

Contract summary Form:

BC-08-

Complete the information below, print this form, obtain the signature of the authorized department representative and submit this form to the Clerk of the Board with the contract package.

D1. Fiscal Year	2007/2008
D2. Budget Unit Number.....	054
D3. Requisition Number.....	
D4. Department Name	Public Works (Engineering Division)
D5. Contact Person	Walter Rubalcava
D6. Phone Number	739-8775
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K1. Contract Type	Construction
K2. Brief Summary of Contract Description or (Title).....	EXTENSION OF HUMMEL DRIVE FROM HOBBS LANE TO MOONCREST LANE IN ORCUTT, CALIFORNIA
K3. Original Contract Amount (Gross Amount).....	480,429.77
K4. Contract Begin Date (First Working Day)	JULY 14, 2008
K5. Not withstanding the provisions in Sections 8-1.05 and 8-1.06 of the Standard Specifications the Original Contract End Date will be (Last Working Day).....	NOVEMBER 3, 2008
K6. This Amendment Number	
K7. Total Previous Amendments	
K8. This Amendment Amount	
K9. Revised Total Amount.....	
K10. Revised End Date (Last Working Day).....	
K11. Departmental Project Number.....	420195
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B1. Is this a Board Contract (Yes/No)	YES
B2. Number of Workers Displaced.....	None
B3. Number of Competitive Bids.....	9
B4. Lowest Responsible Bid Amount.....	445,647.40
B5. If Board waived bids, show agenda date.....	
B6. If Board waived bids, show agenda item number	
B7. Boilerplate Contract Text Unchanged.....	<u>Approved Public Works Engineering Section Construction</u>
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F1. Encumbrance Transaction Code.....	
F2a. Current Year Encumbrance Amount.....	455,492.77
F2b. Current Year Encumbrance Amount.....	25,000.00
F3. Department Number	054
F4. Division Number (If Applicable)	02
F5. Subdivision Number (If Applicable).....	05
F6. Program	2900
F7a. Org. Unit (If Applicable).....	0001
F7b. Org. Unit (If Applicable).....	0002
F8. Fund Number	0015
F9a. Account Number.....	7510
F9b. Account Number.....	7511
F10. Area	4081
F11. Cost Center number (If Applicable)	
F12. Payment Terms	Net 30
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V1. Auditor Vender Number	
V2. Payee/Contractors Name	UNION ASPHALT, INC.
V3. Mailing Address.....	PO BOX 1280
V4. City.....	SANTA MARIA
V5. State.....	CA
V6. Zip (include +4 if known	93456
V7. Company Telephone Number	(805) 922-9858
V8. Federal Tax ID (EIN or SSN).....	95-2255065
V9. Contact Person	MARK KALOUNER
V10. Contact Person's Telephone Number	(805) 922-9858
V11. Workers Comp Insurance Expiration Date	
V12. General liability Insurance Expiration Date.....	
V13. Contractor's License Number and Type.....	523019 A AND B
V14. Professional License Number and Type.....	
V15. Verified By.....	
V16. Company Type.....	CORPORATION
V17. Accounting Contact Person and Phone	Donna Manuel (805) 568-3016

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

Date: _____ Authorized Signature: