

# Board Contract Summary

BC 15-169

Assigned By: Jose x 2156

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: Auditor-Controller Intranet Policies->Contracts.

D1.	Fiscal Year .....	FY 14/15
D2.	Department Name .....	PW/Flood Control
D3.	Contact Person .....	Jon Frye
D4.	Telephone .....	x3444

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Construction Inspection Services for LMC Project 1B
K3.	Department Project Number .....	SC8042
K4.	Original Contract Amount .....	\$ 298,650 (includes \$27,150 contingency
K5.	Contract Begin Date .....	May 5, 2015
K6.	Original Contract End Date .....	June 30, 2016
K7.	Amendment? (Yes or No) .....	No
K8.	- New Contract End Date .....	N/A
K9.	- Total Number of Amendments .....	N/A
K10.	- This Amendment Amount .....	\$ N/A
K11.	- Total Previous Amendment Amounts .....	\$ N/A
K12.	- Revised Total Contract Amount .....	\$ N/A

B1.	Intended Board Agenda Date .....	May 5, 2015
B2.	Number of Workers Displaced (if any) .....	N/A
B3.	Number of Competitive Bids (if any) .....	N/A
B4.	Lowest Bid Amount (if bid) .....	N/A
B5.	If Board waived bids, show Agenda Date .....	N/A
	and Agenda Item Number .....	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	added Section 33, Exhibit B(B) and (F)

F1.	Fund Number .....	2610
F2.	Department Number .....	054
F3.	Line Item Account Number .....	8700
F4.	Project Number (if applicable) .....	SC8042
F5.	Program Number (if applicable) .....	3005
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	net 30

V1.	Auditor-Controller Vendor Number .....	019268
V2.	Payee/Contractor Name .....	Filippin Engineering, Inc.
V3.	Mailing Address .....	354D Fairview Avenue
V4.	City State (two-letter) Zip (include +4 if known) .....	Goleta, CA 93117
V5.	Telephone Number .....	805-845-4602
V6.	Vendor Contact Person .....	Kelly Wheeler
V7.	Workers Comp Insurance Expiration Date .....	2/12/14
V8.	Liability Insurance Expiration Date .....	7/20/15
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	<i>Clayton</i>

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: 3-30-15 Authorized Signature: [Signature]