

ATTACHMENT E

Board Contract Summary Good Samaritan Shelter Services

Board Contract Summary

BC 19 228

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	2021-2022 and 2022-2023
D2.	Department Name	Sheriff
D3.	Contact Person	Commander Shawn T. Lammer
D4.	Telephone	805-681-4020

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Amendment to Good Samaritan's Disharge Planning Services for Cusotdy Branch Jail's		
K3.	Department Project Number			
K4.	Original Contract Amount	\$	95,000.00	
K5.	Contract Begin Date	07/01/2018		
K6.	Original Contract End Date	06/30/2019		
K7.	Amendment? (Yes or No)	Yes		
K8.	- New Contract End Date	06/30/2023		
K9.	- Total Number of Amendments	Third		
K10.	- This Amendment Amount	\$	190,000.00	
K11.	- Total Previous Amendment Amounts	\$	190,000.00	
K12.	- Revised Total Contract Amount	\$	380,000.00	

B1.	Intended Board Agenda Date	07/12/2022
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	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	Amendment Attachment D, Exhibit C

F1.	Fund Number	0001
F2.	Department Number	032
F3.	Line Item Account Number	7460
F4.	Project Number (if applicable)	AB109
F5.	Program Number (if applicable)	1071
F6.	Org Unit Number (if applicable)	6071
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Good Samaritan Shelter Services
V3.	Mailing Address	400 W. Park Avenue
V4.	City State (two-letter) Zip (include +4 if known)	Santa Maria, CA 93458
V5.	Telephone Number	(805) 623-5304 Extension #3
V6.	Vendor Contact Person	Hector Giron, CFO
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: 06/20/2022 Authorized Signature: CMOR: Shawn T. Lammer