

Contract Summary

BC 10 - 070

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.....	2011-2012
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	063
D3.	Requisition Number.....	BC
D4.	Department Name.....	General Services, Capital Projects
D5.	Contact Person.....	John Green
D6.	Telephone.....	805-934-6229

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input checked="" type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	Santa Maria Court Clerks Building
K3.	Original Contract Amount.....	\$173,554.00
K4.	Contract Begin Date.....	January 27, 2009
K5.	Original Contract End Date.....	When Scope of Work is Complete
K6.	Amendment History (leave blank if no prior amendments).....	1 & 2
K7.	Department Project Number.....	8526

B1.	Is this a Board Contract? (Yes/No).....	Yes
B2.	Number of Workers Displaced (if any).....	None
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
	and Agenda Item Number.....	N/A
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph).....	Differs due to phase PSA was initiated

F1.	Encumbrance Transaction Code.....	1701
F2.	Current Year Encumbrance Amount.....	\$49,850.00
F3.	Fund Number.....	0030
F4.	Department Number.....	063
F5.	Division Number (if applicable).....	Program / 1930- Project / 8526
F6.	Account Number.....	8700
F7.	Cost Center number (if applicable).....	1930
F8.	Payment Terms.....	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing).....	
V2.	Payee/Contractor Name.....	Ravatt, Albrecht & Associates
V3.	Mailing Address.....	3203 Lightning St. / P.O. Box 528
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Maria, CA 93456-0528
V5.	Telephone Number.....	805-928-5002
V7.	Contact Person.....	Paul Reinhardt
V8.	Workers Comp Insurance Expiration Date.....	7/7/12
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	7/22 /12
V10.	Professional License Number.....	C 20808
V11.	Verified by (name of county staff).....	John Green

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: 3.19.2012 Authorized Signature: 