

# Board Contract Summary

BC 15 - 091  
 Josue S. x2156

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts*.

D1.	Fiscal Year .....	FY 2014-15
D2.	Department Name .....	PW/Flood Control
D3.	Contact Person .....	Jon Frye
D4.	Telephone .....	ext. 3444

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Cost Sharing Agreement for the Lower Mission Creek Project Reach 1A-Phase 2
K3.	Department Project Number .....	SC8042
K4.	Original Contract Amount .....	\$ 1,181,795.75 (estimated)
K5.	Contract Begin Date .....	9/9/14
K6.	Original Contract End Date .....	9/8/19
K7.	Amendment? (Yes or No) .....	No
K8.	- New Contract End Date .....	
K9.	- Total Number of Amendments .....	
K10.	- This Amendment Amount .....	\$
K11.	- Total Previous Amendment Amounts .....	\$
K12.	- Revised Total Contract Amount .....	\$

B1.	Intended Board Agenda Date .....	9/9/14
B2.	Number of Workers Displaced (if any) .....	N/A
B3.	Number of Competitive Bids (if any) .....	N/A
B4.	Lowest Bid Amount (if bid) .....	N/A
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	

F1.	Fund Number .....	2610
F2.	Department Number .....	054
F3.	Line Item Account Number .....	8700
F4.	Project Number (if applicable) .....	SC8042
F5.	Program Number (if applicable) .....	3005
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	net 45

V1.	Auditor-Controller Vendor Number .....	702761
V2.	Payee/Contractor Name .....	City of Santa Barbara
V3.	Mailing Address .....	P.O. Box 1990
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93102-1990
V5.	Telephone Number .....	805-564-5366
V6.	Vendor Contact Person .....	Pat Kelly
V7.	Workers Comp Insurance Expiration Date .....	
V8.	Liability Insurance Expiration Date .....	
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	

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: 8-25-14 Authorized Signature: 