

# Board Contract Summary

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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 .....	24-25
D2.	Department Name .....	County Counsel
D3.	Contact Person .....	Michelle Montez
D4.	Telephone .....	805-568-2950

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Contractor on Payroll for legal services
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 102,369
K5.	Contract Begin Date .....	6/24/24
K6.	Original Contract End Date .....	6/23/25
K7.	Amendment? (Yes or No) .....	no
K8.	- New Contract End Date .....	n/a
K9.	- Total Number of Amendments .....	0
K10.	- This Amendment Amount .....	\$ n/a
K11.	- Total Previous Amendment Amounts .....	\$ 0
K12.	- Revised Total Contract Amount .....	\$ n/a

B1.	Intended Board Agenda Date .....	6/18/24
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) .....	no

F1.	Fund Number .....	0001
F2.	Department Number .....	013
F3.	Line Item Account Number .....	6100
F4.	Project Number (if applicable) .....	
F5.	Program Number (if applicable) .....	
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	

V1.	Auditor-Controller Vendor Number .....	tbd
V2.	Payee/Contractor Name .....	Ruben Daniel Lopez, Attorney at Law
V3.	Mailing Address .....	Post Office Box 3394
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93130
V5.	Telephone Number .....	805-568-2950
V6.	Vendor Contact Person .....	Ruben Daniel Lopez
V7.	Workers Comp Insurance Expiration Date .....	n/a
V8.	Liability Insurance Expiration Date .....	n/a
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	Amber Holdreaves

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: 6/12/24 Authorized Signature: 