

Contract Summary

BC 12 - 120

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.....	12/13
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	
D3.	Requisition Number	
D4.	Department Name	Public Health
D5.	Contact Person	Anne Fearon
D6.	Telephone.....	5171

K1.	Contract Type (check one): ☐ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	SB Clinic Chiller Replacement
K3.	Original Contract Amount	\$227,000.00
K4.	Contract Begin Date	4/17/2012
K5.	Original Contract End Date	1/30/2013
K6.	Amendment History (leave blank if no prior amendments)	\$5,301.35
K7.	Department Project Number	J02014-K1

B1.	Is this a Board Contract? (Yes/No)	Yes
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	5
B4.	Lowest Bid Amount (if bid)	\$227,000.00
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	

F1.	Encumbrance Transaction Code	
F2.	Current Year Encumbrance Amount.....	\$232,301.35
F3.	Fund Number.....	0042
F4.	Department Number	041
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)	P=18685 A=002844
V2.	Payee/Contractor Name.....	Newton Construction and Management
V3.	Mailing Address	P.O. Box # 3260
V4.	City State (two-letter) Zip (include +4 if known).....	San Luis Obsipo, CA 93403
V5.	Telephone Number	805-544-5583
V7.	Contact Person	Eric Newton
V8.	Workers Comp Insurance Expiration Date	3/28/2013
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Profl).....	(G) 3/28/2013
V10.	Professional License Number	783608
V11.	Verified by (name of county staff)	Richard Whirty

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: 12/13/2012 Authorized Signature: 