

# Board Contract Summary

BC 13 - 097

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 .....	FY 14-15
D2.	Department Name .....	Flood Control
D3.	Contact Person .....	Jon Frye
D4.	Telephone .....	x3444

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose .....	engineering design services for Unit 2 Drainage Capacity Improvement Project	
K3.	Department Project Number .....	SM8313	
K4.	Original Contract Amount .....	\$ 301,897.20 (includes contingency)	
K5.	Contract Begin Date .....	12/11/12	
K6.	Original Contract End Date .....	6/30/14	
K7.	Amendment? (Yes or No) .....	yes	
K8.	- New Contract End Date .....	12/31/16	
K9.	- Total Number of Amendments .....	1	
K10.	- This Amendment Amount .....	\$ 44,621.50 (includes contingency)	
K11.	- Total Previous Amendment Amounts .....	\$ N/A	
K12.	- Revised Total Contract Amount .....	\$ 346,518.70 (includes contingency)	

B1.	Intended Board Agenda Date .....	11/4/14
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 .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	

F1.	Fund Number .....	2560
F2.	Department Number .....	054
F3.	Line Item Account Number .....	8700
F4.	Project Number (if applicable) .....	SM8313
F5.	Program Number (if applicable) .....	3005
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	net 30

V1.	Auditor-Controller Vendor Number .....	624480
V2.	Payee/Contractor Name .....	Penfield and Smith
V3.	Mailing Address .....	111 E. Victoria Street
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93101
V5.	Telephone Number .....	805-963-9532
V6.	Vendor Contact Person .....	Craig Steward
V7.	Workers Comp Insurance Expiration Date .....	9/1/15
V8.	Liability Insurance Expiration Date .....	9/1/15
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	<i>C. Hooley</i>

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: 10-13-13 Authorized Signature: *[Signature]*