

Contract summary Form:

BC- \_\_\_\_\_ -13- 056 - \_\_\_\_\_

Complete the information below, print this form, obtain the signature of the authorized department representative and submit this form to the Clerk of the Board with the contract package.

D1. Fiscal Year.....: 2012/2013
D2. Budget Unit Number.....: 054
D3. Requisition Number.....:
D4. Department Name.....: Public Works (Engineering Division)
D5. Contact Person.....: Christopher Sneddon
D6. Phone Number.....: 568-3047

K1. Contract Type.....: Construction
K2. Brief Summary of Contract Description or (Title).....: 2012 LAS PALMAS DRIVE RECONSTRUCTION IN THE SECOND SUPERVISORIAL DISTRICT OF THE COUNTY OF SANTA BARBARA
K3. Original Contract Amount (Gross Amount).....: 330,214.25
K4. Contract Begin Date (First Working Day).....: SEPTEMBER 10, 2012
K5. Notwithstanding the provisions in Sections 8-1.05 and 8-1.06 of the Standard Specifications the Original Contract End Date will be (Last Working Day).....: OCTOBER 9, 2012
K6. This Amendment Number.....:
K7. Total Previous Amendments.....:
K8. This Amendment Amount.....:
K9. Revised Total Amount.....:
K10. Revised End Date (Last Working Day).....:
K11. Departmental Project Number.....: 830358

B1. Is this a Board Contract (Yes/No).....: YES
B2. Number of Workers Displaced.....: None
B3. Number of Competitive Bids.....: SIX (6)
B4. Lowest Responsible Bid Amount.....: 302,585.00
B5. If Board waived bids, show agenda date.....:
B6. If Board waived bids, show agenda item number.....:
B7. Boilerplate Contract Text Unchanged.....: Approved Public Works Engineering Section Construction Contract

F1. Encumbrance Transaction Code.....:
F2a. Current Year Encumbrance Amount.....: GA1X1
F2b. Current Year Encumbrance Amount.....: GA1X2
F3. Department Number.....: 054
F4. Division Number (If Applicable).....: CM
F5. Subdivision Number (If Applicable).....: 02
F6. Program.....: 2710
F7a. Org. Unit (If Applicable).....: 0500
F7b. Org. Unit (If Applicable).....: N/A
F8. Fund Number.....: 0016
F9a. Account Number.....: 7510
F9b. Account Number.....: N/A
F10. Area.....: 2041
F11. Cost Center number (If Applicable).....:
F12. Payment Terms.....: Net 30

V1. Auditor Vender Number.....:
V2. Payee/Contractors Name.....: TORO ENTERPRISES, INC.
V3. Mailing Address.....: 2101 EAST VENTURA BLVD.
V4. City.....: OXNARD
V5. State.....: CA
V6. Zip (include +4 if known).....: 93036
V7. Company Telephone Number.....: (805) 483-4515
V8. Federal Tax ID (EIN or SSN).....:
V9. Contact Person.....: BILL KASZYCKI
V10. Contact Person's Telephone Number.....: (805) 483-4515
V11. Workers Comp Insurance Expiration Date.....:
V12. General liability Insurance Expiration Date.....:
V13. Contractor's License Number and Type.....: 710580 A, C-8
V14. Professional License Number and Type.....:
V15. Verified By.....:
V16. Company Type.....: CORPORATION
V17. Accounting Contact Person and Phone.....: Brian L. Gilbert, C.P.A. (805) 568-3014

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

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_