

Contract Summary Form:

Contract Number: BC 08-111

Complete the information below, print this form, obtain the signature of the authorized departmental representative and submit this form to the Clerk of the Board with the contract package. See also: Contracts for Services Policy.

D1. Fiscal Year : FY 10/11 through FY 12/13
 D2. Budget Unit Number : 063
 D3. Requisition Number..... : N/A
 D4. Department Name..... : General Services
 D5. Contact Person : Traci Lothery
 D6. Phone..... : 805.737.7788

K1. Contract Type (*check one*): Personal Service Commodity Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose: Amendment for North County Elevator Maintenance
 K3. Original Contract Amount..... : \$164,892.00
 K4. Contract Begin Date : July 1, 2008
 K5. Original Contract End Date : June 30, 2013
 K6. This Amendment Number : 01
 K7. - Total Previous Amendments..... : None
 K8. - This Amendment Amount..... : - \$13,585.20
 K9. - Revised Total Contract Amount : \$151,306.80
 K10. - Revised End Date : N/A
 K11. Department Project Number..... : N/A

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
 B6. ... and Agenda Item Number : N/A
 B7. Boilerplate Contract Text Unchanged? (*Yes/No*):..... : Yes

F1. Encumbrance Transaction Code..... : N/A
 F2. Current Year Encumbrance Amount..... : N/A
 F3. Fund Number : 0001
 F4. Department Number : 063
 F5. Division Number (*if applicable*) : 06-01
 F6. Account Number..... : 7125
 F7. Cost Center number (*if applicable*) : 1215

F8. Payment Terms : Net 30
 V1. Auditor Vendor Number..... : 664335
 V2. Payee/Contractor Name..... : Republic Elevator of Santa Barbara
 V3. Mailing Address..... : 77 South Fairview
 V4. City..... : Goleta
 V5. State (two letter)..... : CA
 V6. Zip (include +4 if known)..... : 93117
 V7. Telephone Number : 805.683.6302
 V8. Vendor's Federal Tax ID Number (EIN or SSN):..... : 77-0001470
 V9. Contact Person : Bill Adrian
 V10. Workers Comp Insurance Expiration Date : November 1, 2011
 V11. General Liability Insurance Expiration Date : July 18, 2011
 V12. Professional License Number..... : N/A
 V13. Verified by : Traci Lothery
 V14. Company Type (*Check one*): Individual Sole Proprietorship Partnership Corporation

This information has been reviewed and is complete and accurate as presented. Concurrences as required are represented by signature on the contract signature page.

Date: _____

Authorized Signature: _____