

Board Contract Summary

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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	2025/2026 – 2027/2028
D2.	Department Name	Sheriff
D3.	Contact Person	Lieutenant Guillermo Ramirez
D4.	Telephone	805-681-4047

K1.	Contract Type (<i>check one</i>):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose.....	Commissary services for incarcerated people within the Sheriff's Office Jail Facilities.	
K3.	Department Project Number.....		
K4.	Original Contract Amount	\$7,000,000.00	
K5.	Contract Begin Date	January 01, 2026	
K6.	Original Contract End Date	December 31, 2028	
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	March 10, 2026
B2.	Number of Workers Displaced (<i>if any</i>)	None
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>).....	No

F1.	Fund Number	0075
F2.	Department Number.....	032
F3.	Line Item Account Number.....	Multiple
F4.	Project Number (<i>if applicable</i>)	Multiple
F5.	Program Number (<i>if applicable</i>)	PG-0321069
F6.	Org Unit Number (<i>if applicable</i>).....	IN-032030
F7.	Payment Terms.....	Monthly

V1.	Auditor-Controller Vendor Number	Aramark Correctional Services LLC
V2.	Payee/Contractor Name.....	Aramark Chicago Lockbox
V3.	Mailing Address.....	27310 Network Place
V4.	City State (two-letter) Zip (include +4 if known).....	Chicago, IL 60673-1273
V5.	Telephone Number	
V6.	Vendor Contact Person	
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	

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: 3/26/2026 Authorized Signature: 