

Contract Summary Form:

CREF Contract w/Santa Barbara Wildlife Care Network

Contract Number : BC-11-

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

- D1. Fiscal Year .....: FY 10/11
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's):
D3. Requisition Number.....:
D4. Department Name.....: Planning & Development Department
D5. Contact Person.....: Kathy Pfeifer
D6. Phone .....: 568-2507

- K1. Contract Type (check one): [ ] Personal Service [ ] Capital Project/Construction [X] Grant
K2. Brief Summary of Contract Description/Purpose .....: Coastal Resource Enhancement Fund Grant
K3. Original Contract Amount.....: \$191,000
K4. Contract Begin Date .....: July 13, 2010
K5. Original Project Completion Date.....: December 30, 2010
K6. Amendment History (leave blank if no prior amendments):
Seq#EffectiveDate ThisAmndtAmiCumAmndtToDateNewTotalAmiNewEndDate Purpose(2-4 words)

K7. Department Project Number .....: 053

- B1. Is this a Board Contract? (Yes/No).....: Yes
B2. Number of Workers Displaced (if any) .....: None
B3. Number of Competitive Bids (if any) .....: n/a
B4. Lowest Bid Amount (if bid) .....: n/a
B5. If Board waived bids, show Agenda Date .....:
B6. ... and Agenda Item Number.....:

B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Boilerplate Contract for CREF Grants

- F1. Encumbrance Transaction Code.....: 1701
F2. Current Year Encumbrance Amount .....: \$0
F3. Fund Number .....: 0063
F4. Department Number.....: 053
F5. Division Number (if applicable).....:
F6. Account Number .....: 7863
F7. Cost Center number (if applicable).....: Project Number: #1001
F8. Payment Terms.....: 10 days after execution of contract

- V1. Vendor Numbers (A=uditor; P=urchasing) .....: 149177
V2. Payee/Contractor Name .....: Grantee Name: Santa Barbara Wildlife Care Network
V3. Mailing Address.....: 51 Alameda Padre Serra
V4. City State (two-letter) Zip (include +4 if known).....: Santa Barbara, CA 93103
V5. Telephone Number.....: 965-4063
V6. Contractor's Federal Tax ID Number (EIN or SSN).....: 77-0201505
V7. Contact Person .....: JoAnne St. John
V8. Workers Comp Insurance Expiration Date.....:
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) Indemnification Clause
V10. Professional License Number .....: #
V11. Verified by (name of County staff) .....: Kathy Pfeifer
V12. Company Type (Check one): [ ] Individual [ ] Sole Proprietorship [ ] Partnership [ ] Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.
Date :