

# Board Contract Summary

BC 14-117

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 the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts.*

D1.	Fiscal Year .....	FY 14-15
D2.	Department Name .....	Flood Control
D3.	Contact Person .....	Jon Frye
D4.	Telephone .....	Ext. 3444

K1.	Contract Type (check one):	Personal Service	Capital
K2.	Brief Summary of Contract Description/Purpose .....	Add Phase 2 work to the engineering design work and to extend the term for the LV/SP Project	
K3.	Department Project Number .....	SC8322	
K4.	Original Contract Amount .....	\$640,811 (includes \$58,256 contingency)	
K5.	Contract Begin Date .....	7/9/13	
K6.	Original Contract End Date .....	12/31/14	
K7.	Amendment? (Yes or No) .....	Yes	
K8.	- New Contract End Date .....	12/31/16	
K9.	- Total Number of Amendments .....	No.1	
K10.	- This Amendment Amount .....	\$165,447.92 (includes \$15,040.72 contingency)	
K11.	- Total Previous Amendment Amounts .....	N/A	
K12.	- Revised Total Contract Amount .....	\$806,258.92	

B1.	Intended Board Agenda Date .....	8/19/14
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
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	

F1.	Fund Number .....	2610
F2.	Department Number .....	054
F3.	Line Item Account Number .....	8700
F4.	Project Number (if applicable) .....	SC8322
F5.	Program Number (if applicable) .....	3005
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	354307
V2.	Payee/Contractor Name .....	HDR Engineering, Inc.
V3.	Mailing Address .....	P.O. Box 3480
V4.	City State (two-letter) Zip (include +4 if known) .....	Omaha, NE 68103-0480
V5.	Telephone Number .....	714-368-5671
V6.	Vendor Contact Person .....	Gheorghe Rosca Jr.
V7.	Workers Comp Insurance Expiration Date .....	7/1/15
V8.	Liability Insurance Expiration Date .....	6/1/15
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	Christina Lopez

V11 Company Type (Check one):      Individual      Sole Proprietorship      Partnership      Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 8-20-14      Authorized Signature: 