



F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New	FAS Vendor Code		SC	Dept. MCR	A	Contract Number			
<input type="checkbox"/> Change									
<input type="checkbox"/> Cancel									
ePro Vendor Number					ePro Contract Number				
County Department			Dept.	Orgn.	Contractor's License No.				
Arrowhead Regional Medical Center			MCR	MCR					
County Department Contract Representative				Telephone		Total Contract Amount			
William L. Gilbert, Director				(909) 580-6150		\$0			
Contract Type									
<input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input checked="" type="checkbox"/> Other: Non-Financial License Agreement									
If not encumbered or revenue contract type, provide reason: <u>Non-Financial License Agreement</u>									
Commodity Code		Contract Start Date		Contract End Date		Original Amount	Amendment Amount		
		3/25/2017		3/24/2018					
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount			
EAD	MCR	MCR							
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount			
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount			
Project Name				Estimated Payment Total by Fiscal Year					
Farmers' Market				FY	Amount	I/D	FY	Amount	I/D
Non-Financial Agreement									

CONTRACTOR Southland Farmers' Market Association

Federal ID No. or Social Security No. _____

Contractor's Representative Howell Tumlin

Address P.O. Box 858, Topanga, CA 90290 Phone (310) 455 - 0181

Nature of Contract:

The Agreement with Southland Farmers' Market Association will provide technical assistance in the operations of a weekly certified farmers' market on the Arrowhead Regional Medical Center campus for the period of March 25, 2017, through March 24, 2018.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)	Reviewed as to Contract Compliance	Presented to BOS for Signature
 Frank Salazar, Deputy County Counsel	 	 William L. Gilbert, Director
Date _____	Date _____	Date _____

THIS IS NOT A CONTRACT
THIS IS A COVER
TRANSMITTAL ONLY

Auditor-Controller/Treasurer/Tax Collector Use Only	
<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By