

STATE OF CALIFORNIA

**AGREEMENT SUMMARY**

STD 215 (Rev. 04/2020)

AGREEMENT NUMBER

**20-0161**

AMENDMENT NUMBER

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED1. CONTRACTOR'S NAME  
COUNTY OF SAN BENITO2. FEDERAL I.D. NUMBER  
94-60005303. AGENCY TRANSMITTING AGREEMENT  
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE4. DIVISION, BUREAU, OR OTHER UNIT  
PHPPS/PD-EP5. AGENCY BILLING CODE  
0033216a. CONTRACT ANALYST NAME  
Donna Weber6b. EMAIL  
donna.weber@cdfa.ca.gov6c. PHONE NUMBER  
(916) 403-6521

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?

☐ No ☒ Yes (If Yes, enter prior Contractor Name and Agreement Number)PRIOR CONTRACTOR NAME  
County of San BenitoPRIOR AGREEMENT NUMBER  
19-02688. BRIEF DESCRIPTION OF SERVICES  
Pest Survey and Trapping Activities

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.)

The Contractor shall perform survey and trapping activities within the County for the California Department of Food and Agriculture's Pest Detection-Emergency Projects Branch.

10. PAYMENT TERMS (More than one may apply)

☐ Monthly Flat Rate      ☐ Quarterly      ☐ One-Time Payment      ☐ Progress Payment  
☒ Itemized Invoice      ☐ Withhold \_\_\_\_\_ %      ☐ Advanced Payment Not To Exceed \_\_\_\_\_  
☐ Reimbursement / Revenue      \_\_\_\_\_ or \_\_\_\_\_ %  
☐ Other (Explain) \_\_\_\_\_

11. PROJECTED EXPENDITURES

FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	PROJECTED EXPENDITURES
<input type="checkbox"/> General Fund - Clearing	8570-001-0001	20/21	6/20	2020	\$2,900.00
<input type="checkbox"/> Ag Fund	8570-601-0111	20/21	1571/70	1970	\$68,634.50
<input type="checkbox"/> General Fund	8570-101-0001	20/21	6/20	2020	\$21,710.50
<input type="checkbox"/> General Fund - Clearing	8570-001-0001	21/22			\$2,900.00
<input type="checkbox"/> Ag Fund	857-601-0111	21/22			\$68,634.50
<input type="checkbox"/> General Fund	8570-101-0001	21/22			\$21,710.50

OBJECT CODE

5390890/53908900035 / 5432000/5432000035

AGREEMENT TOTAL

**\$186,490.00**

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OPTIONAL USE  
 See Attachment

AMOUNT ENCUMBERED BY THIS DOCUMENT  
 \$186,490.00

PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT  
 \$0.00

I certify upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.

TOTAL AMOUNT ENCUMBERED TO DATE  
 \$186,490.00

ACCOUNTING OFFICER'S SIGNATURE

ACCOUNTING OFFICER'S NAME (Print or Type)

DATE SIGNED

Patrick Lladoc

11/23/2020

12. AGREEMENT

AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
Original	7/1/2020	6/30/2022	\$186,490.00	EXEMPT
<input checked="" type="checkbox"/> Amendment 1				
<input checked="" type="checkbox"/> Amendment 2				
<b>TOTAL</b>			<b>\$186,490.00</b>	

13. BIDDING METHOD USED

- ☐ Request for Proposal (RFP) (Attach justification if secondary method is used)
 ☐ Use of Master Service Agreement  
☐ Invitation for Bid (IFB)
 ☒ Exempt from Bidding (Give authority for exempt status)
 ☐ Sole Source Contract (Attach STD. 821)  
☐ Other (Explain) SCM Vol. 1, 5.80 A. 5., Local Government

Note: Proof of advertisement in the State Contracts Register or an approved form STD. 821, Contract Advertising Exemption Request, must be attached

14. SUMMARY OF BIDS (List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)

15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, EXPLAIN REASON(S) (If an amendment, sole source, or exempt, leave blank)

16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?

Rates are set at local government classification rates.

17a. JUSTIFICATION FOR CONTRACTING OUT (Check one)

- ☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.
 ☒ Contracting out is justified based on Government Code 19130(b). When this box is checked, a completed JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60 must be attached to this document.  
☐ Not Applicable (Interagency / Public Works / Other )

17b. EMPLOYEE BARGAINING UNIT NOTIFICATION

- ☒ By checking this box, I hereby certify compliance with Government Code section 19132(b)(1).

AUTHORIZED SIGNATURE

Monica Aguirre

Digitally signed by Monica Aguirre  
 Date: 2021.05.24 09:42 -0700

SIGNER'S NAME (Print or Type)

Monica Aguirre, Staff Services Manager 1

DATE SIGNED

18. FOR AGREEMENTS IN EXCESS OF \$5,000: Has the letting of the agreement been reported to the Department of Fair Employment and Housing? ☐ No ☒ Yes ☐ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10? ☐ No ☐ Yes ☒ N/A

20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the DGS Legal Office? ☐ None on file ☐ No ☐ Yes ☒ N/A

21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?

- A. Contractor Certification Clauses ☐ No ☒ Yes ☐ N/A  
 B. STD 204 Vendor Data Record ☐ No ☒ Yes ☐ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED

☐ No ☒ Yes ☐ N/A

23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS?

☒ No ☐ Yes

SB/DVBE Certification Number:

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1. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS  
REQUIRED? (If an amendment, explain changes if any)  
Local Government

☒ No (Explain below) ☐ Yes \_\_\_\_\_ % of Agreement

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME  
LONGER THAN THREE YEARS?

☒ No ☐ Yes (If Yes, provide justification below)

*I certify that all copies of the referenced Agreement will conform to the original agreement sent to the Department of General Services.*

SIGNATURE

**Donna Weber**

Digitally signed by Donna  
Weber  
Date: 2021.05.24 12:33:13 -07'00'

NAME/TITLE (Print or Type)

Donna Weber, Contract Analyst

DATE SIGNED

Nov 16, 2020

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**JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60**

In the space provided below, the undersigned authorized state representative documents, with specificity and detailed factual information, the reasons why the contract satisfies one or more of the conditions set forth in Government Code section 19130(b). Please specify the applicable subsection. Attach extra pages if necessary.

See attached SO-106, GC 19130 Justification Worksheet

*The undersigned represents that, based upon his or her personal knowledge, information or belief the above justification correctly reflects the reasons why the contract satisfies Government Code section 19130(b).*

SIGNATURE <b>Donna Weber</b> <small>Digitally signed by Donna Weber Date: 2021.05.24 12:33:34 -07'00'</small>	NAME/TITLE(Print or Type) Donna Weber, Contract Analyst	DATE SIGNED Nov 16, 2020	
PHONE NUMBER (916) 403-6521	STREET ADDRESS 1220 N Street, Room 120		
EMAIL donna.weber@cdfa.ca.gov	CITY Sacramento	STATE CA	ZIP 95814