

Contract Summary

BC 15-097
 Josue Sanchez x 2156

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.....	13/14
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	
D3.	Requisition Number.....	
D4.	Department Name.....	General Services
D5.	Contact Person.....	Robert Ooley
D6.	Telephone.....	3085

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	Construction-Elevator Retrofit
K3.	Original Contract Amount.....	\$685,000.00
K4.	Contract Begin Date.....	October 8, 2014
K5.	Original Contract End Date.....	October 8, 2015
K6.	Amendment History (leave blank if no prior amendments).....	
K7.	Department Project Number.....	8722

B1.	Is this a Board Contract? (Yes/No).....	Yes
B2.	Number of Workers Displaced (if any).....	zero
B3.	Number of Competitive Bids (if any).....	two
B4.	Lowest Bid Amount (if bid).....	\$685,000.00
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).....	No

F1.	Encumbrance Transaction Code.....	
F2.	Current Year Encumbrance Amount.....	\$785,000.00
F3.	Fund Number.....	0001
F4.	Department Number.....	063
F5.	Division Number (if applicable).....	
F6.	Account Number.....	8722
F7.	Cost Center number (if applicable).....	1930
F8.	Payment Terms.....	Per Contract

V1.	Vendor Numbers (A=Auditor; P=Purchasing).....	672740
V2.	Payee/Contractor Name.....	Vernon Edwards Constructors Inc
V3.	Mailing Address.....	PO Box 5849 (2045-A Preisker Lane)
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Maria, CA 93456
V5.	Telephone Number.....	805-614-9909
V7.	Contact Person.....	Kari Edwards
V8.	Workers Comp Insurance Expiration Date.....	K.EDWARDS@VEDWARDS.COM
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	
V10.	Professional License Number.....	486458 (contractor)
V11.	Verified by (name of county staff).....	RO

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: 8/14/14 Authorized Signature: Robert Ooley