Contract Summary

BC 15-008
- Pancho x2116

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 to Purchasing (<$100,000). *See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.*

D1.	Fiscal Year	2014-15
D2.	Department Name	Alcohol, Drug, and Mental Health Services
D3.	Contact Person	Ernest Thomas
D4.	Telephone	805 681-5206

K1.	Contract Type *(check one)*: [X] Lease Personal Service	
K2.	Brief Summary of Contract Description/Purpose	Lease Agreement for ADMHS's Children's Program in Lompoc
K3.	Department Project Number	003692
K4.	Original Contract Amount	66,900
K5.	Contract Begin Date	Upon Completion of Tenant Improvements
K6.	Original Contract End Date	June 30, 2019
K7.	Amendment? (Yes or No)	No
K8.	- Total Number of Amendments	N/A
K9.	- This Amendment Amount	N/A
K10.	- Total Previous Amendment Amounts	N/A
K11.	- Revised Total Contract Amount	N/A

B1.	Is this a Board Contract? *(Yes/No)*	Yes
B2.	Number of Workers Displaced *(if any)*	N/A
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	N/A
	and Agenda Item Number	N/A
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	No

F1.	Fund Number	0048
F2.	Department Number	043
F3.	Line Item Account Number	7580
F4.	Project Number *(if applicable)*	N/A
F5.	Program Number *(if applicable)*	5187
F6.	Org Unit Number *(if applicable)*	N/A
F7.	Payment Terms	$ 5,575/month

V1.	Auditor-Controller Vendor Number	054972
V2.	Payee Name	Frank and Alida Freda
V3.	Mailing Address	345 Ridgecrest Drive
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93108
V5.	Telephone Number	(805) 696-7500
V6.	Vendor Contact Person	N/A
V7.	Workers Comp Insurance Expiration Date	N/A
V8.	Liability Insurance Expiration Date	N/A
V9.	Professional License Number	
V10	Verified by (print name of county staff)	Michael Soderman

V11 Company Type *(Check one):* [X] Individual Sole Proprietorship Partnership Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 5/29/2014 Authorized Signature: Michael Soderman

Revised 8/26/2013