

Board Contract Summary

BC 15-138

By: Josee x2156

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	15-16
D2.	Department Name.....	Social Services
D3.	Contact Person	Emma Duncan
D4.	Telephone	346-7294

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	Maintenance & Ops Agreement-WCDS Consortium Counties and HP Enterprise Svcs, LLC
K3.	Department Project Number.....	
K4.	Original Contract Amount.....	\$ 8,168,309.00
K5.	Contract Begin Date.....	2/1/2015
K6.	Original Contract End Date.....	1/31/2020
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	12/2/14
B2.	Number of Workers Displaced (if any)	none
B3.	Number of Competitive Bids (if any).....	N/A
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	0055
F2.	Department Number.....	044
F3.	Line Item Account Number.....	7322
F4.	Project Number (if applicable)	NA
F5.	Program Number (if applicable)	1325
F6.	Org Unit Number (if applicable).....	2000
F7.	Payment Terms.....	Net 30

V1.	Auditor-Controller Vendor Number.....	247725
V2.	Payee/Contractor Name.....	HP Enterprise Services, LLC
V3.	Mailing Address.....	PO Box 848433
V4.	City State (two-letter) Zip (include +4 if known).....	Dallas, TX 75284
V5.	Telephone Number	(916) 608-3223
V6.	Vendor Contact Person.....	Steve Maciel
V7.	Workers Comp Insurance Expiration Date	N/A
V8.	Liability Insurance Expiration Date.....	9/30/15
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	Emma Duncan

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: 11/18/14 Authorized Signature: [Signature]