

**AMENDMENT NO. 2
TO PROFESSIONAL SERVICES AGREEMENT
BETWEEN COUNTY OF MONTEREY AND
HONEYWELL INTERNATIONAL, INC.**

THIS AMENDMENT NO. 2 to the Professional Services Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and Honeywell International, Inc. (hereinafter, "CONTRACTOR") is hereby entered into between the County and the CONTRACTOR (collectively, the "Parties") and effective as of the last date opposite the respective signatures below.

WHEREAS, CONTRACTOR entered into a Professional Services Agreement with County on November 18, 2014 (hereinafter, "Agreement") to provide on-call repair and maintenance services to heating, ventilation, air conditioning, and refrigeration (HVACR) systems for various County facilities; and

WHEREAS, Agreement was amended by the Parties on July 2, 2015 (hereinafter, "Amendment No. 1", including Exhibit A-1 – Scope of Services/Payment Provisions); and

WHEREAS, the County has a continued need for on-call repair and maintenance services to HVACR systems for various County facilities; and

WHEREAS, additional time and funding are necessary; and

WHEREAS, the Parties wish to further amend the Agreement to extend the term to June 30, 2016 and increase the amount by \$35,000 to allow CONTRACTOR to continue to provide services identified in the Agreement and as amended by this Amendment No. 2.

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

1. Amend the second 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 \$65,000.

2. Amend the first sentence of Paragraph 3, "Term of Agreement", to read as follows:

The term of this Agreement is from November 1, 2014 to June 30, 2016, unless sooner terminated pursuant to the terms of this Agreement.

3. All other terms and conditions of the Agreement remain unchanged and in full force.

Amendment No. 2 to Professional Services Agreement
Honeywell International, Inc.
On-Call Services for HVACR
RMA – Public Works – Facilities
Term: November 1, 2014 – June 30, 2016
Not to Exceed: \$65,000

4. **This Amendment No. 2 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.**
5. **The recitals to this Amendment No. 2 are incorporated into the Agreement and this Amendment No. 2.**

**Amendment No. 2 to Professional Services Agreement
Honeywell International, Inc.
On-Call Services for HVACR
RMA – Public Works – Facilities
Term: November 1, 2014 – June 30, 2016
Not to Exceed: \$65,000**

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment No. 2 to the Agreement which shall be effective as of the last date opposite the respective signatures below.

COUNTY OF MONTEREY

CONTRACTOR*

By: [Signature]
Contracts/Purchasing Officer or Designee

Honeywell International, Inc.
Contractor's Business Name

Date: 9/17/15

By: [Signature]
(Signature of Chair, President or Vice President)

Its: Andres Caballero, Vice President of HBS
(Print Name and Title)

Date: Sept 11, 2015

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

By: [Signature]
(Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer)

By: [Signature]
Deputy County Counsel

Its: Samuel Rosenstein, Asst Secretary
(Print Name and Title)

Date: 9-16-2015

Date: September 11, 2015

Approved as to Fiscal Provisions

By: [Signature]
Auditor/Controller

Date: 9-16-15

Approved as to Indemnity and Insurance Provisions

**APPROVED AS TO INDEMNITY/
INSURANCE LANGUAGE**
Risk Management

By: [Signature]
Date: 9-16-15

*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.

Amendment No. 2 to Professional Services Agreement
Honeywell International, Inc.
On-Call Services for HVACR
RMA - Public Works - Facilities
Term: November 1, 2014 - June 30, 2016
Not to Exceed: \$65,000



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/30/2018

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 Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA | CONTACT NAME PHONE (986) 283-7122 | FAX (800) 363-0105 |
| | EMAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Honeywell International Inc. 101 Columbia Road Morristown NJ 07962 USA | INSURER A: XL Insurance America Inc | 24554 |
| | INSURER B: XL Specialty Insurance Co | 37885 |
| | INSURER C: Greenwich Insurance Company | 22922 |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES CERTIFICATE NUMBER: 57005770197 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. Limits shown are as requested

| CLASS | TYPE OF INSURANCE | AGENCY | POLICY NUMBER | POLICY EFF. DATE(MM/DD/YYYY) | POLICY EXP. DATE(MM/DD/YYYY) | LIMITS |
|-------|--|--------|-----------------------------------|------------------------------|------------------------------|---|
| 0 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | RGC94376300Z | 04/01/2015 | 04/01/2016 | EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$5,000,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG Included |
| C | AUTOMOBILE LIABILITY | | RAC94376420Z | 04/01/2015 | 04/01/2016 | COMBINED SINGLE LIMIT (Per accident) \$5,000,000 |
| C | <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | RAC94376430Z NH (Primary \$1M) | 04/01/2015 | 04/01/2016 | BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | | | EACH OCCURRENCE AGGREGATE |
| A | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | Y/N | RWD94354030Z | 04/01/2015 | 04/01/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |
| B | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EMPLOYED (Non-Inventory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N N/A | RWC94354020Z AR, WI | 04/01/2015 | 04/01/2016 | E.L. EACH ACCIDENT \$5,000,000 E.L. DISEASE-EA EMPLOYEE \$5,000,000 E.L. DISEASE-POLICY LIMIT \$5,000,000 |
| C | Excess Auto Lia | | RAO94376450Z NH | 04/01/2015 | 04/01/2016 | Combined Single Lim \$4,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
[Proj: RE: County of Monterey; On-call repair and Maintenance Services to HVACR (heating, ventilation, air conditioning and refrigeration) for various County facilities County of Monterey, CA; Per agreement signed on 8-18-2014] [At: The County of Monterey, it's agents, officers and employees] are included as Additional Insured for General Liability and Automobile Liability policies with respect to the agreement signed on 8-18-2014. Coverage is Primary and Non-Contributory for General Liability and Automobile Liability policies; waiver of Subrogation is granted in favor of the County of Monterey for General Liability, Automobile Liability and workers' compensation policies where required by written contract.

