

# Board Contract Summary

BC 15-152

Assigned By: Josue Sanchez  
x2156

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 Servcies
D3.	Contact Person .....	Robert Ooley
D4.	Telephone .....	x3085

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Arroyo Burro Beach Park Restroom Award Construction Contract
K3.	Department Project Number .....	8500
K4.	Original Contract Amount .....	\$ 598,500.00
K5.	Contract Begin Date .....	February 1, 2015
K6.	Original Contract End Date .....	When scope of work is completed
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 .....	2/3/15
B2.	Number of Workers Displaced (if any) .....	
B3.	Number of Competitive Bids (if any) .....	8
B4.	Lowest Bid Amount (if bid) .....	598,500.00
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	No

F1.	Fund Number .....	0030
F2.	Department Number .....	063
F3.	Line Item Account Number .....	8700
F4.	Project Number (if applicable) .....	8500
F5.	Program Number (if applicable) .....	1930
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net/30

V1.	Auditor-Controller Vendor Number .....	008865
V2.	Payee/Contractor Name .....	Ardalan Construction Company
V3.	Mailing Address .....	8 East Gainsborough Road
V4.	City State (two-letter) Zip (include +4 if known) .....	Thousand Oaks, CA 91360
V5.	Telephone Number .....	805-496-7273
V6.	Vendor Contact Person .....	Mozafar Ardalan
V7.	Workers Comp Insurance Expiration Date .....	TBD
V8.	Liability Insurance Expiration Date .....	TBD
V9.	Professional License Number .....	NA
V10.	Verified by (print name of county staff) .....	

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: 1-7-15 Authorized Signature: 