

# Contract Summary Form:

Contract Number: BC 11 096

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 2010-11  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's)..: BDGT  
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.....: Lake Cachuma Fire Suppression Water Reservoir: Construction of a 200,000 gallon water reservoir next to the existing 180,000 gallon reservoir to increase fire suppression capacity to 380,000 gallons.  
K3. Original Contract Amount.....: \$694,690  
K4. Contract Begin Date.....: April 19, 2011  
K5. Original Contract End Date.....: when scope of work is complete as defined in contract  
K6. Amendment History (leave blank if no prior amendments):  

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
3	4-17-12	\$6,613.67	\$62,883.02	\$757,573.02		pipng, footing & electrical modifications

  
K7. Department Project Number.....: 8624AR (Community Services Dpt)

B1. Is this a Board Contract? (Yes/No).....: Yes  
B2. Number of Workers Displaced (if any).....: none  
B3. Number of Competitive Bids (if any).....: 8  
B4. Lowest Bid Amount (if bid).....: \$694,690  
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.....: 0031  
F4. Department Number.....: 052  
F5. Division Number (if applicable).....:  
F6. Account Number.....:  
F7. Cost Center number (if applicable).....:  
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing).....:  
V2. Payee/Contractor Name.....: Brough Construction, Inc.  
V3. Mailing Address.....: 634 Printz Road  
V4. City State (two-letter) Zip (include +4 if known).....: Arroyo Grande, CA 93420  
V5. Telephone Number.....: (805) 489-7779  
V6. Contractor's Federal Tax ID Number (EIN or SSN).....: -  
V7. Contact Person.....: Jeff Brough  
V8. Workers Comp Insurance Expiration Date.....: 3/1/2013  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl)....: 10/12/2012  
V10. Professional License Number.....: #851220  
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.....  3-23-12