

Contract Summary Form:

Contract Number : BC 07-048 - -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

- D1. Fiscal Year: FY 06/07
- D2. Budget Unit Number.....: 053
- D3. Requisition Number.....: N/A
- D4. Department Name.....: Planning & Development
- D5. Contact Person.....: John Day
- D6. Phone.....: (805) 568-2045

- K1. Contract Type (check one): Personal Service Capital Project/Construction
 - K2. Brief Summary of Contract Description/Purpose : EIR for the Lompoc Wind Energy project
 - K3. Original Contract Amount.....: \$492,199.77 includes 15% contingency (\$64,199.97)
 - K4. Contract Begin Date.....: 08/15/06
 - K5. Original Contract End Date.....: 09/01/07
 - K6. Amendment History (leave blank if no prior amendments): N/A
- | Seq# | EffectiveDate | ThisAmndtAmt | CumAmndtToDate | NewTotalAmt | NewEndDate | Purpose (2-4 words) |
|------|---------------|--------------|----------------|--------------|------------|----------------------------|
| 01 | 05/14/07 | \$21,495.25 | \$492,199.77 | \$513,695.02 | 09/01/07 | Additional work to project |
- K7. Department Project Number.....: N/A

- B1. Is this a Board Contract? (Yes/No).....: Yes
- B2. Number of Workers Displaced (if any): None
- B3. Number of Competitive Bids (if any): 5
- B4. Lowest Bid Amount (if bid).....: \$279,122 (10% contingency included)
- B5. If Board waived bids, show Agenda Date.....: N/A
- B6. ... and Agenda Item Number.....: #
- B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶): No

- F1. Encumbrance Transaction Code.....: 1701
- F2. Current Year Encumbrance Amount.....: \$0
- F3. Fund Number: 0001
- F4. Department Number.....: 053
- F5. Division Number (if applicable).....: 4395
- F6. Account Number.....: 7510
- F7. Cost Center number (if applicable): 5015
- F8. Payment Terms: Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing): 172885
- V2. Payee/Contractor Name: CH2M Hill, Inc.
- V3. Mailing Address.....: Department #925
- V4. City, State (two-letter) Zip (include+4 if known): Denver, CO 80271
- V5. Telephone Number.....: (303) 362-6401
- V6. Contractor's Federal Tax ID Number (EIN or SSN): 59-0918189
- V7. Contact Person: Accounts Receivable
- V8. Workers Comp Insurance Expiration Date: On file
- V9. Liability Insurance Expiration Date[s]: On file
- V10. Professional License Number.....: #N/A
- V11. Verified by (name of County staff): John Day
- V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Authorized Signature: John Day Date: 4/30/07