

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 (>\$100,000) or to Purchasing (<\$100,000). See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.

D1.	Fiscal Year	14/15
D2.	Department Name:	Transportation / Engineering
D3.	Contact Person:	Walter Rubalcava
D4.	Telephone:	(805) 568-3047

K1.	Contract Type:	Construction
K2.	Brief Summary of Contract Description/Purpose:	Annual RdMAP pavement repair.
K3.	Department Project Number:	820648
K4.	Original Bid Amount:	\$1,472,069.30
K4a	Supplemental:	\$75,000
K4b	Contingency:	\$89,853.47
K4c	Total Contract Amount:	\$1,636,922.77
K5.	Contract Begin Date:	Monday, April 13, 2015
K6.	Original Contract End Date:	Monday, October 05, 2015
K7.	Amendment? (Yes or No):	No
K8.	- Total Number of Amendments:	
K9.	- This Amendment Amount:	\$
K10.	- Total Previous Amendment Amounts:	\$
K11.	- Revised Total Contract Amount:	\$

B1.	Is this a Board Contract? (Yes/No):	Yes
B2.	Number of Workers Displaced (if any):	None
B3.	Number of Competitive Bids (if any):	(3)
B4.	If Board waived bids, show Agenda Date:	
	and Agenda Item Number:	
B5.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph):	

F1.	Fund Number:	0016
F2.	Department Number:	054
F3.	Line Item Account Number:	7510
F4.	Project Number (if applicable):	820648
F5.	Program Number (if applicable):	2710
F6.	Org Unit Number (if applicable):	0500
F7.	Payment Terms:	NET 30

V1.	Auditor-Controller Vendor Number:	056373
V2.	Payee/Contractor Name:	Pavement Coatings Co
V3.	Mailing Address:	10240 San Sevaive Way
V4.	City State (two-letter) Zip (include +4 if known):	Jurupa Valley, CA 91752
V5.	Telephone Number:	(714) 826-3011
V6.	Vendor Contact Person:	Doug Ford
V7.	Workers Comp Insurance Expiration Date:	
V8.	Liability Insurance Expiration Date:	
V9.	Professional License Number:	303609
V10	Verified by (print name of county staff):	Brian Gilbert, CPA

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____

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