

Attachment I

Board Contract Summary

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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	2021-22
D2.	Department Name	Sheriff
D3.	Contact Person	Susan Farley
D4.	Telephone	805-692-5730

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Annual maintenance agreement renewal for TriTech CAD system for the Public Safety Dispatch Center
K3.	Department Project Number.....	2466
K4.	Original Contract Amount.....	\$ 1,175,000
K5.	Contract Begin Date	6/28/2006
K6.	Original Contract End Date	3/31/2011
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date	3/31/2022
K9.	- Total Number of Amendments	Fourteenth
K10.	- This Amendment Amount.....	\$ 236,465.53
K11.	- Total Previous Amendment Amounts.....	\$ 2,249,847
K12.	- Revised Total Contract Amount	\$ 3,677,286

B1.	Intended Board Agenda Date	April 19, 2022
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	7460
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	004107
V2.	Payee/Contractor Name.....	TriTech Software Systems
V3.	Mailing Address.....	12709 Collection Center Drive
V4.	City State (two-letter) Zip (include +4 if known).....	Chicago, IL 60693
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: 04-27-2022 Authorized Signature: Susan Farley