

# **Attachment D**

Board Contract Summary

# Board Contract Summary

BC \_\_\_\_\_

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts*.

D1.	Fiscal Year .....	2018-19 through 2022-23
D2.	Department Name .....	Auditor-Controller
D3.	Contact Person .....	Ed Price
D4.	Telephone .....	x2126

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Sales Tax Analysis and Allocation Audit Recovery Services
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 105,000
K5.	Contract Begin Date .....	7/1/2018
K6.	Original Contract End Date .....	6/30/2023
K7.	Amendment? (Yes or No) .....	no
K8.	- New Contract End Date .....	
K9.	- Total Number of Amendments .....	
K10.	- This Amendment Amount .....	\$
K11.	- Total Previous Amendment Amounts .....	\$
K12.	- Revised Total Contract Amount .....	\$

B1.	Intended Board Agenda Date .....	Nov 6, 2018
B2.	Number of Workers Displaced (if any) .....	
B3.	Number of Competitive Bids (if any) .....	
B4.	Lowest Bid Amount (if bid) .....	
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	yes, Sections 11 & 19

F1.	Fund Number .....	0001
F2.	Department Number .....	061/990
F3.	Line Item Account Number .....	7460
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	
F6.	Org Unit Number (if applicable) .....	061-4020 / 990-7200
F7.	Payment Terms .....	Monthly fees invoiced quarterly

V1.	Auditor-Controller Vendor Number .....	083186
V2.	Payee/Contractor Name .....	Hinderlighter, de Llamas and Associates
V3.	Mailing Address .....	120 S. State College Blvd, Suite 200
V4.	City State (two-letter) Zip (include +4 if known) .....	Brea, CA 92821
V5.	Telephone Number .....	714.879.5000
V6.	Vendor Contact Person .....	Andrew Nickerson, President
V7.	Workers Comp Insurance Expiration Date .....	11/15/2018
V8.	Liability Insurance Expiration Date .....	5/26/2019
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	ED PRICE

V11 Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 10/23/18 Authorized Signature: [Signature]