

Contract Number: BC-12-074

D1. Fiscal Year..... : FY 2011-12 and 12-13  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 054  
D3. Requisition Number ..... :  
D4. Department Name ..... : Water Agency  
D5. Contact Person..... : Matt Naftaly  
D6. Phone ..... : 568-3542

K1. Contract Type (check one): [ ] Personal Service [ ] Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose : IRWMP update  
K3. Original Contract Amount ..... : \$555,737  
K4. Contract Begin Date ..... : October 11, 2011  
K5. Original Contract End Date ..... : December 31, 2013

K6. Amendment History (leave blank if no prior amendments):  
Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate Purpose (2-4 words)  
No. 1 8/14/12 \$30,000 \$585,737 March 31, 2014 to increase contract amount and extend term

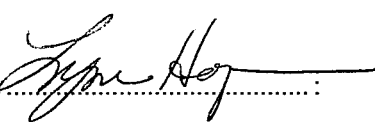
K7. Department Project Number..... : WA8227

B1. Is this a Board Contract? (Yes/No)..... : yes  
B2. Number of Workers Displaced (if any)..... : N/A  
B3. Number of Competitive Bids (if any)..... : N/A  
B4. Lowest Bid Amount (if bid) ..... : \$  
B5. If Board waived bids, show Agenda Date..... :  
B6. ... and Agenda Item Number..... : #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

F1. Encumbrance Transaction Code ..... : 1701  
F2. Current Year Encumbrance Amount..... : \$  
F3. Fund Number ..... : 3050  
F4. Department Number ..... : 054  
F5. Division Number (if applicable) ..... : 07  
F6. Account Number..... : 7460  
F7. Cost Center number (if applicable)..... :  
F8. Payment Terms ..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... : A-027548  
V2. Payee/Contractor Name..... : RMC Water and Environment  
V3. Mailing Address ..... : 2001 N. Main St., STE 400  
V4. City State (two-letter) Zip (include +4 if known) : Walnut Creek, CA 94596  
V5. Telephone Number ..... : (310) 566-6460  
V6. Contractor's Federal Tax ID Number (EIN or SSN) :  
V7. Contact Person..... : Kathy Caldwell  
V8. Workers Comp Insurance Expiration Date..... :  
V9. Liability Insurance Expiration Date[s] (G=ent; P=rofl) :  
V10. Professional License Number..... : #  
V11. Verified by (name of County staff)..... :  
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 : Authorized Signature  : \_\_\_\_\_