Board Contract Summary

BC_____-_____

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	14/15
D2.	Department Name	Transportation / Engineering
D3.	Contact Person	Walter Rubalcava
D4.	Telephone	(805) 568-3047

K1.	Contract Type *(check one)* : ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Hydraulic Engineering and Fish Passageway Improvement Design Services
K3.	Department Project Number	862361 & 862362
K4.	Original Contact Amount	$241,970.40
K5.	Contract Begin Date	Tuesday, February 17, 2015
K6.	Original Contract End Date	Thursday, June 30, 2016
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	February 17, 2015
B2.	Number of Workers Displaced *(if any)*	None
B3.	Number of Competitive Bids *(if any)*	6
B4.	Lowest Bid Amount *(if bid)*	N/A
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	Exhibit B, paragraphs A,B, C, D, and E

F1.	Fund Number	0017
F2.	Department Number	Public Works, 054
F3.	Line Item Account Number	7460
F4.	Project Number *(if applicable)*	862361 & 862362
F5.	Program Number *(if applicable)*	2830
F6.	Org Unit Number *(if applicable)*	0600
F7.	Payment Terms	NET 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	WEST Consultants, Inc.
V3.	Mailing Address	11440 W. Bernardo Court, Suite 360
V4.	City State (two-letter) Zip (include +4 if known)	San Diego, CA 92127
V5.	Telephone Number	(858) 487-9378
V6.	Vendor Contact Person	Martin J. Teal
V7.	Workers Comp Insurance Expiration Date	9/1/2015
V8.	Liability Insurance Expiration Date	9/1/2015
V9.	Professional License Number	C 47903
V10	Verified by (print name of county staff)	Brian Gilbert, CPA

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: _____ Authorized Signature: _____