

# Contract Summary Form:

Contract Number: BC-06-049- -

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 2005-06  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's).. : 063  
D3. Requisition Number ..... :  
D4. Department Name ..... : General Services, Capital Projects  
D5. Contact Person..... : Todd Morrison  
D6. Phone..... : 934-6228

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose..... : Santa Ynez Airport Site Rehabilitation  
K3. Original Contract Amount..... : \$999,339.60 (Unit Cost)  
K4. Contract Begin Date..... : September 19, 2005  
K5. Original Contract End Date..... : when scope of work is complete as defined in contract  
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
		\$80,495.28	\$	\$1,079,834.88	4/5/06	Change orders

K7. Department Project Number..... : 8550

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. Lowest Bid Amount (if bid)..... : \$999,339.60  
B5. If Board waived bids, show Agenda Date..... : N/A  
B6. ... and Agenda Item Number..... : #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶/¶) : differs due to Unit Price breakdown of contract

F1. Encumbrance Transaction Code..... : 1701  
F2. Current Year Encumbrance Amount..... : \$N/A  
F3. Fund Number..... : 0052  
F4. Department Number..... : 063  
F5. Division Number (if applicable)..... :  
F6. Account Number..... : 8700  
F7. Cost Center number (if applicable)..... :  
F8. Payment Terms..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... : 828279  
V2. Payee/Contractor Name..... : Union Asphalt, Inc.  
V3. Mailing Address..... : P.O. Box 1280  
V4. City State (two-letter) Zip (include +4 if known)..... : Santa Maria, CA 93456  
V5. Telephone Number..... : 805-922-9858  
V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 95-2255065  
V7. Contact Person..... : Brian Shiffrar  
V8. Workers Comp Insurance Expiration Date..... : 12/31/05  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl)... : 04/01/06  
V10. Professional License Number..... : #523019  
V11. Verified by (name of County staff)..... : Todd Morrison  
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 : Authorized Signature.....