

Contract Summary Form:

Contract Number: _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). **If less than \$100,000, submit a purchasing requisition to the Purchasing Division of General Services. See "Online Purchasing Manual" under "General Services", "Purchasing", "Policies and Procedures. "See also "Contracts for Services" policy. Form not applicable to revenue contracts.**

D1. Fiscal Year..... : FY 2006-2007
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's).. : 063
D3. Requisition Number :
D4. Department Name : General Services, Capital Projects
D5. Contact Person..... : Scott Hosking
D6. Phone..... : 568-2622

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Public Defenders Remodel
K3. Original Contract Amount..... : \$376,700
K4. Contract Begin Date : June 19, 2007
K5. Original Contract End Date..... : February 1, 2010
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
		\$	\$	\$		

K7. Department Project Number : 8661

B1. Is this a Board Contract? (Yes/No)..... : Yes
B2. Number of Workers Displaced (if any) : none
B3. Number of Competitive Bids (if any)..... : 2
B4. Lowest Bid Amount (if bid)..... : \$376,700
B5. If Board waived bids, show Agenda Date : N/A
B6. ... and Agenda Item Number..... : #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) .: yes

F1. Encumbrance Transaction Code : 1701
F2. Current Year Encumbrance Amount : \$N/A
F3. Fund Number : 0030
F4. Department Number : 063
F5. Division Number (if applicable)..... : 1930
F6. Account Number..... : 8661
F7. Cost Center number (if applicable) :
F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) :
V2. Payee/Contractor Name : The CBA Partnership Architects
V3. Mailing Address..... : 1018 South Anita Avenue, Suite 1
V4. City State (two-letter) Zip (include +4 if known)..... : Arcadia, CA 91006
V5. Telephone Number : (626) 294-0907
V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 20-4670225
V7. Contact Person : Gabriel Baron
V8. Workers Comp Insurance Expiration Date : NA
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl)... : 12/18/07
V10. Professional License Number : #C14824
V11. Verified by (name of County staff) : Scott Hosking
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 : Authorized Signature.....