

ATTACHMENT B

Board Contract Summary

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 2020-2021
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	April 1, 2021
K9.	- Total Number of Amendments	5
K10.	- This Amendment Amount	\$ adding \$50,000
K11.	- Total Previous Amendment Amounts	\$ \$145,000
K12.	- Revised Total Contract Amount	\$ NTE \$220,000

B1.	Intended Board Agenda Date	April 2, 2019
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	71050
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	2/24/20
V8.	Liability Insurance Expiration Date	GL: 9/25/19 PL: 6/1/19
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: 3/18/19 Authorized Signature: 