

ATTACHMENT 3
BOARD CONTRACT SUMMARY

(Revised 6/5/14)

Board Contract Summary

BC 14-199

Pancho XZ116

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 13/14 & FY 14/15
D2.	Department Name	Planning & Development
D3.	Contact Person	Susan Curtis
D4.	Telephone	568-3573

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Completion of a Subsequent Environmental Impact Report
K3.	Department Project Number	03CUP-00001-00024
K4.	Original Contract Amount	\$ N/A
K5.	Contract Begin Date	N/A
K6.	Original Contract End Date	N/A
K7.	Amendment? (Yes or No)	N/A
K8.	- New Contract End Date	N/A
K9.	- Total Number of Amendments	N/A
K10.	- This Amendment Amount	\$ N/A
K11.	- Total Previous Amendment Amounts	\$ N/A
K12.	- Revised Total Contract Amount	\$ N/A

B1.	Intended Board Agenda Date	6/17/14
B2.	Number of Workers Displaced (if any)	N/A
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	N/A
	and Agenda Item Number	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	Intro, Sections 10, 18, 33, 34, 35, Exhibit C

F1.	Fund Number	0001
F2.	Department Number	053
F3.	Line Item Account Number	7510
F4.	Project Number (if applicable)	03CUP-00001-00024
F5.	Program Number (if applicable)	5010
F6.	Org Unit Number (if applicable)	5001
F7.	Payment Terms	Periodic Payment at Milestones

V1.	Auditor-Controller Vendor Number	670900
V2.	Payee/Contractor Name	Rincon Consultants, Inc.
V3.	Mailing Address	1530 Monterey St., Ste D
V4.	City State (two-letter) Zip (include +4 if known)	San Luis Obispo, CA 93401
V5.	Telephone Number	(805) 547-0900
V6.	Vendor Contact Person	Richard Daulton
V7.	Workers Comp Insurance Expiration Date	2/1/15
V8.	Liability Insurance Expiration Date	9/22/14
V9.	Professional License Number	47257
V10.	Verified by (print name of county staff)	CRYSTA RIDER FOR RACHEL LIPMAN

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: 6/5/14 Authorized Signature: Crysta Rider for R. Lipman

Board Contract Summary

BC 14 - 199
- Rambo x 2116

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D4.	Telephone	568-3573

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V1.	Auditor-Controller Vendor Number	079417 P.O. - 670900
V2.	Payee/Contractor Name	Rincon Consulting Inc.
V3.	Mailing Address	1530 Monterey St., Ste D
V4.	City State (two-letter) Zip (include +4 if known)	San Luis Obispo, CA 93401
V5.	Telephone Number	(805) 547-0900
V6.	Vendor Contact Person	Richard Daulton
V7.	Workers Comp Insurance Expiration Date	2/1/15
V8.	Liability Insurance Expiration Date	9/22/14
V9.	Professional License Number	47257
V10.	Verified by (print name of county staff)	Rachel Lipman

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Date: 6/3/14 Authorized Signature: Rachel Lipman

THIS DOCUMENT HAS A TRUE DOG LOGO CHECK WATERMARK AND VISIBLE FIBERS DISCERNIBLE FROM BOTH SIDES

POST IN CONSPICUOUS PLACE
NON TRANSFERABLE

DATE ISSUED
07/09/2013

**CITY OF SANTA BARBARA
BUSINESS LICENSE CERTIFICATE**

LICENSE NUMBER
47257

STATE LICENSE #

EXPIRATION
07/31/2014

TYPE OF BUSINESS
Consultant (Outside S B)

BUSINESS ADDRESS
180 N ASHWOOD AVE

OWNER
RINCON CONSULTANTS INC

BUSINESS NAME
RINCON CONSULTANTS

ATTN: MAILING ADDRESS
180 N ASHWOOD AVE
VENTURA, CA 93003-1810



THIS CERTIFICATE DOES NOT CONSTITUTE AN ENDORSEMENT OF THE BUSINESS, NOR DOES IT GRANT PERMISSION TO CONDUCT BUSINESS AT ANY PLACE PROHIBITED BY THE CITY'S ZONING ORDINANCES OR ANY OTHER FEDERAL, STATE, OR LOCAL REGULATION.

THIS DOCUMENT IS ALTERATION PROTECTED AND REFLECTS FLUORESCENT FIBERS UNDER UV LIGHT