

Attachment B

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	
D2.	Department Name	
D3.	Contact Person	
D4.	Telephone	

K1.	Contract Type (<i>check one</i>):	Personal Service	Capital	
K2.	Brief Summary of Contract Description/Purpose			
K3.	Department Project Number.....			
K4.	Original Contract Amount.....			\$
K5.	Contract Begin Date			
K6.	Original Contract End Date			
K7.	Amendment? (Yes or 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	
B2.	Number of Workers Displaced (<i>if any</i>)	
B3.	Number of Competitive Bids (<i>if any</i>).....	
B4.	Lowest Bid Amount (<i>if bid</i>)	
B5.	If Board waived bids, show Agenda Date..... and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (<i>If Yes, cite Paragraph</i>).....	

F1.	Fund Number	
F2.	Department Number.....	
F3.	Line Item Account Number.....	
F4.	Project Number (<i>if applicable</i>).....	
F5.	Program Number (<i>if applicable</i>)	
F6.	Org Unit Number (<i>if applicable</i>).....	
F7.	Payment Terms.....	

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name.....	
V3.	Mailing Address.....	
V4.	City State (two-letter) Zip (include +4 if known).....	
V5.	Telephone Number	
V6.	Vendor Contact Person	
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	

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: _____ Authorized Signature: _____