

# Contract Summary Form:

Contract Number: BC -04-167- -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). **If less than \$100,000, submit a purchasing requisition to the Purchasing Division of General Services. See "Online Purchasing Manual" under "General Services", "Purchasing", "Policies and Procedures. "See also "Contracts for Services" policy. Form not applicable to revenue contracts.**

D1. Fiscal Year..... : FY 03/04 through FY13/14  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's).. : Dept 066 Budget Unit 8825 (066030131100)  
D3. Requisition Number ..... : N/A  
D4. Department Name ..... : Information Technology  
D5. Contact Person..... : Robin Wilkins  
D6. Phone..... : 568-2629

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose..... : Maintenance And Support for the County Telephone System  
K3. Original Contract Amount..... : \$324,099 annually with cost of living adjustments  
K4. Contract Begin Date ..... : 04/01/2004  
K5. Original Contract End Date..... : 03/31/2014  
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	10/21/2008	\$2,300,000	\$3,697,269	\$4,100,000	N/A	Department telephone support

K7. Department Project Number..... : N/A

B1. Is this a Board Contract? (Yes/No)..... : Yes  
B2. Number of Workers Displaced (if any) ..... : None  
B3. Number of Competitive Bids (if any)..... : 2  
B4. Lowest Bid Amount (if bid)..... : \$SeeK3  
B5. If Board waived bids, show Agenda Date..... : N/A  
B6. ... and Agenda Item Number..... : #N/A  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶/¶) : 4,5&16

F1. Encumbrance Transaction Code..... : 1701  
F2. Current Year Encumbrance Amount ..... : \$N/A  
F3. Fund Number ..... : 1919  
F4. Department Number ..... : 066  
F5. Division Number (if applicable)..... : 3110  
F6. Account Number..... : 7122  
F7. Cost Center number (if applicable) ..... : N/A  
F8. Payment Terms ..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) ..... : A003977  
V2. Payee/Contractor Name ..... : NEC Unified Solutions, Inc.  
V3. Mailing Address..... : BOne Lockbox -West  
Dept 100150  
V4. City State (two-letter) Zip (include +4 if known)..... : Pasadena, CA 911890150  
V5. Telephone Number ..... : (714) 484-6230  
V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 20-0665337  
V7. Contact Person ..... : Paul Desmond  
V8. Workers Comp Insurance Expiration Date ..... : 04/01/2009  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl).... : 04/01/2009  
V10. Professional License Number ..... : #N/A  
V11. Verified by (name of County staff)..... : Robin Wilkins  
V12. Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

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

Date : Authorized Signature.....