

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.....: 11/12
- D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 013
- D3. Requisition Number
- D4. Department Name: C.C.
- D5. Contact Person.....:
- D6. Phone

- K1. Contract Type (check one): Personal Service
 - K2. Brief Summary of Contract Description/Purpose : AMENDMENT
 - K3. Original Contract Amount: \$250,00 now \$410,000
 - K4. Contract Begin Date.....: 12/1/09
 - K5. Original Contract End Date: No end date
 - K6. Amendment History (leave blank if no prior amendments):
- | <u>Seq#</u> | <u>EffectiveDate</u> | <u>ThisAmndt</u> | <u>AmtCum</u> | <u>AmndtTo</u> | <u>DateNew</u> | <u>TotalAmt</u> | <u>NewEndDate</u> | <u>Purpose (2-4 words)</u> |
|-------------|----------------------|------------------|---------------|----------------|----------------|-----------------|-------------------|----------------------------|
| | | | \$ | \$ | | \$ | | |

K7. Department Project Number.....:

- B1. Is this a Board Contract? (Yes/No): YES
- B2. Number of Workers Displaced (if any).....: -0-
- B3. Number of Competitive Bids (if any).....:
- B4. Lowest Bid Amount (if bid): \$
- B5. If Board waived bids, show Agenda Date.....:
- B6. ... and Agenda Item Number: #
- B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

- F1. Encumbrance Transaction Code: 1701
- F2. Current Year Encumbrance Amount.....: \$ -0-
- F3. Fund Number.....: 0001
- F4. Department Number: 063
- F5. Division Number (if applicable)
- F6. Account Number.....:
- F7. Cost Center number (if applicable).....:
- F8. Payment Terms: Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing).....: 829533
- V2. Payee/Contractor Name.....: Nye, Peabody, Stirling & Hale
- V3. Mailing Address: 33 W. Mission St. Suite 201
- V4. City State (two-letter) Zip (include +4 if known) : Santa Barbara, CA 93101
- V5. Telephone Number: 805-963-2345
- V6. Contractor's Federal Tax ID Number (EIN or SSN) : On file with Risk
- V7. Contact Person.....:
- V8. Workers Comp Insurance Expiration Date.....: On file with Risk
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): On file with Risk
- V10. Professional License Number: #
- V11. Verified by (name of County staff).....: