

Board Contract Summary

BC 16-148

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 15/16 - FY 16/17
D2.	Department Name	Court Special Services
D3.	Contact Person	Casie E. Hill
D4.	Telephone	805-882-4682

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Funding of ADR/DRPA Dispute Resolution Programs, FY 15/16 - FY 16/17
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 72,000 annually
K5.	Contract Begin Date	01/01/2016
K6.	Original Contract End Date	12/31/2015
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	06/30/2017
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	\$
K11.	- Total Previous Amendment Amounts	\$
K12.	- Revised Total Contract Amount	\$

B1.	Intended Board Agenda Date	December 15, 2015
B2.	Number of Workers Displaced (if any)	None
B3.	Number of Competitive Bids (if any)	1
B4.	Lowest Bid Amount (if bid)	72,000 annually
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	Added "Court" in Contract Template

F1.	Fund Number	0069
F2.	Department Number	025
F3.	Line Item Account Number	7671
F4.	Project Number (if applicable)	ANA
F5.	Program Number (if applicable)	5004
F6.	Org Unit Number (if applicable)	1000
F7.	Payment Terms	\$6,000 monthly

V1.	Auditor-Controller Vendor Number	006844
V2.	Payee/Contractor Name	Conflict Solutions Center
V3.	Mailing Address	1528 Chapala Street, # 205
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93101
V5.	Telephone Number	805-963-8165
V6.	Vendor Contact Person	Lizzie Rodriguez
V7.	Workers Comp Insurance Expiration Date	10/01/2016
V8.	Liability Insurance Expiration Date	05/07/2016
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	AMMON M. HOENIGMAN

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: _____

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