

Contract Summary

BC 12-124

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.....	2011-2012
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	063
D3.	Requisition Number.....	-
D4.	Department Name.....	General Services
D5.	Contact Person.....	Todd Morrison
D6.	Telephone.....	934-6228

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	See attached Schedule A
K3.	Original Contract Amount.....	\$209,300
K4.	Contract Begin Date.....	May 1, 2012
K5.	Original Contract End Date.....	when SOW complete per contract
K6.	Amendment History (leave blank if no prior amendments).....	-
K7.	Department Project Number.....	8592

B1.	Is this a Board Contract? (Yes/No).....	Yes
B2.	Number of Workers Displaced (if any).....	None
B3.	Number of Competitive Bids (if any).....	5
B4.	Lowest Bid Amount (if bid).....	\$196,000 (base bid, basis of selection)
B5.	If Board waived bids, show Agenda Date.....	-
	and Agenda Item Number.....	-
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph).....	Yes

F1.	Encumbrance Transaction Code.....	1701
F2.	Current Year Encumbrance Amount.....	-
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 - See attached Schedule B

V1.	Vendor Numbers (A=Auditor; P=Purchasing).....	
V2.	Payee/Contractor Name.....	STC Development, Inc.
V3.	Mailing Address.....	P.O. Box 1490
V4.	City State (two-letter) Zip (include +4 if known).....	Shingle Springs, CA 95682
V5.	Telephone Number.....	(530) 677-5497
V7.	Contact Person.....	Steve Carlson, President
V8.	Workers Comp Insurance Expiration Date.....	2/1/13
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	TBD
V10.	Professional License Number.....	708077
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: 4/19/12 Authorized Signature: 

Schedule A
Statement of Work

Renovation, expansion, and reconfiguration of the existing Lompoc Animal Shelter. Includes enclosing carport and exterior walkway.

Schedule B
Payment Arrangements

Contractor to submit monthly progress payment applications for review and approval by General Services Project Manager of Designated Representative. Approved payment applications to be processed and paid within 30 days of the date of the invoice in accordance with Public Contracts Code.