

CONTRACT FORM 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to: Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus	CONTRACT TYPE		
	Professional Service - Operating		
	Professional Service - Capital		
	Purchase of Service		<input checked="" type="checkbox"/>
		Preliminary	Final
			<input checked="" type="checkbox"/>
DEPARTMENT NAME		AGENCY NO.	DEPARTMENT (HIGH) ORG
		790	7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
<input checked="" type="checkbox"/>		XXXXX		251-419-55
NAME OF VENDOR		ADDRESS		
Greater Galilee Community Development		<input checked="" type="checkbox"/>		
TAX I.D. NO.	EFFECTIVE DATES:		LENGTH OF CONTRACT	AMENDMENT ONLY: DOLLAR
	begin date	end date	(IN MONTHS)	CHANGE
	01/01/19	12/31/19	12	
				TOTAL CONTRACT AMOUNT
				\$ 150,000.00

ACCOUNTING INFORMATION

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2019	01	0001	790	7931	0000		8123				\$150,000.00
2019	02	001	790	7931	0000		8123				89,932 60,068

PURPOSE OF CONTRACT

Purchase of service contracts for Elderly services for time period 1/01/19-12/31/19

Was County Board approval received prior to contract execution or contract amendment or extension?

XXXXX If YES, give County Board File No. _____ Date Approved _____

If NO, why is County Board approval not required? _____

Was Contract fully executed prior to work being performed (all signatures received)? YES NO

Is Vendor a certified professional service DBE? YES NO

Prepared By Signature of County Administrator Date 11/16/18	Accountant Title Assistant Fiscal Interim Director
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