

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): [ X ] Personal Service [ ] Commodity [ ] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Contract extension for downtown Santa Barbara Facilities
K3. Original Contract Amount : \$483,480.00
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 : 740582
V2. Payee/Contractor Name : Service Master of Santa Barbara
V3. Mailing Address : 4183 State Street
V4. City : Santa Barbara
V5. State (two letter) : CA
V6. Zip (include +4 if known) : 93100
V7. Telephone Number : 805.681.6240
V8. Vendor's Federal Tax ID Number (EIN or SSN): 77-0174005
V9. Contact Person : Allen Williams
V10. Workers Comp Insurance Expiration Date : June 1, 2011 (vendor will renew prior to 06/01/11)
V11. General Liability Insurance Expiration Date : July 1, 2011 (vendor will renew prior to 06/01/11)
V12. Professional License Number : N/A
V13. Verified by : Traci Lothery
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: 04/13/2011 Authorized Signature: [Handwritten Signature]