

Attachment D

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	2020-2021
D2.	Department Name	Sheriff
D3.	Contact Person	Lt. Dulce Brooks
D4.	Telephone	805-681-4047

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Agreement for Inmate Commissary Services with Keefe Commissary Network, LLC
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 2,947,000.00
K5.	Contract Begin Date	01/01/2021
K6.	Original Contract End Date	12/31/2024
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	12/31/2024
K9.	- Total Number of Amendments	None
K10.	- This Amendment Amount	\$
K11.	- Total Previous Amendment Amounts	\$
K12.	- Revised Total Contract Amount	\$ 2,947,000.00

B1.	Intended Board Agenda Date	12/15/2020
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)	Yes, Attachment C in Board Agreement

F1.	Fund Number	0001
F2.	Department Number	032
F3.	Line Item Account Number	7060
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Keefe Commissary Network, LLC
V3.	Mailing Address	13369 Valley Boulevard
V4.	City State (two-letter) Zip (include +4 if known)	Fontana, Ca. 92335
V5.	Telephone Number	909-429-6949
V6.	Vendor Contact Person	Dang Nguyen
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: 12/03/2020 Authorized Signature: Lt. Dulce Brooks 3652