

Board Contract Summary

BC 15-111

Assigned by: Josee Sanchez

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	2014-15
D2.	Department Name	Social Services
D3.	Contact Person	Emma Duncan
D4.	Telephone	x7294

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Contract for 2-1-1 Services provided by Community Action Commission.
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 150,355.00
K5.	Contract Begin Date	12/1/14
K6.	Original Contract End Date	6/30/15
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	\$

B1.	Intended Board Agenda Date	10/21/14
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	4/21/14
	and Agenda Item Number	14-00257
B6.	Boilerplate Contract Text Changed? (if Yes, cite Paragraph)	no

F1.	Fund Number	0055
F2.	Department Number	044
F3.	Line Item Account Number	7510
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	2111
F6.	Org Unit Number (if applicable)	Various (5225, 3000, 5210, 8001)
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	188062
V2.	Payee/Contractor Name	Community Action Commission
V3.	Mailing Address	5638 Hollister Ave.
V4.	City State (two-letter) Zip (include +4 if known)	Goleta, CA 93117
V5.	Telephone Number	805-964-8857
V6.	Vendor Contact Person	Fran Foreman
V7.	Workers Comp Insurance Expiration Date	09/01/15
V8.	Liability Insurance Expiration Date	05/24/15
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	Emma Duncan

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: 10/17/14 Authorized Signature: 