

Board Contract Summary

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14-049
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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
D2.	Department Name	Court Special Services
D3.	Contact Person	Casie E. Hill
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	Alternate Counsel when Public Defender Conflicts Out
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 1,721,952
K5.	Contract Begin Date	7/1/12
K6.	Original Contract End Date	9/30/14
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date	11/30/14
K9.	- Total Number of Amendments	3
K10.	- This Amendment Amount.....	\$ 71,748.02
K11.	- Total Previous Amendment Amounts.....	\$ 286,992.08
K12.	- Revised Total Contract Amount	\$ 358,740.10

B1.	Intended Board Agenda Date	November 4, 2014
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).....	

F1.	Fund Number	0069
F2.	Department Number.....	025
F3.	Line Item Account Number	7470
F4.	Project Number (if applicable)	MIL
F5.	Program Number (if applicable)	5400
F6.	Org Unit Number (if applicable).....	2000
F7.	Payment Terms.....	\$71,748.02 monthly

V1.	Auditor-Controller Vendor Number	593720
V2.	Payee/Contractor Name	North County Defense Team
V3.	Mailing Address.....	201 S. Miller St., Suite 106
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Maria, CA 93454
V5.	Telephone Number	805-965-2717
V6.	Vendor Contact Person	Michael J. Scott
V7.	Workers Comp Insurance Expiration Date	04/01/15
V8.	Liability Insurance Expiration Date	G - 02/25/15, P - 08/16/15
V9.	Professional License Number	
V10.	Verified by (print name of county staff).....	

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: 10/23/14 Authorized Signature: 