

Board Contract Summary

BC 16-072

Assigned By: Josue 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	FY 2015-2018
D2.	Department Name	Public Health
D3.	Contact Person	Dan Reid
D4.	Telephone	X5173

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Hospitalist and Outpatient Professional Services.
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 3,070,752
K5.	Contract Begin Date	July 1, 2015
K6.	Original Contract End Date	June 30, 2018
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	June 23, 2015
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	N/A
B4.	Lowest Bid Amount (if bid)	N/A
B5.	If Board waived bids, show Agenda Date	N/A
	and Agenda Item Number	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	Exhibit C approved by Risk

F1.	Fund Number	0042
F2.	Department Number	041
F3.	Line Item Account Number	7467
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	3001
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Lawrence J. Bines
V3.	Mailing Address	216 Mesa Lane
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93109
V5.	Telephone Number	805-966-7140
V6.	Vendor Contact Person	Lawrence J. Bines
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	<u>Kelly Lazarus</u>

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: 6/9/15 Authorized Signature: Kelly Lazarus