

**Contract Summary**

BC 12 - 120

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year .....	11-12
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	
D3.	Requisition Number.....	
D4.	Department Name .....	Public Health
D5.	Contact Person .....	Amy Gabaldon
D6.	Telephone .....	5119

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	Chiller Replacement Construction Contract
K3.	Original Contract Amount.....	\$227,000
K4.	Contract Begin Date.....	4/17/12
K5.	Original Contract End Date .....	7/16/12
K6.	Amendment History (leave blank if no prior amendments) .....	
K7.	Department Project Number.....	<del>SB-1146</del> J02014-K1

B1.	Is this a Board Contract? (Yes/No).....	Yes
B2.	Number of Workers Displaced (if any) .....	0
B3.	Number of Competitive Bids (if any) .....	5
B4.	Lowest Bid Amount (if bid) .....	\$227,000
B5.	If Board waived bids, show Agenda Date.....	
	and Agenda Item Number .....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph) .....	Yes

F1.	Encumbrance Transaction Code .....	
F2.	Current Year Encumbrance Amount .....	
F3.	Fund Number .....	0042
F4.	Department Number.....	041
F5.	Division Number (if applicable).....	
F6.	Account Number .....	
F7.	Cost Center number (if applicable).....	
F8.	Payment Terms .....	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	P=18685 A=002844
V2.	Payee/Contractor Name .....	Newton Construction & Management
V3.	Mailing Address .....	P.O. Box 3260
V4.	City State (two-letter) Zip (include +4 if known).....	San Luis Obispo, CA 93403
V5.	Telephone Number.....	805-544-5583
V7.	Contact Person .....	Eric Newton
V8.	Workers Comp Insurance Expiration Date .....	3/28/12
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	G=12-31-12
V10.	Professional License Number .....	783608
V11.	Verified by (name of county staff) .....	Amy Gabaldon

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: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_