

Contract Summary Form: Contract Number : BC00-231-_____ - _____ - _____ - _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (≤\$25,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

- D1. Fiscal Year: FY 09/10 FY 10/11 FY 11/12 FY 12/13 FY 13/14
- D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044
- D3. Requisition Number: N/A
- D4. Department Name.....: Social Services
- D5. Contact Person: Judy Doughty
- D6. Phone: 7302

K1. Contract Type (check one): Personal Service Capital Project/Construction

K2. Brief Summary of Contract Description/Purpose .:

K3. Original Contract Amount: \$8,860,131

K4. Contract Begin Date.....: 2/2000

K5. Original Contract End Date.....: 5/31/08

K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	7/1/07	3,713,888	3,713,888	12,574,019	7/31/10	Extend term and increase amount
2	8/1/10	4,192,087	7,905,975	16,766,106	7/31/13	Extend term and increase amount

K7. Department Project Number

B1. Is this a Board Contract? (Yes/No).....: Yes

B2. Number of Workers Displaced (if any).....: None

B3. Number of Competitive Bids (if any).....: None

B4. Lowest Bid Amount (if bid).....: \$

B5. If Board waived bids, show Agenda Date.....:

B6. ... and Agenda Item Number.....: #

B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶):

F1. Encumbrance Transaction Code: 1701

F2. Current Year Encumbrance Amount: \$

F3. Fund Number.....: 0055

F4. Department Number.....: 044

F5. Program Number.....: 1325

F6. Account Number.....: 7322

F7. Org. Unit Number: 5270

F8. Payment Terms: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing).....: A=247725

V2. Payee/Contractor Name.....: Electronic Data System Corporation

V3. Mailing Address.....: PO Box 848433

V4. City State (two-letter) Zip (include +4 if known): Dallas, TX 75284

V5. Telephone Number.....: (916) 608-3223

V6. Contractor's Federal Tax ID Number (EIN or SSN): 75-1093604

V7. Contact Person.....: Steve Maciel

V8. Workers Comp Insurance Expiration Date.....: 9/1/09

V9. Liability Insurance Expiration Date[s] (G=enl; P=roff): 9/30/09

V10. Professional License Number: #

V11. Verified by (name of County staff): Judy Doughty

V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation
 Educational Institution

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

Authorized Signature: _____