

Contract Summary Form: _____ **Contract Number :** _____ - _____ - _____

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 not applicable to revenue contracts.

- D1. Fiscal Year: FY 07-08
- D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 3110
- D3. Requisition Number
- D4. Department Name.....: Sheriff
- D5. Contact Person: John Ford
- D6. Phone: 681-4970

- K1. Contract Type (check one): Personal Service Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose : Construction Contract for IVFP
- K3. Original Contract Amount: \$3,727,305.
- K4. Contract Begin Date.....: 9/5/07
- K5. Original Contract End Date.....: 6/1/08
- K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
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K7. Department Project Number: 2388

- B1. Is this a Board Contract? (Yes/No).....: Yes
- B2. Number of Workers Displaced (if any).....:
- B3. Number of Competitive Bids (if any).....: 4
- B4. Lowest Bid Amount (if bid).....: \$3,727,305.
- B5. If Board waived bids, show Agenda Date.....:
- B6. ... and Agenda Item Number.....: #
- B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Yes

- F1. Encumbrance Transaction Code: 1701
- F2. Current Year Encumbrance Amount: \$
- F3. Fund Number.....: 0030
- F4. Department Number.....: 032
- F5. Division Number (if applicable).....: 1060
- F6. Account Number.....: 8700
- F7. Cost Center number (if applicable).....:
- F8. Payment Terms: Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing).....:
- V2. Payee/Contractor Name.....: McGillivray Construction, Inc.
- V3. Mailing Address.....: 1800 N. Olive St., Suite D
- V4. City State (two-letter) Zip (include +4 if known): Ventura, CA 93001
- V5. Telephone Number.....: 805 648-1517
- V6. Contractor's Federal Tax ID Number (EIN or SSN) : 77-0383917
- V7. Contact Person.....: Stephen McGillivray
- V8. Workers Comp Insurance Expiration Date.....: 1/1/2/08
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl):3/7/08
- V10. Professional License Number: # 499392
- V11. Verified by (name of County staff): John Ford
- 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.....: _____