

# Board Contract Summary

BC 13 -107

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 .....	FY 2012-13 to FY 2015-16
D2.	Department Name .....	Auditor-Controller
D3.	Contact Person .....	Andrea Johnson
D4.	Telephone .....	568-2454

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Implementation of the Property Tax System, professional services, consulting, system testing
K3.	Department Project Number .....	061
K4.	Original Contract Amount .....	\$ 250,000
K5.	Contract Begin Date .....	April 9, 2013
K6.	Original Contract End Date .....	June 30, 2014
K7.	Amendment? (Yes or No) .....	Yes
K8.	- New Contract End Date .....	June 30, 2016
K9.	- Total Number of Amendments .....	2
K10.	- This Amendment Amount .....	\$ 250,000
K11.	- Total Previous Amendment Amounts .....	\$ 100,000
K12.	- Revised Total Contract Amount .....	\$ 600,000

B1.	Intended Board Agenda Date .....	May 5, 2015
B2.	Number of Workers Displaced (if any) .....	0
B3.	Number of Competitive Bids (if any) .....	0
B4.	Lowest Bid Amount (if bid) .....	0
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	No

F1.	Fund Number .....	0001
F2.	Department Number .....	061
F3.	Line Item Account Number .....	7460
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	1040
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	533594
V2.	Payee/Contractor Name .....	Simpler Systems, Inc.
V3.	Mailing Address .....	627 Island View Dr.
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93109
V5.	Telephone Number .....	805-612-6673
V6.	Vendor Contact Person .....	Keri G. Collins
V7.	Workers Comp Insurance Expiration Date .....	3/23/16
V8.	Liability Insurance Expiration Date .....	GL 12/28/15 PL 3/5/16
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	Theo Fallati

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: 4/23/15 Authorized Signature: [Signature]