KRISTIN M. CROWLEY

October 30, 2023

BOARD OF FIRE COMMISSIONERS FILE NO. 23-117

TO: Board of Fire Commissioners

FROM: Kristin M. Crowley, Fire Chief

SUBJECT: BOARD REPORT - CONTINUATION OF THE 2021 REGIONAL

HAZARDOUS MATERIALS RESPONSE (RHMR) TRAINING AGREEMENT # A211006361 AMENDMENTS # 2 AND # 3

FINAL ACTION: Approved Denied	Approved w/Corrections Received & Filed	Withdrawn Other

SUMMARY

On June 27, 2017, Standard Agreement # 6152-6 was executed between the City and the Governor's Office of Emergency Services (Cal OES) to implement a hazardous materials (hazmat) training program to fill in the gaps across the state where there is limited or no response capability for Hazardous Materials by Rail (HMBR). The training was a requirement for the Los Angeles Fire Department (LAFD) to accept one of twelve Cal OES Type II Hazmat Response Vehicles (HMRV) with assigned hazmat equipment. These vehicles are the result of Assembly Bill (AB) 102 that authorized funding to establish Regional Response Teams throughout California in an effort to improve emergency response capabilities to all types of disasters.

As part of the ongoing HMRV agreement, the LAFD is required to provide ongoing annual hazmat training to maintain response capabilities to the Regional Response Teams. Sworn personnel responding with a Type II HazMat Response Vehicle are required to meet current California Specialized Training Institute (CSTI) Hazardous Materials Specialist training requirements.

In support of annual hazmat response team training, Cal OES has forwarded the initial 2021 Regional Hazardous Materials Response (RHMR) Standard Agreement # A211006361 in the amount of \$100,000.00 to the LAFD. The funding will reimburse the LAFD for Personnel Costs for Training and exercises which may include Backfill/OT and travel expenses for attending. The funding will also reimburse any supplies needed for training, gasoline, mileage, and includes an automatic 3% Administrative Fee for processing the invoices for reimbursement. The period of performance for the Agreement shall be from October 1, 2021, or upon approval, whichever is later, through June 30, 2024. This was approved with Council File # 22-0347. A first amendment to the agreement which included an additional \$150,000 to spend was signed and

approved during FY22-23. Cal OES has now submitted a second amendment which includes an additional \$125,000 which was signed on August 31, 2023 and a third amendment which includes an additional \$100,000 which was signed on September 26, 2023. The total allocation from CalOES is now \$475,000. During the performance period Cal OES will increase the budget on an annual basis at a rate to be determined by Cal OES. The LAFD spent \$25,687.50 in FY21-22 and \$108,234.03 in FY22-23 leaving a remaining balance of \$341,078.47 to spend in FY23-24.

RECOMMENDATIONS

That the Board:

- 1. Approve and transmit the report to the Mayor for acceptance and authority to expend RHMR funds.
- 2. Request that the Mayor, subject to approval of City Council:
 - a. Accept the 2021 Regional Hazardous Materials Response (RHMR) amended agreements for an additional amount of \$225,000 for a new total of \$475,000 and any increases for the performance period of October 1, 2021, through June 30, 2024 as granted by Cal OES, and authorize the Fire Chief, or designee, to execute any documents or agreements necessary to accept the grant on the City's behalf.
 - b. Authorize the Fire Chief to expend remaining funds in the amount up to \$341,078.47 and any additional increases from Fire Department's Variable Staffing Account Fund 100, Account 001098, Travel Account Fund 100, Account 002130, Equipment Account Fund 100, Account 006020, and Office and Administrative Account Fund 100, Account 006010 for all training and travel expenses incurred in accordance with the RHMR agreement terms, from the Governor's Office of Emergency Services (Cal OES).
 - c. Authorize the Controller to deposit reimbursement grant funds up to \$341,078.47 and any additional increases from the Governor's Office of Emergency Services (Cal OES) into Fund 335, Department 38, Account to be determined.
 - d. Authorize the LAFD to transfer reimbursement grant funds from Fund 335 Department 38, Account TBD to Fund 100, Account 001098 (Variable Staffing), Fund 100, Account 002130 (Travel), Fund 100, Account 006020 (Equipment), Fund 100, Account 006010 (Office and Administrative), and Fund 100 Account 005301 (Reimbursement from Other Funds) upon submission of proper documentation by the LAFD of actual cost incurred from eligible Hazardous Materials Training Courses, subject to the review and approval of the City Administrative Officer (CAO).
 - e. Authorize the LAFD to prepare Controller instructions for any technical adjustments, subject to the approval of the CAO, and authorize and instruct the Controller to implement the instructions.

Board of Fire Commissioners Page 3

FISCAL IMPACT

There is no direct fiscal impact to the LAFD General Fund in FY23-24. The LAFD will cover the expenditures up to \$341,078.47 and any additional increases through LAFD General Fund 100, Department 38. The Cal OES will reimburse LAFD a total up to \$341,078.47 (100%), along with any additional increases.

Board report prepared by Nicole Castro, Management Analyst, Homeland Security Division, Grants Section.

