

Board Contract Summary

BC 16-063

Assigned by: Josue Sanchez, x 2156

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.

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|-----|-----------------------|------------------------------|
| D1. | Fiscal Year | FY15/16 through <u>19/20</u> |
| D2. | Department Name | Planning & Development |
| D3. | Contact Person | Errin Briggs |
| D4. | Telephone | 568-2047 |

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| K1. | Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital | |
| K2. | Brief Summary of Contract Description/Purpose | Integrated EQAP Monitoring for Energy & Minerals Division Projects |
| K3. | Department Project Number | <u>VARIOUS</u> |
| K4. | Original Contract Amount | \$ <u>\$1,329,217.04</u> |
| K5. | Contract Begin Date | <u>July 1, 2015</u> |
| K6. | Original Contract End Date | <u>June 30, 2020</u> |
| K7. | Amendment? (Yes or No) | <u>No</u> |
| K8. | - New Contract End Date | |
| K9. | - Total Number of Amendments | |
| K10. | - This Amendment Amount | \$ |
| K11. | - Total Previous Amendment Amounts | \$ |
| K12. | - Revised Total Contract Amount | \$ |

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|-----|---|---------------------------|
| B1. | Intended Board Agenda Date | <u>June 23, 2015</u> |
| B2. | Number of Workers Displaced (if any) | <u>None</u> |
| B3. | Number of Competitive Bids (if any) | <u>2</u> |
| B4. | Lowest Bid Amount (if bid) | <u>\$628,592.21</u> |
| B5. | If Board waived bids, show Agenda Date | <u>N/A</u> |
| | and Agenda Item Number | <u>N/A</u> |
| B6. | Boilerplate Contract Text Changed? (If Yes, cite Paragraph) | <u>33,34,35, & 36</u> |

| | | |
|-----|---------------------------------------|---------------------------------|
| F1. | Fund Number | <u>0001</u> |
| F2. | Department Number | <u>053</u> |
| F3. | Line Item Account Number | <u>7460</u> |
| F4. | Project Number (if applicable) | <u>N/A</u> |
| F5. | Program Number (if applicable) | <u>5010</u> |
| F6. | Org Unit Number (if applicable) | <u>5001</u> |
| F7. | Payment Terms | <u>Monthly Invoice / NET 30</u> |

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|------|---|--|
| V1. | Auditor-Controller Vendor Number | <u>7816751</u> |
| V2. | Payee/Contractor Name | <u>Storrer Environmental Services, LLC</u> |
| V3. | Mailing Address | <u>2565 Puesta del Sol Road, #3</u> |
| V4. | City State (two-letter) Zip (include +4 if known) | <u>Santa Barbara, CA 93105</u> |
| V5. | Telephone Number | <u>(805) 682-2065</u> |
| V6. | Vendor Contact Person | <u>John Storrer</u> |
| V7. | Workers Comp Insurance Expiration Date | <u>11/18/15</u> |
| V8. | Liability Insurance Expiration Date | <u>9/27/15</u> |
| V9. | Professional License Number | |
| V10. | Verified by (print name of county staff) | <u>CRYSTA RIDER</u> |

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: 10/9/15 Authorized Signature: Crystal Rider for R Lipman

*NOTE 10% Contingency (\$120,837.91) BASE = \$1208,379.13 TOTAL = \$1329,217.04