CONTRACT NO. CA _____

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. **Department Requesting Services:** Head Start
2. **Preparer's Name, Telephone #, and E-Mail Address:**
   Mattie Harris 922-0725 harris-m@scgheadstart.com
3. **DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:**
   Head Start services for 100 children
4. **NAME, ADDRESS, VENDOR NUMBER, AND EOC NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:**
   Goodwill Homes Community Services
   P. O. Box 161282
   Memphis, TN 38186-1282
   VENDOR NO. 29135
   EOC NO. n/a
5. **COST OF ITEM OR SERVICE REQUESTED:** $370,696.00
6. **TERM OF PROPOSED CONTRACT/AGREEMENT:** 1/01/09 thru 12/31/09
7. **FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH****
   104-480360-6637
8. **COMMODITY CODE:** 961
9. **VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):**
   ****PLEASE ATTACH APPROVAL DOCUMENTS****
   a. ☒ Bid/RFP Process - # & Date _____
   b. ☐ Emergency/Sole Source
10. **LOSB/MBE INFORMATION: Please check the appropriate description**
    ☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
    ☐ MALE ☐ FEMALE
    ☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
    ☐ LOSB (LOCALLY OWNED SMALL BUSINESS)
    ANNUAL SALES DOES NOT EXCEED $3 MILLION
    ☒ N/A
11. **SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)**

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD 12/24/08 DATE

ELECTED OFFICIAL

DIVISION DIRECTOR DATE