

# Board Contract Summary

BC17023  
 BE 15-122 - *Pamela*  
 x2162

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 .....	FY 16/17
D2.	Department Name .....	Court Special Services
D3.	Contact Person .....	Casie E. Hill
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 .....	Alternate Counsel when Public Defender declares a conflict.
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 .....	06/30/2017
K9.	- Total Number of Amendments .....	1
K10.	- This Amendment Amount .....	\$ 848,537.06 + CPI adjustment NTE 2%
K11.	- Total Previous Amendment Amounts .....	\$ 0
K12.	- Revised Total Contract Amount .....	\$ 2,201,459.01 + CPI adjustment

B1.	Intended Board Agenda Date .....	June 7, 2016
B2.	Number of Workers Displaced (if any) .....	0
B3.	Number of Competitive Bids (if any) .....	0
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) .....	Section 11, Ownership Removed

F1.	Fund Number .....	0069
F2.	Department Number .....	025
F3.	Line Item Account Number .....	7470
F4.	Project Number (if applicable) .....	ANA
F5.	Program Number (if applicable) .....	5300
F6.	Org Unit Number (if applicable) .....	1000
F7.	Payment Terms .....	Monthly

V1.	Auditor-Controller Vendor Number .....	207087
V2.	Payee/Contractor Name .....	Criminal Defense Associates
V3.	Mailing Address .....	631 Chapala Street
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Barbara, CA 93101
V5.	Telephone Number .....	805-963-9641
V6.	Vendor Contact Person .....	William L. Duval, Jr.
V7.	Workers Comp Insurance Expiration Date .....	9/06/16
V8.	Liability Insurance Expiration Date .....	PL. - 3/19/17, GL. - 6/27/16
V9.	Professional License Number .....	47716
V10.	Verified by (print name of county staff) .....	AMMON M. HOENTIGMAN

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: 05/10/16 Authorized Signature: *Peter Kelly*