Attachments: Standard Agreement # A211006361 Amendment Number 2 Standard Agreement # A211006361 Amendment Number 3



MEMORANDUM

Date:

09/08/23

To:

Chuck Tobias, Cal OES Contract Manager

From:

Miranda Wilson

FINANCE & ADMINISTRATION DIRECTORATE

Purchasing Division – Contracts Unit

Subject:

CONTRACT MANAGER INSTRUCTIONS

Contract #A211006361-A2

As the Contract Manager on record for Contract #A211006361-A2, you are the authorized representative of Cal OES responsible for ensuring that the Contractor's performance and financial management meets all of the legal requirements of the Contract. The following documents are attached to assist you in the management of this Contract:

- A fully executed copy of the Contract (STD 213 and STD 215)
- Invoice Dispute Notification form (STD 209)

Additional information regarding the roles and responsibilities of a Contract Manager can be found by visiting the following link to the State Contracting Manual, Volume 1, Chapter 9 – Contract Management

https://www.dgs.ca.gov/PD/Resources/Page-Content/Procurement-Division-Resources-List-Folder/State-Contracting-Manual-Volume-2-3-FI\$Cal#@ViewBag.JumpTo

YOU ARE RESPONSIBLE FOR THE FOLLOWING:

CONTRACTOR NOTIFICATION

 As Contract Manager, you are responsible for notifying the Contractor to start the work on the Contract. The Contractor cannot begin work until Contact Management Memo Rev. 02/04/2019

- verbal or written communication is received and not before the final approval or start date of the contract, whichever is later. Verbal notification must be followed by written notification.
- As Contract Manager, you are responsible for maintaining records in sufficient detail to allow anyone reviewing the documents to understand how a contract was requested, solicited, awarded and administered.

FINANCIAL SERVICES DIVISION (FSD)

As Contract Manager, you:

- Should contact FSD throughout the term of the Contract, as necessary, to
 ensure encumbrances have not expired, and that sufficient funds are
 available for a given fiscal year to pay anticipated invoices.
- Must also contact FSD to ascertain fund availability before amending a Contract, if needed.

MONITOR CONTRACT

As Contract Manager, you must monitor:

- The Contractor to ensure compliance with applicable laws and Contract provisions
- All expenditures charged by the Contractor(s)
- **Property Acquisitions.** Notify the appropriate personnel if <u>any</u> property is acquired, and ensure it is properly tagged and inventoried. Refer to State Administrative Manual (SAM) sections 8650, 8651 and 8652 available online at http://sam.dgs.ca.gov/.
- Use of DVBE subcontractors and suppliers to ensure attainment of applicable contract participation goal and obtain an updated STD 843 if needed.
- If DVBE subcontractors are used, the Contract Manager must obtain the form STD 817 from the prime contract at the time of contract completion and submit it to the Contract Analyst listed as the Cal OES administrative representative in Exhibit A (SOW), Authorized Representative section. This form will be documented in the contract file.
- Contractor for use of subcontractors and suppliers
- The quality of the Contractor's work
 NOTE: If performance is unsatisfactory and bonds were required, notify the bonding company of any noted poor performance. If the unsatisfactory performance results in Contract termination, the bonding company must also be notified. The official termination notice is to be signed by the Cal OES Contract Officer.

Contact Management Memo

Rev. 02/04/2019

- License and insurance terms (if required) and ensure that each is in effect at all times during the life of the Contract. If either the license or insurance expires during the term of the Contract, a new license or certificate must be received by Cal OES at least ten (10) days prior to the expiration date. This new insurance or license must still meet the terms of the Contract. If the license or insurance certificate is not received by the time specified, contact the Contractor to get an updated license or insurance certificate. If the license or insurance certificate is not received by the expiration date, contact the Contractor and instruct him/her to stop work until such time as the renewal license or certificate is received.
- Bond terms. (Construction services only) The payment bond is due prior to the start date of the Contract.
- The expiration date of the Contract and ensure that a new FI\$Cal
 Requisition is submitted with sufficient time to execute a new Contract.

INVOICES (ACCOUNTING):

As Contract Manager, you must:

- Record the date invoice is received. Begin the review and payment process immediately.
- Review and approve the invoices for services according to the terms of the Contract. (If insurance is required, check to ensure Cal OES is not paying any assessments or premiums against the policy).
- Process and send invoices to the Accounting Branch in sufficient time to avoid late payment interest penalties. Include Payment Box in approval email.
- Issue an Invoice Dispute Notice (STD 209), when an invoice dispute cannot be resolved. Disputed portion of invoices should not be paid.

CLOSING OUT THE CONTRACT FILE

As Contract Manager, you must:

- Approve final product/services required by the Contract
- Complete the Contractor Evaluation form (STD 4) and send to DGS, with a copy sent to the Cal OES Contracts Unit. This is required pursuant PCC 10367 and PCC 10369 for all Consulting Contracts of five thousand dollars (\$5,000.00) or more.
- Complete the Post Evaluation for IT Services Contracts form (STD 971) and send to CDT, with a copy sent to the Cal OES Contracts Unit. This is required pursuant PCC Section 12102.3 for all IT services contracts \$500K and over related to an IT Project (SAM 4819.2).

Contact Management Memo Rev. 02/04/2019

• Notify Cal OES Legal to send the Consultant(s) a Leaving Office Form 700, if the Agreement contains consulting services.

AMENDMENTS

- As Contract Manager, you cannot extend the terms of the Contract, change the scope of the work, or allow any additional costs to be incurred that would exceed the limit set in the Contract without an approved contract amendment in place.
- Amendment(s) must be requested by you, as Contract Manager, and approved by the Contracts Office and appropriate entities prior to:
 - o The expiration date of the Contract
 - The expenditure of additional funds that exceed the total amount of the original Contract or
 - Authorizing any changes in the Contract's scope of work

Questions regarding this Contract should be directed to my attention via email at Miranda.wilson@caloes.ca.gov or telephone number (916) 845-8828.

