Board Contract Summary

BC ___-_____

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts.*

D1.	Fiscal Year	FY 24/25
D2.	Department Name	Public Works RRWMD
D3.	Contact Person	Travis Spier
D4.	Telephone	805-681-5626

K1.	Contract Type *(check one)*: ☐ Personal Service ☑ Capital	
K2.	Brief Summary of Contract Description/Purpose	General Engineering Services for Tajiguas Landfill and the Santa Ynez Valley Recycling & Transfer Station
K3.	Department Project Number	
K4.	Original Contract Amount	$ $127,642.00
K5.	Contract Begin Date	April 23, 2024
K6.	Original Contract End Date	
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	June 2025
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	$
K11.	- Total Previous Amendment Amounts	$
K12.	- Revised Total Contract Amount	$

B1.	Intended Board Agenda Date	April 23, 2024
B2.	Number of Workers Displaced *(if any)*	N/A
B3.	Number of Competitive Bids *(if any)*	N/A
B4.	Lowest Bid Amount *(if bid)*	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	

F1.	Fund Number	1930
F2.	Department Number	054
F3.	Line Item Account Number	8200
F4.	Project Number *(if applicable)*	129900, 828987
F5.	Program Number *(if applicable)*	1200, 1301
F6.	Org Unit Number *(if applicable)*	
F7.	Payment Terms	Monthly

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	MNS Engineers, Inc.
V3.	Mailing Address	201 N. Calle Cesar Chavez, Suite 300
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93103
V5.	Telephone Number	805-692-6921
V6.	Vendor Contact Person	Shawn Kowalewski
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10	Verified by (print name of county staff)	

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: 3/26/2024 | 11:27 AM PDT Authorized Signature: DocuSigned by: Gloria Alvarez 485BFA1D2DDB4AE...

Revised 1/13/2014