

Board Contract Summary

BC 15 -140

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 and 15/16
D2.	Department Name	Public Works
D3.	Contact Person	Leslie Wells
D4.	Telephone	882-3611

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose	Bond counsel review and presentation of recommendations related to the Resource Recovery Project	
K3.	Department Project Number	195053	
K4.	Original Contract Amount	\$	50,000
K5.	Contract Begin Date	November 4, 2015	
K6.	Original Contract End Date	November 3, 2015	
K7.	Amendment? (Yes or No)	Yes	
K8.	- New Contract End Date	November 3, 2016	
K9.	- Total Number of Amendments	1	
K10.	- This Amendment Amount	\$	n/a/ extension only
K11.	- Total Previous Amendment Amounts	\$	0
K12.	- Revised Total Contract Amount	\$	50,000 (no change)

B1.	Intended Board Agenda Date	November 3, 2015
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)	Yes, outside counsel contract

F1.	Fund Number	1930
F2.	Department Number	054
F3.	Line Item Account Number	7460
F4.	Project Number (if applicable)	195053
F5.	Program Number (if applicable)	1950
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Hourly

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Orrick, Herrington & Sutcliffe LLP
V3.	Mailing Address	405 Howard Street
V4.	City State (two-letter) Zip (include +4 if known)	San Francisco, CA 94105
V5.	Telephone Number	415-773-5524
V6.	Vendor Contact Person	Philip C. Morgan
V7.	Workers Comp Insurance Expiration Date	N/A
V8.	Liability Insurance Expiration Date	GL6/1/16 PL 4/15/16
V9.	Professional License Number	
V10.	Verified by (print name of county staff)	Leslie Wells / A. Rierson / Ins.

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: 10/22/15 Authorized Signature: Leslie Wells