

Attachment C:
Community Solutions
Inc. FY 2018-2020 Board
Contract Summary Form

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	2018-2020
D2.	Department Name	Probation
D3.	Contact Person	Tanja Heitman
D4.	Telephone	(805) 739-8537

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose	Training and quality assurance of motivational interviewing services.	
K3.	Department Project Number		
K4.	Original Contract Amount	\$	49,680
K5.	Contract Begin Date	07/01/2018	
K6.	Original Contract End Date	06/30/2020	
K7.	Amendment? (Yes or No)	Yes	
K8.	- New Contract End Date	06/30/2020	
K9.	- Total Number of Amendments	1	
K10.	- This Amendment Amount	\$	15,080
K11.	- Total Previous Amendment Amounts	\$	0
K12.	- Revised Total Contract Amount	\$	64,760

B1.	Intended Board Agenda Date	
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	022
F3.	Line Item Account Number	7460
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	013654
V2.	Payee/Contractor Name	Community Solutions Incorporated
V3.	Mailing Address	340 West Newberry Rd
V4.	City State (two-letter) Zip (include +4 if known)	Bloomfield, CT 06002
V5.	Telephone Number	(860) 683-7100
V6.	Vendor Contact Person	Robert D. Pidgeon
V7.	Workers Comp Insurance Expiration Date	07/01/2019
V8.	Liability Insurance Expiration Date	GL 09/01/2019; PL 09/01/2019
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: 6/21/19 Authorized Signature: 