

Contract Summary

BC _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	2013-2014
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	054
D3.	Requisition Number	
D4.	Department Name	Public Works
D5.	Contact Person.....	Chris Sneddon
D6.	Telephone.....	x3064

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Real Property Purchase
K3.	Original Contract Amount	\$5,850.00
K4.	Contract Begin Date	Upon execution by the BOS
K5.	Original Contract End Date	
K6.	Amendment History (leave blank if no prior amendments)	
K7.	Department Project Number	Public Works 862358

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
	and Agenda Item Number.....	n/a
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	n/a

F1.	Encumbrance Transaction Code	
F2.	Current Year Encumbrance Amount.....	\$5,850.00
F3.	Fund Number.....	0016
F4.	Department Number	054
F5.	Division Number (if applicable)	02
F6.	Account Number.....	8100
F7.	Cost Center number (if applicable)	
F8.	Payment Terms	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	n/a
V2.	Payee/Contractor Name.....	Lynda S. Wilkinson
V3.	Mailing Address	2717 Prado Street
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93105
V5.	Telephone Number	805-569-1923
V7.	Contact Person	
V8.	Workers Comp Insurance Expiration Date.....	n/a
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	n/a
V10.	Professional License Number	n/a
V11.	Verified by (name of county staff)	

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: _____