Board Contract Summary

BC ____-_____

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)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Legal Services Agreement
K3.	Department Project Number	
K4.	Original Contract Amount	$ $20,000
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	Quarles Brady, LLP
V3.	Mailing Address	101 West Broadway, 9th Floor
V4.	City State (two-letter) Zip (include +4 if known)	San Diego, CA 92101
V5.	Telephone Number	(619) 237-5200
V6.	Vendor Contact Person	Corrie Klekowski
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: 7.11.23 Authorized Signature: _____

Revised 1/13/2014