

Contract Summary

BC 13 - 059

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).....	
D3.	Requisition Number.....	
D4.	Department Name.....	Communtiy Services
D5.	Contact Person.....	Linda Gardy
D6.	Telephone.....	(805) 568-3990

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	Funding for Arts Commission
K3.	Original Contract Amount.....	\$427,260
K4.	Contract Begin Date.....	July 1, 2012
K5.	Original Contract End Date.....	June 30, 2013
K6.	Amendment History (leave blank if no prior amendments).....	
K7.	Department Project Number.....	N/A

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).....	N/A
B4.	Lowest Bid Amount (if bid).....	N/A
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).....	N/A

F1.	Encumbrance Transaction Code.....	NA
F2.	Current Year Encumbrance Amount.....	NA
F3.	Fund Number.....	1001
F4.	Department Number.....	057
F5.	Division Number (if applicable).....	
F6.	Account Number.....	
F7.	Cost Center number (if applicable).....	NA
F8.	Payment Terms.....	

V1.	Vendor Numbers (A=Auditor; P=Purchasing).....	
V2.	Payee/Contractor Name.....	City of Santa Barbara
V3.	Mailing Address.....	P.O. Box 1990
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93102-1990
V5.	Telephone Number.....	805 564-5503
V7.	Contact Person.....	Paul Casey, Asst. Administrator
V8.	Workers Comp Insurance Expiration Date.....	NA
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	NA
V10.	Professional License Number.....	NA
V11.	Verified by (name of county staff).....	Ginny Brush

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: Aug 27, 2012 Authorized Signature: [Signature]

DIRECTOR ARTS COMMISSION