Questions regarding invoices and payment procedures are to be directed to APInvoices@caloes.ca.gov.

Questions regarding funding should be directed to the <u>Financial-ops@caloes.ca.gov</u> or your PAU analyst.

Sincerely,

Miranda Wilson Analyst, Contracts Unit

Attachments:

Fully Executed Agreement
Submittal of Invoices to Accounting Branch – Instructions for Contract Managers
Invoice Dispute Notification Form (STD 209)

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)	AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Author		
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES	A211006361	02	GOES-06	590	
1. This Agreement is entered into between the Contracting Age	ency and the Contractor named b	pelow:			
CONTRACTING AGENCY NAME California Governor's Office of Emergency Services (Cal C	DES)				
CONTRACTOR NAME		•			
Los Angeles Fire Department					
2. The term of this Agreement is:					
START DATE					
October 1, 2021					
THROUGH END DATE					
June 30, 2024					
3. The maximum amount of this Agreement after this Amendm \$375,000.00 Three Hundred Seventy Five Thousand Dollars and Zero					
4. The parties mutually agree to this amendment as follows incorporated herein:	. All actions noted below are by	this reference made a part	of the Agreemen	nt and	
Pursuant to Exhibit A, Statement of Work (SOW); Section 3, Bud	dgeted Amount; Cal OES hereby i	ncreases the budgeted amou	int by \$125,000.00	,	
Previous contract value: \$250,000.00 New contract value: \$375,000.00					
All other terms and conditions shall remain the same.					
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTE	D BY THE PARTIES HERETO.				
	CONTRACTOR				
CONTRACTOR NAME (if other than an individual, state whether a corpo	ration, partnership, etc.)				
Los Angeles Fire Department		Torra (CTATE	ZIP	
CONTRACTOR BUSINESS ADDRESS 201 North Figueroa Street		Los Angeles	CA	90012	
PRINTED NAME OF PERSÓN SIGNING		TITLE			
Kristin Crowley		Fire Chief			
CONTRACTOR AUTHORIZED SIGNATURE		DATE SIGNED			
Vrictin M. Crossdov Digitally signed	by Kristin M. Crowley	8/31/2023			
Date: 2023.08.3	1 12:19:39 -07'00'				
· ·	STATE OF CALIFORNIA				
CONTRACTING AGENCY NAME The California Governor's Office of Emergency Services					
CONTRACTING AGENCY ADDRESS		CITY	STATE	ZIP	
3650 Schriever Avenue		Mather	CA	95655	
PRINTED NAME OF PERSON SIGNING Heather Carlson		TITLE Assistant Director. Admin	istrative Services	;	
CONTRACTING AGENCY AUTHORIZED SIGNATURE		DATE SIGNED			
Heather Carlson		9/1/2023			
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL		EXEMPTION (If Applicable)			
SEP	6-2023 D:abs				
OFFICE OF I	EGAL SERVICES		Page	e 1 of 1	

