



1. Other Contracting Party:

RSM US LLP

2. Proposed Action:

[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):

Professional Services

4. Purpose/Description:

Provides for external audit services for the Fiscal Years 2017 – 2021.

5. Special Provisions (select if applicable):

- [] Living Wage Program
[] Workforce Investment Pilot Program
[] Federal DBE/ACDBE program
[X] CBE Program

- [] SBE Sheltered Market Program
[] M/WBE Program
[] In-Kind Match Required: \$ _____ or _____ %
[] Cash Match Required: \$ _____ or _____ %

6.a. Effective Dates (for new agreements only):

Start : From date of execution.
End: The term of this Agreement shall begin on the date it is fully executed by the Parties and shall end five (5) years from the date of execution of this Agreement or upon completion of all required Services under this Agreement, whichever occurs later ("Term").

6.b. Effective Dates (amendments only):

- [] No Change
[] End date has changed from _____ to _____.
[] Term has from _____ to _____.

7. Contract Administrator:

Name: Bob Melton, County Auditor
Phone: 954-357-7590

8. Contract Type:

- [] Cost reimbursement [] Open-end
[X] Firm fixed price [] Time and materials
[] Performance-based [] Other

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows include Actual/Estimated, Base amount (\$4,198,190), Reimbursables (\$0), Optional Services (\$0), Total contract value (\$4,198,190).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. Rows include No change/Actual/Estimated, Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method

- [] Lump Sum Payment
[X] Milestone or Progress-Based
[] Scheduled or Time-Based
[] Other

11. Payment Terms

Pursuant to Article 4.2.1 Auditor may submit invoices for compensation no more often than on a monthly basis, but only after the Services for which the invoices are submitted have been completed.

12. Cost Adjustment

- [] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[] CPI or other Index [] Fixed Amount - \$ _____ [] Other:

13. Equity Program Participation Summary

- a. County established M/WBE, SBE, CDDBE, CBE, DBE or ACDBE participation goal for this action or project: 25%
b. Contractor-committed M/WBE, SBE, CDDBE, CBE, DBE or ACDBE participation goal planned for this action or project: 25%
c. M/WBE, SBE, CDDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

None

15. Termination and Cancellation Provisions

For Cause: Article 7.1
For Convenience: Article 7.4

16. Deliverables, milestones or scope of this action:

Audit reports as listed in Exhibit A, Scope of Services

17. List terms, considerations or deviations from standard county form.

None.