

# Contract Summary

BC 13-069

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- 2016-2017
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	063
D3.	Requisition Number .....	BC
D4.	Department Name .....	General Services, Capital Projects
D5.	Contact Person.....	John Green
D6.	Telephone.....	805-934-6229

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Santa Ynez Airport Improvements
K3.	Original Contract Amount .....	\$1,000,000.00
K4.	Contract Begin Date .....	10/2/2012
K5.	Original Contract End Date.....	10/2/2017
K6.	Amendment History (leave blank if no prior amendments) .....	
K7.	Department Project Number .....	8734

B1.	Is this a Board Contract? (Yes/No) .....	Yes
B2.	Number of Workers Displaced (if any) .....	0
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) .....	Yes

F1.	Encumbrance Transaction Code .....	1701
F2.	Current Year Encumbrance Amount.....	\$117,885.00
F3.	Fund Number.....	0052
F4.	Department Number .....	063
F5.	Division Number (if applicable) .....	Program / 1920- Project / 8734
F6.	Account Number.....	8700
F7.	Cost Center number (if applicable) .....	1920
F8.	Payment Terms .....	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	N/A
V2.	Payee/Contractor Name.....	Tartaglia Engineering
V3.	Mailing Address .....	7360 El Camino Real, Suite E
V4.	City State (two-letter) Zip (include +4 if known).....	Atascadero, CA 93423
V5.	Telephone Number .....	805-466-5660
V7.	Contact Person .....	John Smith
V8.	Workers Comp Insurance Expiration Date .....	1/1/13
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	G=6/29/13, P=11-19-12
V10.	Professional License Number .....	46852
V11.	Verified by (name of county staff) .....	John Green

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: 9.14.2012 Authorized Signature: 