

Contract Summary Form: Contract Number: PC-10-007

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year : FY 08-09
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) :
 D3. Requisition Number :
 D4. Department Name : Social Services
 D5. Contact Person : Linda Rodriguez
 D6. Phone : (805) 346-7294

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : WIA National Emergency Grant Funding
 K3. Original Contract Amount : \$ 186,190
 K4. Contract Begin Date : 7/1/09
 K5. Original Contract End Date : 12/31/09
 K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose</u>
<i>(2-4 words)</i>						
	\$	\$	\$			

K7. Department Project Number : 044

B1. Is this a Board Contract? (Yes/No) : Yes
 B2. Number of Workers Displaced (if any) : N/A
 B3. Number of Competitive Bids (if any) : N/A
 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 : 0005
 F4. Department Number : 044
 F5. Division Number (if applicable) : 08
 F6. Account Number : 7510
 F7. Cost Center number (if applicable) : 09
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=auditor; P=purchasing) :
 V2. Payee/Contractor Name : Parks & Recreation, City of Santa Barbara
 V3. Mailing Address : P. O. Box 1990
 V4. City State (two-letter) Zip (include +4 if known) : Santa Barbara, CA 93102
 V5. Telephone Number : (805) 564-5437
 V6. Contractor's Federal Tax ID Number (EIN or SSN) :
 V7. Contact Person : Jill Zachary, Assistant Parks & Recreation Director
 V8. Workers Comp Insurance Expiration Date : Indefinite
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) :
 V10. Professional License Number : #
 V11. Verified by (name of County staff) : Linda Rodriguez
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation
 Unit of Local Government

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature: _____