

Contract Number : - - - -

D1. Fiscal Year : FY2009-10
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 062
D3. Requisition Number :
D4. Department Name : Clerk-Recorder-Assessor
D5. Contact Person : Rose Rodarte
D6. Phone : 568-2687

K1. Contract Type (check one): [x] Personal Service [] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Recorder's Information and Imaging Sytem (RIIMS)
Service Contract

K3. Original Contract Amount : \$198,943.64
K4. Contract Begin Date..... : July 1, 2009
K5. Original Contract End Date : June 30, 2010

K6. Amendment History (leave blank if no prior amendments):
Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate Purpose (2-4 words)
\$ \$ \$

K7. Department Project Number

B1. Is this a Board Contract? (Yes/No)..... : Yes
B2. Number of Workers Displaced (if any)..... :
B3. Number of Competitive Bids (if any) :
B4. Lowest Bid Amount (if bid)..... : \$
B5. If Board waived bids, show Agenda Date :
B6. ... and Agenda Item Number : #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

F1. Encumbrance Transaction Code : 1701
F2. Current Year Encumbrance Amount : \$
F3. Fund Number..... : 0001
F4. Department Number..... : 062
F5. Division Number (if applicable)..... : 3000
F6. Account Number : 7124
F7. Cost Center number (if applicable)..... :
F8. Payment Terms..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) : A= 214714
V2. Payee/Contractor Name : DFM Associates
V3. Mailing Address : 10 Chrysler
V4. City State (two-letter) Zip (include +4 if known) : Irvine, CA 92618
V5. Telephone Number..... : 1-888-336-3297
V6. Contractor's Federal Tax ID Number..... :
V7. Contact Person..... : Thomas G. Diebolt, President
V8. Workers Comp Insurance Expiration Date..... :
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :
V10. Professional License Number : #
V11. Verified by (name of County staff) :
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 : Authorized Signature.....