

Contract Summary Form: Contract Number : BL-13-080

D1. Fiscal Year : FY 2012-13 through FY 2014-15
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) :
D3. Requisition Number :
D4. Department Name : Public Works, Resource Recovery & Waste Mgmt
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 : Preparation of Subsequent EIR
K3. Original Contract Amount : \$193,178 (includes a contingency amount of \$32,196)
K4. Contract Begin Date : November 13, 2012
K5. Original Contract End Date : December 31, 2014
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndt	AmntCum	AmndtTo	DateNew	TotalAmnt	New	EndDate	Purpose (2-4 words)
------	---------------	-----------	---------	---------	---------	-----------	-----	---------	---------------------

K7. Department Project Number..... : 195053

B1. Is this a Board Contract? (Yes/No) : yes
B2. Number of Workers Displaced (if any)..... : NA
B3. Number of Competitive Bids (if any)..... : 3
B4. Lowest Bid Amount (if bid) : \$121,462
B5. If Board waived bids, show Agenda Date..... :
B6. ... and Agenda Item Number..... : #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : yes

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

V1. Vendor Numbers (A=uditor; P=urchasing)..... :
V2. Payee/Contractor Name..... : Padre Associates, Inc.
V3. Mailing Address : 1861 Knoll Drive
V4. City State (two-letter) Zip (include +4 if known) : Ventura, CA 93003
V5. Telephone Number : 805-644-2220
V6. Contractor's Federal Tax ID Number (EIN)..... : 77-0444582
V7. Contact Person : Matt Ingamells
V8. Workers Comp Insurance Expiration Date : 2/1/13
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): 2/1/13 (G&P)
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