

Board Contract Summary

BC 16-051

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	2015-16
D2.	Department Name	County Counsel/CEO
D3.	Contact Person	Renée Bahl, Assistant CEO
D4.	Telephone	805-568-3400

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Outside counsel for Oversight Board of the Successor Agency to the former County of Santa Barbara RDA
K3.	Department Project Number	725
K4.	Original Contract Amount	\$ 5,000 NTE
K5.	Contract Begin Date	July 21, 2015
K6.	Original Contract End Date	June 30, 2016
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	\$
K11.	- Total Previous Amendment Amounts	\$
K12.	- Revised Total Contract Amount	\$

B1.	Intended Board Agenda Date	July 21, 2015
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	
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, GL and WC ins req. deleted

F1.	Fund Number	3120
F2.	Department Number	725
F3.	Line Item Account Number	7460/7506
F4.	Project Number (if applicable)	
F5.	Program Number (if applicable)	8000
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Casso & Sparks, LLP
V3.	Mailing Address	P.O. Box 4131
V4.	City State (two-letter) Zip (include +4 if known)	West Covina, CA 91791
V5.	Telephone Number	626-521-5470
V6.	Vendor Contact Person	James Casso
V7.	Workers Comp Insurance Expiration Date	N/A waived
V8.	Liability Insurance Expiration Date	GL N/A waived PL 1/16/16
V9.	Professional License Number	146423
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: 7/10/15 Authorized Signature: 