Board Contract Summary

BC ____-____

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 25/26
D2.	Department Name	Planning & Development
D3.	Contact Person	Katie Nall
D4.	Telephone	884-8050

K1.	Contract Type *(check one)*: ☑ Personal Service Capital	
K2.	Brief Summary of Contract Description/Purpose	Completion of an Environmental Impact Report
K3.	Department Project Number	RISB
K4.	Original Contract Amount	$377,495
K5.	Contract Begin Date	August 19, 2025
K6.	Original Contract End Date	December 15, 2027
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	$
K11.	- Total Previous Amendment Amounts	$
K12.	- Revised Total Contract Amount	$

B1.	Intended Board Agenda Date	August 19, 2025
B2.	Number of Workers Displaced *(if any)*	N/A
B3.	Number of Competitive Bids *(if any)*	5
B4.	Lowest Bid Amount *(if bid)*	$126,722
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)*	Yes: Section 7 Standard of Performance; Section 11 Ownership of Documents and intellectual Property; and Section 15 Indemnification and Insurance;

F1.	Fund Number	0076
F2.	Department Number	053
F3.	Line Item Account Number	7510
F4.	Project Number *(if applicable)*	RISB
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	263269
V2.	Payee/Contractor Name	Environmental Science Associates
V3.	Mailing Address	115 S. La Cumbre Lane, Suite 300
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93105
V5.	Telephone Number	(213) 599-4332
V6.	Vendor Contact Person	Meghan Gibson
V7.	Workers Comp Insurance Expiration Date	December 1, 2025
V8.	Liability Insurance Expiration Date	December 1, 2025
V9.	Professional License Number	PKC116043
V10	Verified by (print name of county staff)	Katie Nall

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

I <u>certify</u> information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____