

Board Contract Summary

BC 07-135

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	2007-08 to 2016-17
D2.	Department Name	County Counsel
D3.	Contact Person	Anne Rierson
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	Outside tax counsel	
K3.	Department Project Number	13	
K4.	Original Contract Amount	\$	6,000
K5.	Contract Begin Date	January 1, 2007	
K6.	Original Contract End Date	January 1, 2010	
K7.	Amendment? (Yes or No)	Yes	
K8.	- New Contract End Date	December 31, 2016	
K9.	- Total Number of Amendments	5	
K10.	- This Amendment Amount	\$	no additional funds
K11.	- Total Previous Amendment Amounts	\$	325,000
K12.	- Revised Total Contract Amount	\$	331,000

B1.	Intended Board Agenda Date	December 9, 2014
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 notable changes

F1.	Fund Number	0001
F2.	Department Number	13
F3.	Line Item Account Number	7650
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	006774
V2.	Payee/Contractor Name	Ice Miller LLP
V3.	Mailing Address	One American Square
V4.	City State (two-letter) Zip (include +4 if known)	Suite 3100
V5.	Telephone Number	317-236-2413
V6.	Vendor Contact Person	Mary Beth Braitman
V7.	Workers Comp Insurance Expiration Date	7/1/15
V8.	Liability Insurance Expiration Date	GL 7/1/15 Prof 12/31/14
V9.	Professional License Number	3872-49
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: 11/21/14 Authorized Signature: 