

**Board Contract Summary**

BC - 15158

For use with Expenditure Contracts. Complete form below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the appropriate departments for signature. See also: Auditor-Controller Intranet Policies->Contracts.

D1.	Fiscal Year.....	FY 2014-2016
D2.	Department Name .....	Public Health Department
D3.	Contact Person .....	Ellen Willis-Conger
D4.	Telephone.....	681-5446

K1.	Contract Type (check one): Personal Service <input checked="" type="checkbox"/> Capital <input type="checkbox"/>	
K2.	Brief Summary of Contract Description/Purpose .....	Provide new Public Health Laboratory Information System.
K3.	Department Project Number .....	
K4.	Original Contract Amount.....	\$294,110
K5.	Contract Begin Date.....	03-03-15
K6.	Original Contract End Date.....	12-31-16
K7.	Amendment? (Yes or No) .....	No
K8.	- Total Number of Amendments .....	
K9.	- This Amendment Amount .....	
K10.	- Total Previous Amendment Amounts .....	
K11.	- Revised Total Contract Amount.....	\$

B1.	Is this a Board Contract? (Yes/No) .....	Yes
B2.	Number of Workers Displaced (if any) .....	N/A
B3.	Number of Competitive Bids (if any) .....	5
B4.	Lowest Bid Amount (if bid) .....	\$407,222 (Orchard was lowest, over 5 years)
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number.....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	Throughout contract, County Counsel/Risk reviewed

F1.	Fund Number.....	0042
F2.	Department Number .....	041
F3.	Line Item Account Number .....	
F4.	Project Number (if applicable).....	
F5.	Program Number (if applicable) .....	
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	
V2.	Payee/Contractor Name .....	Orchard Software Corporation
V3.	Tax ID .....	
V4.	Mailing Address .....	701 Congressional Boulevard, Suite 360
V5.	City State (two-letter) Zip (include +4 if known) .....	Carmel, IN 46032
V6.	Telephone Number.....	
V7.	Vendor Contact Person.....	Curt Johnson
V8.	Workers Comp Insurance Expiration Date.....	
V9.	Liability Insurance Expiration Date.....	
V10.	Professional License Number .....	
V11.	Verified by (print name of county staff) .....	Kelly Lazarus

V12 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: 2/17/15 Authorized Signature: Kelly Lazarus