

Contract Summary

BC _____ - _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or to Purchasing (<\$100,000). See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.

D1.	Fiscal Year	14/15
D2.	Department Name	Transportation / Engineering
D3.	Contact Person	Walter Rubalcava
D4.	Telephone.....	(805) 568-3047

K1.	Contract Type	Construction
K2.	Brief Summary of Contract Description/Purpose	
K3.	Department Project Number	862371
K4.	Original Bid Amount	\$157,970.00
K4a	Supplemental	\$15,144
K4b	Contingency	\$17,311.40
K4c	Total Contract Amount	\$190,425.40
K5.	Contract Begin Date	Monday, November 17, 2014
K6.	Original Contract End Date	Thursday, January 15, 2015
K7.	Amendment? (Yes or No)	No
K8.	- Total Number of Amendments	0
K9.	- This Amendment Amount	\$
K10.	- Total Previous Amendment Amounts	\$
K11.	- Revised Total Contract Amount.....	\$

B1.	Is this a Board Contract? (Yes/No)	Yes
B2.	Number of Workers Displaced (if any)	None
B3.	Number of Competitive Bids (if any)	(7)
B4.	If Board waived bids, show Agenda Date	
	and Agenda Item Number.....	
B5.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	No

F1.	Fund Number	0017
F2.	Department Number	054
F3.	Line Item Account Number	7510
F4.	Project Number (if applicable).....	862371
F5.	Program Number (if applicable)	2830
F6.	Org Unit Number (if applicable)	0600
F7.	Payment Terms	NET 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Civic Construction Associates
V3.	Mailing Address	801 Walker Avenue
V4.	City State (two-letter) Zip (include +4 if known)	Camarillo, CA 93010
V5.	Telephone Number	805-844-5002
V6.	Vendor Contact Person.....	Tim Hall
V7.	Workers Comp Insurance Expiration Date.....	
V8.	Liability Insurance Expiration Date.....	
V9.	Professional License Number	994455
V10	Verified by (print name of county staff)	Brian Gilbert, CPA

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____