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	2017
D2.	Department Name	Public Works
D3.	Contact Person	Mark Paul
D4.	Telephone	568-3016

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Provide finacial advisory services for the Tajiguas Resource Recovery Project
K3.	Department Project Number	195053
K4.	Original Contract Amount	$ 85,000.00
K5.	Contract Begin Date	04/19/2016
K6.	Original Contract End Date	06/31/2017
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount	$ 40,000.00
K11.	- Total Previous Amendment Amounts	$
K12.	- Revised Total Contract Amount	$ 125,000.00

B1.	Intended Board Agenda Date	02/14/2017
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)*	

F1.	Fund Number	1930
F2.	Department Number	054
F3.	Line Item Account Number	7460
F4.	Project Number *(if applicable)*	195053
F5.	Program Number *(if applicable)*	1950
F6.	Org Unit Number *(if applicable)*	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	046441
V2.	Payee/Contractor Name	KNN Public Finance LLC
V3.	Mailing Address	1300 Clay St, Suite 1000
V4.	City State (two-letter) Zip (include +4 if known)	Oakland, CA 94612
V5.	Telephone Number	510-839-8200
V6.	Vendor Contact Person	David Leifer
V7.	Workers Comp Insurance Expiration Date	07/01/2017
V8.	Liability Insurance Expiration Date	02/19/2018
V9.	Professional License Number	
V10	Verified by (print name of county staff)	

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: 2-2-17 Authorized Signature: _____

Revised 1/13/2014