STATE OF CALIFORNIA	STATE OF CALIFORNIA				EMENT I	UMBER	AMENDMENT NUMBER						
AGREEMENT SUMMARY			A211006361			02							
STD 215 (Rev. 04/2020)													
CHECK HERE IF ADDITIONAL	AL PAGES ARE ATTACHED												
CONTRACTOR'S NAME Los Angeles Fire Department							2. FEDERAL I.D. NUMBER 95600735						
3. AGENCY TRANSMITTING AGREE	MENT		DIVISION, I				5. AGENCY BILLING CODE						
California Governor's Office of Em	nergency Services (Cal OES)	Spe	cial Oper	ations (Fire) & H		009135						
6a. CONTRACT ANALYST NAME		EMAIL				6c. PHONE NUMBER (916) 845-8828							
Miranda Wilson			anda.Wils	son@cai	oes.ca.g	ov	(910) 643-6626						
7. HAS YOUR AGENCY CONTRACT			ımher)										
No						T NUMBER							
Los Angeles Fire De							042-2019						
8 BRIEF DESCRIPTION OF SERVICE	ES .												
Reimbursement to attend Region	nal Hazardous Materials Res	ponse (F	RHMR) tra	ining.									
The initial section of the section o													
9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making													
the Agreement necessary include:	the Agreement necessary; include special or unusual terms and conditions.) Amendment 02 adds additional funding in the amount of \$125,000.00, thus increasing the total contract amount from \$250,000.00 to												
	funding in the amount of \$1	125,000.0	00, thus ir	ncreasin	g the to	tal contract amount	from \$250,000.00 to						
\$375,000.00.													
10. PAYMENT TERMS (More than on							l B						
Monthly Flat Rate	Quarterly			ne-Time F	•	L	Progress Payment						
✓ Itemized Invoice	Withhold	_%	Ad	vanced F	Payment I	Not To Exceed							
Reimbursement / Revenue						or	%						
Other (Explain)													
11. PROJECTED EXPENDITURES													
			FISCAL			OTATUTE	PROJECTED						
FUND TITLE	ITEM		YEAR	CHA	PTER	STATUTE	EXPENDITURES						
+ General Fund	0690-001-0001		21/22	21		2021	\$100,000.00						
General Fund	0690-001-0001		22/23	43		2022	\$150,000.00						
General Fund	0690-001-0001		23/24	12		2023	\$125,000.00						
- General Fund	0090 001 0001												
OBJECT CODE						AGREEMENT TOT	AL \$375,000.00						
Account/Alt Acct. #: 5340580/534	40580000						Account/Alt Acct. #: 5340580/5340580000						
OPTIONAL USE	OPTIONAL USE AMOUNT ENCUMBERED BY THIS DOCUMENT												
FY 21/22: RS-06903505/ SL-02018; \$100,000.00 \$125,000.00					AMOUN								
						\$125,00	00.00						
FY 22/23: RS-06903505/SL-02018	; \$150,000.00					\$125,00	00.00 ED FOR THIS AGREEMENT						
FY 22/23: RS-06903505/SL-02018 FY 23/24: RS-06903505/SL-02018	; \$150,000.00 ; \$125,000.00				PRIOR /	\$125,00 AMOUNT ENCUMBERI \$250,00	00.00 ED FOR THIS AGREEMENT 00.00						
FY 22/23: RS-06903505/SL-02018 FY 23/24: RS-06903505/SL-02018	; \$150,000.00 ; \$125,000.00 powledge that the budgeted	funds for	r the curre	ent	PRIOR /	\$125,00 AMOUNT ENCUMBERI \$250,00 AMOUNT ENCUMBERI	DO.00 ED FOR THIS AGREEMENT DO.00 ED TO DATE						
FY 22/23: RS-06903505/SL-02018 FY 23/24: RS-06903505/SL-02018 I certify upon my own personal kn budget year are available for the p	; \$150,000.00 ; \$125,000.00 powledge that the budgeted period and purpose of the ex	xpenditui	re stated	above.	PRIOR A	\$125,00 AMOUNT ENCUMBERI \$250,00 AMOUNT ENCUMBERI \$375,00	DO.00 ED FOR THIS AGREEMENT DO.00 ED TO DATE DO.00						
FY 22/23: RS-06903505/SL-02018 FY 23/24: RS-06903505/SL-02018 I certify upon my own personal kn budget year are available for the p	; \$150,000.00 ; \$125,000.00 powledge that the budgeted period and purpose of the ex	ACCOUN	re stated	above.	PRIOR A	\$125,00 AMOUNT ENCUMBERI \$250,00 AMOUNT ENCUMBERI \$375,00	DO.00 ED FOR THIS AGREEMENT DO.00 ED TO DATE DO.00 DATE SIGNED						
FY 22/23: RS-06903505/SL-02018 FY 23/24: RS-06903505/SL-02018 I certify upon my own personal kn budget year are available for the p	; \$150,000.00 ; \$125,000.00 powledge that the budgeted period and purpose of the ex	xpenditui	re stated	above.	PRIOR A	\$125,00 AMOUNT ENCUMBERI \$250,00 AMOUNT ENCUMBERI \$375,00	DO.00 ED FOR THIS AGREEMENT DO.00 ED TO DATE DO.00						

STATE OF CALIFORNIA			AGREEMENT N	AMENDMENT NUMBER			
AGREEMENT SUMMARY STD 215 (Rev. 04/2020)				A211006	361	02	
	Original						
	AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE	SOURCE, EXEMPT	
	Original	10/01/2021	06/30/2024	\$100,000.00			
+	Amendment 1	10/01/2021	06/30/2024	\$150,000.00	EXEMPT		
9÷	Amendment 2	10/01/2021	06/30/2024	\$125,000.00	EXEMPT		
		-1:-	TOTAL	\$375,000.00			
<i>[</i>	13. BIDDING METHOD USED ☐ Request for Proposal (RFP) (Attach justification if secondary method is used) ☐ Invitation for Bid (IFB) ☐ SCM Vol. 1, Section 5.81, B 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? N/A, Local Government reimbursement. 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			REGULATIONS, TITLE 2, SE			
17b.	EMPLOYEE BARGAINING UNI	T NOTIFICATION	ompliance with Go	vernment Code section 19	9132(b)(1).		
- O/5		Thereby certify o		R'S NAME (Print or Type)		DATE SIGNED	
	randa Wilson			la Wilson		8/31/2023	
18.	FOR AGREEMENTS IN EXCESS been reported to the Department	S OF \$5,000: Has the of Fair Employmen	ne letting of the agreen t and Housing?	nent	N/A ATTACHI		
19.	HAVE CONFLICT OF INTEREST AS REQUIRED BY THE STATE	FISSUES BEEN ID CONTRACT MANU	ENTIFIED AND RESC JAL SECTION 7.10?	No Yes 🗸	N/A 23. IS THIS A	Yes N/A SMALL BUSINESS AND/OR	
20.	FOR CONSULTING AGREEMEN contractor evaluations on file with	NTS: Did you review the DGS Legal Off	w any lice? None	on file No Yes	ALLA	LED VETERAN BUSINESS ED BY DGS?	
21.	IS A SIGNED COPY OF THE FO A. Contractor Certification (AT YOUR AGENCY I STD 204 Vendor Dat	FOR THIS CONTRACTOR? a Record	✓ No SB/DVBI	Yes E Certification Number:	
	No ✓ Yes	N/A	☐ No ✓ Yes	□ N/A			
	ARE DISABLED VETERANS BUREQUIRED? (If an amendment, A, Local Government reimbur	explain changes if a		✓ No (Explain below)	Yes%	of Agreement	
25.	IS THIS AGREEMENT (WITH AI LONGER THAN THREE YEARS		R A PERIOD OF TIME	✓ No Yes (h	f Yes, provide justifica	tion below)	

