Contract Summary

V7.

V8.

V9.

V10

RC					
DC					

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or to Purchasing (<\$100,000). See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.

D1.	Fiscal Year	21/22 ,22/23, 23/24				
D2.	Department Name:	Public Works				
D3.	Contact Person:	Philip Gaston				
D4.	Telephone:	805-803-8776				
K1.	Contract Type:	Professional Services				
K2.	Brief Summary of Contract Description/Purpose:	Construction Materials sampling and testing				
K3.	Department Project Number:	VARIES				
K4.	Original Bid Amount:	\$1,224,160				
K4a	Supplemental:	\$0.00				
K4b	Contingency:	\$0.00				
K4c	Total Contract Amount:	\$1,224,160				
K5.	Contract Begin Date:	July 13, 2021				
K6.	Original Contract End Date:	June 30, 2024				
K7.	Amendment? (Yes or No):	No				
K8.	- Total Number of Amendments:	0				
K9.	- This Amendment Amount:	\$0				
K10.	- Total Previous Amendment Amounts:	\$0				
K11.	- Revised Total Contract Amount:	\$0				
B1.	Is this a Board Contract? (Yes/No):	Yes				
B2.	Number of Workers Displaced (if any):	None				
B3.	Number of Competitive Bids (if any):	(5)				
B4.	If Board waived bids, show Agenda Date:					
	and Agenda Item Number:					
B5.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph):	No				
F1.	Fund Number:	0016 & 0017				
F2.	Department Number:	054				
F3.	Line Item Account Number:	7460				
F4.	Project Number (if applicable):	VARIES				
F5.	Program Number (if applicable):	2710,2720,2730,2740,2810,2820,2830				
F6.	Org Unit Number (if applicable):	0500,0600				
F7.	Payment Terms:	NET 30 WITH EXECUTED TASK ORDER ONLY				
V1.	Auditor-Controller Vendor Number:	529570				
V2.	Payee/Contractor Name:	TWINING, INC.				
V3.	Mailing Address:	1879 Portola Road, Suite G				
V4.	City State (two-letter) Zip (include +4 if known):	Ventura, CA 93003				
V5.	Telephone Number:	805-644-5100				
V6.	Vendor Contact Person:	Jeff Tawakoli				
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V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

5/1/2022

5/1/2022

Andrew Myung

NA

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 6/16/21 Authorized Signature: Andrew Myung

Workers Comp Insurance Expiration Date:

Liability Insurance Expiration Date:

Verified by (print name of county staff):

Professional License Number: