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	2020-21
D2.	Department Name	Court Special Services
D3.	Contact Person	Patrick Ballard
D4.	Telephone	805-882-4682

K1.	Contract Type *(check one)*: ☑ Personal Service ☐ 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	$ 1,513,212.66
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	06/30/2022
K9.	- Total Number of Amendments	7
K10.	- This Amendment Amount	$ 1,051,648.26 plus CPI NTE 2%
K11.	- Total Previous Amendment Amounts	$ 5,073,731.81
K12.	- Revised Total Contract Amount	$ 6,586,944.47, slightly higher after CPI

B1.	Intended Board Agenda Date	June 22, 2021
B2.	Number of Workers Displaced *(if any)*	0
B3.	Number of Competitive Bids *(if any)*	0
B4.	Lowest Bid Amount *(if bid)*	n/a
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)*	MIL
F5.	Program Number *(if applicable)*	5400
F6.	Org Unit Number *(if applicable)*	2000
F7.	Payment Terms	$87,637.35 monthly, plus CPI NTE 2%

V1.	Auditor-Controller Vendor Number	
V2.	Payee/Contractor Name	Justice Defenders, a Professional Corporation, dba North County Defense Team
V3.	Mailing Address	210 South Miller Street, Suite 106
V4.	City State (two-letter) Zip (include +4 if known)	Santa Maria, CA 93454
V5.	Telephone Number	805-965-2717
V6.	Vendor Contact Person	Michael J. Scott
V7.	Workers Comp Insurance Expiration Date	08/01/2021
V8.	Liability Insurance Expiration Date	PL 08/16/2021, GL 02/25/2022
V9.	Professional License Number	69675
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: 6/4/21 Authorized Signature: _____

Revised 1/13/2014