

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 2011-12  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 061  
D3. Requisition Number ..... :  
D4. Department Name ..... : Auditor-Controller  
D5. Contact Person..... : Jennifer Christensen  
D6. Phone ..... : 805-568-2134

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K1. Contract Type (check one): [ X ] Personal Service [ ] Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose : Professional Auditing Services  
K3. Original Contract Amount ..... : \$148,400, plus two 1-year options at the same amount  
K4. Contract Begin Date ..... : February 15, 2012  
K5. Original Contract End Date..... : February 14, 2013  
K6. Amendment History (leave blank if no prior amendments):  

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndt</u>	<u>AmtCum</u>	<u>AmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
Amendment 2	2/15/2012	2/14/2013	\$148,400	\$296,800	\$445,200		Exercise 2nd 1-yr option

K7. Department Project Number..... : 2010

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B1. Is this a Board Contract? (Yes/No) ..... : Yes  
B2. Number of Workers Displaced (if any) ..... : None  
B3. Number of Competitive Bids (if any) ..... : None  
B4. Lowest Bid Amount (if bid) ..... :  
B5. If Board waived bids, show Agenda Date ..... :  
B6. ... and Agenda Item Number ..... : #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Yes

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F1. Encumbrance Transaction Code ..... : N/A  
F2. Current Year Encumbrance Amount..... : \$0  
F3. Fund Number ..... : 0001  
F4. Department Number ..... : 061  
F5. Division Number (if applicable) ..... : 04  
F6. Account Number..... : 7324  
F7. Cost Center number (if applicable)..... :  
F8. Payment Terms ..... : Per contract schedule

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V1. Vendor Numbers (A=uditor; P=urchasing)..... : 006046  
V2. Payee/Contractor Name..... : Brown Armstrong Paulden McCown Starbuck Thornburgh &  
..... Keeter Accountancy Corporation  
V3. Mailing Address..... : 4200 Truxtun Avenue, Suite 300  
V4. City State (two-letter) Zip (include +4 if known) : Bakersfield, CA 93309  
V5. Telephone Number ..... : 661-324-4971  
V6. Contractor's Federal Tax ID Number..... : 95-3109182  
V7. Contact Person..... : Eric H. Xin

V8. Workers Comp Insurance Expiration Date.....: 6/1/2012

V9. Liability Insurance Expiration Date[s] (*G=enl; P=rofl*): 6/1/2012

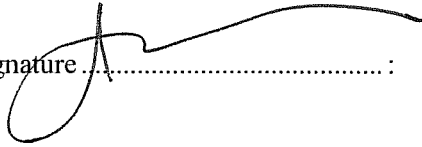
V10. Professional License Number.....: #1171

V11. Verified by (*name of County staff*).....: Jennifer Christensen

V12. Company Type (*Check one*): [ ] Individual [ ] Sole Proprietorship [ ] Partnership [ X ] Corporation

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

Date : Authorized Signature.....:

A handwritten signature in black ink, appearing to be 'Jennifer Christensen', written over the signature line.

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