

ATTACHMENT "B"

BOARD CONTRACT SUMMARY

Board Contract Summary

BC 18-106

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	2017-18 and 2018-19
D2.	Department Name	County Counsel/Public Works
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	Outside counsel for TRRP
K3.	Department Project Number	828368
K4.	Original Contract Amount	\$ NTE \$50,000
K5.	Contract Begin Date	July 26, 2017
K6.	Original Contract End Date	July 25, 2019
K7.	Amendment? (Yes or No)	Yes
K8.	- New Contract End Date	same
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount	\$ adding \$150,000
K11.	- Total Previous Amendment Amounts	\$ 0
K12.	- Revised Total Contract Amount	\$ NTE \$200,000

B1.	Intended Board Agenda Date	12/05/17
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, Section 16 and Exhibit C

F1.	Fund Number	1930
F2.	Department Number	054
F3.	Line Item Account Number	7460
F4.	Project Number (if applicable)	828368
F5.	Program Number (if applicable)	1850
F6.	Org Unit Number (if applicable)	
F7.	Payment Terms	Net 30

V1.	Auditor-Controller Vendor Number	116347
V2.	Payee/Contractor Name	Rutan & Tucker LLP
V3.	Mailing Address	611 Anton Blvd., 14th Floor
V4.	City State (two-letter) Zip (include +4 if known)	Costa Mesa, CA 92626
V5.	Telephone Number	714-641-5100
V6.	Vendor Contact Person	Douglas J. Dennington
V7.	Workers Comp Insurance Expiration Date	12/31/17
V8.	Liability Insurance Expiration Date	GL 2/28/18, PL 6/30/18
V9.	Professional License Number	173447
V10.	Verified by (print name of county staff)	Anne Rierson & Leslie Wells

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: 11/21/17
11/21/17

Authorized Signature: [Signature]
[Signature]