DocuSign Envelope ID: 5E8AE619-B4AB-4663-B80F-B7D84CEDE8BA

SCO ID: 0690-A211006361-A2

STATE OF CALIFORNIA

AGREEMENT SUMMARY

AGREEMENT NUMBER A211006361

AMENDMENT NUMBER

02

STD 215 (Rev. 04/2020)

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

STOTOACTISIRED by:

NAME/TITLE (Print or Type)

DATE SIGNED

Miranda Wilson

Miranda Wilson/Contract Analyst

STATE OF CALIFORNIA

AGREEMENT SUMMARY

STD 215 (Rev. 04/2020)

AGREEMENT NUMBER AMENDMENT NUMBER
A211006361 02

JUSTIFICATION - CALIFORNIA CODE OF REGUL	ATIONS, TITLE 2	, SECTION 547.60
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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.

N/A, Local Government

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). NAME/TITLE(Print or Type) DATE SIGNED SIGNASILIREDY: 8/31/2023 Miranda Wilson Miranda Wilson/Contract Analyst STREET ADDRESS PHONE NUMBER 10391 Peter A. McCuen Blvd (916) 845-8828 STATE ZIP CITY **EMAIL** CA 95655 Mather Miranda. Wilson@caloes.ca.gov

SUBMITTAL OF INVOICES TO ACCOUNTING BRANCH

INSTRUCTIONS FOR CONTRACT MANAGERS

You must review the <u>records and invoices</u> and <u>approve all valid charges</u> for contract services. Invoices must be assembled and transmitted by you to the Cal OES Accounting Branch for payment.

INVOICE ARRANGEMENT

1. The State Controller's Office

(Invoice will be sent to the State Controller's Office by the Cal OES Accounting Branch)

- A. Receiving Record
- B. Invoice. Each submitted invoice must have the date of receipt on the invoice.

2. Cal OES Accounting Branch

(Invoice will be retained by the Accounting Branch)

- A. Receiving Record
- B. Invoice

3. Contract Manager's File

(Invoice shall be retained in the Contract Manager's Contract File)

- A. Receiving Record
- B. Invoice
- C. All invoices along with other records such as payroll records, updates of work progress and your own file notes on Contractor performance
- D. The STD 213 and STD 215

WHERE TO SEND CONTRACT DOCUMENTS

You must ensure that invoices are emailed to: <u>APInvoices@caloes.ca.gov</u>

STATE OF CALIFORNIA - DEPARTMENT OF FINANCE INVOICE DISPUTE NOTIFICATION

STD. 209 (REV. 10/2019)

	(Mail in a window anyolona)		DATE OF DISPUTE			
	(Mail in a window envelope.)		INVOICE NUMBER			
			AMOUNT			
VENDOR ADDRESS			INVOICE DATE			
			REFERENCE NUMBER(S)			
(fold)						
The invoice	e referenced above is disputed for the following r	easons:				
Goods/S	ervices not received	Duplicate bi	illing			
Noncomp	pliance with contract	Invoice belo	ongs to another department			
Incorrect	billing/amount due	Damaged g	oods			
Partial sh	nipment received	Invoice not	properly executed			
Other						
				N/ WILLOOF		
	CATION IS A FOLLOWUP TO A PHONE CONVERSATION IS A FOLLOWUP TO A PHONE CONVERSATION IN THE PROPERTY OF THE PROP	ON WITH THE PE	RSON FROM YOUR COMPAN	IV WHOSE		
NAME			DATE OF CONVERSATION			
IF YOU HAV	E ANY QUESTIONS REGARDING THIS DISPUTE, CON	ГАСТ:				
NAME						
E-MAIL			TELEPHONE NUMBER			
(fold)			FOR STATE AGENC	Y USE ONLY		
			DATE DISPUTE RESOLVED	INITIAL		
			RESOLUTION			
	RETURN A COPY OF THIS NOTIFICATION W					
	CORRECTED INVOICE (IF APPLICABL	-E)				
	(For your convenience, the return address has positioned for use in a window envelope	s been .)				
RETURN TO:			Purchasing — on Accounting — on			



MEMORANDUM

Date: 09/28/2023

To: Chuck Tobias, Cal OES Contract Manager

From: Barbara Filipowski

FINANCE & ADMINISTRATION DIRECTORATE

Purchasing Division – Contracts Unit

Subject: CONTRACT MANAGER INSTRUCTIONS

Contract #A211006361-A3

As the Contract Manager on record for Contract #A211006361-A3, you are the authorized representative of Cal OES responsible for ensuring that the Contractor's performance and financial management meets all of the legal requirements of the Contract. The following documents are attached to assist you in the management of this Contract:

- A fully executed copy of the Contract (STD 213 and STD 215)
- Invoice Dispute Notification form (STD 209)

Additional information regarding the roles and responsibilities of a Contract Manager can be found by visiting the following link to the State Contracting Manual, Volume 1, Chapter 9 – Contract Management https://www.dgs.ca.gov/PD/Resources/Page-Content/Procurement-Division-Resources-List-Folder/State-Contracting-Manual-Volume-2-3-

FI\$Cal#@ViewBag.JumpTo

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 also be notified. The official termination notice is to be signed by the Cal
 OES Contract Officer.

