

Board Contract Summary**BC** **NFH**

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	FY2021-2022
D2.	Department Name	Santa Barbara Sheriff's Office
D3.	Contact Person	Nemie Holman
D4.	Telephone	805-636-2599

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Data Center Hardware Replacements and Disaster Recovery Site for Sheriff's Office
K3.	Department Project Number.....	
K4.	Original Contract Amount.....	\$ 886,419.00
K5.	Contract Begin Date	October 20, 2021
K6.	Original Contract End Date	June 30, 2023
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	October 19, 2021
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any).....	1
B4.	Lowest Bid Amount (if bid)	\$886,419.00
B5.	If Board waived bids, show Agenda Date..... and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	no

F1.	Fund Number	0001
F2.	Department Number.....	032
F3.	Line Item Account Number.....	8301
F4.	Project Number (if applicable).....	ST0010
F5.	Program Number (if applicable)	1012
F6.	Org Unit Number (if applicable).....	6054
F7.	Payment Terms.....	Compensation upon Completion

V1.	Auditor-Controller Vendor Number	146095
V2.	Payee/Contractor Name.....	CompuWave Inc.
V3.	Mailing Address.....	1839 Knoll Dr.
V4.	City State (two-letter) Zip (include +4 if known).....	Ventura CA 93003
V5.	Telephone Number	805-650-8808 x119
V6.	Vendor Contact Person	Scott Rudolph
V7.	Workers Comp Insurance Expiration Date	01/01/2021
V8.	Liability Insurance Expiration Date	03/23/2022
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	NFH

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: September 30, 2021Authorized Signature: 

#3573

Revised 1/13/2014