

Contract Summary Form:

Contract Number: BC 06-097--

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 : 2006 /2007
D2. Budget Unit Number:
D3. Requisition Number.....:
D4. Department Name : General services:
D5. Contact Person: Robert Ooley, AIA, County Architect
D6. Phone: (805) 568 3085

K1. Contract Type (check one): [] Personal Service [] Commodity [X] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Structural engineering for seismic retrofitting.
K3. Original Contract Amount: FIFTY-THREE THOUSAND FOUR-HUNDRED DOLLARS (\$53,400)
K4. Contract Begin Date: February 2006. :
K5. Original Contract End Date : December 31, 2007.
K6. This Amendment Number: One
K7. - Total Previous Amendments.....: \$55,000
K8. - This Amendment Amount: \$ 4,000
K9. - Revised Total Contract Amount.....: \$112,400
K10. - Revised End Date: March 2008
K11. Department Project Number :T04007-8553

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):
B5. If Board waived bids, show Agenda Date.....:
B6. ... and Agenda Item Number:
B7. Boilerplate Contract Text Unchanged? (Yes/No): NO

F1. Encumbrance Transaction Code:
F2. Current Year Encumbrance Amount: \$469,585
F3. Fund Number.....: 0030
F4. Department Number.....: 063
F5. Division Number (if applicable):
F6. Account Number..... 8553
F7. Cost Center number (if applicable).....:
F8. Payment Terms: as per Contract

V1. Auditor Vendor Number: 807772
V2. Payee/Contractor Name.....: Ehlen Spiess & Haight, Inc.
V3. Mailing Address.....: 1119 Garden Street
V4. City: Santa Barbara
V5. State (two letter): CA
V6. Zip (include +4 if known): 93101
V7. Telephone Number.....: (805) 963. 1210
V8. Vendor's Federal Tax ID Number (EIN or SSN) 77-0378865
V9. Contact Person.....: Mr. Jeff Haight or Mr. John Spiess
V10. Workers Comp Insurance Expiration Date: TBD
V11. General Liability Insurance Expiration Date: TBD
V12. Professional License Number: S4313 or S2844
V13. Verified by.....: Robert Ooley
V14. Company Type (Check one): [] Individual [] Sole Proprietorship [] Partnership [X] 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