

# Contract Summary

BC 13 - 057

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
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	057
D3.	Requisition Number .....	
D4.	Department Name .....	Community Services
D5.	Contact Person.....	Jessica Rauch
D6.	Telephone.....	805-568-2467

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Renewal of Library Agreement		
K3.	Original Contract Amount .....	\$2,550,403		
K4.	Contract Begin Date .....	July 1, 2012		
K5.	Original Contract End Date.....	June 30, 2013		
K6.	Amendment History (leave blank if no prior amendments) .....			
K7.	Department Project Number .....			

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

F1.	Encumbrance Transaction Code .....	
F2.	Current Year Encumbrance Amount.....	
F3.	Fund Number.....	0001
F4.	Department Number .....	057
F5.	Division Number (if applicable) .....	
F6.	Account Number .....	7650
F7.	Cost Center number (if applicable) .....	
F8.	Payment Terms .....	Bi-Annual

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	
V2.	Payee/Contractor Name.....	Cities of SB, SM & Lompoc
V3.	Mailing Address .....	
V4.	City State (two-letter) Zip (include +4 if known).....	
V5.	Telephone Number .....	
V7.	Contact Person .....	
V8.	Workers Comp Insurance Expiration Date .....	N/A
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	
V10.	Professional License Number .....	
V11.	Verified by (name of county staff) .....	Kerry Bierman

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: 8/2/12

Authorized Signature: 