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	2024/25
D2.	Department Name	Sheriff
D3.	Contact Person	Lt. John Maxwell
D4.	Telephone	805-681-4185

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Civil Unit software enhancement to enhance public access to the civil justice system and improve workload efficiency.
K3.	Department Project Number	
K4.	Original Contract Amount	$ 628,017
K5.	Contract Begin Date	12/3/2024
K6.	Original Contract End Date	12/3/2029
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	n/a
K9.	- Total Number of Amendments	n/a
K10.	- This Amendment Amount	$ n/a
K11.	- Total Previous Amendment Amounts	$ n/a
K12.	- Revised Total Contract Amount	$ n/a

B1.	Intended Board Agenda Date	12/3/2024
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
	and Agenda Item Number	n/a
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	No

F1.	Fund Number	0001 / 1518
F2.	Department Number	032
F3.	Line Item Account Number	7459
F4.	Project Number *(if applicable)*	n/a
F5.	Program Number *(if applicable)*	1058
F6.	Org Unit Number *(if applicable)*	6060
F7.	Payment Terms	Annual

V1.	Auditor-Controller Vendor Number	069814
V2.	Payee/Contractor Name	Teleosoft Inc.
V3.	Mailing Address	96 South George Street, Suite 350
V4.	City State (two-letter) Zip (include +4 if known)	York, PA 17401
V5.	Telephone Number	800-858-5563
V6.	Vendor Contact Person	Jeremy Dillard
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10	Verified by (print name of county staff)	Lt. John Maxwell

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: 11-21-24 Authorized Signature: [signature] 3048

Revised 1/13/2014