

Board Contract Summary

BC 15 - 099

Jose Sanchez x2156

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/Water Agency
D3.	Contact Person	Matt Naftaly
D4.	Telephone	x3542

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Cooperative Stream Gaging and Groundwater Monitoring Program
K3.	Department Project Number	WA8207
K4.	Original Contract Amount	\$ 308,500
K5.	Contract Begin Date	11/1/14
K6.	Original Contract End Date	10/31/15
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	10/21/14
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	
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)	

F1.	Fund Number	3050
F2.	Department Number	054
F3.	Line Item Account Number	7460
F4.	Project Number (if applicable)	WA8207
F5.	Program Number (if applicable)	3012
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	net 60

V1.	Auditor-Controller Vendor Number	003601
V2.	Payee/Contractor Name	DOI USGS
V3.	Mailing Address	P.O. Box 71362
V4.	City State (two-letter) Zip (include +4 if known)	Philadelphia, PA 19176-1362
V5.	Telephone Number	(916) 278-3040
V6.	Vendor Contact Person	Tammy Seubert
V7.	Workers Comp Insurance Expiration Date	N/A
V8.	Liability Insurance Expiration Date	N/A
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	<i>Jose Sanchez</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: 9/17/14 Authorized Signature: *[Signature]*