



**Figure 2  
Highland Estates Revised EIR  
Cost Estimate**

TASKS	EIP Total Cost	Subconsultants		TOTAL COST	Ted Adams \$135	George Burwasser \$115	Demian Ebert \$110	Dorney Burdorf \$90	Rachel Yelo \$65	Word Processing \$75	Graphics \$75
		DKS Total Cost	Geomatrix Consultants Total Cost								
<b>Task 1 Prepare Administrative Draft EIR</b>	\$ -			\$ -							
Introduction	\$ 345			\$ 345	2					1	
1. Summary	\$ 1,380			\$ 1,380	8					4	
2. Project Description	\$ 2,820			\$ 2,820	12					2	14
3. Environmental Setting, Impacts and Mitigation Measures	\$ -			\$ -							
3.1 Social/Cultural Issues	\$ -			\$ -							
3.1.1 Land Use	\$ 1,155			\$ 1,155	8					1	
3.1.2 Population and Housing	\$ 2,675			\$ 2,675					40	1	
3.1.3 Traffic and Circulation	\$ 1,980	\$ 22,750		\$ 24,730	8					8	4
3.1.4 Public Services	\$ 2,750			\$ 2,750					40	2	
3.1.5 Utilities	\$ 2,750			\$ 2,750					40	2	
3.1.6 Visual Quality and Community Character	\$ 6,450			\$ 6,450	40					2	12
3.1.7 Energy	\$ 2,815			\$ 2,815				16	20	1	
3.1.8 Cultural Resources	\$ 1,155			\$ 1,155	8					1	
3.1.9 Public Health and Safety	\$ 1,695			\$ 1,695	12					1	
3.2 Physical/Biological Issues	\$ -			\$ -							
3.2.1 Geology, Soils and Seismicity	\$ 5,050		\$ 1,980	\$ 7,030		40				2	4
3.2.2 Hydrology and Water Quality	\$ 5,050			\$ 5,050		40				2	4
3.2.3 Vegetation and Wildlife	\$ 3,970			\$ 3,970			32			2	4
3.2.4 Air Quality	\$ 3,465			\$ 3,465				56		3	
3.2.5 Noise	\$ 3,765			\$ 3,765				36		3	4
4. Growth Inducements	\$ 885			\$ 885	6					1	
5. Unavoidable Significant Adverse Impacts	\$ 875			\$ 875	4				4	1	
6. Alternatives to the Proposed Project	\$ 5,580			\$ 5,580	20	6	4	12	8	2	
7. Irreversible Environmental Changes	\$ 615			\$ 615	4					1	
8. Report Preparation	\$ 75			\$ 75						1	
Appendices	\$ 135			\$ 135	1						
Project Management and Administration	\$ 10,800			\$ 10,800	80						
Subtotal Task 1 (Administrative Draft EIR)	\$ 68,235	\$ 22,750	\$ 1,980	\$ 92,965	213	86	36	100	152	44	46
<b>Task 2 Prepare Draft EIR</b>	\$ 8,880	\$ 2,000	\$ 800	\$ 11,680	30	16	2	8	20	6	4
<b>Task 3 EIP Participate in Meetings (4) and Public Hearings (3)</b>	\$ 7,920	\$ 2,250	\$ 2,480	\$ 12,650	40	8	8	8			
<b>Task 4 Prepare Responses to Comments/Final EIR</b>	\$ 18,200	\$ 2,000	\$ 1,240	\$ 21,440	60	40	8	16	12	20	12
<b>Task 5 Prepare Mitigation Monitoring and Reporting Program</b>	\$ 2,570			\$ 2,570	12				10	4	
<b>Total Tasks 1 - 5</b>	\$ 105,885	\$ 29,000	\$ 6,500	\$ 141,385	355	150	54	132	194	74	62
Printing Draft and Final EIRs (100 Copies Each)	\$ 4,000			\$ 4,000							
Other Direct Costs (ODCs) @ 5% EIP Labor	\$ 5,290			\$ 5,290							
10% Admin. Fee on ODCs and Subcontractors	\$ 4,079			\$ 4,079							
Subtotal Expenses	\$ 13,369			\$ 13,369							
<b>TOTAL ESTIMATED COST</b>	\$ 119,174	\$ 29,000	\$ 6,500	\$ 154,674							
<b>Add contingency work items:</b>				\$ 14,878							
<b>TOTAL ESTIMATED PROJECT COST</b>				\$ 169,552							

Photomontage Options: Add Square One Productions

- Basic massing studies (3): \$13,905
- Basic massing studies (4): \$15,865
- Articulated massing studies (3): \$16,815
- Articulated massing studies (4): \$18,775

Plus 10% administrative charge for either alternative selected.

