

County of El Dorado Procurement & Contracts Contract Request Form

Please complete this Contract Request Form (CRF) and submit it to Procurement & Contracts. The complete CRF will be reviewed and processed. If the CRF is incomplete or missing necessary documentation, it will be returned to the requestor for re-submission.

Request Date Desired Date Department

Project Manager and Title

Requestor Extension Draft Review Requested

County Contract Administrator and Title Now 7/1/23

Project Name/Service Legistar # 23-136D

Consultant/Contractor

Request For Information Contact Phone #

Email FENIX Vendor Number

Consultant/Contractor Selection Process Bid/RFP/RFQ Number

Include the RFQ or RFP and the Consultant's proposal with this form, if applicable. In accordance with BOS Policy C-17, Professional Services Contracts over \$100,000 require Purchasing Agent review and evaluation to determine the most appropriate method of selection. Outside review is required if an RFQ or RFP has not been completed. Include emails and other documents to verify policy compliance.

Signature on this form certifies Policy C-17 compliance.

Start Date End Date Term Type Term

Not-to-Exceed Amount Term Other

FENIX Project # Org for Counsel Billing

Additional Documents

Please send additional documents, along with this form, to the following email address:

cao-contracts-newrequests@edcgov.us

Include the name of the Department requesting the contract in the subject title.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Scope of Work <i>(Required)</i> (MS Word) | <input type="checkbox"/> DBE Commitment Forms <i>(completed)</i> |
| <input checked="" type="checkbox"/> Fee Schedule/Billing Rates <i>(Required)</i> (MS Word) | <input type="checkbox"/> Alternate Indemnity and Justification |
| <input checked="" type="checkbox"/> HR Contract Processing Form <i>(Required - Except Public Works)</i> | <input type="checkbox"/> Consultant/Contractor Proposal |
| <input checked="" type="checkbox"/> Contracting Out Analysis <i>(Required - Except Public Works)</i> | <input type="checkbox"/> Emails to/from Procurement and Contracts |
| <input type="checkbox"/> Cooperative or Program Supplement Agreement | <input type="checkbox"/> Non-standard Insurance Information |
| <input type="checkbox"/> Highlighted Assessor's Parcel Map <i>(appraisals/valuations)</i> | <input type="checkbox"/> Request P&C Assistance with DIR Reg. |

Contract Administrator Signature Digitally signed by Myrna Tow
Date: 2023.06.01 15:46:17 -07'00'

Department Director Signature

FENIX Agreement #

Contract Details

Funding *The following information will be used in the Legistar Item and may influence federal and state provisions. List all funding sources associated with the Contract, and the Funding Agreement Number.*

Funding Source	Agreement No.
Unclaimed Gas Tax and General Fund	

Project Specific Contracts *For project specific contracts, include copies of associated Cooperative or Program Supplement Agreements as applicable.*

Cooperative Agreement Program Supplement Agreement Agreement #

Scope of Work *Include a detailed Scope of Work with this form. The Scope of Work must describe precisely what is to be accomplished under this Contract and include a detailed description of the results expected, deliverables, and the time frames to be met. For additional information, please refer to the "Scope Guidelines for Agreements and Task Orders" document.*

Notice to Proceed (NTP) *Select the type of Notice to Proceed required for this Contract.* NTP Type

Subconsultants *Provide information for each of the subconsultants authorized under this contract. Include a detailed list, in addition to this form if required. Note: mark-up is not allowed on Federally funded projects.*

Subconsultant(s) Authorized Mark-up Allowed Mark-up %

Subconsultant Name(s)

Compensation *Include applicable fee schedules, billing rates, cost proposals, contractor's quotation, and indicate any conditions on payment. If applicable, enter Not-to-Exceed (NTE) amounts for the Base Scope, Supplemental Tasks, and Optional Tasks. Select all payment options that apply. If direct costs are allowed, please list on the Fee Schedule. If additional pay is authorized, please specify and provide details in the Rate Schedule.*

NTE Base Scope NTE Supplemental Tasks NTE Optional Tasks

Payment Type Mileage/Travel Reimbursement

Retention % Direct Cost(s) Direct Cost(s) Markup

Additional Pay *(check all that apply)* None Night/Weekend Shift Overtime

Insurance *Provide additional information if non-standard insurance requirements are required. Such as: Explosion, Collapse & Underground coverage, Aerial Flight, or Aircraft Liability insurance and bonds.*

Standard Non-Standard Non-Standard Insurance/Bond Types

Additional Contract Provisions *In addition to standard contract provisions, additional provisions may be required for some contracts. Select all of the provisions that are applicable to this Contract, and provide details where requested. Typically Work Orders are up to \$10,000.*

<input type="checkbox"/> Work Order	<input type="checkbox"/> Task Order	<input type="checkbox"/> Electronic Submittals of Deliverables
<input type="checkbox"/> Progress Reports		File Format(s) <input type="text"/>
<input type="checkbox"/> Unanticipated Grant Funding		<input type="checkbox"/> Standards for Work
<input type="checkbox"/> Ownership of Data		Reference <input type="text"/>
<input type="checkbox"/> Quality Control		<input type="checkbox"/> License/Certification
<input type="checkbox"/> Prevailing Wage (none selected)		Type <input type="text"/>
<input type="checkbox"/> Non-standard Indemnity		
<input type="checkbox"/> Consultant's Project Manager		

**CONTRACT PROCESSING FORM
HUMAN RESOURCES NOTIFICATION**

Human Resources Department must review your proposed service agreement to determine whether or not you are replacing or transferring out what might be bargaining unit work. This form is sent to Human Resources Department along with the proposed service agreement. All service agreements must be reviewed, regardless of dollar amount.

