

Attachment A

*Request for Waiver of Competition in Purchase of Pharmaceuticals
from Federal Drug Company for Incarcerated Persons
upon Release from Custody*

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	25-2026 / 26-2027
D2.	Department Name.....	Sheriff's Office 032
D3.	Contact Person	Commander Cassandra Marking
D4.	Telephone	805-554-3103

K1.	Contract Type (check one):	Personal Service	Capital
K2.	Brief Summary of Contract Description/Purpose.....	Contract with local pharmaceutical company to purchase medications for qualified persons upon release from Sheriff's custodial care.	
K3.	Department Project Number.....		
K4.	Original Contract Amount.....	\$25,00.00	
K5.	Contract Begin Date.....	07/01/2025	
K6.	Original Contract End Date	06/30/2027	
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	\$134,388.	

B1.	Intended Board Agenda Date	Tuesday, June 23, 2026
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.....	08/27/2024
	and Agenda Item Number	24-00852
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	No

F1.	Fund Number.....	FD-0001
F2.	Cost Center Number.....	CC-32200
F3.	Spend Category Number.....	SC-7405
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	PG-0321071
F6.	Initiative Number (if applicable)	IN-032035
F7.	Other Worktags (if applicable).....	SR-032654
F8.	Payment Terms.....	Net 30 Days

V1.	Auditor-Controller Vendor Number	274895
V2.	Payee/Contractor Name.....	Federal Drug Co.
V3.	Mailing Address.....	3327 State Street
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93105
V5.	Telephone Number	805-687-7551
V6.	Vendor Contact Person.....	Robert Crocker
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	Cassandra Marking

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: 6/10/2024 Authorized Signature: 