

Contract Summary Form: Contract Number : BC00-231- - - -

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 2007/2008 FY 2008/2009 FY 2009/2010
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044
 D3. Requisition Number: N/A
 D4. Department Name.....: Social Services
 D5. Contact Person: Judy Doughty
 D6. Phone: 7302

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose :
 K3. Original Contract Amount: \$8,860,131
 K4. Contract Begin Date.....: 2/2000
 K5. Original Contract End Date.....: 5/31/08
 K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	7/1/07	3,713,888	3,713,888	12,574,019	7/31/10	Increase term and amount

 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): \$
 B5. If Board waived bids, show Agenda Date.....:
 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.....: 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): A=247725
 V2. Payee/Contractor Name.....: Electronic Data System Corporation
 V3. Mailing Address.....: PO Box 848433
 V4. City State (two-letter) Zip (include +4 if known): Dallas, TX 75284
 V5. Telephone Number.....: (916) 608-3223
 V6. Contractor's Federal Tax ID Number (EIN or SSN): 75-1093604
 V7. Contact Person.....: Steve Maciel
 V8. Workers Comp Insurance Expiration Date: 9/1/08
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): 9/1/08
 V10. Professional License Number: #
 V11. Verified by (name of County staff): Judy Doughty
 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: _____

