

Board Contract Summary

BC 16127

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	2015-2016
D2.	Department Name	County Executive Offices
D3.	Contact Person	Terri Nisich
D4.	Telephone	805.568.3400

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 50,303.00
K5.	Contract Begin Date	July 1, 2015
K6.	Original Contract End Date	June 30, 2016
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	\$
K11.	- Total Previous Amendment Amounts	\$
K12.	- Revised Total Contract Amount	\$

B1.	Intended Board Agenda Date	October 20, 2015
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)	No

F1.	Fund Number	0001
F2.	Department Number	990
F3.	Line Item Account Number	7650
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	7500
F6.	Org Unit Number (if applicable)	Quarterly
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	188062
V2.	Payee/Contractor Name	Community Action Commission
V3.	Mailing Address	5638 Hollister Ave. #230
V4.	City State (two-letter) Zip (include +4 if known)	Goleta CA 93117
V5.	Telephone Number	805.683.4458
V6.	Vendor Contact Person	Saul Serrano
V7.	Workers Comp Insurance Expiration Date	9.1.16
V8.	Liability Insurance Expiration Date	5.24.16
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	SUSAN FOLEY

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: 9.22.15 Authorized Signature: 

Email to Josue