

Contract Summary Form: Contract Number: 02-12-113

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year: FY 2011-12 to 2013-14
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) ..:
D3. Requisition Number.....:
D4. Department Name.....: County Counsel
D5. Contact Person.....: Anne Rierson
D6. Phone.....: 568-2950

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: outside bankruptcy counsel
K3. Original Contract Amount.....: \$ 25,000 NTE
K4. Contract Begin Date: March 6, 2012
K5. Original Contract End Date.....: March 5, 2014
K6. Amendment History (leave blank if no prior amendments):
Seq# EffectiveDate ThisAmndtAmtCumAmndtToDate NewTotalAmt NewEndDate Purpose (2-4 words)
K7. Department Project Number.....:

B1. Is this a Board Contract? (Yes/No).....: Yes
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.....:
B6. ... and Agenda Item Number.....: #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Section 10 revised.

F1. Encumbrance Transaction Code.....: 1701
F2. Current Year Encumbrance Amount.....: \$
F3. Fund Number.....: 0001
F4. Department Number.....: 13
F5. Division Number (if applicable).....:
F6. Account Number.....:
F7. Cost Center number (if applicable).....:
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=auditor; P=purchasing).....:
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.....: 805-965-5131
V6. Contractor's Federal Tax ID Number (EIN or SSN).....:
V7. Contact Person.....: Joseph Sholder
V8. Workers Comp Insurance Expiration Date.....: 4/1/12
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) ..: G=8/1/2012; P=4/10/12
V10. Professional License Number.....: #126347
V11. Verified by (name of County staff).....: Anne Rierson
V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Date : February 23, 2012 Authorized Signature:

