

Board Contract Summary

BC 16-071

Assigned By: Josue #2156

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	FY 2015-2016
D2.	Department Name	Public Health
D3.	Contact Person	Ralph Barbosa
D4.	Telephone	X5363

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Provide substance abuse screening, brief intervention, and referral to treatment.
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 15,000
K5.	Contract Begin Date	July 1, 2015
K6.	Original Contract End Date	June 30, 2015
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	June 23, 2015
B2.	Number of Workers Displaced (if any)	
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)	No

F1.	Fund Number	0042
F2.	Department Number	041
F3.	Line Item Account Number	
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	PATH (People Assisting the Homeless)
V3.	Mailing Address	340 N. Madison Ave.
V4.	City State (two-letter) Zip (include +4 if known)	Los Angeles, CA 90004
V5.	Telephone Number	323-644-2232
V6.	Vendor Contact Person	Joel John Roberts, CEO
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	<u>Kelly Lazarus</u>

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: 6/9/15 Authorized Signature: Kelly Lazarus

Board Contract Summary

BC 16-073

Assigned By: Jose x2156

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D1.	Fiscal Year	2015 -16
D2.	Department Name	County Executive Offices
D3.	Contact Person	Susan Foley
D4.	Telephone	805.568.3522

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose	Employment Training and Housing Navigation for homeless	
K3.	Department Project Number		
K4.	Original Contract Amount	\$	80,000
K5.	Contract Begin Date		7/1/15
K6.	Original Contract End Date		6/30/16
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	6/23/15
B2.	Number of Workers Displaced (if any)	none
B3.	Number of Competitive Bids (if any)	
B4.	Lowest Bid Amount (if bid)	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	no

F1.	Fund Number	0001
F2.	Department Number	990
F3.	Line Item Account Number	7862
F4.	Project Number (if applicable)	n/a
F5.	Program Number (if applicable)	1003
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	874257
V2.	Payee/Contractor Name	People Assisting the Homeless
V3.	Mailing Address	340 N. Madison St LA CA
V4.	City State (two-letter) Zip (include +4 if known)	90004
V5.	Telephone Number	323 644-2232
V6.	Vendor Contact Person	Joel J. Roberts
V7.	Workers Comp Insurance Expiration Date	1/1/2016
V8.	Liability Insurance Expiration Date	8/1/2015
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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Date: June 4 2015 Authorized Signature: [Signature]

Board Contract Summary

*County/CEO Board letter
for PATH*

BC 16-060

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D1.	Fiscal Year	15-16
D2.	Department Name	ADMHS
D3.	Contact Person	Denise Morales
D4.	Telephone	805-681-5168

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	<i>\$23.55 per bed, per day</i>
K2.	Brief Summary of Contract Description/Purpose.....	Homeless transitional beds
K3.	Department Project Number.....	NA
K4.	Original Contract Amount.....	\$ 171,915
K5.	Contract Begin Date.....	7/1/15
K6.	Original Contract End Date	6/30/16
K7.	Amendment? (Yes or No).....	
K8.	- New Contract End Date	NO
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount.....	\$
K11.	- Total Previous Amendment Amounts.....	\$
K12.	- Revised Total Contract Amount	\$

B1.	Intended Board Agenda Date	6/23/15
B2.	Number of Workers Displaced (if any)	NA
B3.	Number of Competitive Bids (if any).....	NA
B4.	Lowest Bid Amount (if bid)	NA
B5.	If Board waived bids, show Agenda Date.....	NA
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	No

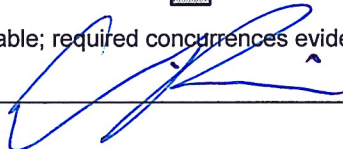
F1.	Fund Number	0044
F2.	Department Number.....	043
F3.	Line Item Account Number.....	7469
F4.	Project Number (if applicable)	NA
F5.	Program Number (if applicable)	
F6.	Org Unit Number (if applicable).....	NA
F7.	Payment Terms.....	30

V1.	Auditor-Controller Vendor Number.....	
V2.	Payee/Contractor Name.....	<i>PATH (People Assisting the Homeless)</i>
V3.	Mailing Address.....	340 North Madison Avenue
V4.	City State (two-letter) Zip (include +4 if known).....	Los Angeles, CA 90004
V5.	Telephone Number	(323) 644-2232
V6.	Vendor Contact Person.....	Joel John Roberts
V7.	Workers Comp Insurance Expiration Date	<i>7/1/16</i>
V8.	Liability Insurance Expiration Date	08/01/15
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	<i>Chris Ribeiro</i>

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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Date: 6/13/15 Authorized Signature: _____



Board Contract Summary

BC

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D1.	Fiscal Year	15/16
D2.	Department Name	Social Services
D3.	Contact Person	Emma Duncan
D4.	Telephone	346-7294

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Homeless Services for Adult Protective Services clients
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 32,850.00
K5.	Contract Begin Date	7/1/15
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	6/23/15
B2.	Number of Workers Displaced (if any)	none
B3.	Number of Competitive Bids (if any).....	
B4.	Lowest Bid Amount (if bid)	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	no

F1.	Fund Number	055
F2.	Department Number.....	044
F3.	Line Item Account Number.....	7659
F4.	Project Number (if applicable)	n/a
F5.	Program Number (if applicable)	3054
F6.	Org Unit Number (if applicable).....	5320
F7.	Payment Terms.....	net 30

V1.	Auditor-Controller Vendor Number	874257
V2.	Payee/Contractor Name.....	People Assisting the Homeless (PATH)
V3.	Mailing Address.....	816 Cacique Street
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93103
V5.	Telephone Number	(805)979-8712
V6.	Vendor Contact Person	Jessica Wishan
V7.	Workers Comp Insurance Expiration Date	1/1/2016
V8.	Liability Insurance Expiration Date	8/1/2015
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	Emma Duncan

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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Date: _____ Authorized Signature: **APPROVED**
By Victor Zambrano at 4:23 pm, Jun 02, 2015