

# Contract Summary

BC 12-091

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).....	
D3.	Requisition Number .....	
D4.	Department Name .....	General Services
D5.	Contact Person.....	Richard Whirty
D6.	Telephone.....	805-568-3086

K1.	Contract Type (check one): <input type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Betteravia Bld C HVAC replacement
K3.	Original Contract Amount .....	\$605,033.00
K4.	Contract Begin Date .....	9/30/2011
K5.	Original Contract End Date.....	2/21/2012
K6.	Amendment History (leave blank if no prior amendments) .....	
K7.	Department Project Number .....	T02005

B1.	Is this a Board Contract? (Yes/No) .....	Yes
B2.	Number of Workers Displaced (if any) .....	0
B3.	Number of Competitive Bids (if any) .....	2011/2012
B4.	Lowest Bid Amount (if bid) .....	\$605,033.00
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph) .....	Yes

F1.	Encumbrance Transaction Code .....	1701
F2.	Current Year Encumbrance Amount.....	\$634,322
F3.	Fund Number.....	0001
F4.	Department Number .....	063
F5.	Division Number (if applicable) .....	
F6.	Account Number.....	7671
F7.	Cost Center number (if applicable) .....	1225
F8.	Payment Terms .....	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	
V2.	Payee/Contractor Name.....	Smith Electric Service
V3.	Mailing Address .....	1340 W. Betteravia Rd.
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Maria, Ca. 93455
V5.	Telephone Number .....	805-621-5000
V7.	Contact Person .....	Mike Brannon
V8.	Workers Comp Insurance Expiration Date .....	None
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	G 5/21/2012
V10.	Professional License Number .....	42418
V11.	Verified by (name of county staff) .....	Richard Whirty

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: 3/13/12 Authorized Signature: 