

# Contract Summary

BC \_\_\_\_\_ - \_\_\_\_\_

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or to Purchasing (<\$100,000). See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.

D1.	Fiscal Year	18/19
D2.	Department Name:	Public Works
D3.	Contact Person:	Ron Bensel
D4.	Telephone:	(805) 568-3311

K1.	Contract Type:	Professional Services
K2.	Brief Summary of Contract Description/Purpose:	Structural Independent Design Check
K3.	Department Project Number:	862339
K4.	Original Bid Amount:	\$74,104.51
K4a	Supplemental:	N/A
K4b	Contingency:	\$7,410.45
K4c	Total Contract Amount:	\$81,514.96
K5.	Contract Begin Date:	Wednesday, January 16, 2019
K6.	Original Contract End Date:	Tuesday, March 26, 2019
K7.	Amendment? (Yes or No):	No
K8.	- Total Number of Amendments:	
K9.	- This Amendment Amount:	\$
K10.	- Total Previous Amendment Amounts:	\$
K11.	- Revised Total Contract Amount:	\$

B1.	Is this a Board Contract? (Yes/No):	Yes
B2.	Number of Workers Displaced (if any):	None
B3.	Number of Competitive Bids (if any):	3
B4.	If Board waived bids, show Agenda Date: and Agenda Item Number:	
B5.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph):	No

F1.	Fund Number:	0017
F2.	Department Number:	054
F3.	Line Item Account Number:	7460
F4.	Project Number (if applicable):	862339
F5.	Program Number (if applicable):	2820
F6.	Org Unit Number (if applicable):	06
F7.	Payment Terms:	ACTUAL COST PLUS FIXED FEE

V1.	Auditor-Controller Vendor Number:	014242
V2.	Payee/Contractor Name:	Drake Haglan & Associates, Inc.
V3.	Mailing Address:	11060 White Rock Road, Suite 200
V4.	City State (two-letter) Zip (include +4 if known):	Rancho Cordova, CA 95670
V5.	Telephone Number:	(916) 363-4210
V6.	Vendor Contact Person:	Matt Burgard
V7.	Workers Comp Insurance Expiration Date:	10/23/2019
V8.	Liability Insurance Expiration Date:	10/23/2019
V9.	Professional License Number:	49652
V10	Verified by (print name of county staff):	Brian Gilbert, CPA

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.

12/4/18 Date:  Authorized Signature: