

15-065

BC ~~14-048~~ KR

Board Contract Summary

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 14/15
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 Conflicts Out
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 602,550
K5.	Contract Begin Date	07/06/99
K6.	Original Contract End Date	09/30/14
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	06/30/16
K9.	- Total Number of Amendments	5
K10.	- This Amendment Amount	\$ 67,483.55
K11.	- Total Previous Amendment Amounts	\$ 202,450.65
K12.	- Revised Total Contract Amount	\$ 269,934.20

B1.	Intended Board Agenda Date	October 7, 2014
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)	Not Countys standard contract

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)	5400
F6.	Org Unit Number (if applicable)	2000
F7.	Payment Terms	67,483.55 monthly

V1.	Auditor-Controller Vendor Number	207087
V2.	Payee/Contractor Name	Criminal Defense Associates
V3.	Mailing Address	125 East Victoria Street, Suite H
V4.	City State (two-letter) Zip (include +4 if known)	Santa Barbara, CA 93101
V5.	Telephone Number	805-962-2993
V6.	Vendor Contact Person	Douglas R. Hayes
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	G - 02-BP-664902-7, P - LPDL03171
V9.	Professional License Number	G - exp 02/01/15, P - exp 12/10/14
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: 9/24/14 Authorized Signature: 