

Contract Summary Form:

Contract Number: BC011- - - -

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).. :
D3. Requisition Number :
D4. Department Name : General Services
D5. Contact Person..... : Richard Whirty
D6. Phone..... : 568-3086

K1. Contract Type (check one): [] Personal Service [X] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose..... : SB Clinic Elevator Reactivation and Modernization Project # J02014
K3. Original Contract Amount..... : \$249,870.00
K4. Contract Begin Date..... : 07/13/2011
K5. Original Contract End Date..... : 180 days after Notice to Proceed is given
K6. Amendment History (leave blank if no prior amendments):

Table with 7 columns: Seq#, EffectiveDate, ThisAmndtAmt, CumAmndtToDate, NewTotalAmt, NewEndDate, Purpose (2-4 words). Row 1: \$0, \$0, \$

K7. Department Project Number..... : 8591

B1. Is this a Board Contract? (Yes/No)..... : Yes
B2. Number of Workers Displaced (if any)..... : none
B3. Number of Competitive Bids (if any)..... : 2
B4. Lowest Bid Amount (if bid)..... : \$249,870.00
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..... : \$249,870.00
F3. Fund Number..... : 0030
F4. Department Number..... : 063
F5. Division Number (if applicable)..... :
F6. Account Number..... : 8700
F7. Cost Center number (if applicable)..... : 1930
F8. Payment Terms..... : Net 30

V1. Vendor Numbers (A=auditor; P=purchasing)..... :
V2. Payee/Contractor Name..... : Republic Elevator Company
V3. Mailing Address..... : 77 South Fairview Ave.
V4. City State (two-letter) Zip (include +4 if known)..... : Goleta, Ca. 93117
V5. Telephone Number..... : 1-805-683-1639
V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 77-0001470
V7. Contact Person..... : Jeff Dell
V8. Workers Comp Insurance Expiration Date..... : None
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl).... : G 07/18/11
V10. Professional License Number..... : #527434
V11. Verified by (name of County staff)..... : Richard Whirty
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.....