Contract Summary Form: Contract Number : _____-_____-_____-_____-_____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>$100,000). If less than (<$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See *"online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.*

D1. Fiscal Year .....: FY 2009-2010
D2. Budget Unit Number ***(****plus -Ship/-Bill codes in paren's****)*** : 065
D3. Requisition Number.....: N/A
D4. Department Name .....: Treasurer-Tax Collector-Public Administrator
D5. Contact Person .....: Bernice James
D6. Phone.....: 805 568-2490

K1. Contract Type *(check one)*: [x] Personal Service [ ] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Development/implementation of property tax treasury software
K3. Original Contract Amount .....: $3,225,670
K4. Contract Begin Date.....: 5/4/2010
K5. Original Contract End Date .....: 6/30/2017
K6. Amendment History *(leave blank if no prior amendments)*:

Seq#	*EffectiveDate*	*ThisAmndtAmt*	*CumAmndtToDate*	*NewTotalAmt*	*NewEndDate*	*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)* .....: N/A
B4. Lowest Bid Amount *(if bid)*.....: $0
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 .....: 1701
F2. Current Year Encumbrance Amount .....:
F3. Fund Number.....: 0001
F4. Department Number.....: 065
F5. Division Number *(if applicable)*.....: 2100
F6. Account Number .....: 8700/7124
F7. Cost Center number *(if applicable)*.....:
F8. Payment Terms.....: Net 30

V1. Vendor Numbers *(A=uditor; P=urchasing)* .....:
V2. Payee/Contractor Name .....: Manatron, Inc.
V3. Mailing Address .....: 510 E. Milham Ave.
V4. City State *(two-letter)* Zip *(include +4 if known)* : Portage, MI 49002
V5. Telephone Number.....: (866) 471-2900 ext 7099
V6. Contractor's Federal Tax ID Number.....: 381983228
V7. Contact Person.....: Matthew Henry
V8. Workers Comp Insurance Expiration Date.....: 04/30/10
V9. Liability Insurance Expiration Date[s] *(G=enl; P=rofl)*: Genl 04/30/10
V10. Professional License Number .....: N/A
V11. Verified by *(name of County staff)* .....: Bernice James
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.....: