

Summary Form:

Contract Number : BC-09-049

D1. Fiscal Year.....: FY 08/09
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) :3420
 D3. Requisition Number:
 D4. Department Name: Sheriff
 D5. Contact Person: Douglas A Martin
 D6. Phone: 681-4293

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : GPS tracking of inmates
 K3. Original Contract Amount: \$832,500
 K4. Contract Begin Date.....: 10/14/2008
 K5. Original Contract End Date: 10/31/2012
 K6. Amendment History (leave blank if no prior amendments):
Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate Purpose (2-4 words)

\$ \$ \$

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:
 B6. ... and Agenda Item Number: #
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

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=uditor; P=urchasing):
 V2. Payee/Contractor Name.....: Satellite Tracking of People (STOP)
 V3. Mailing Address: 1212 N Post Oak Rd Suite #100
 V4. City State (two-letter) Zip (include +4 if known) : Houston, TX 77055
 V5. Telephone Number.....: 866-525-8824
 V6. Contractor's Federal Tax ID Number (EIN or SSN) : 05-0583654
 V7. Contact Person.....: Greg S. Utterback, ITS Chief Development Officer
 V8. Workers Comp Insurance Expiration Date.....:
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :
 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 : Authorized Signature 10-2-08 :

