

Contract Summary Form:

BC 09-063

Complete the information below, print this form, obtain the signature of the authorized departmental representative and submit this form to the Clerk of the Board with the contract package. See also: Contracts for Services Policy.

- D1. Fiscal Year.....:FY 08/09
- D2. Budget Unit Number.....:053
- D3. Requisition Number.....:N/A
- D4. Department Name.....:Planning & Development
- D5. Contact Person.....:Steve Mason
- D6. Phone.....:805 568-2070

- K1. Contract Type (check one): Personal Service Commodity Capital Project/Construction
- K2. Brief Summary of Contract Description or Purpose...:Project management for the Santa Barbara Ranch Project
- K3. Original Contract Amount.....:Purchase Order \$100,000.00 (CN07721)
- K4. Contract Begin Date.....:July 1, 2008
- K5. Original Contract End Date.....:June 30, 2009
- K6. This Amendment Number.....:01
- K7. - Total Previous Amendments.....:N/A
- K8. - This Amendment Amount.....:\$100,000.00
- K9. - Revised Total Contract Amount.....:\$200,000.00
- K10. - Revised End Date.....:December 31, 2009
- K11. Department Project Number.....:N/A

- 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.....:N/A
- B5. If Board waived bids, show Agenda Date.....:N/A
- B6. ... and Agenda Item Number.....:#N/A
- B7. Boilerplate Contract Text Unchanged (Yes/No).....:Yes - Added to #5 Compensation of Contractor, Added two paragraphs to #9 Conflict of Interest, Added Section #30, Subcontractors, #31 Handling of Proprietary Information, #32 Immaterial Changes, #33 News Releases/Interviews.

- F1. Encumbrance Transaction Code.....:1701
- F2. Current Year Encumbrance Amount.....:\$0.00
- F3. Fund Number.....:0001
- F4. Department Number.....:053
- F5. Prog/Org/Proj. Number (if applicable).....:2000
- F6. Account Number.....:7510
- F7. Cost Center number (if applicable).....:N/A
- F8. Payment Terms.....:Net 30

- V1. Auditor Vendor Number.....:035214
- V2. Payee/Contractor Name.....:Thomas Figg Consulting Services
- V3. Mailing Address.....:P.O. Box 1226
- V4. City.....:Port Hueneme
- V5. State (two-letter).....:CA
- V6. Zip (include +4 if known).....:93044
- V7. Telephone Number.....:(805) 377-9116
- V8. Vendor's Federal Tax ID Number (EIN or SSN).....:
- V9. Contact Person.....:Thomas Figg
- V10. Workers Comp Insurance Expiration Date.....:N/A
- V11. General Liability Insurance Expiration Date.....:04-01-09
- V12. Professional License Number.....:#
- V13. Verified by.....:Ruth Reverdy
- V14. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

This information has been reviewed and is complete and accurate as presented. Concurrences as required are represented by signature on the contract signature page. :Authorized Signature : 