

Contract Summary Form:

Contract Number : BC-_____-00-_____-_____

Complete the information below, print this form, obtain the signature of the authorized departmental representative and submit this form to the Clerk of the Board with the contract package. See also: Contracts for Services Policy.

- D1. Fiscal Year.....: FY06/07
D2. Department Number: 063
D3. Requisition Number.....: N/A
D4. Department Name.....: General Services, Capital Projects
D5. Contact Person.....: John Green
D6. Phone.....: x6229

- K1. Contract Type (check one): [] Personal Service [] Commodity [X] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: A & E Services Lompoc Fire / Sheriff Station
K3. Original Contract Amount.....: \$349,000 including Reimbursable expenses
K4. Contract Begin Date: September 13, 2005
K5. Original Contract End Date: September 13, 2008
K6. This Amendment Number: 1
K7. - Total Previous Amendments.....: 0
K8. - This Amendment Amount: \$26,900.00
K9. - Revised Total Contract Amount.....: \$375,900.00 including Reimbursable expenses
K10. - Revised End Date: September 13, 2009
K11. Department Project Number: 8657

- B1. Is this a Board Contract (Yes/No).....: Yes
B2. Number of Workers Displaced (if any).....: -0-
B3. Number of Competitive Bids (if any).....: 3 respondents
B4. Lowest Bid Amount (if bid): \$n/a
B5. If Board waived bids, show Agenda Date.....:
B6. ... and Agenda Item Number.....: #
B7. Boilerplate Contract Text Unchanged? (Yes/No): yes

- F1. Encumbrance Transaction Code:
F2. Current Year Encumbrance Amount: N/A
F3. Fund Number.....: 0030
F4. Department Number.....: 063
F5. Division Number (if applicable): Program/1930- Project/8657
F6. Account Number.....: 8700
F7. Cost Center number (if applicable).....: 1930
F8. Payment Terms: Net 30

- V1. Auditor Vendor Number: 642170
V2. Payee/Contractor Name.....: RRM Design Group
V3. Mailing Address.....: 3765 S. Higuera St., Ste.102
V4. City: San Luis Obispo
V5. State (two letter): CA
V6. Zip (include +4 if known): 93401
V7. Telephone Number.....: (805) 543-1794
V8. Vendor's Federal Tax ID Number (EIN or SSN)....: 95-2923783
V9. Contact Person.....: Jim Duffy
V10. Workers Comp Insurance Expiration Date: 06/30/07
V11. General Liability Insurance Expiration Date: 09/23/07
V12. Professional License Number: #C 11090 Victor Montgomery
V13. Verified by.....: John Green

- V14. Company Type (Check one): [] Individual [] Sole Proprietorship [] Partnership [x] Corporation

This information has been reviewed and is complete and accurate as presented. Concurrences as required are represented by signature on the contract signature page.

Date :6/4/2007 Authorized Signature.....: