

Contract Summary Form
Contract Number: BC09-011

D1. Fiscal Year : FY08/09
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 044
 D3. Requisition Number : N/A
 D4. Department Name : Social Services
 D5. Contact Person : Judy Doughty
 D6. Phone : 346-7302
 K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose :
 Enhanced Family Reunification Services
 K3. Original Contract Amount : \$190,000
 K4. Contract Begin Date : 07/01/08
 K5. Original Contract End Date : 6/30/09
 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>						
1	01/01/09	\$84,000	\$84,000	\$274,000	06/30/09	

K7. Department Project Number : N/A
 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) : 3
 B4. Lowest Bid Amount (if bid) : \$100,000
 B5. If Board waived bids, show Agenda Date : N/A
 B6. ... and Agenda Item Number : #
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Yes
 F1. Encumbrance Transaction Code : 1701
 F2. Current Year Encumbrance Amount : N/A
 F3. Fund Number : 0055
 F4. Department Number : 044
 F5. Division Number (if applicable) : 07
 F6. Account Number : 7659
 F7. Cost Center number (if applicable) :
 F8. Payment Terms : Net 30
 V1. Vendor Numbers (A=uditor; P=urchasing) : A=188062
 V2. Payee/Contractor Name : Community Action Commission
 V3. Mailing Address : 5638 Hollister Ave, Suite 23.
 V4. City State (two-letter) Zip (include +4 if known) : Goleta, CA 93117
 V5. Telephone Number : 805 964-8857
 V6. Contractor's Federal Tax ID Number (EIN or SSN) : 95-2491790
 V7. Contact Person : Carolyn Contreras
 V8. Workers Comp Insurance Expiration Date : 9/1/08
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 5/24/09
 V10. Professional License Number : #
 V11. Verified by (name of County staff) : Judy Doughty
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership
 Corporation Private Non-Profit

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