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	**2025-26**
D2.	Department Name	**Sheriff**
D3.	Contact Person	**Commander Selim Celmeta**
D4.	Telephone	**X14020**

K1.	Contract Type *(check one)*: Personal Service Capital	
K2.	Brief Summary of Contract Description/Purpose	**Procurement and installation of upgraded Jail Management System software, and yearly maintenance fee.**
K3.	Department Project Number	
K4.	Original Contract Amount	**$ 934,931**
K5.	Contract Begin Date	**July 1, 2026**
K6.	Original Contract End Date	**June 30, 2031**
K7.	Amendment? (Yes or No)	**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	**$ 934,931**

B1.	Intended Board Agenda Date	**June 23, 2026**
B2.	Number of Workers Displaced *(if any)*	**0**
B3.	Number of Competitive Bids *(if any)*	**N/A**
B4.	Lowest Bid Amount *(if bid)*	**N/A**
B5.	If Board waived bids, show Agenda Date	**N/A**
	and Agenda Item Number	**N/A**
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	**N/A**

F1.	Fund Number	**0001**
F2.	Cost Center Number	**CC-32200**
F3.	Spend Category Number	**SC-8301**
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	**PG-0321071**
F6.	Initiative Number *(if applicable)*	
F7.	Other Worktags *(if applicable)*	**SR-032045**
F8.	Payment Terms	

V1.	Auditor-Controller Vendor Number	**20382**
V2.	Payee/Contractor Name	**End2End Public Safety, Inc. dba ATIMS**
V3.	Mailing Address	**260 N. Joachim**
V4.	City State (two-letter) Zip (include +4 if known)	**Mobile, AL 36603**
V5.	Telephone Number	**818-709-5885**
V6.	Vendor Contact Person	**Felix Rabinovich**
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: 6/11/2026 Authorized Signature: Omar Celmeta 4173