

# Board Contract Summary

BC 15 - 096  
*Jose Sanchez x 2156*

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 .....	PW/Flood Control
D3.	Contact Person .....	Matt Griffin
D4.	Telephone .....	884-8074

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	construction of Mud Lake Basin Siphon Improvement Project, Phase II
K3.	Department Project Number .....	OR8206
K4.	Original Contract Amount .....	\$ 410,864.75 (includes contingency)
K5.	Contract Begin Date .....	9/16/14
K6.	Original Contract End Date .....	upon filing of Notice of Completion
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 .....	9/16/14
B2.	Number of Workers Displaced (if any) .....	
B3.	Number of Competitive Bids (if any) .....	8
B4.	Lowest Bid Amount (if bid) .....	379,395.00
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	

F1.	Fund Number .....	2510
F2.	Department Number .....	054
F3.	Line Item Account Number .....	8700
F4.	Project Number (if applicable) .....	OR8206
F5.	Program Number (if applicable) .....	3005
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	net 30

V1.	Auditor-Controller Vendor Number .....	0008552
V2.	Payee/Contractor Name .....	Raminha Construction, Inc.
V3.	Mailing Address .....	6805 Sycamore Road
V4.	City State (two-letter) Zip (include +4 if known) .....	Atascadero, CA 93422
V5.	Telephone Number .....	805-461-0052
V6.	Vendor Contact Person .....	David Raminha
V7.	Workers Comp Insurance Expiration Date .....	1/1/15
V8.	Liability Insurance Expiration Date .....	4/25/15
V9.	Professional License Number .....	469531
V10.	Verified by (print name of county staff) .....	<i>Clupez</i>

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: 9-11-14 Authorized Signature: *[Signature]*