Contract Summary Form: Contract Number : 12 - 141 - - -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>$100,000) or Purchasing (≤$100,000). *See also "Contracts for Services" policy. Form not applicable to revenue contracts.*

D1. Fiscal Year ..... : FY 12/13
D2. Budget Unit Number *(plus -Ship/-Bill codes in paren's)*: 044
D3. Requisition Number ..... :
D4. Department Name ..... : Social Services
D5. Contact Person ..... : Patty Teniente
D6. Phone ..... : 346-8362

K1. Contract Type *(check one)*: [X] Personal Service [ ] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose . : WIA Youth Follow Up Services
K3. Original Contract Amount ..... : $126,060
K4. Contract Begin Date ..... : 6/19/12
K5. Original Contract End Date ..... : 7/31/13
K6. Amendment History *(leave blank if no prior amendments)*:

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	1/8/13	-$37,005	-$37,005	$89,055	7/31/13	De-obligation

K7. Department Project Number ..... :

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

F1. Encumbrance Transaction Code ..... : 1701
F2. Current Year Encumbrance Amount ..... : $
F3. Fund Number ..... : 0055
F4. Department Number ..... : 044
F5. Program Number ..... :
F6. Account Number ..... : 7510/6347/5365
F7. Org. Unit Number ..... :
F8. Payment Terms ..... Net 30

V1. Vendor Numbers *(A=uditor; P=urchasing)* ..... :
V2. Payee/Contractor Name ..... : Community Action Commission
V3. Mailing Address ..... : 5638 Hollister Ave, Suite 230
V4. City State *(two-letter)* Zip *(include +4 if known)* : Goleta, CA 93117
V5. Telephone Number ..... : (805) 964-8857
V6. Contractor's Federal Tax ID Number ..... :
V7. Contact Person ..... : Carolyn Contreras, Family & Youth Services Director
V8. Workers Comp Insurance Expiration Date ..... : 9/1/13
V9. Liability Insurance Expiration Date[s] *(G=enl; P=rofl)*: 5/24/13
V10. Professional License Number ..... : #
V11. Verified by *(name of County staff)* ..... : Patty Teniente
V12. Company Type *(Check one)*: [ ] Individual [ ] Sole Proprietorship [ ] Partnership [ ] Corporation
[ ] Educational Institution [X] Non Profit

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

Authorized Signature:

(Co of SB Std Terms Ver 10-01-01)