

D1. Fiscal Year : FY 003/04 through FY2013/14
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : Dept 066 Budget Unit 8825 (066030131100)
 D3. Requisition Number : N/A
 D4. Department Name..... : Information Technology
 D5. Contact Person..... : Robin Wilkins
 D6. Phone : 568-2629

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : Maintenance and Support for the County Telephone system
 K3. Original Contract Amount : \$ 324,099 annually with cost of living increases
 K4. Contract Begin Date..... : 04/01/2004
 K5. Original Contract End Date..... : 03/31/2014
 K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtTo</u>	<u>DateNew</u>	<u>TotalAmtNew</u>	<u>EndDate</u>	<u>Purpose (2-4 words)</u>
1	10/21/2008	\$2,300,000	\$3,697,269		\$4,100,000	N/A	Department telephone support
2	04/01/2009	\$ 850,000	\$4,043,000		\$4,950,000	N/A	Department telephone support

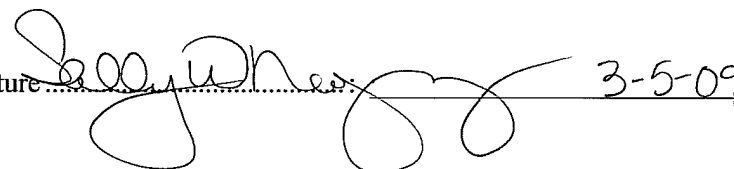
K7. Department Project Number..... :

B1. Is this a Board Contract? (Yes/No) : Yes
 B2. Number of Workers Displaced (if any)..... : None
 B3. Number of Competitive Bids (if any)..... : 2
 B4. Lowest Bid Amount (if bid) : \$SeeK3
 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 ¶¶) : 4,5&16

F1. Encumbrance Transaction Code : 1701
 F2. Current Year Encumbrance Amount..... : \$N/A
 F3. Fund Number : 1919
 F4. Department Number : 066
 F5. Division Number (if applicable) : 3110
 F6. Account Number..... : 7122
 F7. Cost Center number (if applicable) : N/A
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... : A003977
 V2. Payee/Contractor Name..... : NEC Unified Solutions, Inc.
 V3. Mailing Address..... : BOne Lockbox West
 : Dept 100150
 V4. City State (two-letter) Zip (include +4 if known) : Pasadena, CA 911890150
 V5. Telephone Number : (714) 484-6230
 V6. Contractor's Federal Tax ID Number..... : 20-0665337
 V7. Contact Person : Paul Desmond
 V8. Workers Comp Insurance Expiration Date..... : 04/01/2009
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 04/01/2009
 V10. Professional License Number..... : #N/A
 V11. Verified by (name of County staff)..... : Robin Wilkins
 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 : Authorized Signature  3-5-09