

Board Contract Summary

BC 16-040

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	2015-16
D2.	Department Name	County Executive Offices
D3.	Contact Person	Terri Nisich
D4.	Telephone	805.568-3400

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Health care support for low income children
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 1,000,000
K5.	Contract Begin Date	July 1, 2015
K6.	Original Contract End Date	June 30, 2016
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	\$
K11.	- Total Previous Amendment Amounts	\$
K12.	- Revised Total Contract Amount	\$

B1.	Intended Board Agenda Date	6/23/15
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	990
F3.	Line Item Account Number	7650
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	1000
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Doorway to Health
V3.	Mailing Address	
V4.	City State (two-letter) Zip (include +4 if known)	
V5.	Telephone Number	805.964.4710 x4460
V6.	Vendor Contact Person	Tara Dooley, M.Ed
V7.	Workers Comp Insurance Expiration Date	NA
V8.	Liability Insurance Expiration Date	
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: 6.4.15 Authorized Signature: 