

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	23/24 and 24/25
D2.	Department Name	County Counsel
D3.	Contact Person	Michelle Montez
D4.	Telephone	805.568.2950

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Legal Services
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 30,000
K5.	Contract Begin Date	8/15/2023
K6.	Original Contract End Date	8/31/2023
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	8/31/2025
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount	\$ 70,000
K11.	- Total Previous Amendment Amounts	\$
K12.	- Revised Total Contract Amount	\$ 100,000

B1.	Intended Board Agenda Date	4/2/2024
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	n/a
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	No

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

V1.	Auditor-Controller Vendor Number	476600
V2.	Payee/Contractor Name	Liebert Cassidy Whitmore, Prof. Corp.
V3.	Mailing Address	6033 W. Century Blvd., 5th Floor
V4.	City State (two-letter) Zip (include +4 if known)	Los Angeles, California 90045
V5.	Telephone Number	310.981.2000
V6.	Vendor Contact Person	Marc Zavala
V7.	Workers Comp Insurance Expiration Date	4.1.24
V8.	Liability Insurance Expiration Date	12.14.24
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: 3/20/24 Authorized Signature: 