Board Contract Summary

BC 14 - 126

For use with Expenditure Contracts. Complete form below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts.*

D1.	Fiscal Year	2014-2015
D2.	Department Name	County Counsel
D3.	Contact Person	Johannah Hartley
D4.	Telephone	X2967

K1.	Contract Type *(check one)*: X Personal Service Capital	
K2.	Brief Summary of Contract Description/Purpose	Legal Services - 2nd amendment
K3.	Department Project Number	
K4.	Original Contract Amount	$50,000
K5.	Contract Begin Date	3-12-13
K6.	Original Contract End Date	1-1-15
K7.	Amendment? (Yes or No)	Yes
K8.	- Total Number of Amendments	2
K9.	- This Amendment Amount	$ 100,000
K10.	- Total Previous Amendment Amounts	$ N/A
K11.	- Revised Total Contract Amount	$ 200,000

B1.	Is this a Board Contract? *(Yes/No)*	Yes
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)*	
F6.	Org Unit Number *(if applicable)*	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	600149
V2.	Payee/Contractor Name	Oliver, Sandifer & Murphy
V3.	Tax ID	95-2789775
V4.	Mailing Address	281 S Figuerora Street, Second Floor
V5.	City State (two-letter) Zip (include +4 if known)	Los Angeles, CA 90012
V6.	Telephone Number	213-621-2000
V7.	Vendor Contact Person	Duff Murphy
V8.	Workers Comp Insurance Expiration Date	
V9.	Liability Insurance Expiration Date	
V10.	Professional License Number	106091
V11	Verified by (print name of county staff)	Johannah Hartley

V12 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: _____ Authorized Signature: _____