

Contract Summary

BC 16 - 137

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	14/15
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:	Install edge and center line rumble strips; Install flashing beacons as advance warning at Black Road.
K3.	Department Project Number:	862368
K4.	Original Bid Amount:	\$480,453.00
K4a	Supplemental:	\$45,000
K4b	Contingency:	\$36,522.65
K4c	Total Contract Amount:	\$561,975.65
K5.	Contract Begin Date:	Monday, January 04, 2016
K6.	Original Contract End Date:	Monday, August 29, 2016
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):	(1)
B4.	If Board waived bids, show Agenda Date: and Agenda Item Number:	July 21, 2015 A-34
B5.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph):	No

F1.	Fund Number:	0017
F2.	Department Number:	054
F3.	Line Item Account Number:	7510
F4.	Project Number (if applicable):	862368
F5.	Program Number (if applicable):	2820
F6.	Org Unit Number (if applicable):	0600
F7.	Payment Terms:	NET 30

V1.	Auditor-Controller Vendor Number:	009735
V2.	Payee/Contractor Name:	Calportland Construction
V3.	Mailing Address:	1625 E. Donovan Rd.
V4.	City State (two-letter) Zip (include +4 if known):	Santa Maria, Ca 93454
V5.	Telephone Number:	(805) 345-3581
V6.	Vendor Contact Person:	Jesse Bishop
V7.	Workers Comp Insurance Expiration Date:	October 1, 2015
V8.	Liability Insurance Expiration Date:	October 1, 2015
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 x Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 9/23/15 Authorized Signature: 