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	13/14
D2.	Department Name	Transportation / Engineering
D3.	Contact Person	Walter Rubalcava
D4.	Telephone	(805) 568-3047

K1.	Contract Type	Construction
K2.	Brief Summary of Contract Description/Purpose	
K3.	Department Project Number	863013
K4.	Original Bid Amount	$1,965,333.40
K4a	Supplemental	$22,800
K4b	Contingency	$111,906.67
K4c	Total Contract Amount	$2,100,040.07
K5.	Contract Begin Date	Monday, May 19, 2014
K6.	Original Contract End Date	Friday, June 19, 2015
K7.	Amendment? (Yes or No)	
K8.	- Total Number of Amendments	
K9.	- This Amendment Amount	$
K10.	- Total Previous Amendment Amounts	$
K11.	- Revised Total Contract Amount	$

B1.	Is this a Board Contract? *(Yes/No)*	Yes
B2.	Number of Workers Displaced *(if any)*	None
B3.	Number of Competitive Bids *(if any)*	(7)
B4.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B5.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	

F1.	Fund Number	0017
F2.	Department Number	054
F3.	Line Item Account Number	7510
F4.	Project Number *(if applicable)*	863013
F5.	Program Number *(if applicable)*	2820
F6.	Org Unit Number *(if applicable)*	0600
F7.	Payment Terms	NET 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	R. Burke Corporation
V3.	Mailing Address	PO Box 957
V4.	City State (two-letter) Zip (include +4 if known)	San Luis Obispo, CA 93406
V5.	Telephone Number	805.543.8568
V6.	Vendor Contact Person	Rob Burke
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	264193
V10	Verified by (print name of county staff)	Brian Gilbert, CPA

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

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

Date: _____ Authorized Signature: _____