

ATTACHMENT - F

Contract Summary, DataWorks Plus, LLC.

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	FY-2025-26
D2.	Department Name	Sheriff
D3.	Contact Person	Nemie Holman
D4.	Telephone	805.636.2599

K1.	Contract Type (<i>check one</i>):	<input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose.....	LiveScan and ID systems
K3.	Department Project Number.....	
K4.	Original Contract Amount.....	\$ 910,333.74
K5.	Contract Begin Date	June 30, 2016
K6.	Original Contract End Date	September 30, 2021
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date	July 30, 2024
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount.....	\$910,333.74
K11.	- Total Previous Amendment Amounts.....	\$910,333.74
K12.	- Revised Total Contract Amount	\$910,333.74

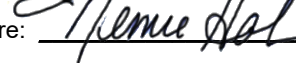
B1.	Intended Board Agenda Date	June 9, 2026
B2.	Number of Workers Displaced (<i>if any</i>)	N/A
B3.	Number of Competitive Bids (<i>if any</i>).....	
B4.	Lowest Bid Amount (<i>if bid</i>)	
B5.	If Board waived bids, show Agenda Date..... and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (<i>If Yes, cite Paragraph</i>).....	

F1.	Fund Number.....	0030
F2.	Cost Center Number.....	
F3.	Spend Category Number.....	8301
F4.	Project Number (<i>if applicable</i>)	2228
F5.	Program Number (<i>if applicable</i>)	1029
F6.	Initiative Number (<i>if applicable</i>).....	
F7.	Other Worktags (<i>if applicable</i>).....	
F8.	Payment Terms.....	

V1.	Auditor-Controller Vendor Number.....	079621
V2.	Payee/Contractor Name.....	DataWorks Plus
V3.	Mailing Address.....	728 Pleasantburg Drive
V4.	City State (two-letter) Zip (include +4 if known).....	Greenville, SC 29607
V5.	Telephone Number	(864) 672-8720
V6.	Vendor Contact Person.....	Todd Pastorini
V7.	Workers Comp Insurance Expiration Date	December 21, 2026
V8.	Liability Insurance Expiration Date	December 21, 2026
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	Nemie Holman

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: May 27, 2025 Authorized Signature:  #3573