

Attachment
BOARD CONTRACT
SUMMARY SHEET

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	FY 16/17, portion of 17/18
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	Disclosure counsel solid waste financing
K3.	Department Project Number	195053
K4.	Original Contract Amount	\$ 56,500
K5.	Contract Begin Date	July 19, 2016
K6.	Original Contract End Date	July 18, 2017
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	unchanged
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount	\$ 25,000
K11.	- Total Previous Amendment Amounts	\$ 0
K12.	- Revised Total Contract Amount	\$ 81,500

B1.	Intended Board Agenda Date	February 14, 2017
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)	Yes, indemnification Ex. C, termination

F1.	Fund Number	1932
F2.	Department Number	054
F3.	Line Item Account Number	7460
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	1850
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Hourly with NTE, contingent on closing

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Stradling Yocca Carlson & Rauth, P.C.
V3.	Mailing Address	500 Capitol Mall, Suite 1120
V4.	City State (two-letter) Zip (include +4 if known)	Sacramento, CA 95814
V5.	Telephone Number	916-449-2360
V6.	Vendor Contact Person	Kevin Civale
V7.	Workers Comp Insurance Expiration Date	11/03/16
V8.	Liability Insurance Expiration Date	GL 5/1/17, PL 7/1/17
V9.	Professional License Number	158997
V10.	Verified by (print name of county staff)	MARK PAUL

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: 2-2-17 Authorized Signature: 