

Contract Summary Form:

Contract Number: BC-09-048-

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." "See also "Contracts for Services" policy. Form not applicable to revenue contracts.

D1. Fiscal Year.....: FY 09-10, 10-11, 11-12, and 12-13
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.....: 739-8781

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose.....: Cuyama Groundwater Study
K3. Original Contract Amount.....: \$284,400
K4. Contract Begin Date.....: October 1, 2008
K5. Original Contract End Date.....: December 31, 2012
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	July 30, 2009	none		\$284,400		increase USGS amount
2	Oct. 13, 2009	\$27,800	\$	\$312,200		add FY 2009-10 cost
3	June 22, 2010	\$403,800		\$716,000		add FY 2010-11 cost
4	Oct. 11, 2011	\$137,000		\$853,000		add FY 2011-12 cost
5	Sept. 11, 2012	none		\$853,000	6/30/13	increase USGS amount

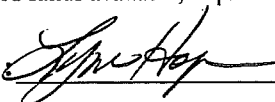
K7. Department Project Number.....:

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
F7. Cost Center number (if applicable).....:
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=purchasing).....: 833515
V2. Payee/Contractor Name.....: U.S. Geological Survey
V3. Mailing Address.....: 271 National Center
V4. City State (two-letter) Zip (include +4 if known).....: Reston, VA 20192
V5. Telephone Number.....: (916) 278-3001
V6. Contractor's Federal Tax ID Number (EIN or SSN).....: 53-019658
V7. Contact Person.....: Eric G. Reichard
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.



8/10/12