Agreement with Timber Psychological Consultation, Inc.

Attachment C

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	2023-24 through 2026-27
D2.	Department Name	Sheriff
D3.	Contact Person	Cmdr. Ryan Sullivan
D4.	Telephone	805-681-4326

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Contract for monitoring in compliance with Murray v. County of Santa Barbara case
K3.	Department Project Number	
K4.	Original Contract Amount	$ 710,000.00
K5.	Contract Begin Date	4/1/2024
K6.	Original Contract End Date	6/30/2027
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	$
K11.	- Total Previous Amendment Amounts	$
K12.	- Revised Total Contract Amount	$

B1.	Intended Board Agenda Date	May 6, 2025
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)*	No

F1.	Fund Number	0001
F2.	Department Number	032
F3.	Line Item Account Number	7400
F4.	Project Number *(if applicable)*	2657
F5.	Program Number *(if applicable)*	1071
F6.	Org Unit Number *(if applicable)*	6095
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Timber Psychological Consultation, Inc.
V3.	Mailing Address	20306 Coraline Cir.
V4.	City State (two-letter) Zip (include +4 if known)	Chatsworth, CA 91311
V5.	Telephone Number	415-819-6942
V6.	Vendor Contact Person	Timothy Belavich
V7.	Workers Comp Insurance Expiration Date	N/A - No Employees
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: 4/22/25 Authorized Signature: Cmdr. Ryan Sullivan

Revised 1/13/2014