

**BOARD CONTRACT SUMMARY**  
**(BC17-149)**

# Board Contract Summary

BC 17. 149

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 .....	2016-17 through portion of 2018-19
D2.	Department Name .....	County Counsel
D3.	Contact Person .....	Anne Rierson
D4.	Telephone .....	568-2950

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose .....	Outside bankruptcy counsel	
K3.	Department Project Number .....		
K4.	Original Contract Amount .....	\$	NTE 25,000
K5.	Contract Begin Date .....	August 15, 2016	
K6.	Original Contract End Date .....	August 14, 2018	
K7.	Amendment? (Yes or No) .....	Yes	
K8.	- New Contract End Date .....	same	
K9.	- Total Number of Amendments .....	2	
K10.	- This Amendment Amount .....	\$	adding \$50,000
K11.	- Total Previous Amendment Amounts .....	\$	0
K12.	- Revised Total Contract Amount .....	\$	NTE \$80,000

B1.	Intended Board Agenda Date .....	June 20, 2017
B2.	Number of Workers Displaced (if any) .....	N/A
B3.	Number of Competitive Bids (if any) .....	N/A
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) .....	Yes, outside counsel contract

F1.	Fund Number .....	0001
F2.	Department Number .....	013
F3.	Line Item Account Number .....	
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	
V2.	Payee/Contractor Name .....	Snow Spence Green LLP
V3.	Mailing Address .....	2929 Allen Parkway, Suite 2800
V4.	City State (two-letter) Zip (include +4 if known) .....	Houston, TX 77019
V5.	Telephone Number .....	713-335-4832
V6.	Vendor Contact Person .....	Ross Spence
V7.	Workers Comp Insurance Expiration Date .....	2/24/18
V8.	Liability Insurance Expiration Date .....	GL: 9/25/17 PL:6/1/18
V9.	Professional License Number .....	18918400
V10.	Verified by (print name of county staff) .....	Anne Rierson

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: 6/2/17 Authorized Signature: 