

Contract Summary

BC _____ - _____

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	16/17
D2.	Department Name:	Public Works
D3.	Contact Person:	Chris Sneddon
D4.	Telephone:	(805) 568-3064

K1.	Contract Type:	Local Funded A&E
K2.	Brief Summary of Contract Description/Purpose:	Professional Services (Engineering Design)
K3.	Department Project Number:	862381
K4.	Original Bid Amount:	\$69,977
K4a	Supplemental:	\$0
K4b	Contingency:	\$6,997
K4c	Total Contract Amount:	\$76,974
K5.	Contract Begin Date:	December 14, 2016
K6.	Original Contract End Date:	June 30, 2018
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:	
B5.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph):	no

F1.	Fund Number:	0017
F2.	Department Number:	054
F3.	Line Item Account Number:	7460
F4.	Project Number (if applicable):	862381
F5.	Program Number (if applicable):	2830
F6.	Org Unit Number (if applicable):	0600
F7.	Payment Terms:	Net 30

V1.	Auditor-Controller Vendor Number:	513410
V2.	Payee/Contractor Name:	MNS Engineers, Inc.
V3.	Mailing Address:	201 N. Calle Cesar Chavez, Suite 300
V4.	City State (two-letter) Zip (include +4 if known):	Santa Barbara, CA, 93103
V5.	Telephone Number:	(805) 692-6921
V6.	Vendor Contact Person:	Shawn Kowalewski, P.E., Vice Principal
V7.	Workers Comp Insurance Expiration Date:	6/14/2017
V8.	Liability Insurance Expiration Date:	6/14/2017
V9.	Professional License Number:	C59539
V10	Verified by (print name of county staff):	Brian Gilbert, CPA

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____