

**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	<b>CONTRACT TYPE</b> Professional Service - Operating Professional Service - Capital Purchase of Service <input checked="" type="checkbox"/> X Preliminary <input type="checkbox"/> Final <input checked="" type="checkbox"/> X
DEPARTMENT NAME	AGENCY NO. 790 DEPARTMENT (HIGH) ORG 7900

**VENDOR INFORMATION**

VENDOR NO. <input checked="" type="checkbox"/>	ORDER TYPE	NEW or AMEND	CONTRACT NO.
<input checked="" type="checkbox"/>		XXXXX	251-419-56
NAME OF VENDOR		ADDRESS	
Serving Older Americans		<input checked="" type="checkbox"/>	

TAX I.D. NO.	EFFECTIVE DATES:	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	begin date: 01/01/19 end date: 12/31/19	12		\$ 450,000.00

**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	7934	A5BU		8123				\$181,799.00
2019	02	0001	790	7934	A5DU		8123				\$ 268,201.00

**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

Nasrin Wertz

Prepared By *Santa Bhatnagar* Date *11/16/2018*

Signature of County Administrator Date

Accountant *Assistant Fiscal*

Title *Interim Director*

Title