

# Contract Summary Form:

Contract Number: BC-04-182-amd-04

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). **If less than \$100,000, submit a purchasing requisition to the Purchasing Division of General Services. See "Online Purchasing Manual" under "General Services", "Purchasing", "Policies and Procedures. "See also "Contracts for Services" policy. Form not applicable to revenue contracts.**

D1. Fiscal Year..... : FY 2005-06  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's).. : 053  
D3. Requisition Number ..... :  
D4. Department Name ..... : Public Works  
D5. Contact Person..... : Grady Williams  
D6. Phone..... : 568-3083

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose ..... : Santa Maria Public Works Service Center  
K3. Original Contract Amount..... : \$2,174,408  
K4. Contract Begin Date ..... : 3/16/04  
K5. Original Contract End Date..... : when scope of work is complete as defined in contract  
K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
	2/1/06	\$-17,143	\$273,155	\$2,447,563.	7/23/2005	add items and mods

K7. Department Project Number ..... : 8643

B1. Is this a Board Contract? (Yes/No)..... : Yes  
B2. Number of Workers Displaced (if any) ..... : none  
B3. Number of Competitive Bids (if any)..... : 2  
B4. Lowest Bid Amount (if bid)..... : \$2,174,408  
B5. If Board waived bids, show Agenda Date ..... : N/A  
B6. ... and Agenda Item Number..... : #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶/¶) : yes

F1. Encumbrance Transaction Code ..... : 1701  
F2. Current Year Encumbrance Amount ..... : \$2,000,000  
F3. Fund Number ..... : 030  
F4. Department Number ..... : 054  
F5. Division Number (if applicable)..... : NA  
F6. Account Number..... : 8700  
F7. Cost Center number (if applicable) ..... :  
F8. Payment Terms ..... : Net 30

V1. Vendor Numbers (A=auditor; P=purchasing) ..... :  
V2. Payee/Contractor Name ..... : Deferville Construction Inc.  
V3. Mailing Address..... : 2520 Skyway Dr. Ste B  
V4. City State (two-letter) Zip (include +4 if known)..... : Santa Maria, CA 93455  
V5. Telephone Number ..... : 805-925-2988  
V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 77-0049942  
V7. Contact Person ..... : Mr. Glenn Gardner  
V8. Workers Comp Insurance Expiration Date ..... : 7/1/2006  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl)... : 7/1/2006  
V10. Professional License Number ..... : #469580  
V11. Verified by (name of County staff) ..... : Grady Williams  
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 : Authorized Signature.....