

ATTACHMENT

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Board Contract Summary

BC 17 _237

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	2019/20 through 2021/22
D2.	Department Name	Sheriff and Probation
D3.	Contact Person	Chief Vincent Wasilewski
D4.	Telephone	805-681-4246

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Healthcare services for inmates at Sheriff's Jail Facilities and for detainees at Probation Facilities
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 36,792,638
K5.	Contract Begin Date	April 1, 2017
K6.	Original Contract End Date	March 31, 2022
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	March 31, 2022
K9.	- Total Number of Amendments	0 (This is the first one)
K10.	- This Amendment Amount	\$ 21,238,371
K11.	- Total Previous Amendment Amounts	\$ 0
K12.	- Revised Total Contract Amount	\$ 42,702,149

B1.	Intended Board Agenda Date	May 19, 2020
B2.	Number of Workers Displaced (if any)	None
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	032 and 022
F3.	Line Item Account Number	Multiple
F4.	Project Number (if applicable)	Multiple
F5.	Program Number (if applicable)	Multiple
F6.	Org Unit Number (if applicable)	Multiple
F7.	Payment Terms	Monthly

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	California Forensic Medical Group
V3.	Mailing Address	12220 El Camino, Suite 310
V4.	City State (two-letter) Zip (include +4 if known)	Del Mar, Ca. 92130
V5.	Telephone Number	831-641-3298
V6.	Vendor Contact Person	Cindy Watson
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: 5/8/2020

Authorized Signature: 