Board Contract Summary

BC 15 -140

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	FY 16/17
D2.	Department Name	Public Works
D3.	Contact Person	Leslie Wells
D4.	Telephone	882-3611

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Bond and tax counsel services related to County financing for the Tajiguas Resource Recovery Project
K3.	Department Project Number	195053
K4.	Original Contract Amount	$ 50,000
K5.	Contract Begin Date	November 4, 2015
K6.	Original Contract End Date	November 3, 2015
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	date of issuance of COPs
K9.	- Total Number of Amendments	2
K10.	- This Amendment Amount	$ NTE $115,000
K11.	- Total Previous Amendment Amounts	$ 0
K12.	- Revised Total Contract Amount	$ $115,000 for Phase II

B1.	Intended Board Agenda Date	August 23, 2016
B2.	Number of Workers Displaced *(if any)*	0
B3.	Number of Competitive Bids *(if any)*	0
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, outside counsel contract

F1.	Fund Number	1930
F2.	Department Number	054
F3.	Line Item Account Number	7460
F4.	Project Number *(if applicable)*	195053
F5.	Program Number *(if applicable)*	1950
F6.	Org Unit Number *(if applicable)*	
F7.	Payment Terms	Fixed $65,000 + Hourly NTE $50,000

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Orrick, Herrington & Sutcliffe LLP
V3.	Mailing Address	405 Howard Street
V4.	City State (two-letter) Zip (include +4 if known)	San Francisco, CA 94105
V5.	Telephone Number	415-773-5524
V6.	Vendor Contact Person	Philip C. Morgan
V7.	Workers Comp Insurance Expiration Date	10/1/16
V8.	Liability Insurance Expiration Date	GL 6/1/17 PL 6/1/17
V9.	Professional License Number	104729
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: 8/11/16 Authorized Signature: Leslie Wells

Revised 1/13/2014