

**ATTACHMENT 3**

**BOARD CONTRACT SUMMARY**

**County of Santa Barbara Auditor-Controller Document Review Intake Form**

Department: <i>Planning &amp; Development - 053</i>	A/C Intake Staff: <i>Eloisa Madrigal</i>
Contact Name & Ext: <i>Jeff Brown x2063</i>	Date/Time Received by A/C: <i>7.6.17, 2:15</i>
Type of Document: <i>Contract - Amendment</i>	Docket Date (deadline): <i>7/25/2017</i>
Document Name: <i>Amendment No. 1 to Agreement for Services of Independent Contractor (BC15157)</i>	
Noteworthy Accounting Event: <i>Board Contract Amendment</i>	Budget Revision Included <input type="checkbox"/>
Brief Summary: <i>(Please include financial terms of contract)</i> <i>Increase contract amount by \$50,702.00 for a total not to exceed cost of \$292,416.00</i>	

Item	Description	Dept Review	A/C Review
A.	Allow 3 business days for review – plan ahead <ul style="list-style-type: none"> <li>If the document packet is not complete upon receipt, the review time will be longer</li> </ul>		
B.	Department Financial/Accounting Review is required <ul style="list-style-type: none"> <li>The Departmental CFO/Business Manager must initial that a financial/accounting review has been completed as outlined in the <i>Departmental Procedures for Complete Board Contracts</i>.</li> </ul> Note: All financial/accounting related questions will be directed to the CFO	<i>pf</i>	INITIAL HERE ✓
C.	Include all documents/attachments <ul style="list-style-type: none"> <li>Board letter and all attachments referenced in the board letter ✓</li> <li>Other documents requiring review/signature should include all referenced attachments ✓</li> </ul>	<i>pf</i>	✓
D.	Board expenditure contracts must include <ul style="list-style-type: none"> <li>A completed <i>Board Contract Summary Form</i> ✓✓</li> <li>Board Letter ✓✓</li> <li>Board Contract <i>Amendment</i> ✓✓</li> <li>Statement of Work (Exhibit A) ✓</li> <li>Payment Arrangements (Exhibit B) <i>N/A</i></li> <li>Indemnification and Insurance (Exhibit C) <i>N/A</i></li> <li>HIPAA Business Associate Agreement (Exhibit D) <i>N/A</i></li> </ul>	<i>pf</i>	✓
E.	The signature page must include (prior to A/C review): <ul style="list-style-type: none"> <li>Department Head signature ✓ <i>N/A</i></li> <li>County Counsel signature ✓✓</li> <li>Risk Management signature ✓</li> <li>Contractor signature <i>X missing.</i></li> </ul>	<i>pf</i>	✓
F.	After Board Approval- Email Pam Avila ( <a href="mailto:pavila@co.santa-barbara.ca.us">pavila@co.santa-barbara.ca.us</a> ) in FACS the following: <ul style="list-style-type: none"> <li>Board Letter</li> <li>Fully executed contract/amendment</li> <li>Minute Order</li> </ul>		

# Board Contract Summary

BC 15 -157

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts*.

D1.	Fiscal Year .....	FY 17/18 and 18/19
D2.	Department Name .....	Planning & Development
D3.	Contact Person .....	Nancy Minick
D4.	Telephone .....	884-8050

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Completion of an Environmental Impact Report
K3.	Department Project Number .....	REOG
K4.	Original Contract Amount .....	\$ 241,714.00
K5.	Contract Begin Date .....	March 5, 2015
K6.	Original Contract End Date .....	March 5, 2016 (6/30/17 per CO#1)
K7.	Amendment? (Yes or No) .....	YES
K8.	- New Contract End Date .....	June 30, 2018 (per CO#3)
K9.	- Total Number of Amendments .....	1
K10.	- This Amendment Amount .....	\$ 50,702.00
K11.	- Total Previous Amendment Amounts .....	\$ 0
K12.	- Revised Total Contract Amount .....	\$ 292,416.00

B1.	Intended Board Agenda Date .....	July 25, 2017
B2.	Number of Workers Displaced (if any) .....	N/A
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 .....	N/A
	and Agenda Item Number .....	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	None

F1.	Fund Number .....	0001
F2.	Department Number .....	053
F3.	Line Item Account Number .....	7510
F4.	Project Number (if applicable) .....	REOG
F5.	Program Number (if applicable) .....	5010
F6.	Org Unit Number (if applicable) .....	5001
F7.	Payment Terms .....	Periodic Payments at Milestones

V1.	Auditor-Controller Vendor Number .....	043712
V2.	Payee/Contractor Name .....	Aspen Environmental Group
V3.	Mailing Address .....	5020 Chesebro, Suite 200,
V4.	City State (two-letter) Zip (include +4 if known) .....	Agoura Hills 91301
V5.	Telephone Number .....	(805) 682-2615
V6.	Vendor Contact Person .....	Vida Strong
V7.	Workers Comp Insurance Expiration Date .....	7/1/18
V8.	Liability Insurance Expiration Date .....	9/27/17
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	

V11 Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

I certify information is complete and accurate; designated funds available (required concurrences evidenced on signature page).

Date: 7/6/17 Authorized Signature: 