

Contract Summary Form: Contract Number : - - - -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000). If less than (<\$25,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year : FY 12-13
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's):
D3. Requisition Number :
D4. Department Name: General Services
D5. Contact Person : Grady Williams
D6. Phone : 3083

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Contractor on Payroll for Capital Projects division
K3. Original Contract Amount : \$176,600
K4. Contract Begin Date : 9/3/12
K5. Original Contract End Date: 9/2/14

K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose(2-4 words)
		\$	\$	\$		

K7. Department Project Number :

B1. Is this a Board Contract? (Yes/No) : Yes
B2. Number of Workers Displaced (if any) : 0
B3. Number of Competitive Bids (if any): NA
B4. Lowest Bid Amount (if bid): \$
B5. If Board waived bids, show Agenda Date :
B6. .. and Agenda Item Number : #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

F1. Encumbrance Transaction Code :
F2. Current Year Encumbrance Amount : \$99,200
F3. Fund Number : 0001
F4. Department Number : 063
F5. Division Number (if applicable) :
F6. Account Number :
F7. Cost Center number (if applicable) : 1230
F8. Payment Terms : Payroll

V1. Vendor Numbers (A=uditor; P=urchasing) :
V2. Payee/Contractor Name : Andrew Tranovich
V3. Mailing Address : 772 Walnut St. APT 13,
V4. City State (two-letter) Zip (include +4 if known) : San Carlos, CA 94070
V5. Telephone Number : 805-550-6384
V6. Contractor's Federal Tax ID Number (EIN or SSN) :
V7. Contact Person : Andrew Tranovich
V8. Workers Comp Insurance Expiration Date :
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :
V10. Professional License Number : #
V11. Verified by (name of County staff) :
V12. 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 : 27/July/12 Authorized Signature: 