

# 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 (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	FY2011-12
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	BDGT
D3.	Requisition Number .....	
D4.	Department Name .....	General Services Capital Projects
D5.	Contact Person.....	Celeste Manolas
D6.	Telephone.....	568.2622

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Audio- visual systems and wiring for the Emergency Operations Center
K3.	Original Contract Amount .....	\$467,185.35
K4.	Contract Begin Date .....	TBD
K5.	Original Contract End Date.....	When scope of work is complete as defined in contract
K6.	Amendment History (leave blank if no prior amendments) .....	8666-AV
K7.	Department Project Number .....	

B1.	Is this a Board Contract? (Yes/No) .....	Yes
B2.	Number of Workers Displaced (if any) .....	None
B3.	Number of Competitive Bids (if any) .....	3
B4.	Lowest Bid Amount (if bid).....	\$467,185.35
B5.	If Board waived bids, show Agenda Date .....	N/A
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph) .....	Yes

F1.	Encumbrance Transaction Code .....	1701
F2.	Current Year Encumbrance Amount.....	N/A
F3.	Fund Number.....	0030
F4.	Department Number .....	012
F5.	Division Number (if applicable) .....	
F6.	Account Number .....	
F7.	Cost Center number (if applicable) .....	
F8.	Payment Terms .....	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	
V2.	Payee/Contractor Name.....	Electrosonic, Inc.
V3.	Mailing Address .....	3320 N. San Fernando Blvd,
V4.	City State (two-letter) Zip (include +4 if known).....	Burbank, CA 91504
V5.	Telephone Number .....	818.333.3659
V7.	Contact Person .....	Scott J Meyer, CFO
V8.	Workers Comp Insurance Expiration Date .....	12/31/2012
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	
V10.	Professional License Number .....	#849345
V11.	Verified by (name of county staff) .....	Celeste Manolas

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: 2-23-12 Authorized Signature: \_\_\_\_\_