

Board Contract Summary

BC

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	19/20 - 20/21
D2.	Department Name.....	COUNTY COUNSEL
D3.	Contact Person	MARTIN MCKENZIE
D4.	Telephone	(805) 568-2950

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	LEGAL SERVICES
K3.	Department Project Number.....	
K4.	Original Contract Amount.....	\$ 250,000
K5.	Contract Begin Date.....	AUGUST 27, 2019
K6.	Original Contract End Date	AUGUST 26, 2021
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	AUGUST 27, 2019
B2.	Number of Workers Displaced (if any)	0
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).....	NO

F1.	Fund Number	0001
F2.	Department Number.....	013
F3.	Line Item Account Number.....	7650
F4.	Project Number (if applicable)	N/A
F5.	Program Number (if applicable)	N/A
F6.	Org Unit Number (if applicable).....	N/A
F7.	Payment Terms.....	NET 30

V1.	Auditor-Controller Vendor Number.....	
V2.	Payee/Contractor Name.....	Manning & Kass, et al.
V3.	Mailing Address.....	801 South Figueroa Street, 15th Floor
V4.	City State (two-letter) Zip (include +4 if known).....	Los Angeles, CA 90017
V5.	Telephone Number	(213) 624-6900
V6.	Vendor Contact Person.....	Eugene P. Ramirez
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	State Bar # 134865
V10.	Verified by (print name of county staff).....	Martin McKenzie

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: 8/15/19

Authorized Signature:

