Board Contract Summary

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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	FY18-19 to FY21-22				
D2.	Department Name					
D3.	Contact Person					
D4.	Telephone					
		1 000-000-2000				
K1.	Contract Type (check one): Personal Service Capital					
K2.	Brief Summary of Contract Description/Purpose	Outside counsel contract for construction litigation				
K3.	Department Project Number.					
K4.	Original Contract Amount	\$ 200,000				
K5.	Contract Begin Date	July 26, 2019				
K6.	Original Contract End Date	July 25, 2021				
K7.	Amendment? (Yes or No)	Yes				
K8.	- New Contract End Date	December 31, 2022				
K9.	- Total Number of Amendments	1				
K10.	- This Amendment Amount	1				
K11.	- Total Previous Amendment Amounts	\$ 0				
K12.	- Revised Total Contract Amount	\$ 584,000				
B1.	Intended Board Agenda Date	April 20, 2024				
B2.	Number of Workers Displaced (if any)	April 20, 2021				
B3.	Number of Competitive Bids (if any)					
B4.	Lowest Bid Amount (if bid)					
B5.	If Board waived bids, show Agenda Date	n/a				
	and Agenda Item Number	n/a				
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph)	no				
F1.	Fried Niverhor					
F1.	Fund Number	0001				
F3.	Department Number.	013				
F4.	Line Item Account Number 7650 Project Number (if applicable)					
F5.	Program Number (if applicable)					
F6.	Org Unit Number (if applicable)					
F7.	Payment Terms					
	- Caymont Tormo					
V1.	Auditor-Controller Vendor Number	116347				
V2.	Payee/Contractor Name	Rutan & Tucker LLP				
V3.	Mailing Address	18575 Jamboree Road, 9th Floor				
V4.	City State (two-letter) Zip (include +4 if known)	Irvine, CA 92612				
V5.	Telephone Number	(714) 641-3482				
V6.	Vendor Contact Person	Robert Owen				
V7.	Workers Comp Insurance Expiration Date					
V8.	Liability Insurance Expiration Date					
V9.	Professional License Number					
V10	Verified by (print name of county staff)					
V11	V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation					
I certify	I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.					
Date: _	1 - 100 010					

County of Santa Barbara Auditor-Controller Document Review Intake Form					
Department: County Counsel - 013	A/C Intake Staff:				
Contact Name & Ext: Teresa Martinez 82980	Date/Time Received by A/C:				
Type of Document: Contract - Amendment	Docket Date (deadline):	04-20-2021			
Document Name: First Amendment to Agreement for Professional Legal Services					
Noteworthy Accounting Event: - none -	Budget Revision Included				
Brief Summary: (Please include financial terms of contro Outside counsel legal services for construction litigation o	•	t.			

Item	Description	Dept Review	A/C Review
Α.	Allow 3 business days for review – plan ahead If the document packet is not complete upon receipt, the review time will be longer	fraction of the control of the contr	
В.	Department Financial/Accounting Review is required	B	INITIAL HERE
C.	Include all documents/attachments Board letter and all attachments referenced in the board letter Other documents requiring review/signature should include all referenced attachments	Sm	
D.	Board expenditure contracts must include A completed Board Contract Summary Form Board Letter Board Contract Statement of Work (Exhibit A) Payment Arrangements (Exhibit B) Indemnification and Insurance (Exhibit C) HIPAA Business Associate Agreement (Exhibit D)	ofm	
E.	The signature page must include (prior to A/C review): Department Head signature County Counsel signature Risk Management signature Contractor signature	ym	
F.	After Board Approval- Email Pam Avila (pavila@co.santa-barbara.ca.us) in FACS the following: Board Letter Fully executed contract/amendment Minute Order		