

ATTACHMENT

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Board Contract Summary

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. Shawn T. Lammer
D4.	Telephone	805-681-4186

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Amendment to Aramark's Food Services Contract
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 11,085,000
K5.	Contract Begin Date	7/12/12
K6.	Original Contract End Date	7/12/19
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	09/30/20
K9.	- Total Number of Amendments	Tenth
K10.	- This Amendment Amount	\$ 450,000
K11.	- Total Previous Amendment Amounts	\$ 1,750,000
K12.	- Revised Total Contract Amount	\$ 13,285,000

B1.	Intended Board Agenda Date	06/16/20
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	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	Aramark Correctional Services, LLC
V3.	Mailing Address	1101 Market Street
V4.	City State (two-letter) Zip (include +4 if known)	Philadelphia, PA 19107
V5.	Telephone Number	215-238-3000
V6.	Vendor Contact Person	David Kimmel
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: 6/14/2020 Authorized Signature: [Signature] #2761