Contract Summary

BC 15 - 033

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>$100,000) or to Purchasing (<$100,000). *See also: Auditor-Controller Intranet Policies->Contracts, Form is not applicable to revenue contracts.*

D1.	Fiscal Year	FY2014-15
D2.	Department Name	Probation Department
D3.	Contact Person	Damon Fletcher
D4.	Telephone	(805) 882-3654

K1.	Contract Type *(check one)*: [X] Lease Personal Service	
K2.	Brief Summary of Contract Description/Purpose	Lease Agreement for Probation Report and Resource Center in Santa Maria
K3.	Department Project Number	003678
K4.	Original Contract Amount	$7,763/mo
K5.	Contract Begin Date	Upon execution by the Board of Supervisors
K6.	Original Contract End Date	June 30, 2019
K7.	Amendment? (Yes or No)	No
K8.	- Total Number of Amendments	N/A
K9.	- This Amendment Amount	N/A
K10.	- Total Previous Amendment Amounts	N/A
K11.	- Revised Total Contract Amount	N/A

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	N/A
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	No

F1.	Fund Number	0001
F2.	Department Number	022
F3.	Line Item Account Number	7580
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	4080
F6.	Org Unit Number *(if applicable)*	~~4450~~ 4410 (AB 109)
F7.	Payment Terms	$7,763/mo

V1.	Auditor-Controller Vendor Number	055862
V2.	Payee Name	Phillip G. Tate
V3.	Mailing Address	P.O. Box 2369
V4.	City State (two-letter) Zip (include +4 if known)	Nipomo, CA 93444
V5.	Telephone Number	(805) 801-2060
V6.	Vendor Contact Person	
V7.	Workers Comp Insurance Expiration Date	N/A
V8.	Liability Insurance Expiration Date	N/A
V9.	Professional License Number	
V10	Verified by (print name of county staff)	Damon Fletcher

V11 Company Type *(Check one):* [X] Individual Sole Proprietorship Partnership Corporation

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

Date: 6/12/14 Authorized Signature: Damon Fletcher

Revised 8/26/2013