

# Board Contract Summary

BC 14 - 048

*Same*

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 .....	FY 14/15
D2.	Department Name .....	Court Special Services
D3.	Contact Person .....	Casie E. Hill
D4.	Telephone .....	805-882-4682

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	Alternate Counsel when Public Defender Conflicts Out
K3.	Department Project Number.....	
K4.	Original Contract Amount .....	\$ 602,550
K5.	Contract Begin Date.....	07/06/99
K6.	Original Contract End Date .....	09/30/14
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date .....	11/30/14
K9.	- Total Number of Amendments .....	6
K10.	- This Amendment Amount.....	\$ 67,483.55
K11.	- Total Previous Amendment Amounts.....	\$ 269,934.20
K12.	- Revised Total Contract Amount .....	\$ 337,417.75

B1.	Intended Board Agenda Date .....	November 4, 2014
B2.	Number of Workers Displaced (if any) .....	0
B3.	Number of Competitive Bids (if any).....	0
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).....	Not Countys standard contract

F1.	Fund Number .....	0069
F2.	Department Number.....	025
F3.	Line Item Account Number.....	7470
F4.	Project Number (if applicable) .....	ANA
F5.	Program Number (if applicable) .....	5400
F6.	Org Unit Number (if applicable).....	2000
F7.	Payment Terms.....	67,483.55 monthly

V1.	Auditor-Controller Vendor Number.....	207087
V2.	Payee/Contractor Name.....	Criminal Defense Associates
V3.	Mailing Address.....	125 East Victoria Street, Suite H
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93101
V5.	Telephone Number .....	805-962-2993
V6.	Vendor Contact Person.....	Douglas R. Hayes
V7.	Workers Comp Insurance Expiration Date .....	
V8.	Liability Insurance Expiration Date .....	G - 02-BP-664902-7, P - LPDL03171
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: 10/23/14 Authorized Signature: 