ATTACHMENT - H

COBAN Board Contract Summary Form

# 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 | 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 *(check one)*: Personal Service **X** 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 *(if any)* | |
| B3. | Number of Competitive Bids *(if any)* | |
| B4. | Lowest Bid Amount *(if bid)* | |
| B5. | If Board waived bids, show Agenda Date | |
| | and Agenda Item Number | |
| B6. | Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)* | |

| | | |
|---|---|---|
| F1. | Fund Number | 0001 |
| F2. | Cost Center Number | 032 |
| F3. | Spend Category Number | |
| F4. | Project Number *(if applicable)* | ST0007 (In-Car System Refresh) |
| F5. | Program Number *(if applicable)* | 1028 |
| F6. | Initiative Number *(if applicable)* | |
| F7. | Other Worktags *(if applicable)* | 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 <u>certify</u>** information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: June 22, 2026 Authorized Signature: Nemie Hol # 3573

Revised 8/14/2025