| | |
|---|---|
| CERTIFICATE HOLDER County of Monterey, CA Attn: Resource Management Agency 168 West Alisal Street, 2nd Fl Salinas AZ 93901 USA | CANCELLATION 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 <i>Aon Risk Services Northeast, Inc.</i> |
|---|---|

Holder Identifier : YZ
Certificate No : 57005770197



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|---|--|
| AGENCY Aon Risk Services Northeast, Inc. | | NAMED INSURED Honeywell International Inc. | |
| POLICY NUMBER See Certificate Number: 570057170197 | | | |
| CARRIER See Certificate Number: 570057170197 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------|-------------------|-----------|----------|---|------------------------------------|-------------------------------------|---------------------------------------|
| | OTHER | | | | | | |
| B | Excess WC | | | RWE943540402 AZ, OH, WA SIR applies per policy terms & conditions | 04/01/2015 | 04/01/2016 | EL Each Accident \$5,000,000 |
| | | | | | | | EL Disease - Ea Emp \$5,000,000 |
| | | | | | | | EL Annual Aggregate \$5,000,000 |
| B | | | | RWE943540502 Excess WC - NH SIR applies per policy terms & conditions | 04/01/2015 | 04/01/2016 | |
| | | | | | | | |
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MEMORANDUM OF INSURANCE

Producer:
Aon Risk Services, Inc.
 For questions please contact: ACS.Chicago@aon.com

Insured:
HONEYWELL INTERNATIONAL INC.
P. O. BOX 1219
101 COLUMBIA ROAD
MORRISTOWN, NJ 07962

INSURERS AFFORDING COVERAGE

| | | |
|---------|---|--------------------------------|
| Insurer | A | XL Specialty Insurance Company |
| Insurer | B | |
| Insurer | C | |
| Insurer | D | |

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 MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED BELOW IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | Type of Insurance | Policy Number | Policy Effective Date | Policy Expiration Date | Limits |
|--------|---|---------------|-----------------------|------------------------|---|
| | General Liability <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur. Gen'l Aggregate Limit Applies Per <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc | | | | Each Occurrence \$ Damage to Rented Premises \$ Med Exp (Any one person) \$ Personal & Adv Injury \$ General Aggregate \$ Products - Comp/Op. \$ |
| | Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos | | | | Combined Single Limit \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage \$ |
| | Excess/Umbrella Liability <input type="checkbox"/> Occurrence Reported <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur. <input type="checkbox"/> Deductible <input type="checkbox"/> Retention \$ | | | | Each Occurrence \$ Aggregate \$ |
| | Workers' Compensation and Employers' Liability (Insured States) | | | | xx Statutory Limits E.L. Each Accident \$ E.L. Disease - Each Employee \$ E.L. Disease - Policy Limit \$ |
| | Excess Workers' Compensation and Employers' Liability | | | | |
| A | Global Professional Liability | RG0843540801 | 4/1/2016 | 4/1/2016 | US \$5,000,000 Ea. Occ US \$5,000,000 Agg |

This Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized. Any party with which the named insured is contractually required to include special status is automatically granted such status. However, coverage under the policy only applies to the extent of the coverage required by such contractual requirement and for the limits of liability specified in such contractual requirement, but in no event for insurance not afforded by the policy nor for limits of liability in excess of the applicable limits of liability of the policy. Any questions on this form may be referred via email to the Aon Risk Services, Inc. email address noted above.

POLICY NUMBER:
RGC943763002

COMMERCIAL
GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location(s) Of Covered Operations |
|--|---|
| The County of Monterey, it's agents, officers and employees | RE: County of Monterey; On-Call repair and Maintenance Services to HVACR (heating, ventilation, air conditioning and refrigeration) for various County facilities County of Monterey, CA; Per agreement signed on 8-18-2014 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section II – Who Is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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(s) at the location(s) designated above.

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

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. 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
2. 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.

CG 20 10 07 04

© ISO Properties, Inc., 2004

Insurance Services Office, Inc.

