

Contract Summary Form: \_\_\_\_\_ Contract Number : BC 10-147 - - -

D1. Fiscal Year .....: FY2012-2015  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 062  
D3. Requisition Number.....:  
D4. Department Name .....: Clerk-Recorder-Assessor  
D5. Contact Person .....: Rose Rodarte  
D6. Phone.....: 568-2687

K1. Contract Type (check one): [ ] Personal Service [ x ] Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose : Property Assessment Administration and Valuation System  
K3. Original Contract Amount .....: \$1,156,650 (including maintenance)  
K4. Contract Begin Date .....: May 25, 2010  
K5. Original Contract End Date .....: June 30, 2012  
K6. Amendment History (leave blank if no prior amendments):

Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDatePurpose (2-4 words)

1	03/01/2011	\$174,036	\$174,036	\$1,330,686	06/30/2016	Add Matix Module
2	01/15/2013	\$353,618	\$527,654	\$1,684,304	06/30/2016	Amends RW Contract to june 2015

K7. Department Project Number .....: CCISYS

B1. Is this a Board Contract? (Yes/No).....: Yes  
B2. Number of Workers Displaced (if any) .....:  
B3. Number of Competitive Bids (if any) .....:  
B4. Lowest Bid Amount (if bid).....: \$  
B5. If Board waived bids, show Agenda Date.....:  
B6. ... and Agenda Item Number.....: #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

F1. Encumbrance Transaction Code.....:  
F2. Current Year Encumbrance Amount .....: \$  
F3. Fund Number .....: 0001  
F4. Department Number.....: 062  
F5. Division Number (if applicable).....: 4000  
F6. Account Number .....: 8301  
F7. Cost Center number (if applicable) .....:  
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) .....: 011888  
V2. Payee/Contractor Name .....: Colorado CustomWare Inc.  
V3. Mailing Address .....: 1109 Oak Park Drive  
V4. City State (two-letter) Zip (include +4 if known) : Fort Collins, CO 80525  
V5. Telephone Number.....: 970-212-4001  
V6. Contractor's Federal Tax ID Number .....: 84-1194442  
V7. Contact Person.....: Lori D. Schlotter  
V8. Workers Comp Insurance Expiration Date .....: 11-01-2013  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 11-01-2013  
V10. Professional License Number .....: #  
V11. Verified by (name of County staff).....: Rose Rodarte  
V12. Company Type (Check one): [ ] Individual [ ] Sole Proprietorship [ ] Partnership [ x ] Corporation

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

Date : Authorized Signature : \_\_\_\_\_