

# Board Contract Summary

BC 16-135

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 15-16
D2.	Department Name .....	PW/Water Agency
D3.	Contact Person .....	Fray Crease
D4.	Telephone .....	x3546

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Cooperative Stream Gaging and Groundwater Monitoring Program
K3.	Department Project Number .....	WA8207
K4.	Original Contract Amount .....	\$ 333,180
K5.	Contract Begin Date .....	11/1/15
K6.	Original Contract End Date .....	10/31/16
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 .....	11/10/15
B2.	Number of Workers Displaced (if any) .....	
B3.	Number of Competitive Bids (if any) .....	
B4.	Lowest Bid Amount (if bid) .....	
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	

F1.	Fund Number .....	3050
F2.	Department Number .....	054
F3.	Line Item Account Number .....	7460
F4.	Project Number (if applicable) .....	WA8207
F5.	Program Number (if applicable) .....	3012
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	net 60

V1.	Auditor-Controller Vendor Number .....	003601
V2.	Payee/Contractor Name .....	DOI USGS
V3.	Mailing Address .....	P.O. Box 71362
V4.	City State (two-letter) Zip (include +4 if known) .....	Philadelphia, PA 19176-1362
V5.	Telephone Number .....	(916) 278-3040
V6.	Vendor Contact Person .....	Tamara Seubert
V7.	Workers Comp Insurance Expiration Date .....	N/A
V8.	Liability Insurance Expiration Date .....	N/A
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: 10/20/15 Authorized Signature: [Signature]

