

ATTACHMENT B

BOARD CONTRACT SUMMARY

AGREEMENT FOR SERVICES FOR LEGAL REPRESENTATION OF ELIGIBLE INDIGENTS

Board Contract Summary

BC _____

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	2019-20
D2.	Department Name.....	Court Special Services
D3.	Contact Person	Patrick Ballard
D4.	Telephone	805-882-4682

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose	Provision of conflict defense services in cases which the Public Defender cannot legally represent the defendant.	
K3.	Department Project Number.....		
K4.	Original Contract Amount.....	\$	1,352,921.95
K5.	Contract Begin Date	12/01/2014	
K6.	Original Contract End Date	06/30/2016	
K7.	Amendment? (Yes or No).....	Yes	
K8.	- New Contract End Date	06/30/2020	
K9.	- Total Number of Amendments	5	
K10.	- This Amendment Amount.....	\$ 881,086.92 plus CPI increase NTE 2%	
K11.	- Total Previous Amendment Amounts.....	\$	2,185,441.09
K12.	- Revised Total Contract Amount	\$	4,859,993.42

B1.	Intended Board Agenda Date	January 8, 2019 July 16 2019
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).....	Section 11, Ownership - Removed

F1.	Fund Number	0069
F2.	Department Number.....	025
F3.	Line Item Account Number.....	7470
F4.	Project Number (if applicable).....	FIG
F5.	Program Number (if applicable)	5300
F6.	Org Unit Number (if applicable).....	1000
F7.	Payment Terms.....	\$73,423.91 Monthly, plus CPI NTE 2%

V1.	Auditor-Controller Vendor Number	207087
V2.	Payee/Contractor Name.....	Criminal Defense Associates
V3.	Mailing Address.....	631 Chapala Street
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93101
V5.	Telephone Number	805-963-9641
V6.	Vendor Contact Person.....	William L. Duval, Jr.
V7.	Workers Comp Insurance Expiration Date	10/17/19
V8.	Liability Insurance Expiration Date.....	GL- 6/01/20, PL- 12/15/19
V9.	Professional License Number	47716
V10.	Verified by (print name of county staff).....	Ammon M. Hoenigman

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation
 Consortium of Attorneys

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

Date: JUN 26 2019 Authorized Signature: 