

# Board Contract Summary

BC 15-001 Amendment

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 .....	14/15
D2.	Department Name .....	Department of Social Services
D3.	Contact Person .....	Tricia Beebe
D4.	Telephone .....	(805) 346-8362

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	CalWIN Management and Expenses
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 125,274
K5.	Contract Begin Date .....	07/01/14
K6.	Original Contract End Date .....	06/30/15
K7.	Amendment? (Yes or No) .....	Yes
K8.	- New Contract End Date .....	N/A
K9.	- Total Number of Amendments .....	N/A
K10.	- This Amendment Amount .....	\$ 65,166
K11.	- Total Previous Amendment Amounts .....	\$ N/A
K12.	- Revised Total Contract Amount .....	\$ 190,440

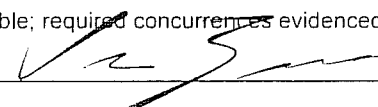
B1.	Intended Board Agenda Date .....	01/06/15
B2.	Number of Workers Displaced (if any) .....	None
B3.	Number of Competitive Bids (if any) .....	None
B4.	Lowest Bid Amount (if bid) .....	N/A
B5.	If Board waived bids, show Agenda Date .....	N/A
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	No

F1.	Fund Number .....	0055
F2.	Department Number .....	044
F3.	Line Item Account Number .....	7322
F4.	Project Number (if applicable) .....	N/A
F5.	Program Number (if applicable) .....	5000
F6.	Org Unit Number (if applicable) .....	8001
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	119568
V2.	Payee/Contractor Name .....	CA State Assoc. of Counties (CSAC)
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) 327-7500, ext.544
V6.	Vendor Contact Person .....	Kelli Oropeza
V7.	Workers Comp Insurance Expiration Date .....	
V8.	Liability Insurance Expiration Date .....	12/31/14
V9.	Professional License Number .....	N/A
V10.	Verified by (print name of county staff) .....	Tricia Beebe

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: December 3, 2014 Authorized Signature: 

Client#: 1.

ISTAT

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/06/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Ins. Center, Lic#0B29730 (650) 295-4656, 135 Main Street, 21th Floor, San Francisco, CA 94105. CONTACT NAME: Jackie Tom, PHONE (A/C, No, Ext): 650.295.4656, FAX (A/C, No): 650.295.4622. INSURER(S) AFFORDING COVERAGE: INSURER A: Philadelphia Indemnity Insuranc 18058, INSURER B: Cypress Insurance Company 10855.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) County of Santa Barbara is an additional insured where required by written contract per attached.

CERTIFICATE HOLDER: County of Santa Barbara Dept. of Social Services, 2125 S. Centerpointe Pkwy., Santa Maria, CA 93455. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]