Pancho R. Occiano II
Digitally signed by Pancho R Occiano II
DN: cn=Pancho R. Occiano II, o=Auditor Controller, ou=FACS, email=pocciano@co.santa-barbara.ca.us, c=US
Date: 2014.05.07 11:30:57 -07'00'

BC14060

Board Contract Summary

For use with Expenditure Contracts. Complete form below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts.*

D1.	Fiscal Year	FY 2014-2015
D2.	Department Name	Public Health Department
D3.	Contact Person	Paige Batson
D4.	Telephone	346-8286

K1.	Contract Type *(check one)*: Personal Service ☒ Capital ☐	
K2.	Brief Summary of Contract Description/Purpose	Funding for Pacific Pride Foundation to provide services for the HIV Care Program.
K3.	Department Project Number	
K4.	Original Contract Amount	$243,750
K5.	Contract Begin Date	4-1-14
K6.	Original Contract End Date	3-31-16
K7.	Amendment? (Yes or No)	No
K8.	- Total Number of Amendments	0
K9.	- This Amendment Amount	$
K10.	- Total Previous Amendment Amounts	$
K11.	- Revised Total Contract Amount	$

B1.	Is this a Board Contract? *(Yes/No)*	Yes
B2.	Number of Workers Displaced *(if any)*	N/A
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	
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	No

F1.	Fund Number	0042
F2.	Department Number	041
F3.	Line Item Account Number	
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	
V2.	Payee/Contractor Name	Pacific Pride Foundation
V3.	Tax ID	On file
V4.	Mailing Address	126 E. Haley St. Suite A-11
V5.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93101
V6.	Telephone Number	(805) 963-3636
V7.	Vendor Contact Person	David Selberg
V8.	Workers Comp Insurance Expiration Date	N/A
V9.	Liability Insurance Expiration Date	N/A
V10.	Professional License Number	N/A
V11	Verified by (print name of county staff)	Kelly Lazarus

V12 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: 5/7/14 Authorized Signature: Kelly Lazarus

Revised 9/12/2013