Board Contract Summary

BC 12-107

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	2011-12 through 2016-17
D2.	Department Name	County Counsel
D3.	Contact Person	Anne Rierson
D4.	Telephone	568-2950

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ 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	February 21, 2012
K6.	Original Contract End Date	February 21, 2014
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	July 7, 2016
K9.	- Total Number of Amendments	2
K10.	- This Amendment Amount	$ additional $25,000, to NTE $75,000
K11.	- Total Previous Amendment Amounts	$ Amend 1 added $25,000, to $50,000
K12.	- Revised Total Contract Amount	$ NTE $75,000

B1.	Intended Board Agenda Date	July 8, 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)*	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	Yes, Section 10

F1.	Fund Number	0001
F2.	Department Number	013
F3.	Line Item Account Number	
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	Steckbauer Weinhart, LLP
V3.	Mailing Address	333 South Hope St., 36th Floor
V4.	City State (two-letter) Zip (include +4 if known)	Los Angeles, CA 90071
V5.	Telephone Number	213-229-2868
V6.	Vendor Contact Person	Barry Glaser
V7.	Workers Comp Insurance Expiration Date	5/4/15
V8.	Liability Insurance Expiration Date	Gen: 9/1/14, Prof: 2/1/15
V9.	Professional License Number	70968
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: 6/25/14 Authorized Signature: _____

Revised 1/13/2014