

Board Contract Summary

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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	2016-17, 2017-18
D2.	Department Name	County Counsel/CEO
D3.	Contact Person	Joseph Toney, Interim Deputy CEO
D4.	Telephone	805-568-3400

K1.	Contract Type (check one):	<input checked="" type="checkbox"/> Personal Service	<input type="checkbox"/> Capital
K2.	Brief Summary of Contract Description/Purpose	Outside counsel for Oversight Board of the Successor Agency to the former County of Santa Barbara RDA	
K3.	Department Project Number	725	
K4.	Original Contract Amount	\$	5,000 NTE
K5.	Contract Begin Date	July 19, 2016	
K6.	Original Contract End Date	June 30, 2018	
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 19, 2016
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	
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	3120
F2.	Department Number	725
F3.	Line Item Account Number	7460/7506
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	8000
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Casso & Sparks, LLP
V3.	Mailing Address	13200 Crossroads Parkway North, #345
V4.	City State (two-letter) Zip (include +4 if known)	City of Industry, CA 91746
V5.	Telephone Number	626-512-5470
V6.	Vendor Contact Person	James Casso
V7.	Workers Comp Insurance Expiration Date	No WC ins
V8.	Liability Insurance Expiration Date	GL waived by RM, PL 1/16/17
V9.	Professional License Number	146423
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: 7/1/16 Authorized Signature: 