

ATTACHMENT E

Board Contract Summary CSI

Contract Summary Form: _____ **Contract Number:** - - - -

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. "See also "Contracts for Services" policy. Form not applicable to revenue contracts.

D1. Fiscal Year..... : FY 2023-2024 and 2024-2025
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) :
 D3. Requisition Number :
 D4. Department Name : Sheriff
 D5. Contact Person..... : Alice Perez, Programs and Services Manager
 D6. Phone : 805-681-4239

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose :
 K3. Original Contract Amount : \$470,000
 K4. Contract Begin Date : 07/01/2019
 K5. Original Contract End Date..... : 06/30/2020
 K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
		\$	\$	\$		

 K7. Department Project Number..... : AB109

B1. Is this a Board Contract? (Yes/No) : No
 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..... : 07/11/2023
 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) : 1071
 F6. Account Number..... :
 F7. Cost Center number (if applicable) : 6071
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) :
 V2. Payee/Contractor Name : Community Solutions, Inc
 V3. Mailing Address..... : 340 West Newberry Road
 V4. City State (two-letter) Zip (include +4 if known) : Bloomfield, CT 06002
 V5. Telephone Number : (860) 683-7100
 V6. Contractor's Federal Tax ID Number (EIN or SSN) :
 V7. Contact Person : Fernando Muniz, CEO
 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.....