

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	2016-17
D2.	Department Name	Sheriff
D3.	Contact Person	Lieutenant Jeffrey Warren
D4.	Telephone	X4239

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Procure and Install upgraded Jail Management System software for the Sheriff's Custody Branch
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 640,000
K5.	Contract Begin Date	01/25/2017
K6.	Original Contract End Date	01/24/2022
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	\$ 640,000

B1.	Intended Board Agenda Date	January 24, 2017
B2.	Number of Workers Displaced (if any)	0
B3.	Number of Competitive Bids (if any).....	N/A
B4.	Lowest Bid Amount (if bid)	N/A
B5.	If Board waived bids, show Agenda Date	N/A
	and Agenda Item Number	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	Yes, Paragraph 11, & addition of 32-70

F1.	Fund Number	0030
F2.	Department Number	032
F3.	Line Item Account Number	8301
F4.	Project Number (if applicable)	2673
F5.	Program Number (if applicable)	1929
F6.	Org Unit Number (if applicable)	1929
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	20382
V2.	Payee/Contractor Name	The Act 1 Group, Inc., dba ATIMS
V3.	Mailing Address	9638 Topanga Canyon Place Suite B
V4.	City State (two-letter) Zip (include +4 if known).....	Chatsworth, CA 91311
V5.	Telephone Number	818-709-5885
V6.	Vendor Contact Person	Felix Rabinovich
V7.	Workers Comp Insurance Expiration Date	04/01/2017
V8.	Liability Insurance Expiration Date	04/01/2017
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: 1/6/2017 Authorized Signature: 