Print Name and Title)
Date: 1-7-14

By: 
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or
Asst. Treasurer)
Its: Laurel R Conte owner
(Print Name and Title)
Date: 1-7-14

*INSTRUCTIONS: IF CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. IF CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.



CERTIFICATE OF LIABILITY INSURANCE

CONTE01

OP ID: DS

DATE (MM/DD/YYYY)

10/01/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER G.L. Anderson Ins. Svcs., Inc. Professional Insurance Assoc. 101 Parkshore Dr., St 230 Folsom, CA 95630 GLA	Phone: 916-353-5130	CONTACT NAME:	
	Fax: 916-353-5135	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Conte's Generator Service P.O. Box 1469 Monterey, CA 93942	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Atain Specialty Insurance Co.		
	INSURER B: Evanston Ins. Co.		35378
	INSURER C: Wesco Insurance Company		25011
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		CIP190534	09/28/2013	09/28/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Owner/Cont Prot.						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		XOBW4122913	09/28/2013	09/28/2014	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$						AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						\$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/>	N/A	WWC3071451	10/01/2013	10/01/2014	X WC STATUTORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

County of Monterey, Officers and employees are shown as Additional Insured for General Liability per form CG20330704. Insurance is Primary & Non-Contributory. Monterey County Public Works
Job Description: Various Sites Monterey County
*10 Day Notice of Cancellation Applies for Non Payment of Premium

CERTIFICATE HOLDER**CANCELLATION**

County of Monterey
Department of Public Works
168 W. Alisal 2nd Floor
Salinas, CA 93901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mary Anderson

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – AUTOMATIC STATUS WHEN
REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.
2. "Bodily injury" or "property damage" occurring after:
 - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

ENDORSEMENT

This Endorsement Changes the Policy - Please Read It Carefully

**PRIMARY AND NON-CONTRIBUTING INSURANCE
(Third-Party's Sole Negligence)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/ COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD LIABILITY COVERAGE PART
BUSINESSOWNERS LIABILITY COVERAGE FORM

The following is added to Section IV - Commercial General Liability Conditions, Paragraph 4:

Section IV: Commercial General Liability Conditions

4. Other Insurance:

- d. Notwithstanding the provisions of sub-paragraphs a, b, and c of this paragraph 4, with respect to the Third Party shown below, it is understood and agreed that in the event of a claim or "suit" arising out of the Named Insured's sole negligence, this insurance shall be primary and any other insurance maintained by the additional insured named as the Third Party below shall be excess and non-contributory.

The Third Party to whom this endorsement applies is:

"ANY PERSON OR ORGANIZATION WITH WHOM THE INSURED HAS AGREED BY WRITTEN CONTRACT TO PERFORM SERVICES AND PRIOR TO ANY LOSS THAT ARE WITHIN THE TERMS AND CONDITIONS OF THIS POLICY TO WHICH THIS FORM IS ATTACHED".

Absence of a specifically named Third Party above means that the provisions of this endorsement apply "as required by written contractual agreement with any Third Party for whom you are performing work."

All other terms and conditions of this policy remain unchanged.

This endorsement is effective on the inception date of the policy unless otherwise stated herein. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Policy Number: CIP190534

Named Insured: LAUREL CONTE
DBA: CONTE'S GENERATOR SERVICE

Endorsement Effective Date: 09-28-2013

CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Certificate Holder: THE COUNTY OF MONTEREY ITS OFFICERS AGENTS AND EMPLOYEES 168 W ALISAL STREET 2ND FLOOR SALINAS, CA 93901	Named Insured: FRANK CONTE 100 CALERA CANYON ROAD SALINAS CA 93908
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Automobile Liability			
Insurer Name: Allstate Insurance Company			
Policy Number: 648533407			
<input checked="" type="checkbox"/>	1 – Any Auto	<input type="checkbox"/>	2 – Owned Autos Only
<input type="checkbox"/>	4 – Owned Autos Other Than Priv. Pass. Autos Only	<input type="checkbox"/>	5 – Owned Autos Subject to No Fault
<input checked="" type="checkbox"/>	7 – Specifically Described Autos	<input checked="" type="checkbox"/>	8 – Hired Autos Only
<input checked="" type="checkbox"/>	9 – Nonowned Autos Only		
Policy Effective Date : 12-04-2013		Policy Expiration Date: 12-04-2014	
Limits of Insurance:	\$ 1,000,000	Combined Single Limit (each accident)	
	BI Per Person	BI Per Accident	PD Per Accident
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions			
Interested Party Type: ADDITIONAL INSURED			
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER.			
IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.			
Cancellation			
In the event of cancellation of any policy described above, the insurer will attempt to mail <u>30</u> days written notice to the certificate holder prior to the effective date of cancellation. However, failure to do so will not impose any duty or liability upon the insurer, its agents or representatives, nor will it delay cancellation.			

