AGREEMENT/SUMMARY STD 215 (NEW 02/98) # 09-204-816 **FORMAT** TYPE **SUBTYPE** ☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1. CONTRACTOR'S NAME 2. FEDERAL I.D. NUMBER EL DORADO COUNTY SHERIFF'S DEPARTMENT SEE DRUG-FREE CERT 3. AGENCY TRANSMITTING AGREEMENT 4. DIVISION, BUREAU, OR OTHER UNIT 5. AGENCY BILLING CODE DEPARTMENT OF BOATING AND WATERWAYS OPERATIONS/ENFORCEMENT 32024 6. NAME AND TELEPHONE NUMBER OF CONTRACT ANALYST FOR QUESTIONS REGARDING THIS AGREEMENT CORRINA DUGGER (916) 263-8184 7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE? NO X YES (If YES, enter prior contractor # 08-204-755 name and Agreement Number) 8. BRIEF DESCRIPTION OF SERVICES - LIMIT 72 CHARACTERS INCLUDING PUNCTUATION AND SPACES MISCELLANEOUS EQUIPMENT (2 PWC's) 9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary: include special or unusual terms and conditions.) CONTRACTOR GOES OUT FOR COMPETITIVE BID. TOTAL CONTRACT NOT TO EXCEED \$30,000.00. 10. PAYMENT TERMS (More than one may apply.) ☐ MONTHLY FLAT RATE X ONE -TIME PAYMENT **QUARTERLY** □ PROGRESS PAYMENT ITEMIZED INVOICE WITHHOLD ADVANCED PAYMENT NOT TO EXCEED % REIMBURSEMENT/REVENUE OTHER (Explain) 11. PROJECTED EXPENDITURES PROJECTED **FUND TITLE** ITEM F.Y. CHAPTER STATUTE **EXPENDITURES FTF** 3680-101-0890 09/10 30,000.00 1 2009 \$ 62042-702 30,000.00 AGREEMENT TOTAL **OBJECT CODE** AMOUNT ENCUMBERED BY THIS DOCUMENT OPTIONAL USE **BOATING OPERATIONS (20)** 30,000.00 I CERTIFY upon my own personal knowledge that the budgeted funds for the current budget year PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT are available for the period and purpose of the expenditure stated above. ACCOUNTING OFFICER'S SIGNATURE DATE SIGNED TOTAL AMOUNT ENCUMBERED TO DATE <u>a</u> 30,000.00 12. **TERM** TOTAL COST OF AGREEMENT From Through THIS TRANSACTION BID, SOLE SOURCE, EXEMPT 03/01/10 06/30/25 30,000.00 IFB Original \$ \$ Amendment No. 1 \$ Amendment No. 2 \$ Amendment No. 3 30,000.00

TOTAL

\$

AGREEMENT NUMBER

AMENDMENT NUMBER

STATE OF CALIFORNIA

AGREEMENT SUMMARY STD. 215 (NEW 02/98)

