

# **Attachment D**

# Board Contract Summary

BC 17 -182

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 .....	2020-2021
D2.	Department Name .....	Sheriff
D3.	Contact Person .....	Lt. Shawn T. Lammer
D4.	Telephone .....	805-681-4186

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Amendment to Aramark's Inmate Commissary Agreement
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 3,500,000
K5.	Contract Begin Date .....	05/17/2016
K6.	Original Contract End Date .....	04/30/2019
K7.	Amendment? (Yes or No) .....	Yes
K8.	- New Contract End Date .....	12/31/2020
K9.	- Total Number of Amendments .....	Fourth
K10.	- This Amendment Amount .....	\$ 221,000
K11.	- Total Previous Amendment Amounts .....	\$ 770,000
K12.	- Revised Total Contract Amount .....	\$ 4,491,000

B1.	Intended Board Agenda Date .....	11/10/2020
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 .....	032
F3.	Line Item Account Number .....	7060
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	

V1.	Auditor-Controller Vendor Number .....	
V2.	Payee/Contractor Name .....	Aramark Correctional Services, LLC
V3.	Mailing Address .....	1101 Market Street
V4.	City State (two-letter) Zip (include +4 if known) .....	Philadelphia, PA 19107
V5.	Telephone Number .....	215-238-3000
V6.	Vendor Contact Person .....	Mark R. Adams
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: 10/10/2020 Authorized Signature: [Signature] #2761