

Board Contract Summary

BC 17-137

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	2016-2017
D2.	Department Name	County Counsel
D3.	Contact Person	Rachel Van Mullem or Susan McKenzie
D4.	Telephone	x2950

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Legal Services Agreement
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 40,000 ✓
K5.	Contract Begin Date	August 1, 2016 ✓
K6.	Original Contract End Date	October 31, 2016 ✓
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	N/A
K9.	- Total Number of Amendments	N/A
K10.	- This Amendment Amount	\$ N/A
K11.	- Total Previous Amendment Amounts	\$ N/A
K12.	- Revised Total Contract Amount	\$ N/A

B1.	Intended Board Agenda Date	08-23-2016
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	N/A
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	

F1.	Fund Number	0044 ✓
F2.	Department Number	043 ✓
F3.	Line Item Account Number	7460
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	3500
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	008984 ✓
V2.	Payee/Contractor Name	Hooper, Lundy & Bookman ✓
V3.	Mailing Address	1875 Century Park E., #1600
V4.	City State (two-letter) Zip (include +4 if known)	Los Angeles, CA 90067-2532
V5.	Telephone Number	310-551-8111
V6.	Vendor Contact Person	David Peter Henninger
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
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: 