

Contract Summary Form: Contract Number : - BC - - -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (≤\$25,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

D1. Fiscal Year : FY 13/14
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044
D3. Requisition Number : N/A
D4. Department Name : Department of Social Services
D5. Contact Person : Linda Rodriguez
D6. Phone : (805) 346-7294

K1. Contract Type (check one): ☒ Personal Service ☐ Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : California State Association of Counties
K3. Original Contract Amount : \$ 125,274
K4. Contract Begin Date : 07/01/13
K5. Original Contract End Date : 06/30/14
K6. Amendment History (leave blank if no prior amendments):
Seq# EffectiveDate ThisAmndtAmt CumAmndtToDate NewTotalAmt NewEndDate Purpose (2-4 words)

K7. Department Project Number :
B1. Is this a Board Contract? (Yes/No) : Yes
B2. Number of Workers Displaced (if any) : None
B3. Number of Competitive Bids (if any) : None
B4. Lowest Bid Amount (if bid) : N/A
B5. If Board waived bids, show Agenda Date : N/A
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 : 0055
F4. Department Number : 044
F5. Program Number : 6050
F6. Account Number : 7322
F7. Org. Unit Number : 8002
F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) : 119568
V2. Payee/Contractor Name : California State Association of Counties
V3. Mailing Address : 1100 K Street Suite 101
V4. City State (two-letter) Zip (include +4 if known) : Sacramento, CA 95814
V5. Telephone Number : (916)327-1847
V6. Contractor's Federal Tax ID Number (EIN or SSN): 95-6000551
V7. Contact Person : Kelli Oropeza
V8. Workers Comp Insurance Expiration Date : 7/1/13
V9. Liability Insurance Expiration Date[s] (G=enl; P=roff): 11/10/13
V10. Professional License Number : #
V11. Verified by (name of County staff) : Linda Rodriguez
V12. Company Type (Check one): ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☒ Corporation
☐ Educational Institution

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

Date: 4/18/13

Authorized Signature: 