

## **Attachment D**

# 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 .....	2019-2020
D2.	Department Name .....	Sheriff's
D3.	Contact Person .....	Lt. Shawn Lammer
D4.	Telephone .....	805-681-4252

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	Amendment to Aramark's Commissary Contract
K3.	Department Project Number.....	
K4.	Original Contract Amount.....	\$ 3,500,000
K5.	Contract Begin Date.....	5/17/16
K6.	Original Contract End Date .....	4/30/19
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date .....	6/30/2020
K9.	- Total Number of Amendments .....	Second
K10.	- This Amendment Amount.....	\$ 450,000
K11.	- Total Previous Amendment Amounts.....	\$ 185,000
K12.	- Revised Total Contract Amount .....	\$ 4,135,000

B1.	Intended Board Agenda Date .....	11/5/19
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 .....	001
F2.	Department Number.....	032
F3.	Line Item Account Number.....	7060
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	1063
F6.	Org Unit Number (if applicable).....	6077
F7.	Payment Terms.....	

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.....	David Kimmel
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: 10/9/2019 Authorized Signature: [Signature] #2761