

Contract Summary Form:

Contract Number: BC 11-089

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 2011-12
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.....: John Green
D6. Phone: 934-6229

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose.....: Santa Maria Court Complex Hazard Mitigation Program
K3. Original Contract Amount.....: \$544,999.00
K4. Contract Begin Date.....: April 12, 2011
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)
2	2/14/12	\$42,930.00	\$78,737.25	\$623,636.25	2/25/12	Unforseen and E&Os

K7. Department Project Number: 8518

B1. Is this a Board Contract? (Yes/No).....: Yes
B2. Number of Workers Displaced (if any): none
B3. Number of Competitive Bids (if any).....: 4 bidders
B4. Lowest Bid Amount (if bid).....: \$544,999.00
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.....: \$N/A
F3. Fund Number: 0030
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=auditor; P=purchasing):
V2. Payee/Contractor Name: Diani Building Corp.
V3. Mailing Address.....: P.O. Box 5757/351 N. Blosser
V4. City State (two-letter) Zip (include +4 if known).....: Santa Maria, CA 93456
V5. Telephone Number.....: (805) 925-9533
V6. Contractor's Federal Tax ID Number (EIN or SSN).....: 20-1735138
V7. Contact Person: Mike Diani
V8. Workers Comp Insurance Expiration Date.....: 4/1/13
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl)....: 4/1/13
V10. Professional License Number.....: #850921
V11. Verified by (name of County staff).....: John Green
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

2.11.13