

ATTACHMENT

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Board Contract Summary

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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	2021-2023
D2.	Department Name	SHERIFF
D3.	Contact Person	LT. DULCE BROOKS
D4.	Telephone	805-554-3106

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	INMATE COMMUNICATIONS SERVICES. FIRST AMENDMENT
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 2,000,000.00
K5.	Contract Begin Date	09/01/2018
K6.	Original Contract End Date	08/31/2021
K7.	Amendment? (Yes or No).....	YES
K8.	- New Contract End Date	08/31/2023
K9.	- Total Number of Amendments	FIRST
K10.	- This Amendment Amount	\$ 1,000,000.00
K11.	- Total Previous Amendment Amounts	\$ 0.00
K12.	- Revised Total Contract Amount	\$ 3,000,000.00

B1.	Intended Board Agenda Date	JUNE 28, 2022
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	0075
F2.	Department Number.....	032
F3.	Line Item Account Number.....	7460
F4.	Project Number (if applicable)	INPHF
F5.	Program Number (if applicable)	1069
F6.	Org Unit Number (if applicable).....	6075
F7.	Payment Terms.....	NET 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	TELMATE, LLC
V3.	Mailing Address.....	12021 SUNSET HILLS RD. SUITE 100
V4.	City State (two-letter) Zip (include +4 if known).....	RESTON, VA 20190
V5.	Telephone Number	
V6.	Vendor Contact Person	
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: 05/17/2022 Authorized Signature: LT. Dulce Brooks