

# Contract Summary

BC \_\_\_\_\_ - \_\_\_\_\_

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or to Purchasing (<\$100,000). See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.

|     |                       |                              |
|-----|-----------------------|------------------------------|
| D1. | Fiscal Year .....     | 2014/15                      |
| D2. | Department Name ..... | Transportation / Engineering |
| D3. | Contact Person .....  | Walter Rubalcava             |
| D4. | Telephone.....        | (805) 568-3047               |

|      |   |                          |
|------|---|--------------------------|
| K1.  | Contract Type                                       | Construction             |
| K2.  | Brief Summary of Contract Description/Purpose ..... |                          |
| K3.  | Department Project Number .....                     | 820650                   |
| K4.  | Original Bid Amount .....                           | \$809,939.20             |
| K4a  | Supplemental  | \$38,910                 |
| K4b  | Contingency   | \$54,942.46              |
| K4c  | Total Contract Amount                               | \$903,791.66             |
| K5.  | Contract Begin Date .....                           | Monday, October 13, 2014 |
| K6.  | Original Contract End Date .....                    | Monday, March 23, 2015   |
| K7.  | Amendment? (Yes or No) .....                        | No                       |
| K8.  | - Total Number of Amendments .....                  |                          |
| K9.  | - This Amendment Amount .....                       | \$                       |
| K10. | - Total Previous Amendment Amounts .....            | \$                       |
| K11. | - Revised Total Contract Amount.....                | \$                       |

|     |   |      |
|-----|---|------|
| B1. | Is this a Board Contract? (Yes/No) .....                          | Yes  |
| B2. | Number of Workers Displaced (if any) .....                        | None |
| B3. | Number of Competitive Bids (if any) .....                         | (2)  |
| B4. | If Board waived bids, show Agenda Date .....                      |      |
|     | and Agenda Item Number.....                                       |      |
| B5. | Boilerplate Contract Text Changed? (If Yes, cite Paragraph) ..... |      |

|     |                                       |        |
|-----|---------------------------------------|--------|
| F1. | Fund Number .....                     | 0016   |
| F2. | Department Number .....               | 054    |
| F3. | Line Item Account Number .....        | 7510   |
| F4. | Project Number (if applicable).....   | 820650 |
| F5. | Program Number (if applicable) .....  | 2710   |
| F6. | Org Unit Number (if applicable) ..... | 0500   |
| F7. | Payment Terms .....                   | NET 30 |

|     |   |                          |
|-----|---|--------------------------|
| V1. | Auditor-Controller Vendor Number .....                  |                          |
| V2. | Payee/Contractor Name .....                             | Calportland Construction |
| V3. | Mailing Address .....                                   | P.O. Box 1280            |
| V4. | City State (two-letter) Zip (include +4 if known) ..... | Santa Maria, CA 93456    |
| V5. | Telephone Number .....                                  | (805) 345-3466           |
| V6. | Vendor Contact Person.....                              | Jesse Bishop             |
| V7. | Workers Comp Insurance Expiration Date.....             |                          |
| V8. | Liability Insurance Expiration Date.....                |                          |
| V9. | Professional License Number .....                       | 523019                   |
| V10 | Verified by (print name of county staff) .....          | Brian Gilbert, CPA       |

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