Producer: CLAUDIA DEMARANVILLE	
Authorized Representative:	
Date:	



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POLICY NUMBER: 648533407

COMMERCIAL AUTO
CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE

Name of Person(s) or Organization(s):

THE COUNTY OF MONTEREY ITS OFFICERS AGENTS AND
EMPLOYEES
168 W ALISAL STREET 2ND FLOOR
SALINAS, CA USA 93901

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.





POLICY NUMBER: 648533407

COMMERCIAL AUTO
CA 04 26 03 10**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****CALIFORNIA DRIVE OTHER CAR COVERAGE –
BROADENED COVERAGE FOR NAMED INDIVIDUALS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:

Endorsement Effective Date:

SCHEDULE

Name Of Individual: FRANK CONTE				
Liability	Limit:	\$ 1,000,000	Premium:	\$ 67
Auto Medical Payments	Limit:		Premium:	
Comprehensive	Deductible:		Premium:	
Collision	Deductible:		Premium:	
Uninsured Motorists	Limit:	SEE SCHE	Premium:	\$ 15
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

Note – When Uninsured Motorists Coverage is provided at limits higher than the basic limits required by a financial responsibility law, Underinsured Motorists Coverage is included, unless otherwise noted.

A. This endorsement changes only those coverages where a premium is shown in the Schedule.**B. Changes In Liability Coverage****1.** Any "auto" you don't own, hire or borrow is a covered "auto" for Liability Coverage while being used by any individual named in the Schedule or by his or her spouse while a resident of the same household except:**a.** Any "auto" owned by that individual or by any member of his or her household.**b.** Any "auto" used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking "autos".**2. The following is added to Who Is An Insured:**

Any individual named in the Schedule and his or her spouse, while a resident of the same household, are "insureds" while using any covered "auto" described in Paragraph B.1. of this endorsement.





Policy Number
648533407

ENDORSEMENT

Allstate Insurance Company

Named Insured FRANK CONTE

Effective Date: 01-13-14
12:01 A.M., Standard Time

Agent Name CLAUDIA DEMARANVILLE

Agent No. 92915

ADDITIONAL INSURED COUNTY OF MONTEREY

THE INSURANCE PROVIDED UNDER THIS POLICY IS PRIMARY. IT IS UNDERSTOOD AND AGREED THAT IN THE EVENT OF A CLAIM OR SUIT ARISING OUT OF THE NAMED INSUREDS SOLE NEGLIGENCE, THIS INSURANCE SHALL BE PRIMARY AND ANY OTHER INSURANCE MAINTAINED BY THE ADDITIONAL INSURED NAMED AS THE THIRD PARTY ABOVE SHALL BE EXCESS AND NON CONTRIBUTORY.



Policy Number
648533407**SCHEDULE OF FORMS AND ENDORSEMENTS****Allstate Insurance Company**Named Insured **FRANK CONTE**Effective Date: **01-13-14**
12:01 A.M., Standard TimeAgent Name **CLAUDIA DEMARANVILLE****COMMON POLICY FORMS AND ENDORSEMENTS**

DM CW 30	01-10	COMMON POLICY CHANGE ENDORSEMENT
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS

AUTOMOBILE FORMS AND ENDORSEMENTS

AA CW 40	10-11	WAIVER OF TRNSFR OF RECOVERY
DM CW 50	03-12	ADDITIONAL INSURED COUNTY OF MONTEREY
CA 04 26	03-10	CA - DOC COV-BROAD COV NAMED IND
CA 20 48	02-99	DESIGNATED INSURED





Policy Number
648533407

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 002

Allstate Insurance Company

Named Insured FRANK CONTE

Effective Date: 01-13-14
12:01 A.M., Standard Time

Agent Name CLAUDIA DEMARANVILLE

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDITIONAL INSURED - OTHER) HAS BEEN ADDED TO THE POLICY:

THE COUNTY OF MONTEREY ITS OFFICERS AGENTS AND EMPLOYEES
168 W ALISAL STREET 2ND FLOOR
SALINAS CA 93901

THE FOLLOWING FORM(S) HAS BEEN AMENDED:

AA CW 40	10-11	WAIVER OF TRNSFR OF RECOVERY
CA 04 26	03-10	CA - DOC COV-BROAD COV NAMED IND
DM CW 50	03-12	ADDITIONAL INSURED COUNTY OF MONTEREY

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.



