

Contract Summary Form: Contract Number : 05 - 01094 - - -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (≤\$25,000). See also "Contracts for Services" policy

D1. Fiscal Year : FY 07/08 08/09 09/10
 D2. Budget Unit # (plus -Ship/-Bill codes in paren's): 044
 D3. Requisition Number :
 D4. Department Name..... : Social Services
 D5. Contact Person : Davida Willis
 D6. Phone : 614-1251

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : Provides health insurance for qualified IHSS caregivers
 K3. Original Contract Amount : \$1,286,400
 K4. Contract Begin Date..... : 1-1-05
 K5. Original Contract End Date..... : 12-31-05
 K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	1-1-06	\$1,262,280	\$1,262,280	\$2,600,505	12-31-06	Contract Renewal
2	1-1-07	\$1,286,400	\$2,548,680	\$5,149,185	12-31-07	Contract Renewal
3	1-1-08	\$1,580,796	\$4,129,476	\$5,710,272	12-31-08	Contract Renewal
	1-1-09	\$1,697,892	\$5,827,368	\$7,525,260	12-31-09	
	1-1-10	\$1,827,534	\$7,654,902	\$9,482,436	12-31-10	

K7. Department Project Number

B1. Is this a Board Contract? (Yes/No)..... : Yes
 B2. Number of Workers Displaced (if any)..... : none
 B3. Number of Competitive Bids (if any)..... : none
 B4. Lowest Bid Amount (if bid)..... : \$
 B5. If Board waived bids, show Agenda Date..... : N/A
 B6. ... and Agenda Item Number..... : N/A
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Due to the specific Knox-Keene requirements, Santa Barbara Regional Health Authority provided the contract language.

F1. Encumbrance Transaction Code : 1701
 F2. Current Year Encumbrance Amount : \$
 F3. Fund Number..... : 0056
 F4. Department Number..... : 044
 F5. Program Number..... : 3048
 F6. Account Number..... : 7662
 F7. Org. Unit Number : 5328
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) : A 425183
 V2. Payee/Contractor Name..... : Santa Barbara Regional Health Authority
 V3. Mailing Address : 110 Castilian Dr.
 V4. City State (two-letter) Zip (include +4 if known): Goleta, CA 93117
 V5. Telephone Number..... : 805-685-9525
 V6. Contractor's Federal Tax ID Number (EIN or SSN): 95-3865941
 V7. Contact Person..... : Pat Stone
 V8. Workers Comp Insurance Expiration Date..... : n/a
 V9. Liability Insurance Expiration Date[s] (G=enl; P=roff):n/a
 V10. Professional License Number : n/a
 V11. Verified by (name of County staff) : Davida Willis
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation Educational Institution

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Authorized Signature:
