# 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 | FY2016-17 thru FY2020-21 |
| D2. | Department Name | Sheriff |
| D3. | Contact Person | Lieutenant Ryan Sullivan |
| D4. | Telephone | 681-4356 |

| | | |
|---|---|---|
| K1. | Contract Type *(check one)*: ☑ Personal Service ☐ 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 | 9/1/2016 |
| K6. | Original Contract End Date | 8/31/2020 |
| K7. | Amendment? (Yes or No) | No |
| K8. | - New Contract End Date | |
| K9. | - Total Number of Amendments | |
| K10. | - This Amendment Amount | $ |
| K11. | - Total Previous Amendment Amounts | $ |
| K12. | - Revised Total Contract Amount | $ |

| | | |
|---|---|---|
| B1. | Intended Board Agenda Date | August 23, 2016 |
| 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 | 9/9/2016 |
| V8. | Liability Insurance Expiration Date | 9/9/2016 |
| 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: 8/9/16 Authorized Signature: LT. RYAN SULLIVAN

Revised 1/13/2014