

# 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 .....	2020-2021
D2.	Department Name .....	District Attorney
D3.	Contact Person .....	John DeAlba
D4.	Telephone .....	x82434

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	FY20-21 Board Contract with American Medical Response for Blood Draws.
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 90,000
K5.	Contract Begin Date .....	July 1, 2020
K6.	Original Contract End Date .....	June 30, 2021
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 .....	January 26, 2021
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) .....	No

F1.	Fund Number .....	0001
F2.	Department Number .....	021
F3.	Line Item Account Number .....	7510
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	1001
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	050332
V2.	Payee/Contractor Name .....	American Medical Response
V3.	Mailing Address .....	PO Box 841439
V4.	City State (two-letter) Zip (include +4 if known) .....	Dallas, TX 752841439
V5.	Telephone Number .....	330-236-2162
V6.	Vendor Contact Person .....	Mark Varner
V7.	Workers Comp Insurance Expiration Date .....	3/31/21
V8.	Liability Insurance Expiration Date .....	3/31/21
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: 1/7/2021 Authorized Signature: 