

Contract Summary Form:

Contract Number: BC 08-112

Complete the information below, print this form, obtain the signature of the authorized departmental representative and submit this form to the Clerk of the Board with the contract package. See also: Contracts for Services Policy.

- D1. Fiscal Year : FY 10/11 through FY 12/13
- D2. Budget Unit Number : 063
- D3. Requisition Number..... : N/A
- D4. Department Name..... : General Services
- D5. Contact Person : Traci Lothery
- D6. Phone..... : 805.737.7788

- K1. Contract Type (*check one*): Personal Service Commodity Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose: Amendment for South County Elevator Maintenance
- K3. Original Contract Amount..... : \$366,690.00
- K4. Contract Begin Date : July 1, 2008
- K5. Original Contract End Date : June 30, 2013
- K6. This Amendment Number : 01
- K7. - Total Previous Amendments..... : None
- K8. - This Amendment Amount..... : -\$5,322.00
- K9. - Revised Total Contract Amount : \$361,368.00
- K10. - Revised End Date : N/A
- K11. Department Project Number..... : N/A

- B1. Is this a Board Contract (*Yes/No*)..... : Yes
- B2. Number of Workers Displaced (*if any*)..... : N/A
- B3. Number of Competitive Bids (*if any*)..... : N/A
- B4. Lowest Bid Amount (*if bid*) : N/A
- B5. If Board waived bids, show Agenda Date..... : N/A
- B6. ... and Agenda Item Number : N/A
- B7. Boilerplate Contract Text Unchanged? (*Yes/No*):..... : Yes

- F1. Encumbrance Transaction Code..... : N/A
- F2. Current Year Encumbrance Amount..... : N/A
- F3. Fund Number : 0001
- F4. Department Number : 063
- F5. Division Number (*if applicable*) : 06-01
- F6. Account Number..... : 7125
- F7. Cost Center number (*if applicable*)..... : 1215

- F8. Payment Terms : Net 30
- V1. Auditor Vendor Number..... : 664335
- V2. Payee/Contractor Name..... : Republic Elevator of Santa Barbara
- V3. Mailing Address..... : 77 South Fairview
- V4. City..... : Goleta
- V5. State (two letter)..... : CA
- V6. Zip (include +4 if known)..... : 93117
- V7. Telephone Number : 805.683.6302
- V8. Vendor's Federal Tax ID Number (EIN or SSN):..... : 77-0001470
- V9. Contact Person : Bill Adrian
- V10. Workers Comp Insurance Expiration Date : November 1, 2011
- V11. General Liability Insurance Expiration Date : July 18, 2011
- V12. Professional License Number..... : N/A
- V13. Verified by : Traci Lothery
- V14. Company Type (*Check one*): Individual Sole Proprietorship Partnership Corporation

This information has been reviewed and is complete and accurate as presented. Concurrences as required are represented by signature on the contract signature page.

Date: _____

Authorized Signature: _____