

Contract Summary Form: Contract Number: BC - 08 - 090

D1. Fiscal Year .....: FY 2007/08 and 2008/09  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 1930 (054-05-01-1050-1)  
D3. Requisition Number .....:  
D4. Department Name .....: Public Works  
D5. Contact Person .....: Joddi Leipner  
D6. Phone .....: 805-882-3614

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose : Restoration Planning and Permitting for the Tajiguas Landfill  
Reconfiguration and Baron Ranch Restoration Project

K3. Original Contract Amount .....: \$ 154,000  
K4. Contract Begin Date.....: January 23, 2008  
K5. Original Contract End Date .....: December 31, 2009

K6. Amendment History (leave blank if no prior amendments):  
Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate Purpose (2-4 words)  
\$ \$ \$

K7. Department Project Number .....: 129921

B1. Is this a Board Contract? (Yes/No).....: Yes  
B2. Number of Workers Displaced (if any).....: None  
B3. Number of Competitive Bids (if any) .....: N/A  
B4. Lowest Bid Amount (if bid) .....: \$ 154,000  
B5. If Board waived bids, show Agenda Date .....: N/A  
B6. ... and Agenda Item Number .....: #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Yes

F1. Encumbrance Transaction Code .....: 1701  
F2. Current Year Encumbrance Amount .....: \$  
F3. Fund Number.....: 1930  
F4. Department Number.....: 054  
F5. Division Number (if applicable) .....:  
F6. Account Number .....: 8200  
F7. Cost Center number (if applicable).....: N/A  
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=auditor; P=purchasing) .....:  
V2. Payee/Contractor Name .....: EcoSystems Restoration Associates a Division of P&D Consultants  
V3. Mailing Address .....: 8954 Rio San Diego Drive, Suite 610  
V4. City State (two-letter) Zip (include +4 if known) : San Diego, CA 92108  
V5. Telephone Number .....: 619-291-1475  
V6. Contractor's Federal Tax ID Number (EIN or SSN) :  
V7. Contact Person.....: Tito Marchant, Vice President  
V8. Workers Comp Insurance Expiration Date.....: 4/1/08  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 4/1/08  
V10. Professional License Number .....: #  
V11. Verified by (name of County staff) .....: Colleen Hankins  
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.

Date: 2/7/08 Authorized Signature: 