

ATTACHMENT D

Board Contract Summary (CSI)

Contract Summary Form: _____ **Contract Number:** _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than \$100,000, submit a purchasing requisition to the Purchasing Division of General Services. See "Online Purchasing Manual" under "General Services", "Purchasing", "Policies and Procedures. "See also "Contracts for Services" policy. Form not applicable to revenue contracts.

- D1. Fiscal Year.....: FY 2023-2024 and 2024-2025
- D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) ..:
- D3. Requisition Number ..:
- D4. Department Name: Sheriff
- D5. Contact Person.....: Alice Perez, Programs and Services Manager
- D6. Phone.....: 805-681-4239

- K1. Contract Type (check one): Personal Service Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose ..:
- K3. Original Contract Amount: \$470,000
- K4. Contract Begin Date.....: 07/01/2019
- K5. Original Contract End Date.....: 06/30/2020
- K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
		\$	\$	\$		

K7. Department Project Number.....: AB109

- B1. Is this a Board Contract? (Yes/No): No
- 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.....: 07/11/2023
- B6. ... and Agenda Item Number.....: #
- B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶) :

- F1. Encumbrance Transaction Code.....: 1701
- F2. Current Year Encumbrance Amount.....: \$
- F3. Fund Number: 0001
- F4. Department Number: 032
- F5. Division Number (if applicable): 1071
- F6. Account Number.....:
- F7. Cost Center number (if applicable): 6071
- F8. Payment Terms: Net 30

- V1. Vendor Numbers (A=uditor; P=urchasing) ..:
- V2. Payee/Contractor Name.....: Community Solutions, Inc
- V3. Mailing Address.....: 340 West Newberry Road
- V4. City State (two-letter) Zip (include +4 if known): Bloomfield, CT 06002
- V5. Telephone Number: (860) 683-7100
- V6. Contractor's Federal Tax ID Number (EIN or SSN) ..:
- V7. Contact Person: Fernando Muniz, CEO
- V8. Workers Comp Insurance Expiration Date ..:
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) ..:
- V10. Professional License Number.....: #
- V11. Verified by (name of County staff) ..:
- 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 : Authorized Signature.....