



County of Santa Cruz

PARKS, OPEN SPACE & CULTURAL SERVICES

979 17 th AVENUE, SANTA CRUZ, CA 95062

(831) 454-7900 FAX: (831) 454-7940 TDD: (831) 454-7978

BARRY C. SAMUEL, DIRECTOR

December 15, 1999

AGENDA: January 11, 2000

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

SUBJECT: BEN LOMOND PARK IMPROVEMENTS (CONTRACT 91926)

Dear Members of the Board:

On August 10, 1999, your Board awarded a contract in the amount of \$ 69,200 to Terry Boyd Construction, for access ramp improvements to Ben Lomond Park. An additional \$6,920 was authorized by your Board in project contingency funding. Unfortunately, most of the original survey data was compiled during the months of November and December of 1997/98, which was followed by the "El Niiio Storms" and the Fema 1203 flood disaster. During the construction period, there has been a need to adjust the layout and grades of the improvements to match changes in the site conditions since the plans were prepared.

The Contractor started construction on the access ramp which runs from the existing picnic area pad to the basketball court and swim beach. Changes to this part of the work have included: the demolition and replacement of a section of a slumping concrete pad, which exceeded the 2% slope requirement for the access ramp landing, extending the existing split-face masonry retaining wall, modifying the beach access gate, adding two steps to the stairway, and extending the ramp, planter and associated hand railing. In addition, this section of the project involved replacing and lowering 36 lineal feet of 18" diameter culvert which runs from the Mill Street to the river. Unfortunately, during the excavation for the walkway and retaining wall, the top of the culvert was found to be only 8" below the existing grade, and in that location would have obstructed construction of the improvements.

The second part of the project involves constructing an access ramp from the Mill Street sidewalk to the existing picnic area pad. During the excavation for the top portion of the ramp, asphalt which was presumed 3" thick was found to be 12" thick in some places, resulting in the removal and disposal of 16 additional tons of asphalt.

During the layout of the ramp and walkway in the second part of the project, it was discovered that adjustments in the layout and grades were also required to match existing site conditions. Changes included: extending the height of one of the retaining walls, adding hand railing in a section of the walkway which now exceeded 5% slope in order to match site conditions, and modifying a section of the railing to include a 3" high wheel guide.

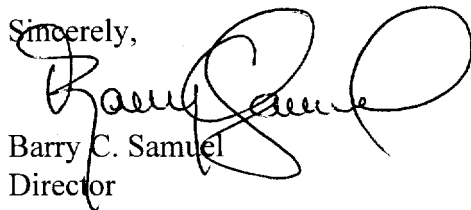
During the construction of the original Ben Lomond Promenade Project in 1997/98, drainage improvements focused on the area south of the new Mill Street access ramp into the park, and did not address the drainage above the newly constructed ramp. In order to keep the parking area drainage directed towards the existing silt and grease trap, a secondary, but smaller catch basin is required at the corner of the new ramp and parking area curbing.

The modifications described above exceed the amount authorized in the original project contingency fund. In order to complete and close out the Ben Lomond Park Improvements Project, an additional \$7,500 is required in the contingency fund for processing change orders. Funds are available in CSA #1 1 Budget Index 134910, Sub Object 6610.

It is therefore RECOMMENDED that your Board:

1. Amend Agreement No. 9 1926 in the amount of \$7,500 in additional contingency funds for the Ben Lomond Park Improvement Project from CSA #1 1 Budget Index 134910, Sub Object 6610.
2. Authorize the Director of Parks, Open Space and Cultural Services to sign the Amendment to the Agreement, and approve change orders to the Ben Lomond Park Improvement Project, up to \$7,500.

Sincerely,



Barry C. Samuel
Director

RECOMMENDED:



SUSAN A. MAURIELLO
County Administrative Officer

attachments: ADM 29, Agreement

cc: CAO, Auditor-Controller, Office of the County Counsel, General Services Department, Contractor, POSCS

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

056;

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Parks, Open Space & Cultural Services (Dept.)
[Signature] (Signature) 11/30/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz (Agency)
and, Terry Boyd Construction, P O Box 1578, Capitola, CA 95010 (Name & Address)
- The agreement will provide Construction modifications of access ramp to beach area and basketball court
- The agreement is needed, because the County cannot provide these services
- Period of the agreement is from Board approval to June 30, 2000
- Anticipated cost is \$ 7,500.00 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: The amendment brings the contract total to \$83,620.00
- Appropriations are budgeted in 134910 (Index#) 6610 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriation available and have been encumbered to N o 91926 Date 12/1/99
are not will be

Fd 22-290 CSA #11

GARY A. KNUTSON, Auditor - Controller

By [Signature] Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
to execute the same on behalf of the

(Agency).

Remarks:

(Analyst)

By [Signature] County Administrative Officer
Date 12-28-99

Agreement approved as to form. Date

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

ADM - 29 (6/95)

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____

County Administrative Officer
By _____ Deputy.

