

**Board Contract Summary**

BC 15 -140

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 18/19
D2.	Department Name .....	Public Works
D3.	Contact Person .....	Leslie Wells
D4.	Telephone .....	882-3611

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Bond and tax counsel services related to County financing for the Tajiguas Resource Recovery Project
K3.	Department Project Number .....	195053
K4.	Original Contract Amount .....	\$ 50,000
K5.	Contract Begin Date .....	November 4, 2014
K6.	Original Contract End Date .....	November 3, 2015
K7.	Amendment? (Yes or No) .....	Yes
K8.	- New Contract End Date .....	date of issuance of COPs
K9.	- Total Number of Amendments .....	3
K10.	- This Amendment Amount .....	\$ 100,000
K11.	- Total Previous Amendment Amounts .....	\$ 15,000
K12.	- Revised Total Contract Amount .....	\$ \$215,000 for Phase II and IIB

B1.	Intended Board Agenda Date .....	July 3, 2018
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) .....	Yes, outside counsel contract

F1.	Fund Number .....	1930
F2.	Department Number .....	054
F3.	Line Item Account Number .....	7460
F4.	Project Number (if applicable) .....	195053
F5.	Program Number (if applicable) .....	1950-1850
F6.	Org Unit Number (if applicable) .....	
F7.	Payment Terms .....	On/soon after date of delivery of COPs

V1.	Auditor-Controller Vendor Number .....	
V2.	Payee/Contractor Name .....	Orrick, Herrington & Sutcliffe LLP
V3.	Mailing Address .....	405 Howard Street
V4.	City State (two-letter) Zip (include +4 if known) .....	San Francisco, CA 94105
V5.	Telephone Number .....	415-773-5524
V6.	Vendor Contact Person .....	Philip C. Morgan
V7.	Workers Comp Insurance Expiration Date .....	
V8.	Liability Insurance Expiration Date .....	GL 6/1/19 PL 4/15/19
V9.	Professional License Number .....	99979
V10.	Verified by (print name of county staff) .....	Anne Rierson

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: 6/21/18 Authorized Signature: [Signature]