

Contract Summary Form:

Contract Number : BC-\_\_\_\_\_-00-\_\_\_\_\_-\_\_\_\_\_

Complete the information below, print this form, obtain the signature of the authorized departmental representative and submit this form to the Clerk of the Board with the contract package. See also: Contracts for Services Policy.

D1. Fiscal Year.....: FY06/07
D2. Department Number .....: 063
D3. Requisition Number.....: N/A
D4. Department Name.....: General Services, Capital Projects
D5. Contact Person.....: John Green
D6. Phone.....: x6229

K1. Contract Type (check one): [ ] Personal Service [ ] Commodity [X] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Agricultural Commissioner's Office Addition Project # 8654
K3. Original Contract Amount.....: \$498,773.00
K4. Contract Begin Date.....: June 19, 2007
K5. Original Contract End Date.....: When scope of work is complete per contract documents.
K6. This Amendment Number.....: N/A
K7. - Total Previous Amendments.....:
K8. - This Amendment Amount.....:
K9. - Revised Total Contract Amount.....:
K10. - Revised End Date.....:
K11. Department Project Number.....: 8654

B1. Is this a Board Contract (Yes/No).....: Yes
B2. Number of Workers Displaced (if any).....: -0-
B3. Number of Competitive Bids (if any).....: 4 bids
B4. Lowest Bid Amount (if bid).....: \$498,773.00
B5. If Board waived bids, show Agenda Date.....:
B6. ... and Agenda Item Number.....: #
B7. Boilerplate Contract Text Unchanged? (Yes/No): yes

F1. Encumbrance Transaction Code.....:
F2. Current Year Encumbrance Amount.....: N/A
F3. Fund Number.....: 0030
F4. Department Number.....: 063
F5. Division Number (if applicable).....: Program/1930- Project/8654
F6. Account Number.....: 8700
F7. Cost Center number (if applicable).....: 1930
F8. Payment Terms.....: Net 30

V1. Auditor Vendor Number.....: N/A
V2. Payee/Contractor Name.....:
V3. Mailing Address.....: 4191 Carpentaria Ave., STE 7
V4. City.....: Carpentaria
V5. State (two letter).....: CA
V6. Zip (include +4 if known).....: 93013
V7. Telephone Number.....: (805) 684-6381
V8. Vendor's Federal Tax ID Number (EIN or SSN)....: 90-0247429
V9. Contact Person.....: Paul Sanchez
V10. Workers Comp Insurance Expiration Date.....: 01/01/08
V11. General Liability Insurance Expiration Date.....: 05/15/08
V12. Professional License Number.....: 560947
V13. Verified by.....: John Green
V14. Company Type (Check one): [ ] Individual [ ] Sole Proprietorship [ ] Partnership [X] Corporation

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

Date: Authorized Signature :