

Contract Summary

BC _____

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.....	2013-14
D2.	Department Name	Sheriff
D3.	Contact Person.....	Timothy McWilliams
D4.	Telephone.....	805 681-4047

K1.	Contract Type (check one): <input checked="" type="checkbox"/> License <input type="checkbox"/> Personal Service	
K2.	Brief Summary of Contract Description/Purpose	License Agreement for use of the lobby area in IRC.
K3.	Department Project Number	003689
K4.	Original Contract Amount	N/A
K5.	Contract Begin Date	Upon Execution by County
K6.	Original Contract End Date.....	December 31, 2014
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

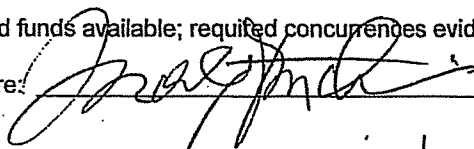
B1.	Is this a Board Contract? (Yes/No)	Yes
B2.	Number of Workers Displaced (if any)	N/A
B3.	Number of Competitive Bids (if any)	N/A
B4.	Lowest Bid Amount (if bid).....	N/A
B5.	If Board waived bids, show Agenda Date	N/A
	and Agenda Item Number	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	No

F1.	Fund Number.....	0001
F2.	Department Number	032
F3.	Line Item Account Number	N/A
F4.	Project Number (if applicable)	N/A
F5.	Program Number (if applicable)	N/A
F6.	Org Unit Number (if applicable)	N/A
F7.	Payment Terms	\$0.00/month

V1.	Auditor-Controller Vendor Number	N/A
V2.	Payee/Contractor Name	Believer's Edge
V3.	Mailing Address	2282 Puesta Del Sol
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93105
V5.	Telephone Number.....	(805) 451-8228
V6.	Vendor Contact Person	John Mullen, President
V7.	Workers Comp Insurance Expiration Date	N/A
V8.	Liability Insurance Expiration Date	04/10/2015
V9.	Professional License Number.....	N/A
V10.	Verified by (print name of county staff)	Timothy McWilliams

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: 5/9/14 Authorized Signature: 

** no expenses reimb by county - no BC# req'd
 to Believers
 Revised 8/26/2013*