Contract Summary Form: Contract Number : BC13-03

D1. Fiscal Year.....: FY 2012-2013
D2. Budget Unit Number ***(****plus -Ship/-Bill codes in paren's****)*** : 054-00-00-6000-0
D3. Requisition Number .....: 2012-
D4. Department Name .....: Public Works
D5. Contact Person.....: Martin Wilder
D6. Phone .....: x8755

K1. Contract Type *(check one)*: [X ] Professional Service [ ] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Wastewater plant master plan for capacity and financial plan
K3. Original Contract Amount .....: $97,920
K4. Contract Begin Date.....: July 10, 2012
K5. Original Contract End Date .....: June 30, 2014
K6. Amendment History *(leave blank if no prior amendments)*:

| *Seq#* | *EffectiveDate* | *ThisAmndtAmt* | *CumAmndtToDate* | *NewTotalAmt* | *NewEndDate* | *Purpose (2-4 words)* |
|---|---|---|---|---|---|---|
| 1. | April 2, 2013 | $5178.00 | $112,560.00 | | | Additional work |

K7. Department Project Number……: SOLID1

B1. Is this a Board Contract? *(Yes/No)*.....: Yes
B2. Number of Workers Displaced *(if any)*.....:
B3. Number of Competitive Bids *(if any)* .....:
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 ¶¶ )* : Yes

F1. Encumbrance Transaction Code .....: 1701
F2. Current Year Encumbrance Amount .....: $97,620
F3. Fund Number.....: 2870
F4. Department Number.....: 054
F5. Division Number *(if applicable)* .....:
F6. Account Number.....: 8200
F7. Cost Center number *(if applicable)*.....:
F8. Payment Terms.....: Net 30

V1. Vendor Numbers *(A=uditor; P=urchasing)*.....: 304637
V2. Payee/Contractor Name.....: Cannon Corporation
V3. Mailing Address .....: 1050 Southwood Drive
V4. City State *(two-letter)* Zip *(include +4 if known)* : San Luis Obispo, CA 93401
V5. Telephone Number.....: (805) 544-7407
V6. Contractor's Federal Tax ID Number.....:
V7. Contact Person.....: Larry Kraemer
V8. Workers Comp Insurance Expiration Date.....:
V9. Liability Insurance Expiration Date[s] *(G=enl; P=rofl)* :
V10. Professional License Number.....: #
V11. Verified by *(name of County staff)*.....: Martin Wilder
V12. Company Type *(Check one)*: [ ] Individual [ ] Sole Proprietorship [ ] Partnership [X] Corporation

**I certify:** information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature.....: