

Contract Summary Form:

Contract Number : \_\_\_\_\_ BC 07-115 \_\_\_\_\_

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year ..... : FY08/09
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 ..... : Linda Rodriguez
D6. Phone..... : 805/346-7294

K1. Contract Type (check one): [ ] Personal Service [ ] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : CalWIN Correspondence Printing and Mailing Services
K3. Original Contract Amount..... : \$467,167
K4. Contract Begin Date ..... : 3/1/07
K5. Original Contract End Date ..... : 06/30/09
K6. Amendment History (leave blank if no prior amendments):

Table with 7 columns: Seq#, EffectiveDate, ThisAmndt Amt, CumAmndtToDate, NewTotalAmt, NewEndDate, Purpose (2-4 words). Row 1: 1, 9/1/08, \$120,000, \$120,000, \$587,167, n/a, Adjust compensation

K7. Department Project Number ..... : n/a

B1. Is this a Board Contract? (Yes/No)..... : Yes
B2. Number of Workers Displaced (if any) ..... : None
B3. Number of Competitive Bids (if any) ..... : 3
B4. Lowest Bid Amount (if bid)..... : \$N/A
B5. If Board waived bids, show Agenda Date ..... : N/A
B6. ... and Agenda Item Number ..... : #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶) : N/A

F1. Encumbrance Transaction Code ..... : N/A
F2. Current Year Encumbrance Amount ..... : \$110,204.98
F3. Fund Number..... : 0055
F4. Department Number..... : 044
F5. Division Number (if applicable)..... : 11
F6. Account Number ..... : 7124 & 7451
F7. Cost Center number (if applicable)..... : 02
F8. Payment Terms..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) ..... : N/A
V2. Payee/Contractor Name ..... : Document Fulfillment Services
V3. Mailing Address ..... : 910 Riverside Parkway # 40
V4. City State (two-letter) Zip (include +4 if known)..... : West Sacramento, CA 95605
V5. Telephone Number..... : (916) 374-9002
V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 37-1443695
V7. Contact Person..... : Steve Shill, General Manager
V8. Workers Comp Insurance Expiration Date..... : 11/14/08
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): 11/22/08
V10. Professional License Number ..... : # N/A
V11. Verified by (name of County staff) ..... : Linda Rodriguez
V12. Company Type (Check one): [ ] Individual [ ] Sole Proprietorship [ ] Partnership [ X ] Corporation

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

Date : \_\_\_\_\_ Authorized Signature.: \_\_\_\_\_