

**Contract Summary Form: Contract Number:** 07 - 138 - - - -

D1. Fiscal Year : FY 09-10  
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 044  
 D3. Requisition Number : n/a  
 D4. Department Name : Social Services  
 D5. Contact Person : Linda Rodriguez  
 D6. Phone : 346-7294

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
 K2. Brief Summary of Contract Description/Purpose: Childrens SB163 Wraparound Program Services )(Senate Bill 163)

K3. Original Contract Amount : \$951,509  
 K4. Contract Begin Date : 3/20/07  
 K5. Original Contract End Date : 6/30/09

K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose(2-4 Words)
1	07/01/09	\$424,298	\$424,298	\$1,375,807	6/30/10	Renewal

K7. Department Project Number : n/a  
 B1. Is this a Board Contract? (Yes/No) : Yes  
 B2. Number of Workers Displaced (if any) : None  
 B3. Number of Competitive Bids (if any) : Two  
 B4. Lowest Bid Amount (if bid) : n/a  
 B5. If Board waived bids, show Agenda Date :  
 B6. ... and Agenda Item Number : #  
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : #5 and #12: N/A

F1. Encumbrance Transaction Code : 1701  
 F2. Current Year Encumbrance Amount : \$0  
 F3. Fund Number : 0001  
 F4. Department Number : 044  
 F5. Division Number (if applicable) : 09  
 F6. Account Number : 7659  
 F7. Cost Center number (if applicable) : 10  
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) :  
 V2. Payee/Contractor Name : The Youth Connection of Ventura dba Casa Pacifica  
 V3. Mailing Address : 1722 South Lewis Road  
 V4. City State (two-letter) Zip (include +4 if known) : Camarillo, CA 93012  
 V5. Telephone Number : 805-987-7232  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) : 77-0195022  
 V7. Contact Person : Steven E. Elson, Ph.D.  
 V8. Workers Comp Insurance Expiration Date : 1/1/2010  
 V9. Liability Insurance Expiration Date[s] (G=ent; P=rofl) : 11/01/09  
 V10. Professional License Number : #  
 V11. Verified by (name of County staff) : Linda Rodriguez  
 V12. Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

**I certify:** information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 6/9/09 Authorized Signature: 