

# Contract Summary Form:

Contract Number: BC-06-114- -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). **If less than \$100,000, submit a purchasing requisition to the Purchasing Division of General Services. See "Online Purchasing Manual" under "General Services", "Purchasing", "Policies and Procedures. "See also "Contracts for Services" policy. Form not applicable to revenue contracts.**

D1. Fiscal Year..... : FY 2005-2006  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's).. : 063  
D3. Requisition Number ..... :  
D4. Department Name ..... : General Services, Capital Projects  
D5. Contact Person..... : Jill Van Wie  
D6. Phone..... : 560-1079

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose..... : Office Remodel for Treasurer-Tax Collector  
K3. Original Contract Amount..... : \$219,810  
K4. Contract Begin Date..... : April 18, 2006  
K5. Original Contract End Date..... : December 31 2006  
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
		\$	\$	\$		

K7. Department Project Number..... : 8663

B1. Is this a Board Contract? (Yes/No)..... : Yes  
B2. Number of Workers Displaced (if any)..... : none  
B3. Number of Competitive Bids (if any)..... : 4  
B4. Lowest Bid Amount (if bid)..... : \$219,810  
B5. If Board waived bids, show Agenda Date..... : N/A  
B6. ... and Agenda Item Number..... : #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : yes

F1. Encumbrance Transaction Code..... : 1701  
F2. Current Year Encumbrance Amount..... : \$N/A  
F3. Fund Number..... : 0030  
F4. Department Number..... : 063  
F5. Division Number (if applicable)..... : 1930  
F6. Account Number..... : 8700  
F7. Cost Center number (if applicable)..... :  
F8. Payment Terms..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... :  
V2. Payee/Contractor Name..... : W.T. Thomson Construction, Inc.  
V3. Mailing Address..... : 806 E. Yanonali St.  
V4. City State (two-letter) Zip (include +4 if known)..... : Santa Barbara, CA 93103  
V5. Telephone Number..... : 966-5002  
V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 95-3409285  
V7. Contact Person..... : Tom Thomson  
V8. Workers Comp Insurance Expiration Date..... : 10/01/2006  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl)... : 08/01/2006  
V10. Professional License Number..... : # 391093  
V11. Verified by (name of County staff)..... : Jill Van Wie  
V12. Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

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

Date : Authorized Signature.....