

# Contract Summary

BC 13 - TBD 052

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.....	2012-2013
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	063
D3.	Requisition Number .....	BC
D4.	Department Name .....	General Services, Capital Projects
D5.	Contact Person.....	John Green
D6.	Telephone.....	805-934-6229

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Betteravia Building "D" Addition Proj.
K3.	Original Contract Amount .....	\$902,000.00
K4.	Contract Begin Date .....	August 14, 2012
K5.	Original Contract End Date .....	When scope of work is complete
K6.	Amendment History (leave blank if no prior amendments) .....	
K7.	Department Project Number .....	8676 PH2

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) .....	5
B4.	Lowest Bid Amount (if bid) .....	\$902,000.00
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) .....	Yes

F1.	Encumbrance Transaction Code .....	1701
F2.	Current Year Encumbrance Amount.....	\$902,000.00
F3.	Fund Number.....	0030
F4.	Department Number .....	063
F5.	Division Number (if applicable) .....	Program /1930- Project /8676 PH2
F6.	Account Number.....	8700
F7.	Cost Center number (if applicable) .....	1930
F8.	Payment Terms .....	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	N/A
V2.	Payee/Contractor Name.....	Diani Building Corp.
V3.	Mailing Address .....	351 N. Blosser Road
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Maria CA. 93458
V5.	Telephone Number .....	805-925-9533
V7.	Contact Person .....	Michael Diani
V8.	Workers Comp Insurance Expiration Date .....	4/1/2013
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	4/1/2013
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: 7.19.12 Authorized Signature: 