**SAN MATEO COUNTY  
MEMORANDUM**

**DATE:** 6/14/04

**TO:** Priscilla Harris Morse FAX: 363-4864 PONY: EPS 163

**FROM:** Virginia Diehl  
FAX: 4849 PONY: PLN122

**SUBJECT:** Contract Insurance Approval

The following is to be completed by the department before submission to Risk Management:

**CONTRACTOR NAME:**

EIP Associates

**DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?:**

Yes. To and from project site, and to public meetings.

**NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:**

**DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:**

Preparation of Environmental Impact Report for Highnad Estates Project.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$2,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	Statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

*Priscilla Morse* 6/14/04  
Risk Management Signature Date

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
06/14/04

**PRODUCER**  
Dealey, Renton & Associates  
P. O. Box 12675  
Oakland, CA 94604-2675  
510 465-3090 Edi Barrow

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

**INSURED**  
EIP Associates  
353 Sacramento Street, Suite 1000  
San Francisco, CA 94111

INSURER A: **Fidelity & Guaranty Ins. Co.**  
INSURER B: **United States Fidelity & Guaranty**  
INSURER C: **St. Paul Fire & Marine Ins. Co.**  
INSURER D: **Greenwich Insurance Company**  
INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BK01778867	06/01/04	06/01/05	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	This policy excludes claims arising out of the performance of professional services			FIRE DAMAGE (Any one fire) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY	BA01873839	06/01/04	06/01/05	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WVA7726264	09/01/03	09/01/04	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	OTHER Professional & Contractors Pollution Legal Liab	PEC0016553	06/01/04	06/01/05	\$2,000,000 per claim \$2,000,000 annl aggr.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER:

**CANCELLATION**

County of San Mateo  
Environmental Services Agency  
Planning & Building Division  
455 County Center, 2nd Floor  
Redwood City, CA 94063-1665

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~SEND BY MAIL~~ ~~30~~ ~~DAYS~~ WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY ~~MAIL~~ ~~OR~~ ~~PERSONAL~~ ~~DELIVERY~~ ~~OR~~ ~~BY~~ ~~REGISTERED~~ ~~MAIL~~ ~~OR~~ ~~BY~~ ~~ANY~~ ~~OTHER~~ ~~MEANS~~ ~~WHICH~~ ~~PROVES~~ ~~DELIVERY~~ ~~TO~~ ~~THE~~ ~~INSURED~~ ~~OR~~ ~~AGENCY~~ ~~OR~~ ~~BY~~ ~~REGISTERED~~ ~~MAIL~~ ~~OR~~ ~~BY~~ ~~ANY~~ ~~OTHER~~ ~~MEANS~~ ~~WHICH~~ ~~PROVES~~ ~~DELIVERY~~ ~~TO~~ ~~THE~~ ~~INSURED~~ ~~OR~~ ~~AGENCY~~ ~~OR~~ ~~BY~~ ~~REGISTERED~~ ~~MAIL~~ ~~OR~~ ~~BY~~ ~~ANY~~ ~~OTHER~~ ~~MEANS~~ ~~WHICH~~ ~~PROVES~~ ~~DELIVERY~~ ~~TO~~ ~~THE~~ ~~INSURED~~ ~~OR~~ ~~AGENCY~~ ~~OR~~ ~~BY~~ ~~REGISTERED~~ ~~MAIL~~ ~~OR~~ ~~BY~~ ~~ANY~~ ~~OTHER~~ ~~MEANS~~ ~~WHICH~~ ~~PROVES~~ ~~DELIVERY~~ ~~TO~~ ~~THE~~ ~~INSURED~~ ~~OR~~ ~~AGENCY~~ ~~OR~~ ~~BY~~ ~~REGISTERED~~ ~~MAIL~~ ~~OR~~ ~~BY~~ ~~ANY~~ ~~OTHER~~ ~~MEANS~~ ~~WHICH~~ ~~PROVES~~ 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# COUNTY OF SAN MATEO

## Equal Benefits Compliance Declaration Form

### I Vendor Identification

Name of Contractor: EIP Associates  
Contact Person: Faye Garofalo  
Address: 353 Sacramento St. Suite 1000  
San Francisco, CA 94111  
Phone Number: (415) 362-1500 Fax Number: (415) 693-5658

### II Employees

Does the Contractor have any employees? X Yes \_\_\_ No

Does the Contractor provide benefits to spouses of employees? X Yes \_\_\_ No

\*If the answer to one or both of the above is no, please skip to Section IV.\*

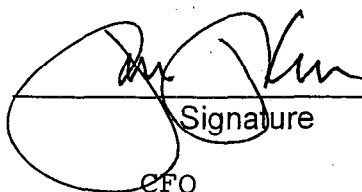
### III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement which began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date).

### IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 17th day of June, 2004 at San Francisco, California  
(City) (State)

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
eFO  
\_\_\_\_\_  
Title

James Kerr  
\_\_\_\_\_  
Name (Please Print)  
\_\_\_\_\_  
Contractor Tax Identification Number