

# 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 .....	FY 2020-21
D2.	Department Name .....	Public Works
D3.	Contact Person .....	Todd Curtis, PE
D4.	Telephone .....	805-882-3621

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Landfill gas management services at the Tajiguas Landfill.
K3.	Department Project Number .....	129903
K4.	Original Contract Amount .....	\$ 193,360
K5.	Contract Begin Date .....	July 14, 2020
K6.	Original Contract End Date .....	June 30, 2021
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 .....	July 14, 2020
B2.	Number of Workers Displaced (if any) .....	None
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) .....	N/A

F1.	Fund Number .....	1930
F2.	Department Number .....	054
F3.	Line Item Account Number .....	7460
F4.	Project Number (if applicable) .....	129903
F5.	Program Number (if applicable) .....	1750
F6.	Org Unit Number (if applicable) .....	N/A
F7.	Payment Terms .....	Monthly

V1.	Auditor-Controller Vendor Number .....	689805
V2.	Payee/Contractor Name .....	Sterns, Conrad and Schmidt Consulting
V3.	Mailing Address .....	3900 Kilroy Airport Way, Suite 100
V4.	City State (two-letter) Zip (include +4 if known) .....	Long Beach, California, 90806
V5.	Telephone Number .....	562-356-1059
V6.	Vendor Contact Person .....	Solavann Sim
V7.	Workers Comp Insurance Expiration Date .....	April 1, 2021
V8.	Liability Insurance Expiration Date .....	March 31, 2021
V9.	Professional License Number .....	C82476
V10.	Verified by (print name of county staff) .....	Gloria Alvarez

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: 6/15/2020 Authorized Signature: 