

Contract Summary Form:

Contract Number: BC- - - -

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 2011-2012
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 [X] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose.....: Lake Cachuma Reservoir Re-Roof: Replacement of existing wood framed light guage steel roof, including catwalk installation, and related electrical and piping installation.

K3. Original Contract Amount.....: \$197,088
K4. Contract Begin Date.....: December 13, 2011
K5. Original Contract End Date.....: April 29, 2012

K6. Amendment History (leave blank if no prior amendments):
Table with columns: Seq#, EffectiveDate, ThisAmndtAmt, CumAmndtToDate, NewTotalAmt, NewEndDate, Purpose (2-4 words)
Row 1: 2, 4-17-12, \$14,550, \$34,150, \$231,238, 6-29-12, liner install/crack repair

K7. Department Project Number.....: 8437A (Parks 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).....:
B4. Lowest Bid Amount (if bid).....: \$
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.....: Hanly General Engineering Corp.
V3. Mailing Address.....: 3191 Mission Drive
V4. City State (two-letter) Zip (include +4 if known).....: Santa Ynez, CA 93460
V5. Telephone Number.....: (805) 688-3752
V6. Contractor's Federal Tax ID Number (EIN or SSN).....: -
V7. Contact Person.....: Bernard Hanly
V8. Workers Comp Insurance Expiration Date.....: 04-02-2012
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl)....: 02-24-2013
V10. Professional License Number.....: #621427
V11. Verified by (name of County staff).....: Jill Van Wie
V12. Company Type (Check one): [] Individual [] Sole Proprietorship [] Partnership [X] Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature..... [Signature] 3-20-12