TODAY'S DATE: 6/6/1/2023 DATE NEEDED BY: 6/22/2023

VENDOR: USDA 14 Suffix 0 AGREEMENT #: 23-7306-6574-RA

SERVICE REQUIRED:

Maintenance of Integrated Wildlife Damage Management (WDM) Program to protect residents, property, livestock, crops, and natural resources from damage caused by predators and other nuisance wildlife.

CONTRACT DETAILS:

1. Original Contract Amount: 81,576.90 2. Contract Term: 7/1/23-6/30/2024

IF this is an addendum or amendment to an existing contract please complete #3 - #12 (otherwise skip to #7):

3. Additional Contract Amount: _____

4. Revised Contract Amount: _____

5. Revised/New Contract Term: _____

6. We are changing/amending this contract because:

7. Is it a legal requirement to use an outside vendor for this service? Yes No
If yes, please identify the applicable law or legal mandate. Include reference or link if applicable.
(Please complete #8 - #9, then skip to #12)

The Wildlife Services program was a cooperative venture between El Dorado/Alpine County and the United States Department of Agriculture (USDA) The USDA-APHIS has the licensing for the chemical drugs used for the disposal of nuisance animals.

8. Is this an "As Needed" Contract: Yes No

9. Has this specific service been procured from a vendor before? Yes No

9a. If yes, with which vendor(s) did we previously procure this service and when?

USDA APHIS< This will be the ntenth year of contracting for payment. USDA-APHIS has maintained an effective IWDM program resolving conflicts in our county.

9b. (If this was a temporary or specialty assignment) Why are we extending the contract?

10. Have County employees previously (or currently) performed this service? Yes No

10a. If yes, what classification(s)? When did County employees most recently perform this service?

Wildlife Services Specialist is performing the work with the USDA worker at all times.

10b. If yes, does this procurement of services supplement, but not replace County employees? Are any of those positions that currently/previously performed this service vacant and/or no longer allocated? Have (or will) County positions that most recently performed this service be reduced in force (subject to layoffs)? Briefly explain.

This program is supplemental to the Wildlife Services performed in El Dorado County.

11. Please explain why County employees should not or cannot perform this work. Be specific. Identify special skills or qualifications required (but not possessed by County), work of sensitive nature, neutral party necessary to prevent conflict of interest, etc.

Safely & professionally utilize approved wildlife damage management tools/equipment including firearms (including high-pressure air rifles), advanced optics, assorted snaring devices, trailing hounds, all-terrain vehicles, leg-hold traps for the protection of endangered species and public safety, cage-type & other specialized traps, deterrent methods/devices (including pyrotechnics), Environmental Protection Agency approved toxicants (including euthanasia drugs)

12. Is this procurement of service associated with any grants/other contracts that fund County employee jobs? Yes No

If yes, please explain:

Contracting Out Analysis

Compliance with County Contracting Out Ordinance 5116, Title 3, Chapter 3.13, Section 3.13.030

Select the option below that best describes your need for a contract. For departments that write contracts please include a recital in your contract that describes your selection.

- A. The work can be more economically and feasibly performed by an independent contractor or consultant than County employees.

Note: If this option is selected, an economic analysis is required and must be submitted with this form. The Economic Analysis Form on the last page may be used to complete your analysis. Factors to be considered in the analysis include costs related to doing the work such as County staff, operational, administrative, equipment, materials, facilities, and support services.

- B. The work requires specialty skills and qualifications not expressly identified in County classifications are involved in the performance of the work.

Please describe:

The difference is the USDA APHIS has the licensing for the chemical drugs used for the disposal of nuisance animals. When the Trappers are on an emergency call (ie Mountain Lion or Bear) they work together.

- C. Due to the limited timeframes, temporary or occasional nature, or schedule for the project or scope of work, the ongoing aggregate of work to be performed is not sufficient to warrant the addition of permanent staff.

Please describe:

We have one employee matched to the USDA employee.

- D. By legislative authority, it is mandated that the work be performed by independent contractors.

Please describe:

United States Departments of Agriculture Animal and Plant Health Inspections and California Department of Fish and Wildlife.

- E. The work will be performed by another governmental entity or agency.

Please describe:

United States Departments of Agriculture Animal and Plant Health and California Department of Fish and Wildlife

- F. A contract is necessary to protect against a conflict of interest or to ensure independent and unbiased findings where there is a need for an outside perspective; for example, contracts relating to litigation or potential litigation may require independent contractors.

Please describe:

United States Departments of Agriculture Animal and Plant Health applies for all of the necessary reporting and is the go between for Fish and Wildlife on programs behalf.

- G. The nature of the work involves urgent or emergency services.

Please describe:

Large animal depredation. Mountain Lion or Bear

Economic Analysis Form

DESCRIPTION OF SERVICES REQUIRED:

Identical to the job description of Wildlife Specialist.

LABOR COST:

Title of Position Required: Wildlife Damage Management

Duration of Project (specify "ongoing" or number of months/weeks): 52 weeks

Work Frequency on Average: 40 (hours) per week Period = 2080 (total hours)

Hourly Rate @ Step 5 (in lieu of adding non-productive, leave hours): 24.61 A

Add Benefit Rate (A x 35%) 8.61 B

Total Hourly Rate: 33.22 C = A X B

Total Hours Required (up front training, direct project hours): 1,584.40 D

TOTAL ANNUAL LABOR COSTS: 52,633 E = C X D

OTHER COSTS:

Training (tuition, materials, conferences, travel, etc.): 6893. F

Supplies (office supplies, computer, laptop, cell phone stipend): 4632. G

Space Requirements (phone, security badge, workstation): 17,418.9 H

TOTAL OTHER COSTS: 28,943.9. I = F + G +H

TOTAL LABOR AND OTHER COSTS: 81,576.90 E + I