

Board Contract Summary

BC NA

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	2018-2019
D2.	Department Name	Human Resources
D3.	Contact Person	Don Nguyen
D4.	Telephone	805-568-2823

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	PROVIDE ORACLE SUPPORT FOR THE HUMAN RESOURCES ePERSONALITY HR DATABASE.
K3.	Department Project Number	N/A
K4.	Original Contract Amount	\$ \$40,000
K5.	Contract Begin Date	7/1/2018
K6.	Original Contract End Date	6/30/2019
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	9/11/2018
B2.	Number of Workers Displaced (if any)	None
B3.	Number of Competitive Bids (if any).....	N/A
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
F2.	Department Number.....	064
F3.	Line Item Account Number	7460
F4.	Project Number (if applicable)	N/A
F5.	Program Number (if applicable)	N/A
F6.	Org Unit Number (if applicable).....	N/A
F7.	Payment Terms.....	Net 30

V1.	Auditor-Controller Vendor Number	498142
V2.	Payee/Contractor Name.....	VISUS LLC
V3.	Mailing Address.....	5385 HOLLISTER AVE BLDG 12-101
V4.	City State (two-letter) Zip (include +4 if known).....	SANTA BARBARA, CA 93111
V5.	Telephone Number	805-683-5121
V6.	Vendor Contact Person	Michael Daoud
V7.	Workers Comp Insurance Expiration Date	3/1/2019
V8.	Liability Insurance Expiration Date	3/1/2019
V9.	Professional License Number	NA
V10.	Verified by (print name of county staff).....	Don Nguyen

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: 8/29/2018 Authorized Signature: 