

Contract Summary Form:

Contract Number BC 12-118

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than \$100,000, submit a purchasing requisition to the Purchasing Division of General Services. See "Online Purchasing Manual" under "General Services", "Purchasing", "Policies and Procedures". "See also "Contracts for Services" policy. Form not applicable to revenue contracts.

D1. Fiscal Year.....: FY 2011-2012
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): BDGT
 D3. Requisition Number.....:
 D4. Department Name.....: General Services, Capital Projects
 D5. Contact Person.....: Jill Van Wie
 D6. Phone.....: 560-1079

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose.....: Lake Cachuma Reservoir Re-Roof: Replacement of existing wood framed light guage steel roof, including catwalk installation, and related electrical and piping installation.

K3. Original Contract Amount.....: \$197,088
 K4. Contract Begin Date.....: December 13, 2011
 K5. Original Contract End Date.....: April 29, 2012

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

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
3	5-18-12	\$19,700	\$53,850	\$250,938	6-29-12	roof gutter/drainage/ladders

K7. Department Project Number.....: 8437A (Parks Dpt)

B1. Is this a Board Contract? (Yes/No).....: Yes
 B2. Number of Workers Displaced (if any).....: none
 B3. Number of Competitive Bids (if any).....:
 B4. Lowest Bid Amount (if bid).....: \$
 B5. If Board waived bids, show Agenda Date.....: N/A
 B6. ... and Agenda Item Number.....: #
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶).....: Yes

F1. Encumbrance Transaction Code.....: 1701
 F2. Current Year Encumbrance Amount.....: \$N/A
 F3. Fund Number.....: 0031
 F4. Department Number.....: 052
 F5. Division Number (if applicable).....:
 F6. Account Number.....:
 F7. Cost Center number (if applicable).....:
 F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing).....:
 V2. Payee/Contractor Name.....: Hanly General Engineering Corp.
 V3. Mailing Address.....: 3191 Mission Drive
 V4. City State (two-letter) Zip (include +4 if known).....: Santa Ynez, CA 93460
 V5. Telephone Number.....: (805) 688-3752
 V6. Contractor's Federal Tax ID Number (EIN or SSN).....: -
 V7. Contact Person.....: Bernard Hanly
 V8. Workers Comp Insurance Expiration Date.....: 04-02-2013
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl).....: 02-24-2013
 V10. Professional License Number.....: #621427
 V11. Verified by (name of County staff).....: Jill Van Wie
 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 