

# Board Contract Summary

BC \_\_\_\_\_ - \_\_\_\_\_

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 .....	2018-21
D2.	Department Name .....	Treasurer-Tax Collector
D3.	Contact Person .....	Kim Tesoro
D4.	Telephone .....	805-568-2153

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Municipal Advisory Services
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 150,000.00
K5.	Contract Begin Date .....	10/2/2018
K6.	Original Contract End Date .....	9/30/2021
K7.	Amendment? (Yes or No) .....	No
K8.	- New Contract End Date .....	
K9.	- Total Number of Amendments .....	
K10.	- This Amendment Amount .....	\$
K11.	- Total Previous Amendment Amounts .....	\$
K12.	- Revised Total Contract Amount .....	\$

B1.	Intended Board Agenda Date .....	10/2/2018
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 .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	Exhibit D

F1.	Fund Number .....	0036
F2.	Department Number .....	992
F3.	Line Item Account Number .....	7325
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	see contract

V1.	Auditor-Controller Vendor Number .....	046441
V2.	Payee/Contractor Name .....	KNN Public Finance, LLC
V3.	Mailing Address .....	1300 Clay Street, Suite 1000
V4.	City State (two-letter) Zip (include +4 if known) .....	Oakland, CA 94612
V5.	Telephone Number .....	510-208-8264
V6.	Vendor Contact Person .....	David Leifer
V7.	Workers Comp Insurance Expiration Date .....	7/1/2019
V8.	Liability Insurance Expiration Date .....	2/19/2019
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: 9/19/18 Authorized Signature: [Signature]