[DATE]

[FIRM ADDRESS]

Re: Retention for Provision of Legal Services

 Matter: xxxxxxx – Matter Name

 Campus Location: University of California - Regulatory

Dear \_\_\_\_\_\_\_\_\_\_\_\_:

This will confirm your retention by The Regents of the University of California for the provision of legal services as described in one or more Retention Schedules for specific projects related to the federal and state laws and regulations governing the California Medicaid (Medi-Cal) program, completed and executed by the Office of General Counsel.

The following are the specific terms applicable to this retention:

Participating Attorneys and Rate –

We understand you will be primarily responsible for these matters within your firm but will assign work to other attorneys and paralegals in your firm. We are retaining your services in accordance on a per-project basis in accordance with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your services will be provided at the blended rate of $Rate per hour for partners and associates. Paralegals will be billed at $Rate per hour. Your total fees are not to exceed $\_\_\_\_\_\_\_\_ for this matter, without prior written approval from your University contact, noted below.

We understand you will be primarily responsible for handling these matters within your firm but may assign work to other attorneys in your firm. Absent prior written approval, work done by attorneys not listed here will not be paid. Services will be provided at the following rates by the following attorneys:

|  |  |
| --- | --- |
| Attorney Name | Rate/Hour |
| [**Name**] | $[**Rate**] |
| [**Name**] | $[**Rate**] |
| [**Name**] | $[**Rate**] |

\*\*\*The matter budget is $\_\_\_\_\_\_\_\_ - $\_\_\_\_\_\_\_\_\_\_ \*\*\*

These budgets are critical to the management of the University’s legal spend. In a departure from past practice, overages will only be granted in extraordinary circumstances. Prior written approval must be requested. In addition to the budget estimate, described above, vendors are strongly encouraged to submit a “Not to Exceed” budget, which will represent a firm upper limit on the matter.

[**Optional]** The University realizes that these rates represent significant discounts off your firm’s normal rates and appreciates your firm providing these discounts.

University Contacts

Your services will be performed under the general supervision of University Counsel Sample Attorney 1 of this office and [Sample Attorney B]. Please keep [him/her/them] informed of the progress of your work and provide copies of any briefs, legal memoranda, discovery responses, opinion letters, and related documents.

Billings and Billing Procedures

Each Retention Schedule will include the reference to the UC Matter Number to be used for billing. Invoices are to be submitted on a monthly basis, in LEDES format, using LexisNexis’s CounselLink service at <https://www.counsellink.net>, or alternately by manually creating an invoice in CounselLink.

UC’s Billing Guidelines are published (behind password wall) within the CounselLink application. If you have not yet submitted electronic invoices to the University of California, please have your billing team contact legalbilling@ucop.edu to initiate the setup process.

Additional Terms and Change of Terms and Rates

The terms of this letter may be modified only by the written agreement of an authorized representative of the Office of the General Counsel. *The rates specified herein shall remain in effect throughout the term of this retention unless modification thereof is agreed to in writing by the Office of the General Counsel at least thirty days prior to the effective date.*

We very much appreciate your willingness to serve the University on this project and look forward to working with you. If you have questions, please do not hesitate to contact University Counsel \_\_\_\_\_\_\_\_\_\_\_\_ and Campus Counsel \_\_\_\_\_\_\_\_\_\_. Please sign and return a copy of this letter to University Counsel \_\_\_\_\_\_\_\_\_\_\_\_\_\_ indicating your acceptance of the retention on these terms.

Sincerely,

[Retaining Attorney Name]

Deputy General Counsel

Encs.

cc: Monitoring attorney

AGREED TO AND ACCEPTED

Sample Law Firm, LLC

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name