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

D1.	Fiscal Year	2021/2022
D2.	Department Name	Planning & Developement
D3.	Contact Person	Errin Briggs
D4.	Telephone	805-568-2047

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Compliance monitoring for the construction of Energy-related projects overseen by P&D
K3.	Department Project Number	053
K4.	Original Contract Amount	$ 45,000.00
K5.	Contract Begin Date	01/01/2022
K6.	Original Contract End Date	N/A
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	6/30/2022
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	$
K11.	- Total Previous Amendment Amounts	$
K12.	- Revised Total Contract Amount	$

B1.	Intended Board Agenda Date	1/25/22
B2.	Number of Workers Displaced *(if any)*	N/A
B3.	Number of Competitive Bids *(if any)*	N/A
B4.	Lowest Bid Amount *(if bid)*	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	Yes, 33, 34, 35, 36

F1.	Fund Number	0076
F2.	Department Number	053
F3.	Line Item Account Number	
F4.	Project Number *(if applicable)*	Various
F5.	Program Number *(if applicable)*	Various
F6.	Org Unit Number *(if applicable)*	Various
F7.	Payment Terms	Time & Materials/Net 30

V1.	Auditor-Controller Vendor Number	243526
V2.	Payee/Contractor Name	Dudek
V3.	Mailing Address	621 Chapala St.
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93101
V5.	Telephone Number	805-252-7996
V6.	Vendor Contact Person	John Davis, IV
V7.	Workers Comp Insurance Expiration Date	8/28/22
V8.	Liability Insurance Expiration Date	8/28/22
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 is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 1/11/2022 Authorized Signature: Crystal D

Revised 1/13/2014