

# 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 .....	. 2023/2024
D2.	Department Name .....	County Counsel
D3.	Contact Person .....	Claire Hartley
D4.	Telephone .....	x2950

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Legal Services Agreement
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 10,000
K5.	Contract Begin Date .....	July 1, 2023
K6.	Original Contract End Date .....	June 30, 2024
K7.	Amendment? (Yes or No) .....	No
K8.	- New Contract End Date .....	N/A
K9.	- Total Number of Amendments .....	N/A
K10.	- This Amendment Amount .....	\$ N/A
K11.	- Total Previous Amendment Amounts .....	\$ N/A
K12.	- Revised Total Contract Amount .....	\$ N/A

B1.	Intended Board Agenda Date .....	July 18, 2023
B2.	Number of Workers Displaced (if any) .....	N/A
B3.	Number of Competitive Bids (if any) .....	N/A
B4.	Lowest Bid Amount (if bid) .....	N/A
B5.	If Board waived bids, show Agenda Date .....	N/A
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	None

F1.	Fund Number .....	0001
F2.	Department Number .....	013
F3.	Line Item Account Number .....	7650
F4.	Project Number (if applicable) .....	-----
F5.	Program Number (if applicable) .....	1000
F6.	Org Unit Number (if applicable) .....	-----
F7.	Payment Terms .....	Hourly

V1.	Auditor-Controller Vendor Number .....	
V2.	Payee/Contractor Name .....	Rogers Joseph O'Donnell, APLC
V3.	Mailing Address .....	311 California Street
V4.	City State (two-letter) Zip (include +4 if known) .....	San Francisco, CA 94104
V5.	Telephone Number .....	415-956-2828
V6.	Vendor Contact Person .....	Merri A. Baldwin
V7.	Workers Comp Insurance Expiration Date .....	N/A
V8.	Liability Insurance Expiration Date .....	N/A
V9.	Professional License Number .....	
V10.	Verified by (print name of county staff) .....	

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: 7.10.23 Authorized Signature: 