

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR7 035

DEPARTMENT
Planning & Building

DATE
2/9/07

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

| | C O D E S | | AMOUNT | DESCRIPTION |
|------|--------------|---------|------------|---|
| | FUND OR ORG. | ACCOUNT | | |
| From | 38450 | 2652 | 114,305 00 | Project Cost Reimbursement, Unanticipated Revenue |
| | | | | |
| | | | | |
| To | 38450 | 5858 | 114,305 00 | Professional Contract Services |
| | | | | |
| | | | | |

Justification. (Attach Memo if Necessary)

See attached memo

DEPARTMENT HEAD

BY: *[Signature]* DATE: 2/7/07

2. Board Action Required

Four-Fifths Vote Required

Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY: *[Signature]* DATE: 2.8.07

3. Approve as Requested

Approve as Revised

Disapprove

Remarks:

COUNTY MANAGER

BY: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE — FOR BOARD OF SUPERVISORS' USE ONLY

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

RESOLVED, by the Board of Supervisors of the County of San Mateo, that

WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and

WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____, 19____

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____

**County of San Mateo
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

| | | | |
|------------------|---|--------|--------------|
| Contractor Name: | Impact Sciences, Inc. | Phone: | 510-267-0494 |
| Contact Person: | Cheryl Lee | Fax: | 510-267-0490 |
| Address: | 2101 Webster Street, #1825 Oakland, CA 94612 | | |

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
 - offering equal benefits to employees with spouses and employees with domestic partners.
 - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
 - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for less than \$5,000.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

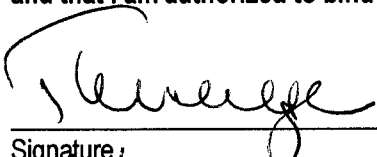
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

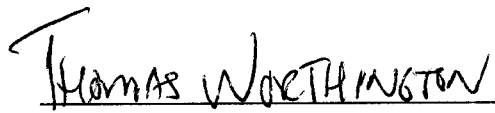
- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
 - the contract is for less than \$100,000
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

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.



 Signature
 2/9/07

 Date



 Name
 RESIDENT

 Title

SAN MATEO COUNTY
MEMORANDUM

DATE: 2/8/07

TO: Faiza Steele FAX: 363-4864 PONY: HRD 163

FROM: Virginia Diehl, Planning
FAX: 4849 PONY: PLN122

SUBJECT: Contract Insurance Approval

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

CONTRACTOR NAME: Impact Sciences, Inc.

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

Yes

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:

Seven on this project

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:
Preparation of Environmental Impact Report for the Ticonderoga 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 | \$1,000,000 | <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:

Faiza Steele
Risk Management Signature

Date 2/8/07

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/14/2006

PRODUCER (805)585-6100 FAX (805)585-6200
 TWIW Insurance Services, LLC - Lic #0E52073
 Tolman & Wiker Ins - #0357216
 196 S. Fir St., P.O. Box 1388
 Ventura, CA 93002-1388

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.

INSURED Impact Sciences Inc.
 803 Camarillo Spring Rd.
 Suite A
 Camarillo, CA 93012

| INSURERS AFFORDING COVERAGE | NAIC # |
|---|--------|
| INSURER A: Hartford Fire Insurance Co | 19682 |
| INSURER B: Hartford Casualty Ins. Co. | 29424 |
| INSURER C: Landmark American Insurance Co | 33138 |
| INSURER D: | |
| 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 | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|-------------|--|--|----------------------------------|-----------------------------------|---|--------------|
| A | | GENERAL LIABILITY | 72SBAEV9938 | 06/28/2006 | 06/28/2007 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 10,000 |
| | | GENL. AGGREGATE LIMIT APPLIES PER: | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | GENERAL AGGREGATE | \$ 2,000,000 | | | | |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| A | | AUTOMOBILE LIABILITY | 72SBAEV9938 | 06/28/2006 | 06/28/2007 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | | AGG | \$ |
| B | | EXCESS/UMBRELLA LIABILITY | 72UECKF9671 | 06/28/2006 | 06/28/2007 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ 1,000,000 |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | | <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS | OTH-ER |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | \$ |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| C | | OTHER Professional Liability | LHR805801 | 06/28/2006 | 06/28/2007 | \$2,000,000/Occ: Claims Made \$5,000 Ded/Claim | |
| | | | \$1M RETRO 8/22/94 \$2M RETRO 6/28/06 | | | | |

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

*10 Days for Non-Payment of Premium

CERTIFICATE HOLDER

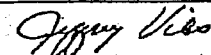
*EVIDENCE OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jeffrey Viles, CISR/CAO



STATE
 COMPENSATION
 INSURANCE
FUND

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 07-19-2006

GROUP: 000092
 POLICY NUMBER: 0000395-2005
 CERTIFICATE ID: 235
 CERTIFICATE EXPIRES: 04-01-2007
 04-01-2006/04-01-2007

IMPACT SCIENCES INC.
 TWIW INSURANCE SERVICES, LLC
 188 S FIR ST
 VENTURA CA 93001-2842

SL

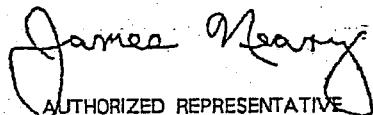
JOB: EVIDENCE OF INSURANCE

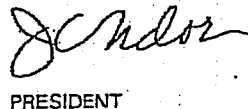
This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.


 AUTHORIZED REPRESENTATIVE


 PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1800 - ERIC SAKDWICS CED - EXCLUDED.

ENDORSEMENT #1800 - TOM WORTHINGTON P,S,T - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2004 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

IMPACT SCIENCES, INC
 803 CAMARILLO SPRINGS RD STE A
 CAMARILLO CA 93012

SL