

**BOARD SUMMARY
CONTRACT**

Board Contract Summary

BC 17-253

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	2016/17 - 2017/18
D2.	Department Name	County Counsel
D3.	Contact Person	Rachel Van Mullem or Susan McKenzie
D4.	Telephone	x2950

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Legal Services Agreement
K3.	Department Project Number	
K4.	Original Contract Amount	\$ 25,000
K5.	Contract Begin Date	
K6.	Original Contract End Date	June 30, 2018
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	04-04-2017
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)	

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	

V1.	Auditor-Controller Vendor Number	093659
V2.	Payee/Contractor Name	NIELSEN, MERKSAMER, PARRINELLI
V3.	Mailing Address	1415 L Street, Suite 1200
V4.	City State (two-letter) Zip (include +4 if known)	SACRAMENTO
V5.	Telephone Number	916-446-6752
V6.	Vendor Contact Person	
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	7-1-2017
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: 3/20/2017 Authorized Signature: 