

Board Contract Summary

BC _____

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	FY 17/18
D2.	Department Name	County Executive Office
D3.	Contact Person	Dennis Bozanich
D4.	Telephone	568-3400

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Legislative Advocacy at the Federal level
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 198,000
K5.	Contract Begin Date	January 1, 2018
K6.	Original Contract End Date	December 31, 2019
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	
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)	

F1.	Fund Number	0001
F2.	Department Number	012
F3.	Line Item Account Number	7510
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	6000
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	005395
V2.	Payee/Contractor Name	Thomas Walters & Assoc
V3.	Mailing Address	25 Massachusetts Avenue NW
V4.	City State (two-letter) Zip (include +4 if known)	Washington, DC 20001-1452
V5.	Telephone Number	202 737-7523
V6.	Vendor Contact Person	Thomas Walters
V7.	Workers Comp Insurance Expiration Date	N/A
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: _____ Authorized Signature: _____