Contract Summary

BC 15-088 - Pancho x2116

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>$25,000) or Purchasing (<$25,000). *See also "Contracts for Services" policy. Form is not applicable to revenue contracts.*

D1.	Fiscal Year	FY 2014-15
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis)	063
D3.	Requisition Number	
D4.	Department Name	General Services, Capital Projects
D5.	Contact Person	Todd Morrison
D6.	Telephone	934-6228

K1.	Contract Type *(check one)*: ☐ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Sheriff's Jail Kitchen Sewer Replacemt.
K3.	Original Contract Amount	$1,437,610.00
K4.	Contract Begin Date	September 2, 2014
K5.	Original Contract End Date	when scope of work is complete
K6.	Amendment History (leave blank if no prior amendments)	
K7.	Department Project Number	8720

B1.	Is this a Board Contract? *(Yes/No)*	Yes
B2.	Number of Workers Displaced *(if any)*	none
B3.	Number of Competitive Bids *(if any)*	4 bidders
B4.	Lowest Bid Amount *(if bid)*	$1,437,610
B5.	If Board waived bids, show Agenda Date	N/A
	and Agenda Item Number	
B7.	Boilerplate Contract Text Unaffected? *(Yes / or cite Paragraph)*	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)*	
F6.	Account Number	8700
F7.	Cost Center number *(if applicable)*	
F8.	Payment Terms	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	
V2.	Payee/Contractor Name	Vernon Edwards Constructors, Inc.
V3.	Mailing Address	2045-A Preisker Lane
V4.	City State (two-letter) Zip (include +4 if known)	Santa Maria, CA 93456-5849
V5.	Telephone Number	(805) 614-9909
V7.	Contact Person	Kari Edwards
V8.	Workers Comp Insurance Expiration Date	TBD
V9.	Liability Insurance Expiration Date[s] *(G=Genl; P=Profl)*	TBD
V10.	Professional License Number	486458
V11.	Verified by (name of county staff)	Todd Morrison

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: 7/18/14 Authorized Signature: T Morr

Schedule A
Statement of Work

Replacement of a failed sewer line in the main jail kitchen and replacement of kitchen equipment which has exceeded its life expectancy and serviceability.

Schedule B
Payment Arrangements

Contractor to submit monthly progress payment applications for review and approval by General Services Project Manager or designated representative. Approved payment applications to be processed and paid within 30 days of the date of the invoice in accordance with Public contracts Code.