

Board Contract Summary

BC 15-110

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	14/15
D2.	Department Name	General Services
D3.	Contact Person	Todd Morrison
D4.	Telephone	x 6228

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	<i>New Cuyama Pool Reconstruction</i>
K3.	Department Project Number	8736
K4.	Original Contract Amount	\$ 224,005
K5.	Contract Begin Date	<i>7/14/14</i>
K6.	Original Contract End Date	<i>9/30/15</i>
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	\$
K11.	- Total Previous Amendment Amounts	\$
K12.	- Revised Total Contract Amount	\$

B1.	Intended Board Agenda Date	<i>11/4/14</i>
B2.	Number of Workers Displaced (if any)	N/A
B3.	Number of Competitive Bids (if any)	
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)	Capital Projects Boilerplate used

F1.	Fund Number	0030
F2.	Department Number	063
F3.	Line Item Account Number	8700
F4.	Project Number (if applicable)	8736
F5.	Program Number (if applicable)	1930
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	<i>327814</i>
V2.	Payee/Contractor Name	Ravatt, Albrecht & Associates, Inc.
V3.	Mailing Address	P.O. Box 528
V4.	City State (two-letter) Zip (include +4 if known)	Santa Maria CA 93456-0528
V5.	Telephone Number	(805) 928-5002
V6.	Vendor Contact Person	Paul Reinhardt
V7.	Workers Comp Insurance Expiration Date	8/13/15
V8.	Liability Insurance Expiration Date	7/22/15
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	<i>TM</i>

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: 10/16/14 Authorized Signature: *T. Morrison*