POLICY NUMBER:
RGC943783002

COMMERCIAL
GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location And Description Of Completed Operations |
|--|---|
| The County of Monterey, it's agents, officers and employees | RE: County of Monterey; On-Call repair and Maintenance Services to HVACR (heating, ventilation, air conditioning and refrigeration) for various County facilities County of Monterey, CA; Per agreement signed on 8-18-2014 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

ENDORSEMENT #001

This endorsement, effective on April 1, 2015 at 12:01 A.M. standard time, forms a part of
Policy No. RGC943763002 of the Greenwich Insurance Company
Issued to HONEYWELL INTERNATIONAL INC.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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

All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title, but only where a written contract specifically requires that this insurance apply on a primary and non-contributory basis.

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to Section IV.4 a:

If other insurance is available to an Insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

All other terms and conditions remain unchanged.



Authorized Representative

MANUS

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ENDORSEMENT #002

This endorsement, effective on April 1, 2015 at 12:01 A.M. standard time, forms a part of
Policy No. RAC943764202 of the Greenwich Insurance Company
Issued to HONEYWELL INTERNATIONAL INC.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

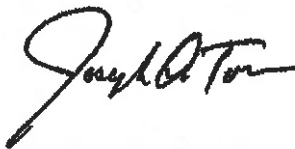
With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Additional Insured:

Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who is insured is changed to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
 2. Any of your employees or agents
 3. Any person operating a covered "auto" with permission from You, any of your employees or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

All other terms and conditions remain unchanged.



Authorized Representative

MANUS

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ENDORSEMENT #001

This endorsement, effective on April 1, 2015 at 12:01 A.M. standard time, forms a part of
Policy No. RAC943764202 of the Greenwich Insurance Company
issued to HONEYWELL INTERNATIONAL INC.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-CONTRIBUTORY FOR ADDITIONAL INSUREDS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

SCHEDULE

Organization:

All persons or entities added as Additional Insureds through an endorsement with the term "Additional Insured" in the title, but only where a written contract specifically requires that this insurance apply on a primary and non-contributory basis.

(If no information is filled in the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title.)

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to the Other Insurance condition under General Conditions:

If other insurance is available to an Insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

All other terms and conditions remain unchanged.



Authorized Representative

MANUS

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Rec'd: 10-19-15



COUNTY OF MONTEREY PURCHASE ORDER

ORDER DATE 10-09-2015

DO 3000 0000009784 Modified

IMPORTANT

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

| | | |
|--|---|--|
| HONEYWELL INTERNATIONAL INC 363-A VINTAGE PARK DRIVE FOSTER CITY CA 94404 | FACILITIES/LAUREL 855 E. LAUREL DR., BLDG C SALINAS CA 93905 | RMA FINANCE 168 W ALISAL STREET 2ND FLOOR SALINAS CA 93901 |
|--|---|--|

VENDOR: CV000000337
 DELIVERY DATE: F.O.B.:

| ITEM | QUANTITY | UNIT | COMMODITY CODE | ITEM DESCRIPTION | UNIT PRICE | SALES TAX | EXTENDED PRICE |
|--------------------|----------|------|----------------|---|------------|-----------|------------------|
| 1 | 0.0 | | 91036 | PURCH DESC: THIS DELIVERY ORDER IS ISSUED TO HONEYWELL INTERNATIONAL INC., TO PROVIDE ON-CALL REPAIR AND MAINTENANCE SERVICES TO HEATING, VENTILATION, AIR CONDITIONING AND REFRIGERATION SYSTEMS (HVACR) FOR VARIOUS COUNTY FACILITIES. THE TERM OF THIS AGREEMENT IS FROM 11/01/14 - 10/31/15 AND SHALL NOT EXCEED \$20,000. THIS PURCHASE ORDER IS VALID FROM 07/01/15 - 10/31/15 AND SHALL NOT EXCEED \$10,707.19 (JV*16788) *****CHANGE ORDER***** THIS PURCHASE ORDER IS BEING INCREASED BY \$35,000 AND TERM EXTENDED THROUGH 06/30/16 PER AMENDMENT NO. 2. COMM LINE DESC: On Call repair & Maintenance to HVACR Systems MSDS: Not Required 001 -- 3000 -- 8176 -- RMA008 -- 8311 -- -- -- 21314.91 001 -- 3000 -- 8176 -- RMA008 -- 8311 -- -- -- 21314.91 | .00 | .00 | 21,314.91 |
| 2 | 0.0 | | 91036 | COMM LINE DESC: On Call repair & Maintenance to HVACR Systems EXTENDED DESC: FY15 Invoice Accrual MSDS: Not Required 401 -- 3000 -- 8184 -- RMA004 -- 8311 -- -- -- 24392.28 | .00 | .00 | 24,392.28 |
| ORDER TOTAL | | | | | | | 45,707.19 |

THE SHADED ROWS ARE FOR MONTEREY COUNTY DEPARTMENT USE ONLY
 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:
 EMAIL:

AUTHORIZED BY COUNTY OF MONTEREY
 DEPUTIZED PURCHASING AGENT

Michael R. De...

PRINT DATE: 10/19/15

CONTRACTS/PURCHASING DIVISION
 1488 Schilling Place, Salinas, CA 93901