

Contract Summary Form: Contract Number: BC 13-075

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 2012-13 to 2013-14
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) ..:
D3. Requisition Number.....:
D4. Department Name.....: County Counsel
D5. Contact Person.....: Martin McKenzie
D6. Phone.....: 568-2950

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: outside insurance coverage counsel
K3. Original Contract Amount.....: \$ 25,000 NTE
K4. Contract Begin Date: October 16, 2012
K5. Original Contract End Date: October 15, 2013
K6. Amendment History (leave blank if no prior amendments):

K7. Department Project Number:

Seq#	EffectiveDate	ThisAmndtAmtCumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)


B1. Is this a Board Contract? (Yes/No): Yes
B2. Number of Workers Displaced (if any).....: n/a
B3. Number of Competitive Bids (if any): n/a
B4. Lowest Bid Amount (if bid).....: \$n/a
B5. If Board waived bids, show Agenda Date:
B6. ... and Agenda Item Number: #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : No substantial changes.

F1. Encumbrance Transaction Code: 1701
F2. Current Year Encumbrance Amount: \$
F3. Fund Number.....: 0001
F4. Department Number.....: 13
F5. Division Number (if applicable).....:
F6. Account Number.....:
F7. Cost Center number (if applicable).....:
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing):
V2. Payee/Contractor Name.....: Boornazian, Jensen & Garthe, A Professional Corporation
V3. Mailing Address: 555 12th Street, Suite 1800
V4. City State (two-letter) Zip (include +4 if known): Oakland, CA 94607
V5. Telephone Number.....: 510-834-4350
V6. Contractor's Federal Tax ID Number (EIN or SSN): 94-2247953
V7. Contact Person.....: Alan Swerdlow
V8. Workers Comp Insurance Expiration Date.....: 5/1/13
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) ..: G= 5/1/13; P=6/1/13
V10. Professional License Number: #130341
V11. Verified by (name of County staff): Anne Rierson
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 : October 8, 2012 Authorized Signature:



COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS
11/2 OCT -0 PM 2:57