

# Contract Summary

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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 is not applicable to revenue contracts.

D1.	Fiscal Year.....	FY2012-13
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	3420
D3.	Requisition Number .....	
D4.	Department Name .....	Sheriff
D5.	Contact Person.....	Douglas Martin
D6.	Telephone.....	681-4293

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	GPS Tracking of inmates
K3.	Original Contract Amount .....	\$1,500,000
K4.	Contract Begin Date .....	9/1/2012
K5.	Original Contract End Date.....	8/31/2016
K6.	Amendment History (leave blank if no prior amendments) .....	
K7.	Department Project Number .....	

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 .....	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph) .....	

F1.	Encumbrance Transaction Code .....	1701
F2.	Current Year Encumbrance Amount.....	
F3.	Fund Number.....	0001
F4.	Department Number .....	032
F5.	Division Number (if applicable) .....	02
F6.	Account Number.....	
F7.	Cost Center number (if applicable) .....	
F8.	Payment Terms .....	net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing) .....	
V2.	Payee/Contractor Name.....	Satellite Tracking of People (STOP)
V3.	Mailing Address .....	1212 North Post Rd. Suite #100
V4.	City State (two-letter) Zip (include +4 if known).....	Houston TX 77055
V5.	Telephone Number .....	866-525-8824
V7.	Contact Person .....	Greg Utterback, ITS Chief Developer
V8.	Workers Comp Insurance Expiration Date .....	
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	
V10.	Professional License Number .....	
V11.	Verified by (name of county staff) .....	

V12 Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.  
 Date: 8-31-2012 Authorized Signature: 