

# Board Contract Summary

BC 15-061

- *Pamcho* x2116 6/26/14

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 .....	2014-15 through 2016-17
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 .....	Outside bankruptcy counsel
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ NTE 25,000
K5.	Contract Begin Date .....	July 8, 2014
K6.	Original Contract End Date .....	July 7, 2016
K7.	Amendment? (Yes or No) .....	No
K8.	- New Contract End Date .....	
K9.	- Total Number of Amendments .....	
K10.	- This Amendment Amount .....	\$
K11.	- Total Previous Amendment Amounts .....	\$
K12.	- Revised Total Contract Amount .....	\$

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. Sections 10, 15 & Indemnification

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 .....	Griffith & Thornburg, LLP
V3.	Mailing Address .....	8 East Figueroa Street, Suite 300
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93101
V5.	Telephone Number .....	805-965-6751
V6.	Vendor Contact Person .....	Joseph M. Sholder
V7.	Workers Comp Insurance Expiration Date .....	TBD 4/1/15
V8.	Liability Insurance Expiration Date .....	8/1/15
V9.	Professional License Number .....	126347
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: 6/26/14 Authorized Signature: 