

ATTACHMENT 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 | 2018-19 |
| D2. | Department Name | Court Special Services |
| D3. | Contact Person | Patrick Ballard |
| D4. | Telephone | 805-882-4682 |

| | | |
|------|--|---|
| K1. | Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital | |
| K2. | Brief Summary of Contract Description/Purpose | Provision of conflict defense services in cases which the Public Defender cannot legally represent the defendant. |
| K3. | Department Project Number | |
| K4. | Original Contract Amount | \$ 1,352,921.95 |
| K5. | Contract Begin Date | 12/01/2014 |
| K6. | Original Contract End Date | 06/30/2016 |
| K7. | Amendment? (Yes or No) | Yes |
| K8. | - New Contract End Date | 12/31/2018 |
| K9. | - Total Number of Amendments | 3 |
| K10. | - This Amendment Amount | \$ 440,543.46 |
| K11. | - Total Previous Amendment Amounts | \$ 1,744,897.63 |
| K12. | - Revised Total Contract Amount | \$ 3,538,363.04 |

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|-----|---|---------------------------------|
| B1. | Intended Board Agenda Date | June 19, 2018 |
| 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) | Section 11, Ownership - Removed |

| | | |
|-----|---------------------------------------|---------|
| F1. | Fund Number | 0069 |
| F2. | Department Number | 025 |
| F3. | Line Item Account Number | 7470 |
| F4. | Project Number (if applicable) | FIG |
| F5. | Program Number (if applicable) | 5300 |
| F6. | Org Unit Number (if applicable) | 1000 |
| F7. | Payment Terms | Monthly |

| | | |
|------|---|-----------------------------|
| V1. | Auditor-Controller Vendor Number | 207087 |
| V2. | Payee/Contractor Name | Criminal Defense Associates |
| V3. | Mailing Address | 631 Chapala Street |
| V4. | City State (two-letter) Zip (include +4 if known) | Santa Barbara, CA 93101 |
| V5. | Telephone Number | 805-963-9641 |
| V6. | Vendor Contact Person | William L. Duval, Jr. |
| V7. | Workers Comp Insurance Expiration Date | 10/17/18 |
| V8. | Liability Insurance Expiration Date | GL-6/27/18, PL-1/27/19 |
| V9. | Professional License Number | 47716 |
| V10. | Verified by (print name of county staff) | Ammon M. Hoenigman |

V11 Company Type (Check one): ☒ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation
 Consortium of Attorneys

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 5/31/18 Authorized Signature: 