

Contract Summary Sheet (not part of the Agreement)

- D1. Fiscal Year.....: FY 08-09
- D2. Budget Unit Number (*plus -Ship/-Bill codes in paren's*) : 061
- D3. Requisition Number
- D4. Department Name: Auditor-Controller
- D5. Contact Person.....: Theo Fallati
- D6. Phone: 568-2102
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- K1. Contract Type (*check one*): Personal Service Capital Project/Construction
- K2. Brief Summary of Contract Description/Purpose : Software License and
Implementation
- K3. Original Contract Amount: \$100,000
- K4. Contract Begin Date.....: November 18, 2008
- K5. Original Contract End Date: license agreement continues until
terminated, but Services will be completed by October 31, 2010
- K6. Amendment History (*leave blank if no prior amendments*):
- K7. Department Project Number.....: ZFIN
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- B1. Is this a Board Contract? (*Yes/No*): Yes
- 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
- B6. ... and Agenda Item Number: #
- B7. Boilerplate Contract Text Unaffected? (*Yes / or cite ¶¶*) :
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- F1. Encumbrance Transaction Code: 1701
- F2. Current Year Encumbrance Amount: \$
- F3. Fund Number: 0001
- F4. Department Number: 061
- F5. Division Number (*if applicable*): 1011
- F6. Account Number.....: 7121, 7460
- F7. Cost Center number (*if applicable*).....: 1011
- F8. Payment Terms.....: Net 30
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- V1. Vendor Numbers (*A=auditor; P=urchasing*).....: 533594
- V2. Payee/Contractor Name.....: Simpler Systems, Inc.
- V3. Mailing Address: 210 W. Cota Street
- V4. City State (*two-letter*) Zip (*include +4 if known*) : Santa Barbara, CA 93101

- V5. Telephone Number : 805-882-1848
- V6. Contact Person : Brian Fahnestock
- V7. Workers Comp Insurance Expiration Date :
- V8. Liability Insurance Expiration Date[s] (*G=ent; P=roft*) :
- V9. Professional License Number..... : #
- V10. Verified by (*name of County staff*)..... :
- V11. Company Type: [] Individual [] Sole Proprietorship [] Partnership [X] Corporation

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

Date : Authorized Signature 

