

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	21-22, 22-23, 23-24
D2.	Department Name:	Public Works
D3.	Contact Person:	Philip Gaston
D4.	Telephone:	805-803-8776

K1.	Contract Type:	Professional Services
K2.	Brief Summary of Contract Description/Purpose:	Construction Materials sampling and testing
K3.	Department Project Number:	VARIES
K4.	Original Bid Amount:	\$1,125,331
K4a	Supplemental:	\$0.00
K4b	Contingency:	\$0.00
K4c	Total Contract Amount:	\$1,125,331
K5.	Contract Begin Date:	July 13, 2021
K6.	Original Contract End Date:	June 30, 2024
K7.	Amendment? (Yes or No):	No
K8.	- Total Number of Amendments:	0
K9.	- This Amendment Amount:	\$0
K10.	- Total Previous Amendment Amounts:	\$0
K11.	- Revised Total Contract Amount:	\$0

B1.	Is this a Board Contract? (Yes/No):	Yes
B2.	Number of Workers Displaced (if any):	None
B3.	Number of Competitive Bids (if any):	(5)
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:	0016 & 0017
F2.	Department Number:	054
F3.	Line Item Account Number:	7460
F4.	Project Number (if applicable):	VARIES
F5.	Program Number (if applicable):	2710,2720,2730,2740,2810,2820,2830
F6.	Org Unit Number (if applicable):	0500,0600
F7.	Payment Terms:	NET 30 WITH EXECUTED TASK ORDER ONLY

V1.	Auditor-Controller Vendor Number:	NEW VENDOR, NEEDS SETUP
V2.	Payee/Contractor Name:	Achievement Engineering Corp.
V3.	Mailing Address:	2455 Autumnvale Drive, Ste. E
V4.	City State (two-letter) Zip (include +4 if known):	San Jose, CA 95131
V5.	Telephone Number:	(408) 217-9174
V6.	Vendor Contact Person:	Arash Firouzjaei
V7.	Workers Comp Insurance Expiration Date:	11/21
V8.	Liability Insurance Expiration Date:	5/22
V9.	Professional License Number:	NA
V10	Verified by (print name of county staff):	Andrew Myung

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: 6/16/21 Authorized Signature: Andrew Myung