Policy Number
648533407

SCHEDULE OF NAMED INSURED(S)
Allstate Insurance Company

Named Insured **FRANK CONTE**

Effective Date: 01-13-14
12:01 A.M., Standard Time

Agent Name **CLAUDIA DEMARANVILLE**

CI CW 10 (cont.)

THE NAMED INSURED ON FORM CI CW 10 IS AMENDED TO READ:

FRANK CONTE

DBA - CONTES GENERATOR





COUNTY OF MONTEREY

PURCHASE ORDER

ORDER DATE 03-07-2014

BSC 3000 0000002527

IMPORTANT

THE ABOVE NUMBER AND SHIP TO DEPARTMENT MUST
APPEAR ON ALL SHIPPING LABELS, PACKING SLIPS,
TRANSPORT DOCUMENTS, INVOICES AND CORRESPONDENCE.

FRANK J CONTE
CONTE'S GENERATOR SERVICE
P O Box 1469
Monterey CA 93942

S PUBLIC WRK
H 168 W. ALISAL ST.,
P 2ND FLOOR
T SALINAS CA 93901

B RMA FINANCE
I 168 W ALISAL STREET
L 2ND FLOOR
T SALINAS CA 93901

RECEIVED
MAR 8 1 2014

VENDOR NUMBER: CV000001760

DELIVERY DATE:

F.O.B.:

Resource Management Agency

ITEM	QUANTITY	UNIT	COMMODITY CODE	ITEM DESCRIPTION	UNIT PRICE	SALES TAX	EXTENDED PRICE
1	0.0		93639	PURCH DESC: AMENDMENT NO. 4 TO THE PROFESSIONAL SERVICES AGREEMENT (PSA) BETWEEN FRANK J. CONTE DBA CONTE'S GENERATOR SERVICE AND THE COUNTY OF MONTEREY INCREASES THE AMOUNT OF THE PSA BY \$5,000.00 FOR A TOTAL AMOUNT NOT TO EXCEED \$99,097.13 TO CONTINUE TO PROVIDE REGULAR PREVENTATIVE MAINTENANCE AND EMERGENCY REPAIRS AND PARTS FOR THE DIESEL GENERATORS OPERATED AND MAINTAINED BY THE MONTEREY COUNTY RMA-PUBLIC WORKS. THE TERM OF THIS PSA IS FROM OCTOBER 01, 2010 TO OCTOBER 01, 2014.	.00	.00	53,939.69
				COMM LINE DESC: Generators, Portable & Stationary, Incl Parts & Accs Maint & MSDS: Not Required			
				002 - 3000 - 8195 - RMA012 - 6321 - - - 25763.43			
				001 - 3000 - 8176 - RMA006 - 6321 - - - 24450.00			
				156 - 3000 - 8197 - RMA045 - 6321 - - - 3726.26			

THE SHADED ROWS ARE FOR MONTEREY COUNTY DEPARTMENT USE ONLY

ORDER TOTAL 53,939.69

All Vendors are required to review the Monterey County general terms and conditions which apply to all contracts, purchase orders, and other electronic procurements made with the County unless otherwise noted. Said terms and conditions can be found on the County website at http://www.co.monterey.ca.us/admin/terms_conditions.htm

TAX EXEMPTION INFORMATION:

FEDERAL EXCISE TAX EXEMPTION NUMBER 94-6000524

COUNTY BUYER INFORMATION

TELEPHONE:

AUTHORIZED BY COUNTY OF MONTEREY

DEPUTIZED PURCHASING AGENT

Michael R. 7ea

PRINT DATE: 03/10/14

CONTRACTS/PURCHASING DIVISION
168 W. Alisal St. 3rd Floor, Salinas, CA 93901

PAGE NUMBER: 1 OF 1