

Contract Summary Form: Contract Number: BC-12-054

D1. Fiscal Year ..... : FY 11/12  
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) 013:  
D3. Requisition Number ..... :  
D4. Department Name ..... : County Counsel  
D5. Contact Person..... :  
D6. Phone ..... : 568-2950

K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
K2. Brief Summary of Contract Description/Purpose :  
K3. Original Contract Amount ..... : \$ 250,000  
K4. Contract Begin Date ..... : July 12, 2011  
K5. Original Contract End Date..... : no end date  
K6. Amendment History (leave blank if no prior amendments):  
Seq#EffectiveDateThisAmndtAmtCumAmndtToDateNewTotalAmtNewEndDate Purpose (2-4 words)  
\$ \$ \$

K7. Department Project Number..... : n/a

B1. Is this a Board Contract? (Yes/No) ..... : Yes  
B2. Number of Workers Displaced (if any) ..... : 0  
B3. Number of Competitive Bids (if any)..... : 0  
B4. Lowest Bid Amount (if bid) ..... : n/a  
B5. If Board waived bids, show Agenda Date ..... : n/a  
B6. ... and Agenda Item Number ..... : #  
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) :

F1. Encumbrance Transaction Code ..... :  
F2. Current Year Encumbrance Amount..... : \$ n/a  
F3. Fund Number ..... : 1912  
F4. Department Number ..... : 063  
F5. Division Number (if applicable) ..... : n/a  
F6. Account Number..... :  
F7. Cost Center number (if applicable)..... :  
F8. Payment Terms ..... : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... : 292100  
V2. Payee/Contractor Name..... : David Lawrence, Lawrence, Beach, Allen and Choi  
V3. Mailing Address..... : 100 W. Broadway, Suite 1200  
V4. City State (two-letter) Zip ( ..... : Glendale, CA 91210-1219  
V5. Telephone Number ..... :  
V6. Contractor's Federal Tax ID Number (EIN or SSN) :  
V7. Contact Person ..... : David Lawrence  
V8. Workers Comp Insurance Expiration Date..... : n/a  
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : n/a  
V10. Professional License Number..... : n/a  
V11. Verified by (name of County staff)..... :  
V12. Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature 