

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 | |
| D2. | Department Name | |
| D3. | Contact Person | |
| D4. | Telephone | |

| | | | | |
|------|---|------------------|---------|----|
| K1. | Contract Type (<i>check one</i>): | Personal Service | Capital | |
| K2. | Brief Summary of Contract Description/Purpose | | | |
| K3. | Department Project Number..... | | | |
| K4. | Original Contract Amount..... | | | \$ |
| K5. | Contract Begin Date | | | |
| K6. | Original Contract End Date | | | |
| 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 | |
| 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 | |
| F2. | Department Number..... | |
| F3. | Line Item Account Number..... | |
| F4. | Project Number (<i>if applicable</i>)..... | |
| F5. | Program Number (<i>if applicable</i>) | |
| F6. | Org Unit Number (<i>if applicable</i>)..... | |
| F7. | Payment Terms..... | |

| | | |
|------|--|--|
| V1. | Auditor-Controller Vendor Number | |
| V2. | Payee/Contractor Name..... | |
| V3. | Mailing Address..... | |
| V4. | City State (two-letter) Zip (include +4 if known)..... | |
| V5. | Telephone Number | |
| V6. | Vendor Contact Person | |
| V7. | Workers Comp Insurance Expiration Date | |
| V8. | Liability Insurance Expiration Date | |
| V9. | Professional License Number | |
| V10. | Verified by (print name of county staff)..... | |

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: _____ Authorized Signature: _____