- License and insurance terms (if required) and ensure that each is in effect at all times during the life of the Contract. If either the license or insurance expires during the term of the Contract, a new license or certificate must be received by Cal OES at least ten (10) days prior to the expiration date. This new insurance or license must still meet the terms of the Contract. If the license or insurance certificate is not received by the time specified, contact the Contractor to get an updated license or insurance certificate. If the license or insurance certificate is not received by the expiration date, contact the Contractor and instruct him/her to stop work until such time as the renewal license or certificate is received.
- Bond terms. (Construction services only) The payment bond is due prior to the start date of the Contract.
- The expiration date of the Contract and ensure that a new FI\$Cal
 Requisition is submitted with sufficient time to execute a new Contract.

INVOICES (ACCOUNTING):

As Contract Manager, you must:

- Record the date invoice is received. Begin the review and payment process immediately.
- Review and approve the invoices for services according to the terms of the Contract. (If insurance is required, check to ensure Cal OES is not paying any assessments or premiums against the policy).
- Process and send invoices to the Accounting Branch in sufficient time to avoid late payment interest penalties. Include Payment Box in approval email.
- Issue an Invoice Dispute Notice (STD 209), when an invoice dispute cannot be resolved. Disputed portion of invoices should not be paid.

CLOSING OUT THE CONTRACT FILE

As Contract Manager, you must:

- Approve final product/services required by the Contract
- Complete the Contractor Evaluation form (STD 4) and send to DGS, with a copy sent to the Cal OES Contracts Unit. This is required pursuant PCC 10367 and PCC 10369 for all Consulting Contracts of five thousand dollars (\$5,000.00) or more.
- Complete the Post Evaluation for IT Services Contracts form (STD 971) and send to CDT, with a copy sent to the Cal OES Contracts Unit. This is required pursuant PCC Section 12102.3 for all IT services contracts \$500K and over related to an IT Project (SAM 4819.2).

Contact Management Memo Rev. 02/04/2019

 Notify Cal OES Legal to send the Consultant(s) a Leaving Office Form 700, if the Agreement contains consulting services.

AMENDMENTS

- As Contract Manager, you cannot extend the terms of the Contract, change the scope of the work, or allow any additional costs to be incurred that would exceed the limit set in the Contract without an approved contract amendment in place.
- Amendment(s) must be requested by you, as Contract Manager, and approved by the Contracts Office and appropriate entities prior to:
 - The expiration date of the Contract
 - The expenditure of additional funds that exceed the total amount of the original Contract or
 - o Authorizing any changes in the Contract's scope of work

Questions regarding this Contract should be directed to my attention via email at Barbara.Filipowski@caloes.ca.gov or telephone number (916) 364-4567.

Questions regarding invoices and payment procedures are to be directed to APInvoices@caloes.ca.gov.

Questions regarding funding should be directed to the <u>Financial-ops@caloes.ca.gov</u> or your PAU analyst.

Sincerely,

Barbara Filipowski Analyst, Contracts Unit

Attachments:

Fully Executed Agreement Submittal of Invoices to Accounting Branch – Instructions for Contract Managers Invoice Dispute Notification Form (STD 209)

STANDARD AGREEMENT - AMENDMENT				
STD 213A (Rev. 4/2020)	AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Autho	
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES	A211006361	03	GOES-0	690 ———
1. This Agreement is entered into between the Contracting Age	ency and the Contractor named	d below:		
CONTRACTING AGENCY NAME California Governor's Office of Emergency Services (Cal O	ES)			
CONTRACTOR NAME				
Los Angeles Fire Department				
2. The term of this Agreement is:				
START DATE				
October 1, 2021, or upon approval, whichever is later				
THROUGH END DATE June 30, 2024				
3. The maximum amount of this Agreement after this Amendme \$475,000.00 Four Hundred Seventy-Five Thousand Dollars and Zero co 4. The parties mutually agree to this amendment as follows.	ents	by this reference made a pa	rt of the Agreeme	nt and
incorporated herein:				
Pursuant to Exhibit A, Statement of Work (SOW); Section 3, Bud Previous contract value: \$375,000.00 New contract value: \$475,000.00	lgeted Amount; Cal OES hereb	y increases the budgeted amo	ount by \$100,000.00).
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED	D BY THE PARTIES HERETO.			
IN WITHESS WILELEOF, THIS AGREEMENT THIS SEEN EXECUTE.	CONTRACTOR			
CONTRACTOR NAME (if other than an individual, state whether a corpo				
Los Angeles Fire Department	, and the same of			
CONTRACTOR BUSINESS ADDRESS		СПУ	STATE	ZIP
201 North Figueroa Street		Los Angeles	CA	90012
PRINTED NAME OF PERSON SIGNING		TITLE		
Kristin Crowley		Fire Chief		
- POPENINE POR AUTHORIZED SIGNATURE		DATE SIGNED		
zristin (rowley		9/26/2023		
-DAE33CE13E14400	STATE OF CALIFORNIA			
THE RESIDENCE ASSESSMENT OF THE PROPERTY OF TH	STATE OF CALIFORNIA			
CONTRACTING AGENCY NAME The California Governor's Office of Emergency Services (C	Cal OES)			
CONTRACTING AGENCY ADDRESS		CITY .	STATE	ZIP
10391 Peter A McCuen Blvd		Mather	CA	95655
PRINTED NAME OF PERSON SIGNING		TITLE		_
Heather Carlson		Assistant Director, Admi	nistrative Service	S
PCPN PRACTING AGENCY AUTHORIZED SIGNATURE		DATE SIGNED 9/26/2023		
teather Carlson		9/20/2023		
-F76AD62C0BED440 CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL		EXEMPTION (If Applicable)		
	PROVED EP 27 2023 PD:vkh			
OFFICE OFFICE	OF LEGAL SERVICES GENERAL SERVICES		Pag	ge 1 of 1

