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
D3.	Contact Person	Susan Farley
D4.	Telephone	805-692-5730

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Annual maintenance agreement renewal for CentralSquare CAD system for the Dispatch Center
K3.	Department Project Number	2466
K4.	Original Contract Amount	$ 491,101
K5.	Contract Begin Date	April 1, 2024
K6.	Original Contract End Date	March 31, 2026
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	March 31, 2027
K9.	- Total Number of Amendments	One
K10.	- This Amendment Amount	$ 223,700
K11.	- Total Previous Amendment Amounts	$ 491,101
K12.	- Revised Total Contract Amount	$ 718,810

B1.	Intended Board Agenda Date	April 7, 2026
B2.	Number of Workers Displaced *(if any)*	
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.	Department Number	032
F3.	Line Item Account Number	7124
F4.	Project Number *(if applicable)*	2466
F5.	Program Number *(if applicable)*	1032
F6.	Org Unit Number *(if applicable)*	6064
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	104727
V2.	Payee/Contractor Name	CentralSquare Technologies LLC
V3.	Mailing Address	1000 Business Center Drive
V4.	City State (two-letter) Zip (include +4 if known)	Lake Mary, FL 32746
V5.	Telephone Number	605-799-1503
V6.	Vendor Contact Person	Randy McCloskey, Account Manager
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 ☐ Corporation

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

Date: 02/27/2026 Authorized Signature: _____

Revised 1/13/2014