

Contract Summary Form: \_\_\_\_\_ Contract Number: \_\_\_\_\_

- D1. Fiscal Year .....: FY08/09
  - D2. Budget Unit Number (*plus -Ship/-Bill codes in paren's*) : 054
  - D3. Requisition Number.....:
  - D4. Department Name.....: Public Works Transportation
  - D5. Contact Person .....: Charles W. Ebeling, C.E., T.E.
  - D6. Phone.....: 805/568-3232
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- K1. Contract Type (*check one*):  Personal Service  Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose : UCSB LRDP Traffic & Transportation Study

- K3. Original Contract Amount.....: \$165,000.00
- K4. Contract Begin Date .....: July 1, 2008
- K5. Original Contract End Date.....: December 31, 2009

- K6. Amendment History (*leave blank if no prior amendments*):  

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndt</u>	<u>AmtCum</u>	<u>AmndtTo</u>	<u>DateNew</u>	<u>TotalAmt</u>	<u>NewEnd</u>	<u>Purpose</u>
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*(2-4 words)*

- K7. Department Project Number.....: 862280
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- B1. Is this a Board Contract? (*Yes/No*).....: Yes
  - B2. Number of Workers Displaced (*if any*) .....: 0
  - B3. Number of Competitive Bids (*if any*).....: Qualification based selection
  - B4. Lowest Bid Amount (*if bid*).....: \$165,000.00
  - B5. If Board waived bids, show Agenda Date.....:
  - B6. ... and Agenda Item Number.....: #
  - B7. Boilerplate Contract Text Unaffected? (*Yes / or cite ¶¶*) : Yes
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- F1. Encumbrance Transaction Code.....: 1701
  - F2. Current Year Encumbrance Amount.....: \$
  - F3. Fund Number .....: 0015
  - F4. Department Number.....: 054
  - F5. Division Number (*if applicable*).....: 02
  - F6. Account Number.....: 7460
  - F7. Cost Center number (*if applicable*) .....: 2200
  - F8. Payment Terms.....: Net 30
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- V1. Vendor Numbers (*A=uditor; P=urchasing*).....:
- V2. Payee/Contractor Name .....: KOA Corporation
- V3. Mailing Address.....: 1120 West La Veta Avenue, Suite 660
- V4. City State (*two-letter*) Zip (*include +4 if known*) : Orange, CA 92868
- V5. Telephone Number.....: 714/573-0317
- V6. Contractor's Federal Tax ID Number (*EIN or SSN*) : 95-4515908
- V7. Contact Person.....: Mr. Rock Miller
- V8. Workers Comp Insurance Expiration Date .....: 9/19/08
- V9. Liability Insurance Expiration Date[s] (*G=enl; P=rofl*) : General/Auto 06/15/09
- V10. Professional License Number .....: Civil #29493
- V11. Verified by (*name of County staff*) .....: Mr. Rock Miller
- 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.....: