

Board Contract Summary

BC _____

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

D1.	Fiscal Year	
D2.	Department Name	
D3.	Contact Person	
D4.	Telephone	

K1.	Contract Type (<i>check one</i>): Personal Service Capital	
K2.	Brief Summary of Contract Description/Purpose	
K3.	Department Project Number	
K4.	Original Contract Amount	\$
K5.	Contract Begin Date	
K6.	Original Contract End Date	
K7.	Amendment? (Yes or No)	
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	\$
K11.	- Total Previous Amendment Amounts	\$
K12.	- Revised Total Contract Amount	\$

B1.	Intended Board Agenda Date	
B2.	Number of Workers Displaced (<i>if any</i>)	
B3.	Number of Competitive Bids (<i>if any</i>)	
B4.	Lowest Bid Amount (<i>if bid</i>)	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (<i>If Yes, cite Paragraph</i>)	

F1.	Fund Number	
F2.	Department Number	
F3.	Line Item Account Number	
F4.	Project Number (<i>if applicable</i>)	
F5.	Program Number (<i>if applicable</i>)	
F6.	Org Unit Number (<i>if applicable</i>)	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	
V3.	Mailing Address	
V4.	City State (two-letter) Zip (include +4 if known)	
V5.	Telephone Number	
V6.	Vendor Contact Person	
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	

V11 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: 6/23/2025

Authorized Signature: David Mitchell