ATTACHMENT

D

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	FY 2021-2024
D2.	Department Name	Sheriff
D3.	Contact Person	Lt. Selim Celmeta
D4.	Telephone	805 681-4047

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	
K3.	Department Project Number	
K4.	Original Contract Amount	$ 5,924,340
K5.	Contract Begin Date	10/01/2021
K6.	Original Contract End Date	
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	09/30/2024
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount	$ 530,750.00
K11.	- Total Previous Amendment Amounts	$
K12.	- Revised Total Contract Amount	$ 6,455,090.00

B1.	Intended Board Agenda Date	5/16/2023
B2.	Number of Workers Displaced *(if any)*	
B3.	Number of Competitive Bids *(if any)*	
B4.	Lowest Bid Amount *(if bid)*	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	

F1.	Fund Number	0001
F2.	Department Number	032
F3.	Line Item Account Number	7060
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	
F6.	Org Unit Number *(if applicable)*	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Aramark Correctional Services LLC
V3.	Mailing Address	1101 Market Street
V4.	City State (two-letter) Zip (include +4 if known)	Philadelphia, PA 19107
V5.	Telephone Number	215-238-3000
V6.	Vendor Contact Person	Mark R. Adams
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: 4/27/2023 Authorized Signature: Lt. Celmeta 4173

Revised 1/13/2014