Board Contract Summary

BC ____-_____

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	2025/2026
D2.	Department Name	Sheriff's Office
D3.	Contact Person	Commander Garrett TeSlaa
D4.	Telephone	805-681-4100

K1.	Contract Type *(check one)*: [X] Personal Service Capital	
K2.	Brief Summary of Contract Description/Purpose	Equity lease of vehicles for law enforcement operations
K3.	Department Project Number	
K4.	Original Contract Amount	$6,984,200
K5.	Contract Begin Date	February 9, 2026
K6.	Original Contract End Date	February 9, 2031
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	January 27, 2026
B2.	Number of Workers Displaced *(if any)*	0
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.	Cost Center Number	032
F3.	Spend Category Number	7893
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	
F6.	Initiative Number *(if applicable)*	
F7.	Other Worktags *(if applicable)*	
F8.	Payment Terms	

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Enterprise Fleet Management
V3.	Mailing Address	5805 Sepulveda Blvd, Suite 800
V4.	City State (two-letter) Zip (include +4 if known)	Van Nuys CA 91411
V5.	Telephone Number	818-782-9963
V6.	Vendor Contact Person	Laura Clarke
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 [X] Corporation

I <u>certify</u> information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____

Revised 8/14/2025