

# Board Contract Summary

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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 19/20 - FY 21/22
D2.	Department Name .....	PUBLIC WORKS
D3.	Contact Person .....	ERIC PEARSON
D4.	Telephone .....	805-681-4990

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	AS NEEDED TRANSPORTATION CONSTRUCTION ENGINEERING SERVICES (INDEFINITE DELIVERY/QTY)
K3.	Department Project Number .....	VARIES
K4.	Original Contract Amount .....	\$ 4000000.00
K5.	Contract Begin Date .....	7/1/2019
K6.	Original Contract End Date .....	6/30/2022
K7.	Amendment? (Yes or 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 .....	7/2/2019
B2.	Number of Workers Displaced (if any) .....	
B3.	Number of Competitive Bids (if any) .....	5 PROPOSALS
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) .....	SECTION 44- FOR IDIQ PROCESS

F1.	Fund Number .....	0016 & 0017
F2.	Department Number .....	054
F3.	Line Item Account Number .....	1024
F4.	Project Number (if applicable) .....	VARIOUS
F5.	Program Number (if applicable) .....	2710,2720,2730,2740,2810,2820,2830
F6.	Org Unit Number (if applicable) .....	0500,0600
F7.	Payment Terms .....	NET 30; W/ EXEC. TASK ORDER

V1.	Auditor-Controller Vendor Number .....	513410
V2.	Payee/Contractor Name .....	MNS ENGINEERS INC.
V3.	Mailing Address .....	201 N. Calle Cesar Chavez, Suite 300
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93103
V5.	Telephone Number .....	805-692-6921
V6.	Vendor Contact Person .....	GREG CHELINI
V7.	Workers Comp Insurance Expiration Date .....	6/14/19
V8.	Liability Insurance Expiration Date .....	6/14/19
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: 6/16/19 Authorized Signature: [Signature]