

Contract Summary

BC 12 - 048

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): ☐ Personal Service ☒ Capital	
K2.	Brief Summary of Contract Description/Purpose	Reactivation of Clinic Elevator
K3.	Original Contract Amount	\$249,870.00
K4.	Contract Begin Date	7/13/2011
K5.	Original Contract End Date.....	1/30/2012
K6.	Amendment History (leave blank if no prior amendments)	
K7.	Department Project Number	J02014-K1

B1.	Is this a Board Contract? (Yes/No)	Yes
B2.	Number of Workers Displaced (if any)	0
B3.	Number of Competitive Bids (if any)	2
B4.	Lowest Bid Amount (if bid)	\$249,870.00
B5.	If Board waived bids, show Agenda Date	N/A
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	Yes

F1.	Encumbrance Transaction Code	1701
F2.	Current Year Encumbrance Amount.....	\$264,870.00
F3.	Fund Number.....	0030
F4.	Department Number	063
F5.	Division Number (if applicable)	
F6.	Account Number	8700
F7.	Cost Center number (if applicable)	1930
F8.	Payment Terms	

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	
V2.	Payee/Contractor Name.....	Republic Elevator Company
V3.	Mailing Address	77 South Fairview Ave.
V4.	City State (two-letter) Zip (include +4 if known).....	Goleta, CA. 93117
V5.	Telephone Number	805-683-1639
V7.	Contact Person	Jeff Dell
V8.	Workers Comp Insurance Expiration Date	11/01/2012
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Profl).....	07/18/2012
V10.	Professional License Number	527434
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: 3/5/2012 Authorized Signature: 