# Contract Summary

BC 14-166

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 | 13/14 |
| D2. | Department Name | Social Services |
| D3. | Contact Person | Molly Marino |
| D4. | Telephone | (805) 681-4588 |

| | | |
|---|---|---|
| K1. | Contract Type *(check one)*: Personal Service Capital X Lease Agreement | |
| K2. | Brief Summary of Contract Description/Purpose | Lease for property and building at 302 W. Carmen Lane in Santa Maria, CA |
| K3. | Department Project Number | 003687 |
| K4. | Original Contract Amount | $14,160/mo |
| K5. | Contract Begin Date | 2/1/14 |
| K6. | Original Contract End Date | 1/31/19 |
| K7. | Amendment? (Yes or No) | No |
| K8. | - Total Number of Amendments | N/A |
| K9. | - This Amendment Amount | $ N/A |
| K10. | - Total Previous Amendment Amounts | $ N/A |
| K11. | - Revised Total Contract Amount | $ N/A |

| | | |
|---|---|---|
| B1. | Is this a Board Contract? *(Yes/No)* | Yes |
| 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 | N/A |
| | and Agenda Item Number | |
| B6. | Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)* | No |

| | | |
|---|---|---|
| F1. | Fund Number | 055 |
| F2. | Department Number | 044 |
| F3. | Line Item Account Number | 7580 |
| F4. | Project Number *(if applicable)* | |
| F5. | Program Number *(if applicable)* | 5000 |
| F6. | Org Unit Number *(if applicable)* | 8001 |
| F7. | Payment Terms | Net 30 |

| | | |
|---|---|---|
| V1. | Auditor-Controller Vendor Number | 95-3199019 |
| V2. | Payee/Contractor Name | Vernon Bleaman |
| V3. | Mailing Address | 426 N. Barrington Ave |
| V4. | City State (two-letter) Zip (include +4 if known) | Los Angeles, CA 90049 |
| V5. | Telephone Number | (310) 476-6647 |
| V6. | Vendor Contact Person | Carol Vernon |
| V7. | Workers Comp Insurance Expiration Date | N/A |
| V8. | Liability Insurance Expiration Date | N/A |
| V9. | Professional License Number | N/A |
| V10 | Verified by (print name of county staff) | Molly Marino |

V11 Company Type *(Check one):* Individual Sole Proprietorship (X) Partnership Corporation

**I certify** information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 11/8/13 Authorized Signature:

Revised 8/26/2013