

Attachment 1

Contract Summary

Triumph Protection Group

Contract Summary Form:

Complete the information below, print this form, obtain the signature of the authorized departmental representative and submit this form to the Clerk of the Board with the contract package. See also: Contracts for Services Policy.

- D1. Fiscal Year.....: FY 22/23 and 23/24
D2. Budget Unit Number: 063
D3. Requisition Number: N/A
D4. Department Name: General Services
D5. Contact Person.....: Traci Lothery
D6. Phone: 805-934-6506

- K1. Contract Type (check one): [X] Personal Service [] Commodity [] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Countywide Security Services
K3. Original Contract Amount: \$350,000
K4. Contract Begin Date: 11/01/2022
K5. Original Contract End Date.....: 10/31/2023
K6. This Amendment Number.....: N/A
K7. - Total Previous Amendments: N/A
K8. - This Amendment Amount: N/A
K9. - Revised Total Contract Amount.....: N/A
K10. - Revised End Date.....: N/A
K11. 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): 8
B4. Lowest Bid Amount (if bid).....: Triumph Protection Group
B5. If Board waived bids, show Agenda Date: N/A
B6. ... and Agenda Item Number: N/A
B7. Boilerplate Contract Text Unchanged? (Yes/No): No

- F1. Encumbrance Transaction Code: N/A
F2. Current Year Encumbrance Amount: N/A
F3. Fund Number.....: 0001
F4. Department Number.....: 063
F5. Division Number (if applicable).....: 1215
F6. Account Number: 7720
F7. Cost Center number (if applicable).....: 1210

- F8. Payment Terms.....: Net 30
V1. Auditor Vendor Number: 079277
V2. Payee/Contractor Name: Triumph Protection Group
V3. Mailing Address: 7 West Figueroa Street, Suite 300
V4. City: Santa Barbara,
V5. State (two letter): CA
V6. Zip (include +4 if known): 93101
V7. Telephone Number.....: 916-505-4175
V8. Vendor's Federal Tax ID Number (EIN or SSN): 46-3519422
V9. Contact Person.....: Igor Boyko
V10. Workers Comp Insurance Expiration Date.....: 01/09/2023
V11. General Liability Insurance Expiration Date.....: 01/09/2023
V12. Professional License Number: 119897; Santa Barbara PPO 6389
V13. Verified by: Traci Lothery
V14. Company Type (Check one): [] Individual [] Sole Proprietorship [] Partnership [x] Corporation

This information has been reviewed and is complete and accurate as presented. Concurrences as required are represented by signature on the contract signature page.

Date: _____

Authorized Signature: _____