Board Contract Summary

BC 15 - 125
By: Josue Sandez x2456

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.*

Las Vegas

D1.	Fiscal Year	FY 2014-15
D2.	Department Name	Public Works/Flood Control
D3.	Contact Person	Jon Frye
D4.	Telephone	568-3444

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	to reimburse actual costs to UPRR for the Las Vegas Creek Bridge Replacement - LV/SP Creeks Improvement Project
K3.	Department Project Number	SC8322
K4.	Original Contract Amount	$ 1,192,352 (estimate only)
K5.	Contract Begin Date	1/6/15
K6.	Original Contract End Date	10/1/15
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	$
K11.	- Total Previous Amendment Amounts	$
K12.	- Revised Total Contract Amount	$

B1.	Intended Board Agenda Date	1/6/15
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)*	N/A

F1.	Fund Number	2610
F2.	Department Number	054
F3.	Line Item Account Number	8700
F4.	Project Number *(if applicable)*	SC8322
F5.	Program Number *(if applicable)*	3005
F6.	Org Unit Number *(if applicable)*	
F7.	Payment Terms	net 30

V1.	Auditor-Controller Vendor Number	695236
V2.	Payee/Contractor Name	Union Pacific Railroad Company
V3.	Mailing Address	12567 Collections Center Drive
V4.	City State (two-letter) Zip (include +4 if known)	Chicago, IL 60693
V5.	Telephone Number	909-685-2288
V6.	Vendor Contact Person	Kyle Nodgaard
V7.	Workers Comp Insurance Expiration Date	N/A
V8.	Liability Insurance Expiration Date	N/A
V9.	Professional License Number	
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: 12-5-14 Authorized Signature: _____

Revised 1/13/2014