Board Contract Summary

BC 13 -113

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts.*

D1.	Fiscal Year	2014-2015
D2.	Department Name	General Services
D3.	Contact Person	John Green
D4.	Telephone	805-934-6229

K1.	Contract Type *(check one)*: ☐ Personal Service ☑ Capital		
K2.	Brief Summary of Contract Description/Purpose		Northern Branch Jail Project - Architectural Engineer Contract
K3.	Department Project Number		8600
K4.	Original Contract Amount	$	5,410,435.00
K5.	Contract Begin Date		5/14/2013
K6.	Original Contract End Date		5/13/2019
K7.	Amendment? (Yes or No)		Yes
K8.	- New Contract End Date		5/13/2019
K9.	- Total Number of Amendments		1
K10.	- This Amendment Amount	$	80,000.00
K11.	- Total Previous Amendment Amounts	$	0
K12.	- Revised Total Contract Amount	$	5,490,435.00

B1.	Intended Board Agenda Date	12/02/2014
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	N/A
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	

F1.	Fund Number	0032
F2.	Department Number	980
F3.	Line Item Account Number	7460
F4.	Project Number *(if applicable)*	8600
F5.	Program Number *(if applicable)*	2000
F6.	Org Unit Number *(if applicable)*	0001
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	083251
V2.	Payee/Contractor Name	Rosser International
V3.	Mailing Address	Two Peachtree Pointe, 1555 Peachtree
V4.	City State (two-letter) Zip (include +4 if known)	Atlanta, GA 30309
V5.	Telephone Number	404-888-7182
V6.	Vendor Contact Person	Mark Van Allen
V7.	Workers Comp Insurance Expiration Date	8/31/2015
V8.	Liability Insurance Expiration Date	8/31/2015
V9.	Professional License Number	
V10	Verified by (print name of county staff)	JG

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: 11.05.2014 Authorized Signature: _____

Revised 1/13/2014