Contract Summary Form:CREF Agreement w/City of Goleta
Contract Number : BC-11-081

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 11/12
D2. Budget Unit Number ***(****plus -Ship/-Bill codes in paren's****)***:
D3. Requisition Number.....:
D4. Department Name.....: Planning & Development Department
D5. Contact Person .....: Kathy Pfeifer
D6. Phone.....: 568-2507

K1. Contract Type *(check one)*: [ ] Personal Service [ ] Capital Project/Construction [X] Grant
K2. Brief Summary of Contract Description/Purpose : Coastal Resource Enhancement Fund Grant
K3. Original Contract Amount.....: $64,844.87
K4. Contract Begin Date .....: July 12, 2011
K5. Original Project Completion Date.....: December 31, 2011
K6. Amendment History *(leave blank if no prior amendments)*:
Seq#EffectiveDate ThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate Purpose(2-4 words)
K7. Department Project Number .....: 053

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)*.....: n/a
B5. If Board waived bids, show Agenda Date .....:
B6. ... and Agenda Item Number.....:
B7. Boilerplate Contract Text Unaffected? *(Yes / or cite ¶¶)* : Newly Revised Boilerplate Contract for CREF .....Acquisition Grants

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F1. Encumbrance Transaction Code .....: 1701
F2. Current Year Encumbrance Amount .....: $0
F3. Fund Number.....: 0063
F4. Department Number.....: 053
F5. Division Number *(if applicable)*.....:
F6. Account Number .....: 7863
F7. Cost Center number *(if applicable)*.....: Project Number: 1010
F8. Payment Terms.....: See Article 4 of the Contract

V1. Vendor Numbers *(A=uditor; P=urchasing)* .....: 149177
V2. Payee/Contractor Name .....: Grantee Name: City of Goleta
V3. Mailing Address .....: 130 Cremona Drive, Suite B
V4. City State *(two-letter)* Zip *(include +4 if known)*.....: Goleta, CA 93117
V5. Telephone Number.....: 961-7501
V6. Contractor's Federal Tax ID Number *(EIN or SSN)*.....: 77-0590291
V7. Contact Person.....: Daniel Singer, City Manager
V8. Workers Comp Insurance Expiration Date.....:
V9. Liability Insurance Expiration Date[s] *(G=enl; P=rofl)* Indemnification Clause
V10. Professional License Number .....: #
V11. Verified by *(name of County staff)* .....: Kathy Pfeifer
V12. Company Type *(Check one)*: [ ] Individual [ ] Sole Proprietorship [ ] Partnership [ ] Corporation