Attachment F – Dell Marketing LP Contract Summary Form

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's Office
D3.	Contact Person	Nemie Holman, IT Manager
D4.	Telephone	(805) 636-2599

K1.	Contract Type *(check one)*: Personal Service Capital	
K2.	Brief Summary of Contract Description/Purpose	
K3.	Department Project Number	032
K4.	Original Contract Amount	$46,250.00
K5.	Contract Begin Date	August 18, 2026
K6.	Original Contract End Date	June 30, 2027
K7.	Amendment? (Yes or No)	n/a
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	August 18, 2026
B2.	Number of Workers Displaced *(if any)*	
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)*	

F1.	Fund Number	0001
F2.	Cost Center Number	032
F3.	Spend Category Number	
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	1012
F6.	Initiative Number *(if applicable)*	
F7.	Other Worktags *(if applicable)*	
F8.	Payment Terms	Upon completion

V1.	Auditor-Controller Vendor Number	734760
V2.	Payee/Contractor Name	Dell Marketing LP.
V3.	Mailing Address	One Dell Way, Round Rock TX 78682
V4.	City State (two-letter) Zip (include +4 if known)	Round Rock TX 78682
V5.	Telephone Number	
V6.	Vendor Contact Person	Keith Kosick
V7.	Workers Comp Insurance Expiration Date	March 1, 2027
V8.	Liability Insurance Expiration Date	March 1, 2027
V9.	Professional License Number	
V10	Verified by (print name of county staff)	Nemie Holman

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

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

Date: 7/21/2026 Authorized Signature: Nemie Hol #3573

Revised 8/14/2025