

D1. Fiscal Year ..... : FY07-08  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 064-00-00-10000/64-00-00-10000  
D3. Requisition Number ..... :  
D4. Department Name ..... : CEO/Human Resources  
D5. Contact Person ..... : Jeri Muth  
D6. Phone..... : x2816

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K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose : Consulting services related to retirement issues  
K3. Original Contract Amount ..... : \$100,000  
K4. Contract Begin Date..... : 5/13/2008  
K5. Original Contract End Date ..... : 3/31/2010  
K6. Amendment History (leave blank if no prior amendments):  

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtTo</u>	<u>DateNewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
		\$	\$	\$		

  
K7. Department Project Number .....

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B1. Is this a Board Contract? (Yes/No)..... : YES  
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 ..... :  
B6. ... and Agenda Item Number ..... : #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Exhibit C modified and approved by Risk Management; Contract terms reviewed & approved by County Counsel

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F1. Encumbrance Transaction Code ..... : 1701  
F2. Current Year Encumbrance Amount ..... : \$  
F3. Fund Number..... : 0001  
F4. Department Number..... : 064  
F5. Division Number (if applicable)..... :  
F6. Account Number ..... : 7460  
F7. Cost Center number (if applicable)..... :  
F8. Payment Terms..... : Net 30

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V1. Vendor Numbers (A=uditor; P=urchasing) ..... : A=006547; P=19656  
V2. Payee/Contractor Name ..... : MERCER INC  
V3. Mailing Address ..... : 111 SW Columbia Street  
V4. City State (two-letter) Zip (include +4 if known) : Portland, OR 97201-5839  
V5. Telephone Number..... : 503-273-5920  
V6. Contractor's Federal Tax ID Number (EIN or SSN) : 13-283 4414  
V7. Contact Person..... : Bill Hallmark  
V8. Workers Comp Insurance Expiration Date..... : 9/30/2008  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : G=9/30/08; P=9/30/08  
V10. Professional License Number ..... : #  
V11. Verified by (name of County staff) ..... : Don Nguyen  
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..... : \_\_\_\_\_