

Contract Summary Form: _____ Contract Number : - - - - -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year: FY 2007
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) :
D3. Requisition Number:
D4. Department Name: County Counsel
D5. Contact Person: Anne Rierson
D6. Phone.....: 568-3246

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : outside tax counsel
K3. Original Contract Amount: \$ 6,000.00
K4. Contract Begin Date.....: January 1, 2007
K5. Original Contract End Date: January 1, 2010
K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtTo</u>	<u>DateNewTotal</u>	<u>AmtNewEnd</u>	<u>Date</u>	<u>Purpose (2-4 words)</u>
		\$	\$	\$			

K7. Department Project Number

B1. Is this a Board Contract? (Yes/No).....: Yes
B2. Number of Workers Displaced (if any).....: n/a
B3. Number of Competitive Bids (if any): n/a
B4. Lowest Bid Amount (if bid).....: \$n/a
B5. If Board waived bids, show Agenda Date:
B6. ... and Agenda Item Number: #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : No notable changes

F1. Encumbrance Transaction Code: 1701
F2. Current Year Encumbrance Amount: \$
F3. Fund Number.....: 0001
F4. Department Number.....: 13
F5. Division Number (if applicable).....:
F6. Account Number:
F7. Cost Center number (if applicable).....:
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=auditor; P=purchasing):
V2. Payee/Contractor Name: Ice Miller LLP
V3. Mailing Address: One American Square, Suite 3100
V4. City State (two-letter) Zip (include +4 if known) : Indianapolis, IN 46282-0200
V5. Telephone Number.....: 317-236-2413
V6. Contractor's Federal Tax ID Number (EIN or SSN) : 35-0874357
V7. Contact Person.....: Mary Beth Braitman
V8. Workers Comp Insurance Expiration Date.....: 12/31/07,
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : G 12/31/07; P 1/01/08
V10. Professional License Number: #
V11. Verified by (name of County staff): Anne Rierson
V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Date : Authorized Signature.....: February 22, 2007