Federal Highway Administration Federal Lands Highway REIMBURSABLE AGREEMENT

DTFH68-14-E-00039

Reimbursing Organization Santa Barbara County Public Works Department 123 East Anapamu Street Santa Barbara, CA 93101 POINTS OF CONTACT FOR THE AGREEMENT POINTS OF CONTACT FOR THE AGREEMENT Reimbursing Organization POINTS OF CONTACT FOR THE AGREEMENT Reimbursing Organization Finance Point of Contact Santa Barbara, CA 93101 Reimbursing Organization Point (Fiscal Division) Address: Santa Barbara Public Works 123 East Anapamu Street Santa Barbara, CA 93101 Phone: (805) 568-3016 E-mail: mpaul@cosbpw.net Person of Person Mance Santa Barbara Public Works 123 East Anapamu Street Santa Barbara Public Works 123 East Anapamu Street Santa Barbara (A 93101 Phone: (805) 568-3016 E-mail: program Point of Contact Name: Santa Barbara Public Works 123 East Anapamu Street Santa Barbara (A 93101 Program Point of Contact Name: Thoras Public Works 123 East Anapamu Street Santa Barbara (A 93101 Program Point of Contact Name: Thoras Public Works 123 East Anapamu Street Santa Barbara (A 93101 Phone: (805 568-3123 E-mail: elbert@cosbpw.net PERIOD OF PERFORMANCE TOTAL AGREEMENT AMOUNT: up to \$ 910,400.00 EFT DESCRIPTION OF SUPPLIES, SERVICES, AND DELIVERABLES See attached Statement of Work and FLAP Project agreement AUTHORIZED APPROVALS For Capalization to be Reimbursed For Organization to be Reimbursed Program Point of Contact Name: Thorac Public Works 123 U.S.C. 201 and 204 For Organization to be Reimbursed Signature Date DESCRIPTION OF SUPPLIES, SERVICES, AND DELIVERABLES See attached Statement of Work and FLAP Project agreement AUTHORIZED APPROVALS For Organization to be Reimbursed Signature Date		
Santa Barbara County Public Works Department 123 East Anapamu Street Santa Barbara, CA 93101 DUNS Number: 070326470 TIN: 95-6002833 DUNS Number: 126129936 POINTS OF CONTACT FOR THE AGREEMENT Reimbursing Organization Finance Point of Contact Name: Mark Paul (Fiscal Division) Address: Santa Barbara Public Works 123 East Anapamu Street Santa Barbara, CA 93101 Reimbursing Organization Finance Point of Contact Name: Mark Paul (Fiscal Division) Address: Santa Barbara Public Works 123 East Anapamu Street Santa Barbara, CA 93101 Reimbursing Organization Point of Contact Name: Suzanne Schmidt Address: 12300 West Dakota Ave Lakewood, CO 80228 Phone: 720-963-3356 E-mail: mpaul@cosbpw.net Reimbursing Organization Program Point of Contact Name: Charlie Eibert Address: Santa Barbara Public Works 123 East Anapamu Street Santa Barbara, CA 93101 Phone: (805) 568-3123 E-mail: elbert@cosbpw.net PERIOD OF PERFORMANCE Form: see date of signature below To: December 30, 2017 TOTAL AGREEMENT AMOUNT: up to \$ 910,400.00 PAYMENT TERMS AND SCHEDULE For Reimbursing Organization PAYMENT TERMS AND SCHEDULE For Reimbursing Organization PAYMENT TERMS AND SCHEDULE For Reimbursing Organization For Organization to be Reimbursed Signature Date Signature Date	PARTIES TO THE AGREEMENT	
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Reimbursing Organization Finance Point of Contact Name: Mark Paul (Fiscal Division) Address: Santa Barbara Public Works 123 East Anapamu Street. Santa Barbara (A 93101) Phone: (805) 568-3016 E-mail: mpaul @cosbpw.net Reimbursing Organization Program Point of Contact Name: Charlie Elbert Address: Santa Barbara Public Works 123 East Anapamu Street Reimbursing Organization Program Point of Contact Name: Charlie Elbert Address: Santa Barbara Public Works 123 East Anapamu Street Santa Barbara, CA 93101 Phone: (805) 568-3016 E-mail: mpaul @cosbpw.net Reimbursing Organization Program Point of Contact Name: Thomas Puto Address: 12300 West Dakota Ave 124 Lakewood, CO 80228 Name: Thomas Puto Address: 12300 West Dakota Ave 124 Lakewood, CO 80228 Name: Thomas Puto Address: 12300 West Dakota Ave 124 Lakewood, CO 80228 Phone: 720-963-3728 E-mail: elbert@cosbpw.net PERIOD OF PERFORMANCE PERIOD OF PERFORMANCE LEGAL AUTHORITY 23 U.S.C. 201 and 204 TOTAL AGREEMENT AMOUNT: up to \$ 910,400.00 EFT DESCRIPTION OF SUPPLIES, SERVICES, AND DELIVERABLES See attached Statement of Work and FLAP Project agreement AUTHORIZED APPROVALS For Reimbursing Organization For Organization to be Reimbursed Signature Date		
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