

Board Contract Summary

BC 17 _135

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 2022-2023
D2.	Department Name	Sheriff
D3.	Contact Person	Lieutenant Selim Celmeta
D4.	Telephone	805-681-4047

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	GPS Tracking services for inmates on electronic monitoring
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 900,000.00
K5.	Contract Begin Date	09/01/2016
K6.	Original Contract End Date	08/31/2020
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date	08/31/2023
K9.	- Total Number of Amendments	Third
K10.	- This Amendment Amount.....	\$ No Change
K11.	- Total Previous Amendment Amounts.....	\$
K12.	- Revised Total Contract Amount	\$ 900,000.00

B1.	Intended Board Agenda Date	August 30, 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).....	No

F1.	Fund Number	0001
F2.	Department Number.....	032
F3.	Line Item Account Number.....	7460
F4.	Project Number (if applicable).....	
F5.	Program Number (if applicable)	
F6.	Org Unit Number (if applicable).....	
F7.	Payment Terms.....	Net 30

V1.	Auditor-Controller Vendor Number	009413
V2.	Payee/Contractor Name	Satellite Tracking of People (STOP)
V3.	Mailing Address	PO BOX 95397
V4.	City State (two-letter) Zip (include +4 if known).....	Grapevine, TX 76099
V5.	Telephone Number	832-553-9502
V6.	Vendor Contact Person.....	Greg Utterback
V7.	Workers Comp Insurance Expiration Date	09/30/2022
V8.	Liability Insurance Expiration Date	09/30/2022
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: 06/30/2022 Authorized Signature: [Signature]