-616D77833A5144B

	CALIFORNIA MENT SUMMARY					EMENT N		AMENDMENT NUMBER
	ev. 04/2020)				A2	11006	361	03
□ сн	HECK HERE IF ADDITIONA	AL PAGES ARE ATTACHED						
1. CONTR	ACTOR'S NAME							2. FEDERAL I.D. NUMBER
Los Ange	les Fire Department						95600735	
3. AGENCY TRANSMITTING AGREEMENT 4. DIVISION, BURI California Governor's Office of Emergency Services (Cal OES) Special Operatio								5. AGENCY BILLING CODE 009135
								6c. PHONE NUMBER
Barbara F	RACT ANALYST NAME			bara.Filip	owski@d	caloes.ca		(916) 364-4567
	•	ED FOR THESE SERVICES BEF						
_	No ✓ Yes (If Yes, enter prior Contractor Name and Agreement Number)							
_	PRIOR CONTRACTO	R NAME					PRIOR AGREEMEN	
	Los Angeles Fire De	epartment					6	042-2019
8. BRIEF	DESCRIPTION OF SERVICE	CES	(C	OLIMAD) eva	inina			
Reimburs	sement to attend Regioi	nal Hazardous Materials Resp	oonse (F	KHIVIK) tra	ınıng.			
								-thtt
9. AGREE	MENT OUTLINE (Include in	reason for Agreement: Identify sp special or unusual terms and con	ecific pro ditions)	oblem, adm	inistrative	e requiren	nent, program need or	otner circumstances making
Amendm	ent 03 adds additional	funding in the amount of \$10	00,000.0	00, thus ir	ncreasin	g the to	tal contract amoun	t from \$375,000.00 to
\$475,000		3						
10. PAYM	ENT TERMS (More than or	ne may apply)						
	onthly Flat Rate	Quarterly		Or	ne-Time F	Payment		Progress Payment
	mized Invoice	Withhold	%	Ad	lvanced F	Payment N	Not To Exceed	
☐ Re	imbursement / Revenue						or	%
	ner <i>(Explain)</i>							
	ECTED EXPENDITURES				_			
		ITPLI		FISCAL	СНА	PTER	STATUTE	PROJECTED
	FUND TITLE	ITEM		YEAR	CHAI	PIER	STATULE	EXPENDITURES
+ Gene	eral Fund	0690-001-0001		21/22	21		2021	\$100,000.00
	eral Fund	0690-001-0001		22/23	43		2022	\$150,000.00
-		0030 007 0001						
∄ Gene	eral Fund	0690-001-0001		23/24	12		2023	\$225,000.00
+								
OBJECT C	ODE						AGREEMENT TOT	TAL \$475,000.00
Account/	Alt Acct. #: 5340580/534	40580000						
OPTIONAL						AMOUN'	T ENCUMBERED BY	
	RS-06903505/ SL-02018						\$100,0	
	RS-06903505/SL-02018					PRIOR A		ED FOR THIS AGREEMENT
FY 23/24:	RS-06903505/SL-02018	; \$225,000.00					\$375,0	
I certify up	oon my own personal kr	nowledge that the budgeted fo	unds for	r the curre	ent	TOTAL A	AMOUNT ENCUMBER	
budget ye	ar are available for the	period and purpose of the ex	penditu	re stated	above.		\$475,0	
Dok es de de la	ING OFFICER'S SIGNATU	RE /	ACCOUN	NTING OFF	ICER'S	NAME (PI	rint or Type)	DATE SIGNED
1 11 1				e Lewis 9/26/2023				9/26/2023

STATE OF CALIFORNIA **AGREEMENT SUMMARY** AGREEMENT NUMBER A211006361

AMENDMENT NUMBER

03

STD	215 (Rev. 04/2020)					
12.	AGREEMENT					
	AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT	
	Original	10/01/2021	06/30/2024	\$100,000.00	EXEMPT	
+	Amendment 1	10/01/2021	06/30/2024	\$150,000.00	EXEMPT	
+	Amendment 2	10/01/2021	06/30/2024	\$125,000.00	EXEMPT	
+	Amendment 3	10/01/2021	06/30/2024	\$100,000.00	EXEMPT	
+	Amendment 4					
			TOTAL	\$475,000.00		
	BIDDING METHOD USED Request for Proposal (RFP) (A Invitation for Bid (IFB) Other (Explain) SCM Vol. Note: Proof of advertisement in the SUMMARY OF BIDS (List of bidden)	Exempt from Bio 1, Section 5.81, I State Contracts Re	dding (Give authority) 3 gister or an approved	for exempt status) Sole		quest, must be attached
16.	IF AWARD OF AGREEMENT IS T WHAT IS THE BASIS FOR DETE A, Local Government reimburs	RMINING THAT TH			, amendment, colo co.	2,00, 0, 0,000pg, 0010 010y
17a.	JUSTIFICATION FOR CONTRACT Contracting out is based on a 19130(a). The State Personn Not Applicable (Interagency /	ost savings per Go el Board has been	vernment Code so notified.	Contracting out is justified bas is checked, a completed JUST REGULATIONS, TITLE 2, SE	IFICATION - CALIFO	RNIA CODE OF
17b.	EMPLOYEE BARGAINING UNIT	NOTIFICATION	ompliance with Go	vernment Code section 19	9132(b)(1).	
Dα	H한판건환D SIGNATURE	10.00, 00.00, 00		R'S NAME (Print or Type)		DATE SIGNED
	rbara Filipowski			a Filipowski		9/26/2023
	FOR AGREEMENTS IN EXCESS been reported to the Department of	f Fair Employment	and Housing?		N/A ATTACHE	<u> </u>
19.	HAVE CONFLICT OF INTEREST AS REQUIRED BY THE STATE C	ISSUES BEEN IDE ONTRACT MANUA	NTIFIED AND RESC AL SECTION 7.10?	DLVED No Yes 🗸		Yes ✓ N/A SMALL BUSINESS AND/OR
	FOR CONSULTING AGREEMENT contractor evaluations on file with to	he DGS Legal Offic	ce?		N/A CERTIFIE	LED VETERAN BUSINESS ED BY DGS?
21.	IS A SIGNED COPY OF THE FOL A. Contractor Certification Cl No Yes N		STD 204 Vendor Dat		SB/DVBB	Yes E Certification Number:
	ARE DISABLED VETERANS BUS REQUIRED? (If an amendment, e A, Local Government reimburs	xplain changes if a	ISE GOALS ny)	✓ No (Explain below)	Yes%	of Agreement
25.	IS THIS AGREEMENT (WITH AM LONGER THAN THREE YEARS?	ENDMENTS) FOR	A PERIOD OF TIME	✓ No Yes (h	f Yes, provide justifica	tion below)

