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 398 children

4. **NAME, ADDRESS, VENDOR NUMBER, AND EOC NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:**
   Porter Leath Children's Center
   868 Manassas St.
   Memphis, TN 38107

   VENDOR NO. 22669

   EOC NO. n/a

5. **COST OF ITEM OR SERVICE REQUESTED:** $1,394,611

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 — DATE 12/04/08

ELECTED OFFICIAL — DIVISION DIRECTOR — DATE