59

AMENDMENT TO AGREEMENT

The parties hereto agree to amend that certain Agreement No. 91926, dated 8/10/99, by and between the COUNTY OF SANTA CRUZ, and TERRY BOYD CONSTRUCTION by an amount of \$7,500.00 to pay for additional construction services required to complete the Ben Lomond Park Improvements Project.

Furthermore, the Agreement shall be extended to February 11, 2000.

All other provisions of said agreement shall remain the same.

COUNTY OF SANTA CRUZ

By: _____

APPROVED AS TO INSURANCE:

By: *Janet McKinley 12-17-99*
Risk Management

CONTRACTOR:

By: *Terry Boyd*
Terry Boyd Construction
P O Box 1578
Capitola, CA 95010

APPROVED AS TO FORM:

By: *Marie Costa*
County Counsel

DISTRIBUTION:

CAO, POSCS, Auditor-Controller, County Counsel, Risk Mgt., Contractor

STATE
COMPENSATION
INSURANCE
FUND

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

0563

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

AUGUST 25, 1999

POLICY NUMBER: 229-99 UNIT 0004438
CERTIFICATE EXPIRES: 1-1-00

COUNTY OF SANTA CRUZ
GENERAL SERVICES DEPT.
701 OCEAN STREET, STE #330
SANTA CRUZ C R 95060

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you ten days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.

Tom Hansen

AUTHORIZED REPRESENTATIVE

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

: ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE
01/01/99 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

BOYD, TERRY & BOYD, MARILYN
T. BOYD CONSTRUCTION
P.O. BOX 1578
CAPITOLA CR 95010

RECEIVED
99 AUG 26 PM 2:36
GENERAL SERVICES
SANTA CRUZ COUNTY CA 95060

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/20/1999

PRODUCER (831)462-6900 FAX (831)462-3884

Boore & Miller - Insurance Agency

License No. OA94420

Box 757

Capitola, CA 95010

Attn: Kristy Lord

Ext: 108

INSUREO

T. Boyd Construction

C. J. Concrete

Po Box 1578

Capitola, CA 95010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

0564

COMPANIES AFFORDING COVERAGE

COMPANY A Allied Mutual Insurance Co.

A

COMPANY B

B

COMPANY C

C

COMPANY D

D

9801-029

COVERAGES

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.

CO. TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 2,000,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/OP AGG \$ 2,000,000
A	WARRANTY MADE				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT	CP7800170155	10/01/1998	10/01/1999	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS \$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CITY OF SANTA CRUZ
ATTN: GENERAL SERVICES DEPT.
701 OCEAN STREET SUITE 330
SANTA CRUZ, CA 95060

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
11/10/1999PRODUCER (831)462-6900 FAX (831)462-3884
Jore & Miller Insurance Agency
License No. 0A94420a. Box 757
Capitola, CA 95010

ttn: Kristy Lord

Ext: 108

INSURED
T. Boyd Construction
C.J. concrete
Po Box 1578
Capitola, CA 95010THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A Allied Mutual Insurance Co.

COMPANY B

COMPANY C

COMPANY D

COPY FOR YOUR RECORDSTHIS 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.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S FRO	ACP7810170155	10/01/1999	10/01/2000	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPROP AGG \$ 2,000,000
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MEQ EXP (Any one person) \$ 5,000
	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 \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATU- TORY LIMITS \$
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS

County of Santa Cruz
Attn: General Services Dept.
701 Ocean St., Ste 330
Santa Cruz, CA 95060SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL
10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

05.

2 CERTIFICATE OF INSURANCE

P.02

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: ☒ STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
☐ STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

Named Insured TERRY W. BOYD

Address of Named Insured P.O. Box 1578
CAPITOLA, CA 95010-1578

POLICY NUMBER	<u>D31-9554-C28-05</u>			
EFFECTIVE DATE OF POLICY	<u>9/28/99 to 9/28/00</u>			
DESCRIPTION OF VEHICLE	<u>99 FORD F250</u>			
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	<u>1,000,000</u>			
Each Accident				
b. Property Damage Each Accident				
c. Bodily Injury & Property Damage Single Limit Each Accident	<u>1,000,000</u>			
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Comprehensive	<u>\$ 250</u> Deductible	<u>\$</u> Deductible	<u>\$</u> Deductible	<u>\$</u> Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<u>\$ 500</u> Deductible	<u>\$</u> Deductible	<u>\$</u> Deductible	<u>\$</u> Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Ch Hh

Signature of Authorized Representative

Name and Address of Certificate Holder

AGENT

Title

2297-05

Agent's Code Number

11/17/99

Date

Name and Address of Agent

COUNTY OF SANTA CRUZ
GENERAL SERVICES
701 OCEAN ST.
SANTA CRUZ, CA 95060



COLIN GILES, AGENT
 9395 Mill Street
 Ben Lomond, CA 95005-9301
 Bus. (408) 336-2191

INSURED'S COPY