

## **Attachment 2: Board Contract Summary**

# Board Contract Summary

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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 18/19
D2.	Department Name .....	Planning & Development
D3.	Contact Person .....	Kathryn Lehr
D4.	Telephone .....	(805) 568-3560

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Completion of an Environmental Impact Report and Environmental Impact Statement
K3.	Department Project Number.....	RPRP
K4.	Original Contract Amount.....	\$ 1,149,916.00
K5.	Contract Begin Date .....	February 12, 2019
K6.	Original Contract End Date .....	June 30, 2021
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 .....	February 12, 2019
B2.	Number of Workers Displaced (if any) .....	N/A
B3.	Number of Competitive Bids (if any).....	4
B4.	Lowest Bid Amount (if bid) .....	
B5.	If Board waived bids, show Agenda Date..... and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	

F1.	Fund Number .....	0001
F2.	Department Number.....	053
F3.	Line Item Account Number.....	
F4.	Project Number (if applicable).....	RPRP
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 .....	
V2.	Payee/Contractor Name.....	Ecology and Environment, Inc.
V3.	Mailing Address.....	One Embarcadero Center Suite 500
V4.	City State (two-letter) Zip (include +4 if known).....	San Francisco, CA 94111
V5.	Telephone Number .....	(415) 398-5326
V6.	Vendor Contact Person .....	James Frolich
V7.	Workers Comp Insurance Expiration Date .....	
V8.	Liability Insurance Expiration Date .....	08/01/2019
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff).....	

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: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_