

Board Contract Summary

BC: _____ - _____

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 appropriate departments for signature. See also: Auditor-Controller Intranet Policies->contracts.

D1. Fiscal Year..... : FY 2015-16
D2. Department Name : Agricultural Commissioner
D3. Contact Person..... : Traci R. Lewis
D4. Telephone : 681-5600


K1. Contract Type (*check one*): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Cooperative Extension Services
K3. Department Project Number..... : N/A
K4. Original Contract Amount : \$ 162,000
K5. Contract Begin Date..... : July 1, 2015
K6. Original Contract End Date..... : June 30, 2016
K7. Amendment? (Yes or No) : No
K8. -New Contract End Date
K9. -Total Number of Amendments
K10. -This Amendment Amount
K11. -Total Previous Amendment Amounts
K12. -Revised Total contract Amount

B1. Intended Board Agenda Date : September 1, 2015
B2. Number of Workers Displaced (*if any*)..... : None
B3. Number of Competitive Bids (*if any*) : None
B4. Lowest Bid Amount (*if bid*) : \$ n/a
B5. If Board waived bids, show Agenda Date :
and Agenda Item Number :
B6. Boilerplate Contract Text Changed? (*If Yes, cite Paragraph*):

F1. Fund Number : 0001
F2. Department Number : 051
F3. Line Item Account Number..... : 7510
F4. Project Number (*if applicable*)..... : UCCE
F5. Program Number (*if applicable*) : 2000
F6. Org Unit Number (*if applicable*)..... :
F7. Payment Terms : Net 30

V1. Auditor-Controller Vendor Number : 827305
V2. Payee/Contractor Name..... : The Regents of the University of California
V3. Mailing Address..... : 1111 Franklin Street
V4. City State (*two-letter*) Zip (*include +4 if known*) : Oakland, CA 94607
V5. Telephone Number : 805-781-5940
V6. Contact Person : Mary L. Bianchi
V7. Workers Comp Insurance Expiration Date..... : Self-insured
V8. Liability Insurance Expiration Date : Self-insured
V9. Professional License Number..... :
V10. Verified by (*print name of county staff*)..... :
V11. 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 : 7/14/15 Authorized Signature: 
Adp Senior