

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	2025 - 2027
D2.	Department Name.....	Planning and Development - 053
D3.	Contact Person	Jacquelynn Ybarra, Supervising Planner, Energy Minerals and Compliance Division
D4.	Telephone	907-378-1616; jybarra@countyofsb.org

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 for the Decommissioning of the Gaviota Onshore Facilities and Pipelines within Santa Barbara County and State Waters, Case No. 24DRP-00001
K3.	Department Project Number.....	RFPA
K4.	Original Contract Amount.....	\$254,056.00
K5.	Contract Begin Date.....	June 9, 2026
K6.	Original Contract End Date	June 9, 2029
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	June 9, 2026
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any).....	2
B4.	Lowest Bid Amount (if bid)	\$254,056.00
B5.	If Board waived bids, show Agenda Date..... and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	No

F1.	Fund Number.....	0076
F2.	Cost Center Number.....	053
F3.	Spend Category Number.....	7510
F4.	Project Number (if applicable)	RFPA
F5.	Program Number (if applicable)	5010
F6.	Initiative Number (if applicable).....	5001
F7.	Other Worktags (if applicable).....	
F8.	Payment Terms.....	Periodic payment at milestones

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name.....	MRS Environmental, Inc
V3.	Mailing Address.....	1306 Santa Barbara Street
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93101
V5.	Telephone Number	(805) 289-3924
V6.	Vendor Contact Person.....	Greg Chittick
V7.	Workers Comp Insurance Expiration Date	4/2/2027
V8.	Liability Insurance Expiration Date	4/1/2027
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	Jacquelynn Ybarra, Supervising Planner
V11.	Company Type (Check one): Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation	

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

Date: 5/13/26 Authorized Signature: 