

Contract Summary Form: Contract Number: _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or Purchasing (<\$100,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

- D1. Fiscal Year : FY 11/12
- D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 063 (O&G)
- D3. Requisition Number : N/A
- D4. Department Name : General Services
- D5. Contact Person : Carl Thornton
- D6. Phone : (805) 681-5581
- K1. Contract Type (check one : Personal Service Capital
Project/Construction
- K2. Brief Summary of Contract Description/Purpose . : Telecommunications Technical Plan (Voice
over Internet Protocol)
- K3. Original Contract Amount : \$145,000.00
- K4. Contract Begin Date : July 12, 2011
- K5. Original Contract End Date : June 30, 2012
- K6. Amendment History (leave blank if no prior amendments):
- 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) : \$145,000.00
- B5. If Board waived bids, show Agenda Date : N/A
- B6. ... and Agenda Item Number : #N/A
- B7. Boilerplate Contract Text Unaffected?(Yes / or cite ¶¶):
- F1. Encumbrance Transaction Code :
- F2. Current Year Encumbrance Amount : \$0.00
- F3. Fund Number : 1919
- F4. Department Number : 063
- F5. Division Number (if applicable) : N/A
- F6. Account Number : 3110\8300
- F7. Cost Center number (if applicable) : N/A
- F8. Payment Terms : Net 30
- V1. Vendor Numbers (A=uditor; P=urchasing) :
- V2. Payee/Contractor Name : Gartner Inc
- V3. Mailing Address : 11845 W. Olympic Blvd Ste 505
- V4. City State (two-letter) Zip (include +4 if known) : Los Angeles, CA 90064
- V5. Telephone Number : (818) 497-8528
- V6. Contractor's Federal Tax ID Number (EIN or SSN): 04-3099750
- V7. Contact Person : Mark Gilbert
- V8. Workers Comp Insurance Expiration Date : 06/30/12
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :06/30/12
- 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.

Authorized Signature: 

Date: 10/20/2011