Contract Summary Form:

Contract Number : BC 13-105

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 not applicable to revenue contracts.*

D1. Fiscal Year ..... : FY2012-2013
D2. Budget Unit Number *(plus -Ship/-Bill codes in paren's)* ..... : 054
D3. Requisition Number ..... : 08
D4. Department Name ..... : Flood Control/South Coast Flood Zone
D5. Contact Person ..... : Jon Frye
D6. Phone ..... : (805) 568-3444

K1. Contract Type *(check one)*: [ ] Personal Service [X] Capital Project (Real Property Purchase)
K2. Brief Summary of Contract Description/Purpose ..... : Acquisition of Real Property at 118 Chapala St., S.B.
K3. Original Contract Amount ..... : ~~$2,500.00~~ $5,000.00
K4. Contract Begin Date ..... : Upon execution by the Board of Directors
K5. Original Contract End Date ..... :
K6. Amendment History *(leave blank if no prior amendments)*:
K7. Department Project Number ..... : SC8042

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
B6. ... and Agenda Item Number ..... : #
B7. Boilerplate Contract Text Unaffected? *(Yes / or cite Paragraph)* .: n/a

F1. Encumbrance Transaction Code ..... :
F2. Current Year Encumbrance Amount ..... : $
F3. Fund Number ..... : 2610
F4. Department Number ..... : 054
F5. Division Number *(if applicable)* ..... : 04
F6. Account Number ..... : 8700
F7. Cost Center number *(if applicable)* ..... :
F8. Payment Terms ..... : Net 30

V1. Vendor Numbers *(A = Auditor; P = Purchasing)* ..... :
V2. Payee/Contractor Name ..... : Donald A. Campbell & Joy D. Kelly
V3. Mailing Address ..... : 118 Chapala St.
V4. City State *(two-letter)* Zip *(include + 4 if known)* ..... : Santa Barbara, CA 93101
V5. Telephone Number ..... : 805-963-2075
V7. Contact Person ..... : "Sandy" Campbell
V8. Workers Comp Insurance Expiration Date ..... : n/a
V9. Liability Insurance Expiration Date[s] *(G = Genl; P = Profl)* ..... : n/a
V10. Professional License Number ..... : n/a
V11. Verified by *(name of County staff)* ..... :
V12. Company Type *(Check one)*: [X] Individual [ ] Sole Proprietorship [ ] Partnership [ ] Corporation

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

Date : Authorized Signature ..... : 3-12-13

(Co of SB Std Terms Ver 4-21-95)
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