

**AGREEMENT SUMMARY**

STD 215 (Rev. 05/2017)

AGREEMENT NUMBER

**20-CRC-IA 001**

AMENDMENT NUMBER

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

1. CONTRACTOR'S NAME Department of General Services (DGS) - Office of Human Resources		2. FEDERAL I.D. NUMBER 94-6001347
3. AGENCY TRANSMITTING AGREEMENT Citizens Redistricting Commission (CRC)	4. DIVISION, BUREAU, OR OTHER UNIT	5. AGENCY BILLING CODE 033036
6a. CONTRACT ANALYST NAME	6b. EMAIL	6c. PHONE NUMBER

## 7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?

 No  Yes (If Yes, enter prior Contractor Name and Agreement Number)

PRIOR CONTRACTOR NAME

Department of General Services - Office of Human Resources

PRIOR AGREEMENT NUMBER

19-CRC-IA 001

## 8. BRIEF DESCRIPTION OF SERVICES

Interagency agreement for human resources (HR) services.

## 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.)

As a client agency, the DGS will provide CRC with ongoing as-needed HR services. The DGS historically provides contracted HR services upon request from a board/commission. Both parties enter into this one year agreement.

## 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) Payment for services provided by direct transfer (via GC Section 11255)

## 11. PROJECTED EXPENDITURES

FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	PROJECTED EXPENDITURES
		20/21		2020	\$3,510.00

OBJECT CODE  
5340220

AGREEMENT TOTAL

**\$3,510.00**

OPTIONAL USE

AMOUNT ENCUMBERED BY THIS DOCUMENT  
\$3,510.00

*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.*

PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT

TOTAL AMOUNT ENCUMBERED TO DATE  
\$3,510.00

ACCOUNTING OFFICER'S SIGNATURE

ACCOUNTING OFFICER'S NAME (Print or Type)

Lewis Chu

DATE SIGNED

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**12. AGREEMENT**

AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
Original	7/1/20	6/30/21	\$3,510.00	Exempt
Amendment 1				
Amendment 2				
<b>TOTAL</b>			\$3,510.00	

**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)* Interagency Agreement

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?****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.

**17b. EMPLOYEE BARGAINING UNIT NOTIFICATION**

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

AUTHORIZED SIGNATURE

SIGNER'S NAME *(Print or Type)*

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 B. STD 204 Vendor Data Record

- No  Yes  N/A
  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: \_\_\_\_\_

24. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? *(If an amendment, explain changes if any)*  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

NAME/TITLE *(Print or Type)*

DATE SIGNED

**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.

This contract is an interagency agreement.

*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	NAME/TITLE(Print or Type)	DATE SIGNED	
PHONE NUMBER	STREET ADDRESS		
EMAIL	CITY	STATE	ZIP