

Contract Summary Form:

Contract Number: BC 08-069

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."

D1. Fiscal Year..... : FY 2007/08, 2008/09, 2009/10
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's).. : 063 (1911-2110)
D3. Requisition Number : N/A
D4. Department Name : General Services/Risk Management
D5. Contact Person..... : Bobbie Overgaard
D6. Phone : (805) 884-6866

K1. Contract Type (check one): [X] Personal Service [] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose..... : Workers' Compensation Claim Medical Services
K3. Original Contract Amount..... : variable depending on injuries and required medical treatments;
..... : \$150,000 to \$160,000 estimated annual

K4. Contract Begin Date : 12/01/2007
K5. Original Contract End Date..... : 06/30/2010

K6. Amendment History (leave blank if no prior amendments):
Table with columns: Seq#, EffectiveDate, ThisAmndtAmt, CumAmndtToDate, NewTotalAmt, NewEndDate, Purpose (2-4 words)

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) : N/A
B4. Lowest Bid Amount (if bid)..... : N/A
B5. If Board waived bids, show Agenda Date :
B6. ... and Agenda Item Number..... :
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶/¶) : Yes

F1. Encumbrance Transaction Code..... : N/A
F2. Current Year Encumbrance Amount : N/A
F3. Fund Number : 1911
F4. Department Number : 063
F5. Division Number (if applicable)..... :
F6. Account Number..... : 7597
F7. Cost Center number (if applicable) : 2110
F8. Payment Terms : Net 60

V1. Vendor Numbers (Auditor; Purchasing)..... : 712657
V2. Payee/Contractor Name : Sansum-Santa Barbara Medical Foundation Clinic
..... : Occupational Medicine Center

V3. Mailing Address..... : 101 South Patterson Avenue
V4. City State (two-letter) Zip (include +4 if known)..... : Santa Barbara, CA 93111
V5. Telephone Number : (805) 898-3311
V6. Contractor's Federal Tax ID Number (EIN or SSN)..... : 95-6419205
V7. Contact Person : David Wyatt, M.D. Medical Director
V8. Workers Comp Insurance Expiration Date : 11/15/2008
V9. Liability Insurance Expiration Date[s] (Genl; Profl) : 05/01/2008
V10. Professional License Number : N/A
V11. Verified by (name of County staff)..... : Robin Wilkins
V12. Company Type (Check one): [] Individual [] Sole Proprietorship [] Partnership [X] Corporation

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

Date : 11-19-2007 Authorized Signature _____