

Board Contract Summary

BC 17 _030

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	15/16;16/17;17/18
D2.	Department Name	Human Resources
D3.	Contact Person	Andreas Pyper
D4.	Telephone	805-568-2821

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Renewal of contract with provider of Onsite Employee Health Clinic
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 995,663
K5.	Contract Begin Date	06/2016
K6.	Original Contract End Date	06/2016
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	06/2018
K9.	- Total Number of Amendments	0
K10.	- This Amendment Amount	\$ 0
K11.	- Total Previous Amendment Amounts	\$ 0
K12.	- Revised Total Contract Amount	\$ 0

B1.	Intended Board Agenda Date	06/21/2016
B2.	Number of Workers Displaced (if any)	0
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	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	

F1.	Fund Number	0001
F2.	Department Number	064
F3.	Line Item Account Number	7650
F4.	Project Number (if applicable)	EECLNC
F5.	Program Number (if applicable)	3000
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	A010774
V2.	Payee/Contractor Name	HealthStat, Inc
V3.	Mailing Address	4651 Charlotte Park Dr., Suite 300
V4.	City State (two-letter) Zip (include +4 if known)	Charlotte, NC 28217
V5.	Telephone Number	704.529.6161
V6.	Vendor Contact Person	Susan Kinzler
V7.	Workers Comp Insurance Expiration Date	07/25/2016
V8.	Liability Insurance Expiration Date	07/25/2016
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: _____ Authorized Signature: _____