

**ATTACHMENT 3**  
**CONTRACT SUMMARY FORM**

# Contract Summary

BC \_\_\_\_\_

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	FY 2024-25
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	
D3.	Requisition Number .....	
D4.	Department Name .....	Planning & Development
D5.	Contact Person .....	Alia Vosburg
D6.	Telephone.....	(805) 934-6259

K1.	Contract Type ( <i>check one</i> ):   X   Personal Service   Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Preparation of EIR for Solomon Hills Project
K3.	Original Contract Amount .....	\$1,148,368
K4.	Contract Begin Date .....	February 4, 2025
K5.	Original Contract End Date.....	February 4, 2028
K6.	Amendment History (leave blank if no prior amendments) .....	
K7.	Department Project Number .....	

B1.	Is this a Board Contract? ( <i>Yes/No</i> ) .....	Yes
B2.	Number of Workers Displaced ( <i>if any</i> ) .....	N/A
B3.	Number of Competitive Bids ( <i>if any</i> ) .....	4
B4.	Lowest Bid Amount ( <i>if bid</i> ) .....	\$556,945
B5.	If Board waived bids, show Agenda Date .....	N/A
	and Agenda Item Number.....	N/A
B7.	Boilerplate Contract Text Unaffected? ( <i>Yes / or cite Paragraph</i> ) .....	Yes

F1.	Encumbrance Transaction Code .....	
F2.	Current Year Encumbrance Amount.....	
F3.	Fund Number.....	0076
F4.	Department Number .....	053
F5.	Division Number ( <i>if applicable</i> ) .....	2010
F6.	Account Number .....	7510
F7.	Cost Center number ( <i>if applicable</i> ) .....	
F8.	Payment Terms .....	Periodic Compensation, Monthly

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	670900
V2.	Payee/Contractor Name.....	Rincon Consultants, Inc.
V3.	Mailing Address .....	1530 Monterey Street, Suite D
V4.	City State (two-letter) Zip (include +4 if known).....	San Luis Obispo, CA 93401
V5.	Telephone Number .....	(805) 242-4363
V7.	Contact Person .....	Richard Daulton
V8.	Workers Comp Insurance Expiration Date .....	2/1/2025
V9.	Liability Insurance Expiration Date[s] ( <i>G=Genl; P=Prof</i> ).....	2/1/2025
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: 1/17/2025            Authorized Signature: \_\_\_\_\_