

Board Contract Summary

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	2014-2015
D2.	Department Name	Public Defender
D3.	Contact Person	Mona Ramirez
D4.	Telephone	805-568-3490

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Case Management Systems Agreement between County of Santa Barbara and Journal Technologies, Inc.
K3.	Department Project Number	001
K4.	Original Contract Amount	\$ 300,880.68
K5.	Contract Begin Date	Upon Execution
K6.	Original Contract End Date	2021
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	\$

B1.	Intended Board Agenda Date	April 14, 2015
B2.	Number of Workers Displaced (if any)	none
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)	Yes, because Contract for Software

F1.	Fund Number	0001
F2.	Department Number	023
F3.	Line Item Account Number	8301
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Payment upon System Acceptance

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Journal Technologies Inc.
V3.	Mailing Address	843 S. 100 West
V4.	City State (two-letter) Zip (include +4 if known)	Logan, UT 84321
V5.	Telephone Number	877-587-8927
V6.	Vendor Contact Person	Derek Harris
V7.	Workers Comp Insurance Expiration Date	01/01/2016
V8.	Liability Insurance Expiration Date	01/01/2016
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	Mona Ramirez

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: 3/17/15 Authorized Signature: 