

ATTACHMENT - H

COBAN Board Contract Summary Form

Board Contract Summary

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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	FY 2026-27 through FY2030-31
D2.	Department Name	Sheriff's Office
D3.	Contact Person	Nemie Holman, IT Manager
D4.	Telephone	(805) 636-2599

K1.	Contract Type (<i>check one</i>): Personal Service ☒ Capital	Capital
K2.	Brief Summary of Contract Description/Purpose.....	Sheriff's Patrol In-Car Video technology refresh
K3.	Department Project Number.....	032
K4.	Original Contract Amount.....	\$693,502.82
K5.	Contract Begin Date	August 18, 2026
K6.	Original Contract End Date	June 30, 2031
K7.	Amendment? (Yes or No).....	n/a
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	August 18, 2026
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>).....	

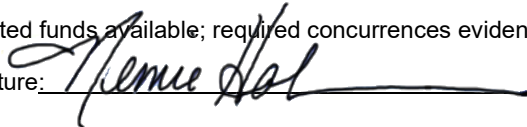
F1.	Fund Number.....	0001
F2.	Cost Center Number.....	032
F3.	Spend Category Number.....	
F4.	Project Number (<i>if applicable</i>)	ST0007 (In-Car System Refresh)
F5.	Program Number (<i>if applicable</i>)	1028
F6.	Initiative Number (<i>if applicable</i>)	
F7.	Other Worktags (<i>if applicable</i>).....	LIAcct-8300, Org Unit-6100
F8.	Payment Terms.....	Upon completion (See schedule of fees)

V1.	Auditor-Controller Vendor Number	849023
V2.	Payee/Contractor Name.....	Coban Technologies, Inc.
V3.	Mailing Address.....	9411 S. Sam Houston Parkway W. 300
V4.	City State (two-letter) Zip (include +4 if known).....	Missouri City, TX 77489
V5.	Telephone Number	1(210) 313-4280
V6.	Vendor Contact Person	Cindy Chang
V7.	Workers Comp Insurance Expiration Date	April 01, 2027
V8.	Liability Insurance Expiration Date	April 01, 2027
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	Nemie Holman

V11 Company Type (*Check one*): Individual Sole Proprietorship Partnership X-Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: June 22, 2026

Authorized Signature: 

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Revised 8/14/2025