DocuSign Envelope ID: 31AF1529-523D-4B8D-B7AA-1BCAEBC85EAE

SCO ID: 0690-A211006361-A3

STATE OF CALIFORNIA

AGREEMENT SUMMARY

STD 215 (Rev. 04/2020)

AGREEMENT NUMBER
A211006361

AMENDMENT NUMBER

03

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

SIGNATURE

NAME/TITLE (Print or Type)

DATE SIGNED 9/26/2023

Barbara Filipowski —0831EAE5A51847E...

Barbara Filipowski/Contract Analyst

STATE OF CALIFORNIA

AGREEMENT SUMMARY

STD 215 (Rev. 04/2020)

AGREEMENT NUMBER A211006361

AMENDMENT NUMBER

03

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.

N/A, Local Government

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). DATE SIGNED SIONAPPUREY: NAME/TITLE(Print or Type) 9/26/2023 Barbara Filipowski/Contract Analyst Barbara Filipowski

-0B31FAF5A51847E STREET ADDRESS PHONE NUMBER

10391 Peter A. McCuen Blvd (916) 364-4567

CITY **EMAIL** Mather Barbara.Filipowski@caloes.ca.gov

STATE CA

ZIP 95655

SUBMITTAL OF INVOICES TO ACCOUNTING BRANCH

INSTRUCTIONS FOR CONTRACT MANAGERS

You must review the <u>records and invoices</u> and <u>approve all valid charges</u> for contract services. Invoices must be assembled and transmitted by you to the Cal OES Accounting Branch for payment.

INVOICE ARRANGEMENT

1. The State Controller's Office

(Invoice will be sent to the State Controller's Office by the Cal OES Accounting Branch)

- A. Receiving Record
- B. Invoice. Each submitted invoice must have the date of receipt on the invoice.

2. Cal OES Accounting Branch

(Invoice will be retained by the Accounting Branch)

- A. Receiving Record
- B. Invoice

3. Contract Manager's File

(Invoice shall be retained in the Contract Manager's Contract File)

- A. Receiving Record
- B. Invoice
- C. All invoices along with other records such as payroll records, updates of work progress and your own file notes on Contractor performance
- D. The STD 213 and STD 215

WHERE TO SEND CONTRACT DOCUMENTS

You must ensure that invoices are emailed to: <u>APInvoices@caloes.ca.gov</u>

STATE OF CALIFORNIA – DEPARTMENT OF FINANCE INVOICE DISPUTE NOTIFICATION

STD, 209 (REV, 10/2019)

	(Mail in a window envelope.)		DATE OF DISPUTE	
	(Mail III a William envelope.)		INVOICE NUMBER	
			AMOUNT	
VENDOR ADDRESS			INVOICE DATE	
			REFERENCE NUMBER(S)	
(fold)				
The invoice	e referenced above is disputed for the following r			
Goods/S	ervices not received	Duplicate bi	illing	
Noncomp	pliance with contract	Invoice belo	ongs to another department	
Incorrect	billing/amount due	Damaged g	oods	
Partial sh	nipment received	Invoice not	properly executed	
Other				
	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	ON WITH THE BE	DOON EDOM VOLID COMPA	NY WHOSE
	CATION IS A FOLLOWUP TO A PHONE CONVERSATION IS A FOLLOWUP TO A PHONE CONVERSATION IS A PHONE CONVERSA	JN WITH THE PE		
NAME			DATE OF CONVERSATION	
	E ANY QUESTIONS REGARDING THIS DISPUTE, CONT	TACT:		
NAME				
E-MAIL			TELEPHONE NUMBER	
(fold)			FOR STATE AGEN	CY USE ONLY
			DATE DISPUTE RESOLVED	INITIAL
			RESOLUTION	
	RETURN A COPY OF THIS NOTIFICATION W			
	CORRECTED INVOICE (IF APPLICABL	.E)		
	(For your convenience, the return address has positioned for use in a window envelope.	been)		
RETURN TO:			Purchasing — or Accounting — or	