

Summary Form:

Contract Number : BC 09 - 049

- D1. Fiscal Year.....: FY 08/09
- D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) :3420
- D3. Requisition Number .....
- D4. Department Name .....: Sheriff
- D5. Contact Person .....: Douglas A Martin
- D6. Phone .....: 681-4293

- K1. Contract Type (check one):  Personal Service  Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose : GPS tracking of inmates
- K3. Original Contract Amount .....: \$832,500
- K4. Contract Begin Date.....: 10/14/2008
- K5. Original Contract End Date .....: 10/31/2012
- K6. Amendment History (leave blank if no prior amendments):

Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate Purpose (2-4 words)

\$                      \$                      \$

K7. Department Project Number .....

- B1. Is this a Board Contract? (Yes/No).....: Yes
- 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 .....
- B6. ... and Agenda Item Number .....: #
- B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

- F1. Encumbrance Transaction Code .....: 1701
- F2. Current Year Encumbrance Amount .....: \$
- F3. Fund Number.....: 0001
- F4. Department Number.....: 032
- F5. Division Number (if applicable).....: 02
- F6. Account Number .....
- F7. Cost Center number (if applicable).....:
- F8. Payment Terms.....: Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing) .....
- V2. Payee/Contractor Name.....: Satellite Tracking of People (STOP)
- V3. Mailing Address .....: 1212 N Post Oak Rd Suite #100
- V4. City State (two-letter) Zip (include +4 if known) : Houston, TX 77055
- V5. Telephone Number.....: 866-525-8824
- V6. Contractor's Federal Tax ID Number (EIN or SSN) : 05-0583654
- V7. Contact Person.....: Greg S. Utterback, ITS Chief Development Officer
- V8. Workers Comp Insurance Expiration Date.....:
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :
- V10. Professional License Number .....: #
- V11. Verified by (name of County staff) .....
- 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 10-2-08 .....

