

Contract Summary Form:

Contract Number : BC-07-149

Complete the information below, print this form, obtain the signature of the authorized departmental representative and submit this form to the Clerk of the Board with the contract package. See also: Contracts for Services Policy.

D1. Fiscal Year.....: FY07/08
D2. Department Number: 063
D3. Requisition Number.....: N/A
D4. Department Name.....: General Services, Capital Projects
D5. Contact Person.....: John Green
D6. Phone: x6229

K1. Contract Type (check one): [] Personal Service [] Commodity [X] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Const. Contract Amendment, Burton Mesa Public Safety Center
K3. Original Contract Amount.....: \$3,855,000.00
K4. Contract Begin Date.....: May 8, 2007
K5. Original Contract End Date: When scope of work is complete per contract documents.
K6. This Amendment Number.....: 2
K7. - Total Previous Amendments: \$256,522.01
K8. - This Amendment Amount.....: \$8,806.87
K9. - Revised Total Contract Amount.....: \$4,120,328.88
K10. - Revised End Date: May 5, 2008
K11. Department Project Number.....: 8657

B1. Is this a Board Contract (Yes/No).....: Yes
B2. Number of Workers Displaced (if any).....: -0-
B3. Number of Competitive Bids (if any).....: 4 bids
B4. Lowest Bid Amount (if bid).....: \$3,855,000.00
B5. If Board waived bids, show Agenda Date.....:
B6. ... and Agenda Item Number.....: #
B7. Boilerplate Contract Text Unchanged? (Yes/No): yes

F1. Encumbrance Transaction Code.....:
F2. Current Year Encumbrance Amount: N/A
F3. Fund Number: 0030
F4. Department Number: 063
F5. Division Number (if applicable).....: Program/1930- Project/8657
F6. Account Number: 8200
F7. Cost Center number (if applicable).....: 1930
F8. Payment Terms.....: Net 30

V1. Auditor Vendor Number: N/A
V2. Payee/Contractor Name: Maino Construction Company, Inc.
V3. Mailing Address.....: P.O. Box 1347
V4. City.....: San Luis Obispo
V5. State (two letter): CA
V6. Zip (include +4 if known): 93406
V7. Telephone Number: (805) 543-7411
V8. Vendor's Federal Tax ID Number (EIN or SSN) ..: 95-3724508
V9. Contact Person.....: Thomas M. Maino
V10. Workers Comp Insurance Expiration Date.....: 10/01/08
V11. General Liability Insurance Expiration Date.....: 01/01/08
V12. Professional License Number.....: 426403 - A, ASB, B, C61, D52
V13. Verified by.....: John Green
V14. Company Type (Check one): [] Individual [] Sole Proprietorship [] Partnership [x] Corporation

This information has been reviewed and is complete and accurate as presented. Concurrences as required are represented by signature on the contract signature page.

Date : 12/21/07 Authorized Signature:

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