13. BIDDING METHOD USED:									
REQUEST FOR PROPOSAL (RFP) (Attach justification if secondary method is	X is used)	INVITATION FOR BID (IFB)		USE	OF MA	STER SER	VICE A	GREEM	ENT
SOLE SOURCE CONTRACT		EXEMPT FROM BIDDING		ОТН	ER (Ex	cplain)			
(Attach STD. 821)		(Give authority for exempt status)				_			
NOTE: Proof of advertisement in the State Co STD. 821, Contract Advertising Exemp									
14. SUMMARY OF BIDS (List of bidders, bid am	ount and	small business status) (If an amend	ment, so	le source	e, or exe	mpt, leave b	lank)		
N/A									
15. IF AWARD OF AGREEMENT IS TO OTHER leave blank) N/A	R THÂN	THE LOWER BIDDER, PLEASE E	EXPLAIR	N REAS	ON(S)	(If an amend	ment, s	ole source	or exempt,
16. WHAT IS THE BASIS FOR DETERMINING	TUATT	HE DDICE OD DATE IS DEASON	ADI E2						
CONTRACTOR GOES OUT FOR C			ABLE?						
17. JUSTIFICATION FOR CONTRACTING OUT	T (Check	one)							
Contracting out is based on cost savings per Government Code X Contracting out is justified based on Government Code 19130(b).									
19130(a). The State Personnel Board has	been so n					is described			
Justification:									
		VE PCC§ 10410 AND 10411 DEAI							, DID YOU
\$5,000, HAS THE LETTING OF THE AGREEMENT BEEN REPORTED TO THE		TH CONFLICT OF INTEREST BE MPLIED WITH?	EN			' ANY CON WITH THE			LUATIONS
DEPARTMENT OF FAIR EMPLOYMENT		WILLIAM WILLIAM		Ü	IVI ILL	***************************************	. 000 1	LLOAL O	TICE:
AND HOUSING?	_					_			
□ NO X YES □ N/A	∐ N	NO X YES N/A			NO	☐ YES		NONE ON FILE	X N/A
21. IS A SIGNED COPY OF THE FOLLOWING	ON FILE	AT YOUR AGENCY FOR THIS		22. R	EOUIR	ED RESOL			TTACHED
CONTRACTOR?									
A. CONTRACTOR CERTIFICATION CLAUSES ☐ NO X YES ☐ N/A	S B. S □ 1	TD. 204, VENDOR DATA RECORNO X YES	ZD I/A	П	NO		v	VEC	v
23. ARE DISABLED VETERANS BUSINESS EN	_			_		:C\	<u>X</u>	YES	<u>X</u>
X NO (Explain below)	VILIC ICI	YES (If YES complete the fo		_	ı cnang	es, ij any)			
DISABLED VETERAN BUSINESS ENTERP	DICEC.	% OF AGREEMEN	_			Good fair	th offar	t daanma	utatian attacked if
DISABLED VETERAN BOSINESS ENTER	MSES.		11		Ш	3% goal:			ntation attached if
Explain:						_			nat the contractor l
•						made			ith effort to meet
						Goal			
24. IS THIS A SMALL BUSINESS CERTIFIED B X NO YES (Indicate Industry)		R?		1		ALL BUSIN	ESS R	EFEREN	CE NUMBER
		DEDICE OF TRUE LOVICED TH		- 1	N/A				
25. IS THIS AGREEMENT (WITH AMENDMENT NO X YES	S) FUR A	PERIOD OF TIME LONGER THA	AN ONE	YEAR	(If YE	S, provide ji	ıstificat	ion)	
-									
CONTRACT TERM IS 15 YEARS.									
		pies of the referenced Agree							
-	ıl Agree	ment sent to the Departmen	t of Ge	neral S	Servic	es.			
SIGNATURE/TITLE					DATE	SIGNED			
DENISE PETERSON ENFORCEMENT MANAGER, OPS DIV								10-044	13 B2

STANDARD AGREEMENT

STD. 213 (NEW 02/98)

			SCPRS NUMBER	AGREEMENT NUMBER
		#	eP 1061549	# 09-204-816
1.	This Agreement is entered into between the State Agency and STATE AGENCY'S NAME	d 1	he Contractor named belo	ow
	DEPARTMENT OF BOATING AND WATERWAYS			
	CONTRACTOR'S NAME EL DORADO COUNTY SHERIFF'S DEPARTMENT			
2.	The term of this Agreement is: FIFTEEN (15) YEARS			
3.	The maximum amount \$ 30,000.00 of this Agreement is:			
4.	The parties agree to comply with the terms and conditions of a part of the Agreement:	th	e following exhibits which	ch are by this reference made
	Exhibit A – Standard Terms and Conditions			
	Exhibit B - Administrative Requirements			

Exhibit C – Audits of State and Local Governments

Exhibit D - Suggested Language for Certifications

Exhibit E – Darfur Contracting Act

*View at www.dgs.ca.gov/contracts IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto. CALIFORNIA **CONTRACTOR** partment of General Services Use Only CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) EL DORADO COUNTY SHERIFF'S DEPARTMENT BY (Authorized Signature) **DATE SIGNED** PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 300 FAIR LANE PLACERVILLE CA 95667 STATE OF CALIFORNIA AGENCY NAME DEPARTMENT OF BOATING AND WATERWAYS BY (Authorized Signature) **DATE SIGNED** 1 PRINTED NAME AND TITLE OF PERSON SIGNING LUCIA BECERRA, INTERIM DIRECTOR **ADDRESS** 2000 EVERGREEN STREET SUITE 100 SACRAMENTO CA 95815 Exempt per 4.04