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	June 1, 2025 to June 30, 2028
D2.	Department Name	Sheriff's Office
D3.	Contact Person	Lt. Jeff Greene
D4.	Telephone	ext: 6-5029

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	$1,500,000 per year Board Contract for aviation maintenance services for county aircraft until June 30, 2028.
K3.	Department Project Number	
K4.	Original Contract Amount	$ 1,500,000
K5.	Contract Begin Date	June 1, 2025
K6.	Original Contract End Date	June 30, 2028
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	na
K9.	- Total Number of Amendments	na
K10.	- This Amendment Amount	$ na
K11.	- Total Previous Amendment Amounts	$ na
K12.	- Revised Total Contract Amount	$ na

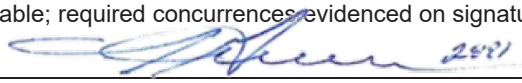
B1.	Intended Board Agenda Date	August 19, 2025
B2.	Number of Workers Displaced *(if any)*	None
B3.	Number of Competitive Bids *(if any)*	None
B4.	Lowest Bid Amount *(if bid)*	None
B5.	If Board waived bids, show Agenda Date	na
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	

F1.	Fund Number	
F2.	Department Number	032
F3.	Line Item Account Number	7120
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	1424
F6.	Org Unit Number *(if applicable)*	6044
F7.	Payment Terms	30 days after completion

V1.	Auditor-Controller Vendor Number	589544
V2.	Payee/Contractor Name	Rotorcraft Support Inc.
V3.	Mailing Address	67 D Street
V4.	City State (two-letter) Zip (include +4 if known)	Fillmore, Ca 93015
V5.	Telephone Number	818-997-7667
V6.	Vendor Contact Person	Phil DiFiore
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: 7-24-25 Authorized Signature: 

Revised 1/13/2014