

D1. Fiscal Year:13/14FY
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 064-00-00-1000/064-00-00-1000
 D3. Requisition Number.....: N/A
 D4. Department Name.....: Human Resources
 D5. Contact Person.....: Andreas Pyper
 D6. Phone.....: 805-568-2821

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : Provision of Onsite Employee Health Clinic
 K3. Original Contract Amount.....: \$868,000 (per year)
 K4. Contract Begin Date: 06/02/2013
 K5. Original Contract End Date.....: 06/01/2016
 K6. Amendment History (leave blank if no prior amendments):
Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate Purpose (2-4 words)

K7. Department Project Number.....:

B1. Is this a Board Contract? (Yes/No).....: Yes
 B2. Number of Workers Displaced (if any): 0
 B3. Number of Competitive Bids (if any).....: 0
 B4. Lowest Bid Amount (if bid).....: N/A
 B5. If Board waived bids, show Agenda Date.....: N/A
 B6. ... and Agenda Item Number.....: #N/A
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Yes

F1. Encumbrance Transaction Code.....: 1701
 F2. Current Year Encumbrance Amount.....: \$
 F3. Fund Number: 0001
 F4. Department Number.....: 064
 F5. Division Number (if applicable).....: N/A
 F6. Account Number.....: N/A
 F7. Cost Center number (if applicable): 7650
 F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing): A010774
 V2. Payee/Contractor Name: HealthStat Inc.
 V3. Mailing Address: 4601 Charlotte Park Dr, Ste 390
 V4. City State (two-letter) Zip (include +4 if known) : Charlotte, NC 28217
 V5. Telephone Number.....: (704) 529-6161
 V6. Contractor's Federal Tax ID Number (EIN).....: 56-2273744
 V7. Contact Person.....: Susan Kinzler
 V8. Workers Comp Insurance Expiration Date: 07/25/2013
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 07/25/2013
 V10. Professional License Number: # N/A
 V11. Verified by (name of County staff).....: Andreas Pyper
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Date : Authorized Signature.....: _____