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	2017/2018
D2.	Department Name	County Counsel
D3.	Contact Person	Susan McKenzie
D4.	Telephone	805-568-2950

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	To provide legal services.
K3.	Department Project Number	not applicable
K4.	Original Contract Amount	$ 12,000
K5.	Contract Begin Date	7/1/2017
K6.	Original Contract End Date	6/30/2018
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	not applicable
K9.	- Total Number of Amendments	not applicable
K10.	- This Amendment Amount	$ not applicable
K11.	- Total Previous Amendment Amounts	$ not applicable
K12.	- Revised Total Contract Amount	$ not applicable

B1.	Intended Board Agenda Date	6/20/2017
B2.	Number of Workers Displaced *(if any)*	None
B3.	Number of Competitive Bids *(if any)*	None
B4.	Lowest Bid Amount *(if bid)*	not applicable
B5.	If Board waived bids, show Agenda Date	not applicable
	and Agenda Item Number	not applicable
B6.	Boilerplate Contract Text Changed? *(If Yes, cite Paragraph)*	not applicable

F1.	Fund Number	
F2.	Department Number	
F3.	Line Item Account Number	
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	
F6.	Org Unit Number *(if applicable)*	
F7.	Payment Terms	

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	
V3.	Mailing Address	
V4.	City State (two-letter) Zip (include +4 if known)	
V5.	Telephone Number	
V6.	Vendor Contact Person	
V7.	Workers Comp Insurance Expiration Date	
V8.	Liability Insurance Expiration Date	
V9.	Professional License Number	
V10	Verified by (print name of county staff)	

Not Applicable Revenue Agreement

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: _____ Authorized Signature: _____

Revised 1/13/2014