

Board Contract Summary

BC 14-172

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	2014-15 & 2015-16
D2.	Department Name	Auditor-Controller
D3.	Contact Person	Betsy Schaffer
D4.	Telephone	805-568-2134

K1.	Contract Type (<i>check one</i>): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Audit Services
K3.	Department Project Number.....	
K4.	Original Contract Amount.....	\$ 150,720
K5.	Contract Begin Date	February 16, 2014
K6.	Original Contract End Date	February 15, 2015
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date	February 15, 2016
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount.....	\$ 150,720
K11.	- Total Previous Amendment Amounts.....	\$ 0
K12.	- Revised Total Contract Amount	\$ 301,440

B1.	Is this a Board Contract? (<i>Yes/No</i>).....	Yes
B2.	Number of Workers Displaced (<i>if any</i>)	
B3.	Number of Competitive Bids (<i>if any</i>).....	
B4.	Lowest Bid Amount (<i>if bid</i>)	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (<i>If Yes, cite Paragraph</i>).....	

F1.	Fund Number	0001
F2.	Department Number.....	061
F3.	Line Item Account Number.....	7324
F4.	Project Number (<i>if applicable</i>)	
F5.	Program Number (<i>if applicable</i>)	2010
F6.	Org Unit Number (<i>if applicable</i>).....	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	006046
V2.	Payee/Contractor Name.....	Brown Armstrong Accountancy Corp
V3.	Mailing Address.....	4200 Truxton Avenue, Suite 300
V4.	City State (two-letter) Zip (include +4 if known).....	Bakersfield, California 93309
V5.	Telephone Number	(661) 324-4971
V6.	Vendor Contact Person.....	Eric H. Xin
V7.	Workers Comp Insurance Expiration Date	6/1/2015
V8.	Liability Insurance Expiration Date	6/1/2015
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	

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: _____ Authorized Signature: _____