

Board Contract Summary

BC 13-109

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	2012-13 to 2014-15
D2.	Department Name	County Counsel/County Exec. Office
D3.	Contact Person	Renée Bahl, Assistant CEO
D4.	Telephone	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 to the Successor Agency to the former Santa Barbara County Redevelopment Agency
K3.	Department Project Number	725
K4.	Original Contract Amount	\$ 25,000 NTE
K5.	Contract Begin Date	May 1, 2013
K6.	Original Contract End Date	April 30, 2014
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	April 30, 2015
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount	\$ No additional funds
K11.	- Total Previous Amendment Amounts	\$ N/A
K12.	- Revised Total Contract Amount	\$ Same, \$25,000 NTE

B1.	Intended Board Agenda Date	April 22, 2014
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	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	Various, to cover OB, insurance waived

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	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.	Vendor Contact Person	David L. Allen
V7.	Workers Comp Insurance Expiration Date	N/A
V8.	Liability Insurance Expiration Date	N/A
V9.	Professional License Number	55401
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: 4/10/14 Authorized Signature: Anne Rierson