

Contract Summary Form: Contract Number: BC-10-105

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 2010-11
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

K1. Contract Type (check one): 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, 2011
K5. Original Contract End Date.....: February 14, 2012
K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
Amendment 1	2/15/2011-2/14/2012	\$148,400	\$148,400	\$296,800		Exercise first 1-yr option

K7. Department Project Number: 2010

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

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

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: 6/1/2011
- V9. Liability Insurance Expiration Date[s] (*G=enl; P=rofl*): 1/1/2012
- V10. Professional License Number: #1171
- V11. Verified by (*name of County staff*): Jennifer Christensen
- V12. Company Type (*Check one*): Individual Sole Proprietorship Partnership Corporation

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

Date : Authorized Signature 
