

Contract Summary

BC 10 - 106

PAID

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. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	12/13
D2.	Budget Unit Number (plus -Ship/Bill codes in parenthesis).....	
D3.	Requisition Number.....	
D4.	Department Name.....	Social Services
D5.	Contact Person.....	Linda Rodriguez
D6.	Telephone.....	346-7294

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	THP Plus Renewal
K3.	Original Contract Amount.....	\$663,768
K4.	Contract Begin Date.....	3/1/10
K5.	Original Contract End Date.....	2/28/12
K6.	Amendment History (leave blank if no prior amendments).....	
K7.	Department Project Number.....	044

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).....	2
B4.	Lowest Bid Amount (if bid).....	N/A
B5.	If Board waived bids, show Agenda Date..... and Agenda Item Number.....	N/A
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph).....	N/A

F1.	Encumbrance Transaction Code.....	1701
F2.	Current Year Encumbrance Amount.....	
F3.	Fund Number.....	0055
F4.	Department Number.....	044
F5.	Division Number (if applicable).....	09
F6.	Account Number.....	7659
F7.	Cost Center number (if applicable).....	Program 3402; Org Unit 5332
F8.	Payment Terms.....	Net 30

V1.	Vendor Numbers (A=Auditor, P=Purchasing).....	
V2.	Payee/Contractor Name.....	Family Care Network, Inc
V3.	Mailing Address.....	1660 B S. Broadway, Suite 101
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Maria, CA 93454
V5.	Telephone Number.....	(805) 349-9600
V7.	Contact Person.....	Margie Craig, Manager of FC & TH Ser
V8.	Workers Comp Insurance Expiration Date.....	5/1/12
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	4/1/12
V10.	Professional License Number.....	N/A
V11.	Verified by (name of county staff).....	Linda Rodriguez

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: 1/10/12 Authorized Signature: [Signature]