

D1. Fiscal Year.....: FY 2010/2011 and 2011/2012  
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's):  
 D3. Requisition Number .....:  
 D4. Department Name .....: General Services  
 D5. Contact Person.....: Roy Hapeman  
 D6. Phone .....: x2628

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K1. Contract Type (check one): [ ] Personal Service [X] Capital Project/Construction  
 K2. Brief Summary of Contract Description/Purpose :  
 K3. Original Contract Amount .....: \$5,015,661.36  
 K4. Contract Begin Date .....: execution  
 K5. Original Contract End Date.....: December 31, 2012  
 K6. Amendment History (leave blank if no prior amendments):  
Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmt NewEndDate Purpose (2-4  
words)  
 \$ \$ \$  
 K7. Department Project Number.....:

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B1. Is this a Board Contract? (Yes/No).....: Yes  
 B2. Number of Workers Displaced (if any).....:  
 B3. Number of Competitive Bids (if any).....: 9 proposals  
 B4. Lowest Bid Amount (if bid).....: \$5,015,661.36  
 B5. If Board waived bids, show Agenda Date .....:  
 B6. ... and Agenda Item Number.....: #  
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

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F1. Encumbrance Transaction Code .....:  
 F2. Current Year Encumbrance Amount.....: \$  
 F3. Fund Number.....: 0001  
 F4. Department Number .....: 063  
 F5. Division Number (if applicable) .....:  
 F6. Account Number .....: 8200  
 F7. Cost Center number (if applicable) .....:  
 F8. Payment Terms .....: Net 30

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V1. Vendor Numbers (A=uditor; P=urchasing)....:  
 V2. Payee/Contractor Name .....: Endelos Energy, Inc.  
 V3. Mailing Address : 1464 Aarhus Drive  
 V4. City State (two-letter) Zip (include +4 if known) : Santa Barbara County, CA 93463  
 V5. Telephone Number .....: (805) 886-4788  
 V6. Contractor's Federal Tax ID Number .....: 33-0857418  
 V7. Contact Person .....: Randy Arntson  
 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 [X]  
 Corporation

**I certify:** information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature.....: