

# Contract Summary

BC \_\_\_\_\_ - \_\_\_\_\_

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or to Purchasing (<\$100,000). See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	13/14
D2.	Department Name .....	Transportation / Engineering
D3.	Contact Person.....	Walter Rubalcava
D4.	Telephone.....	(805) 568-3047

K1.	Contract Type	Professional Services
K2.	Brief Summary of Contract Description/Purpose .....	To prepare the design for the roadway and structure portion of this project.
K3.	Department Project Number .....	862330
K4.	Original Contact Amount .....	\$99,996.00
K4a.	Supplemental	N/A
K4b.	Contingency	N/A
K4c.	Total Contract Amount	\$99,996.00
K5.	Contract Begin Date .....	Thursday, February 2, 2012
K6.	Original Contract End Date.....	Monday, September 30, 2013
K7.	Amendment? (Yes or No).....	Yes
K8.	- Total Number of Amendments.....	1
K9.	- This Amendment Amount.....	\$64,737.64 (\$49,762.64 + \$14,975 in Contingency)
K10.	- Total Previous Amendment Amounts .....	\$
K11.	- Revised Total Contract Amount.....	\$164,733.64

B1.	Is this a Board Contract? (Yes/No) .....	No
B2.	Number of Workers Displaced (if any).....	None
B3.	Number of Competitive Bids (if any) .....	N/A
B4.	If Board waived bids, show Agenda Date .....	N/A
	and Agenda Item Number.....	N/A
B5.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	N/A

F1.	Fund Number.....	0017
F2.	Department Number .....	Public Works, 054
F3.	Line Item Account Number .....	7460
F4.	Project Number (if applicable) .....	862330
F5.	Program Number (if applicable).....	2820
F6.	Org Unit Number (if applicable) .....	0600
F7.	Payment Terms .....	NET 30

V1.	Auditor-Controller Vendor Number .....	014242
V2.	Payee/Contractor Name .....	Drake Haglan & Associates
V3.	Mailing Address .....	11060 WHITEROCK RD., STE. 200
V4.	City State (two-letter) Zip (include +4 if known) .....	RANCHO CORDOVA, CA 95670
V5.	Telephone Number.....	(916) 363-4210 (Ext. 222)
V6.	Vendor Contact Person .....	Kevin Ross
V7.	Workers Comp Insurance Expiration Date.....	10/23/2014
V8.	Liability Insurance Expiration Date .....	10/23/2014
V9.	Professional License Number.....	C 49652
V10.	Verified by (print name of county staff) .....	Brian Gilbert, CPA

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: 1/22/14 Authorized Signature: [Signature]