

Contract Number : DC-13-072

D1. Fiscal Year..... : FY 2012-13  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 054  
D3. Requisition Number ..... :  
D4. Department Name..... : Water Agency  
D5. Contact Person..... : Dennis Gibbs  
D6. Phone ..... : ext. 8781

K1. Contract Type (check one): [ ] Personal Service [ ] Capital Project/Construction

K2. Brief Summary of Contract Description/Purpose : cloud seeding program

K3. Original Contract Amount ..... : \$148,250

K4. Contract Begin Date ..... : October 16, 2012

K5. Original Contract End Date..... : June 30, 2013

K6. Amendment History (leave blank if no prior amendments):

| Seq# | Effective Date | This Amndt | Amt | Cum Amndt | To Date | New Total | Amt | New End Date | Purpose (2-4 words) |
|------|----------------|------------|-----|-----------|---------|-----------|-----|--------------|---------------------|
|      |                |            | \$  | \$        |         | \$        |     |              |                     |

K7. Department Project Number..... : WA8209

B1. Is this a Board Contract? (Yes/No) ..... : yes

B2. Number of Workers Displaced (if any) ..... : N/A

B3. Number of Competitive Bids (if any) ..... : N/A

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..... : \$

F3. Fund Number ..... : 3050

F4. Department Number ..... : 054

F5. Division Number (if applicable) ..... : 04

F6. Account Number..... : 7460, Program: 3009

F7. Cost Center number (if applicable)..... :

F8. Payment Terms ..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... : A-240538

V2. Payee/Contractor Name..... : North American Weather Consultants, Inc.

V3. Mailing Address..... : 8180 S. Highland Drive, Suite B-2

V4. City State (two-letter) Zip (include +4 if known) : Sandy, UT 84093

V5. Telephone Number ..... : (801) 942-9005

V6. Contractor's Federal Tax ID Number (EIN or SSN) :

V7. Contact Person..... : Don Griffith

V8. Workers Comp Insurance Expiration Date..... :

V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :

V10. Professional License Number..... : #

V11. Verified by (name of County staff)..... :

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 : Authorized Signature 