B. BOARD CONTRACT SUMMARY

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	17-18 and 18-19
D2.	Department Name	County Counsel
D3.	Contact Person	Anne Rierson
D4.	Telephone	805-568-2950

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ Capital	
K2.	Brief Summary of Contract Description/Purpose	Special counsel for IRS exam of Lease Financing
K3.	Department Project Number	N/A
K4.	Original Contract Amount	$ NTE $30,000
K5.	Contract Begin Date	July 10, 2017
K6.	Original Contract End Date	December 31,2018
K7.	Amendment? (Yes or No)	No
K8.	- New Contract End Date	
K9.	- Total Number of Amendments	
K10.	- This Amendment Amount	$
K11.	- Total Previous Amendment Amounts	$
K12.	- Revised Total Contract Amount	$

B1.	Intended Board Agenda Date	July 25, 2017
B2.	Number of Workers Displaced *(if any)*	
B3.	Number of Competitive Bids *(if any)*	
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, contract negotiated with Orrick

F1.	Fund Number	0001
F2.	Department Number	13
F3.	Line Item Account Number	
F4.	Project Number *(if applicable)*	
F5.	Program Number *(if applicable)*	
F6.	Org Unit Number *(if applicable)*	
F7.	Payment Terms	Hourly, payable at close of exam

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Orrick, Herrington & Sutcliffe LLP
V3.	Mailing Address	405 Howard St.
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	10/1/17
V8.	Liability Insurance Expiration Date	GL 6/1/18, PL 4/15/18
V9.	Professional License Number	104729
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: 7/14/17 Authorized Signature: Anne Rierson

Karen Ruby

Revised 1/13/2014