

Contract Number:

Contract Summary Form:

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 : FY 11/12 and FY 12/13
D2. Budget Unit Number : 063
D3. Requisition Number..... : N/A
D4. Department Name..... : General Services
D5. Contact Person : Traci Lothery
D6. Phone..... : 805.737.7788

K1. Contract Type (*check one*): Personal Service Commodity Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Contract extension for North County Facilities
K3. Original Contract Amount..... : \$787,620.00
K4. Contract Begin Date : 07/01/2011
K5. Original Contract End Date : 06/30/2013
K6. This Amendment Number : N/A
K7. - Total Previous Amendments : N/A
K8. - This Amendment Amount..... : N/A
K9. - Revised Total Contract Amount : N/A
K10. - Revised End Date : N/A
K11. Department Project Number..... : N/A

B1. Is this a Board Contract (*Yes/No*)..... : Yes
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
B6. ... and Agenda Item Number : N/A
B7. Boilerplate Contract Text Unchanged? (*Yes/No*):..... Yes

F1. Encumbrance Transaction Code..... : N/A
F2. Current Year Encumbrance Amount..... : N/A
F3. Fund Number : 0001
F4. Department Number : 063
F5. Division Number (*if applicable*) : 06-01
F6. Account Number..... : 7080
F7. Cost Center number (*if applicable*) : 1215

F8. Payment Terms : Net 30
V1. Auditor Vendor Number..... : 740650
V2. Payee/Contractor Name..... : Service Master of Santa Maria
V3. Mailing Address..... : 3130 Skyway Drive, Suite 701
V4. City : Santa Maria
V5. State (two letter)..... : CA
V6. Zip (include +4 if known)..... : 93455
V7. Telephone Number : 805.349.0503
V8. Vendor's Federal Tax ID Number (EIN or SSN):..... : 77-0528514
V9. Contact Person : Jeff Hopson
V10. Workers Comp Insurance Expiration Date : June 1, 2011 (vendor will renew prior to 06/01/11)
V11. General Liability Insurance Expiration Date : August 1, 2011
V12. Professional License Number..... : N/A
V13. Verified by : Traci Lothery
V14. Company Type (*Check one*): Individual Sole Proprietorship Partnership 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: _____