

## Contract Face Sheet

<b>A. Contract Detail:</b>		Revenue Contract <input type="checkbox"/>	
Contract Writer Name and Phone #:		Francesca Rosales 707-463-7904	
Contract Boilerplate?		<input checked="" type="checkbox"/> Yes ** <input type="checkbox"/> No **If no, please attach nonstandard template	
Contractor/Grantor Name: Contact and Title:	Tri Cities Answering Service and Call Center Darlene Stratford, CEO	List any changes to the County template requested by Contractor here:	NA
Contractor Phone #	707-994-7427	Contractor Address	PO BOX 581 14210 Olympic Dr. Clearlake CA. 95422
Contractor Vendor # (if available) New Vendor – W9	5705 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contractor email	tricitiesceo@gmail.com
Start Date of Contract:	7/1/2022	End Date of Contract:	06/30/2024
Contract Amount:	Original: \$25,000 Amendment: \$ 20,000 Amendment (2): \$0 Amendment (3) 20,000 Total: \$65,000	Was this budgeted for in this FY?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Funding Source(s): Budget Unit: Acct. String: Org/Object Code:	5010 86-2060 SSCL 862060	General Fund Dollars?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Summary/Justification of Contracted Services	Legally mandated 24/7 emergency response telephone answering service for Social Services (SS) Adult Protective Services, SS- Child Welfare Services, and Behavioral Health and Recovery Services.		
Is the contract related to a grant? (Yes, needs explanation)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, what is the grant number?	
Is there a County Match for the grant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, what amount:	
Business License Required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, give Exemption Reason: Out of County Vendor	

**B. Competitive Bidding (For services over \$25,000)**

(Contact the General Services Agency/Central Services Division for more information regarding competitive bidding mandates)

**Contracts under RFP's are good for the original contract plus two renewals.**

Is this contract from an RFP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Original Contract
If Yes: RFP Title	<input type="checkbox"/> First Renewal
RFP #:	<input type="checkbox"/> Second Renewal
If over \$25,000, is there justification for Sole Source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, submit an Exception to Bid (EB) or use Prior EB (if within 4 years)	
Prior EB # 23-123 Renewal Year 2027	

**C. Contract Amendments:**

Amendment?	<input checked="" type="checkbox"/> Yes (explain below) <input type="checkbox"/> No	Previous Contract No.: 22-028 (A1) (A2)
Summarize Reason for Amendment	Implement new pricing structure, extend contract end date and add funds to total amount./ RFP Complete need to extend current agreement through 23-24 FY to prepare and complete New Agreement for 24-25 FY.	
Date of original Contract award 6/22/22 Approving authority: Purchasing Agent/ MCDSS Director		