

**Attachment C:**  
**Community Solutions**  
**Inc. FY 2018-2020 Board**  
**Contract Summary Form**

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# Board Contract Summary

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For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: Auditor-Controller Intranet Policies->Contracts.

D1.	Fiscal Year .....	2018-2020
D2.	Department Name .....	Probation
D3.	Contact Person .....	Tanja Heitman
D4.	Telephone .....	(805) 739-8537

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Training and quality assurance of motivational interviewing services.
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 49,680
K5.	Contract Begin Date .....	07/01/2018
K6.	Original Contract End Date .....	06/30/2020
K7.	Amendment? (Yes or No) .....	Yes
K8.	- New Contract End Date .....	06/30/2020
K9.	- Total Number of Amendments .....	1
K10.	- This Amendment Amount .....	\$ 15,080
K11.	- Total Previous Amendment Amounts .....	\$ 0
K12.	- Revised Total Contract Amount .....	\$ 64,760

B1.	Intended Board Agenda Date .....	
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 .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	

F1.	Fund Number .....	0001
F2.	Department Number .....	022
F3.	Line Item Account Number .....	7460
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	013654
V2.	Payee/Contractor Name .....	Community Solutions Incorporated
V3.	Mailing Address .....	340 West Newberry Rd
V4.	City State (two-letter) Zip (include +4 if known) .....	Bloomfield, CT 06002
V5.	Telephone Number .....	(860) 683-7100
V6.	Vendor Contact Person .....	Robert D. Pidgeon
V7.	Workers Comp Insurance Expiration Date .....	07/01/2019
V8.	Liability Insurance Expiration Date .....	GL 09/01/2019; PL 09/01/2019
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	

V11 Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

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

Date: 6/21/19 Authorized Signature: 