

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	19/20
D2.	Department Name:	Resource Recovery and Waste Management
D3.	Contact Person:	Travis Spier
D4.	Telephone:	(805) 681-5626

K1.	Contract Type:	Construction
K2.	Brief Summary of Contract Description/Purpose:	Tajiguas Main Access Road Paving
K3.	Department Project Number:	828388
K4.	Original Bid Amount + Approved Additive Items:	\$576,231.00
K4a	Supplemental:	\$10,000.00
K4b	Contingency:	\$41,811.55
K4c	Total Contract Amount:	\$628,042.55
K5.	Contract Begin Date:	Per terms of Contract
K6.	Original Contract End Date:	Per terms of Contract
K7.	Amendment? (Yes or No):	NO
K8.	- New Contract End Date:	N/A
K9.	- Total Number of Amendments:	N?A
K10.	- This Amendment Amount:	N/A
K11.	- Total Previous Amendment Amounts:	N/A
K12.	- Revised Total Contract Amount:	N/A

B1.	Is this a Board Contract? (Yes/No):	Yes
B1a	Intended Agenda Date:	May 19, 2020
B2.	Number of Workers Displaced (if any):	None
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:	N/A
	and Agenda Item Number:	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph):	No

F1.	Fund Number:	1930
F2.	Department Number:	054
F3.	Line Item Account Number:	8200
F4.	Project Number (if applicable):	828388
F5.	Program Number (if applicable):	1200
F6.	Org Unit Number (if applicable):	
F7.	Payment Terms:	NET 30

V1.	Auditor-Controller Vendor Number:	
V2.	Payee/Contractor Name:	Granite Construction Company
V3.	Mailing Address:	5335 Debbie Road,
V4.	City State (two-letter) Zip (include +4 if known):	Santa Barbara, CA 93111
V5.	Telephone Number:	(805) 964-9951
V6.	Vendor Contact Person:	Brian Larinan
V7.	Workers Comp Insurance Expiration Date:	10/01/2020
V8.	Liability Insurance Expiration Date:	10/01/2021
V9.	Professional License Number:	A-89
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: _____ Authorized Signature: _____