Board Contract Summary

BC 17 -182

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	2019-2020
D2.	Department Name	Sheriff's
D3.	Contact Person	Lt. Shawn Lammer
D4.	Telephone	805-681-4252

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Amendment to Aramark's Commissary Contact
K3.	Department Project Number	
K4.	Original Contract Amount	$ 3,500,000
K5.	Contract Begin Date	5/17/16
K6.	Original Contract End Date	4/30/19
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	8/31/19
K9.	- Total Number of Amendments	First
K10.	- This Amendment Amount	$ 185,000
K11.	- Total Previous Amendment Amounts	$ 0
K12.	- Revised Total Contract Amount	$ 3,684,000

B1.	Intended Board Agenda Date	4/1/19
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	7060
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	1063
F6.	Org Unit Number *(if applicable)*	6077
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Aramark Correctional Services, LLC
V3.	Mailing Address	1101 Market Street
V4.	City State (two-letter) Zip (include +4 if known)	Philadelphia, PA 19107
V5.	Telephone Number	215-238-3000
V6.	Vendor Contact Person	David Kimmel
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: 3/27/19 Authorized Signature: _____

Revised 1/13/2014