

# Contract Summary Form: Contract Number : BS 08-100- - - -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (≤\$25,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

D1. Fiscal Year .....: FY 07/08  
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044  
 D3. Requisition Number .....: n/a  
 D4. Department Name.....: Department of 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 : California State Association of Counties  
 K3. Original Contract Amount .....: \$ 64,501  
 K4. Contract Begin Date.....: 7/1/07  
 K5. Original Contract End Date.....: 6/30/08  
 K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	7/01/07	\$55,037	\$55,037	\$119,538	6/30/08	Amendment

K7. Department Project Number .....

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

F1. Encumbrance Transaction Code .....: 1701  
 F2. Current Year Encumbrance Amount .....: \$119,538  
 F3. Fund Number.....: 0055  
 F4. Department Number.....: 044  
 F5. Program Number.....: 1325  
 F6. Account Number.....: 7322  
 F7. Org. Unit Number .....: 5270  
 F8. Payment Terms .....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing).....: 119568  
 V2. Payee/Contractor Name.....: California State Association of Counties  
 V3. Mailing Address.....: 1100 K Street Suite 101  
 V4. City State (two-letter) Zip (include +4 if known): Sacramento, CA 95814  
 V5. Telephone Number.....: (916)327-1847  
 V6. Contractor's Federal Tax ID Number (EIN or SSN): 95-6000551  
 V7. Contact Person.....: Paul McIntosh  
 V8. Workers Comp Insurance Expiration Date.....: 7/1/08  
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): 11/10/08  
 V10. Professional License Number .....: #  
 V11. Verified by (name of County staff) .....: Linda Rodriguez  
 V12. Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation  
 Educational Institution

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

Authorized Signature: \_\_\_\_\_

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