

Contract Summary Form: Contract Number : BC-12-125

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 2012-13
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) ..:
D3. Requisition Number.....:
D4. Department Name.....: County Counsel/County Executive Office
D5. Contact Person.....: Renée Bahl, Assistant County Executive Officer
D6. Phone: 568-3400

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Outside Counsel for Oversight Board to the Successor Agency to the former Santa Barbara County Redevelopment Agency
K3. Original Contract Amount.....: \$ 25,000 NTE
K4. Contract Begin Date: May 1, 2012
K5. Original Contract End Date: April 30, 2013
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 ¶¶) : Various provisions changed to cover the Oversight Board. Insurance provisions modified with approval of Risk Management.

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=uditor; P=urchasing):
V2. Payee/Contractor Name.....: David L. Allen, Attorney at Law
V3. Mailing Address.....: 790 Arbol Verde Street
V4. City State (two-letter) Zip (include +4 if known): Carpinteria, CA 93103
V5. Telephone Number.....: 805-684-1217
V6. Contractor's Federal Tax ID Number (EIN or SSN):
V7. Contact Person.....: David L. Allen
V8. Workers Comp Insurance Expiration Date.....: N/A
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) ..: G=N/A; P= 4/6/13
V10. Professional License Number: #55401
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 : April 19, 2012 Authorized Signature: 