

# **ATTACHMENT B**

## **Board Contract Summary**

# 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 .....	2020-21
D2.	Department Name .....	Court Special Services
D3.	Contact Person .....	Patrick Ballard
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 .....	Provision of conflict defense services in cases which the Public Defender cannot legally represent the defendant.
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 1,352,921.95
K5.	Contract Begin Date .....	12/01/2014
K6.	Original Contract End Date .....	06/30/2016
K7.	Amendment? (Yes or No) .....	Yes
K8.	- New Contract End Date .....	06/30/2021
K9.	- Total Number of Amendments .....	6
K10.	- This Amendment Amount .....	\$ 898,708.68 plus CPI Increase NTE 2%
K11.	- Total Previous Amendment Amounts .....	\$ 3,084,149.77
K12.	- Revised Total Contract Amount .....	\$ 5,335,780.40, slightly higher after CPI

B1.	Intended Board Agenda Date .....	July 14, 2020
B2.	Number of Workers Displaced (if any) .....	0
B3.	Number of Competitive Bids (if any) .....	0
B4.	Lowest Bid Amount (if bid) .....	n/a
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	Section 11, Ownership - Removed

F1.	Fund Number .....	0069
F2.	Department Number .....	025
F3.	Line Item Account Number .....	7470
F4.	Project Number (if applicable) .....	FIG
F5.	Program Number (if applicable) .....	5300
F6.	Org Unit Number (if applicable) .....	1000
F7.	Payment Terms .....	\$74,892.39 Monthly, plus CPI NTE 2%

V1.	Auditor-Controller Vendor Number .....	207087
V2.	Payee/Contractor Name .....	Criminal Defense Associates
V3.	Mailing Address .....	1035 Santa Barbara Street, Suite 8
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93101
V5.	Telephone Number .....	805-966-4171
V6.	Vendor Contact Person .....	Douglas R. Hayes
V7.	Workers Comp Insurance Expiration Date .....	10/17/2020
V8.	Liability Insurance Expiration Date .....	PL 12/15/2020, GL 06/27/2020
V9.	Professional License Number .....	50722
V10.	Verified by (print name of county staff) .....	Ammon M. Hoenigman

V11 Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation  
 Consortium of Attorneys

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 6/24/20 Authorized Signature: 