

STATE OF CALIFORNIA

**AGREEMENT SUMMARY**

STD 215 (Rev. 04/2020)

AGREEMENT NUMBER

**22R685000**

AMENDMENT NUMBER

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

|                                                                                                                                                                                                                                                        |                                                                 |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|
| 1. CONTRACTOR'S NAME<br>City of Menifee                                                                                                                                                                                                                |                                                                 | 2. FEDERAL I.D. NUMBER<br>Reimbursable |
| 3. AGENCY TRANSMITTING AGREEMENT<br>Department of California Highway Patrol                                                                                                                                                                            | 4. DIVISION, BUREAU, OR OTHER UNIT<br>Business Services Section | 5. AGENCY BILLING CODE<br>008076       |
| 6a. CONTRACT ANALYST NAME<br>MaDonna Young                                                                                                                                                                                                             | 6b. EMAIL<br>madonna.young@chp.ca.gov                           | 6c. PHONE NUMBER<br>(916) 843-3623     |
| 7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, enter prior Contractor Name and Agreement Number)<br>PRIOR CONTRACTOR NAME _____ PRIOR AGREEMENT NUMBER _____ |                                                                 |                                        |

8. BRIEF DESCRIPTION OF SERVICES  
Traffic Control

CHP Project Representative: Officer Russell Robertson, 951-506-2000

Contractor Representative: Jennifer Hernandez, 951-723-3876





## 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.)

CHP Temecula Area office will provide Traffic Control/enforcement for Holland Road overpass construction.

## 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 \_\_\_\_\_ or \_\_\_\_\_ %  
☒ Reimbursement / Revenue  
☐ Other (Explain) \_\_\_\_\_

## 11. PROJECTED EXPENDITURES

| FUND TITLE                                                                        | ITEM | FISCAL YEAR | CHAPTER | STATUTE | PROJECTED EXPENDITURES |
|-----------------------------------------------------------------------------------|------|-------------|---------|---------|------------------------|
|  |      | 22/23       | Pending | 2022    | \$44,264.00            |
|  |      | 23/24       | Pending | 2023    | \$1,000.00             |
|  |      |             |         |         |                        |
|  |      |             |         |         |                        |

OBJECT CODE

AGREEMENT TOTAL

**\$45,264.00**

OPTIONAL USE

AMOUNT ENCUMBERED BY THIS DOCUMENT

PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT

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

ACCOUNTING OFFICER'S SIGNATURE

*Kelly Burnett*Digitally signed by Kelly Burnett  
Date: 2022.03.29 08:34:38 -07'00'

ACCOUNTING OFFICER'S NAME (Print or Type)

Kelly Burnett, ABA

DATE SIGNED

3/29/2022

## 12. AGREEMENT

STATE OF CALIFORNIA  
**AGREEMENT SUMMARY**  
 STD 215 (Rev. 04/2020)

AGREEMENT NUMBER

22R685000

AMENDMENT NUMBER

| Original                             |            |              |                                |                          |
|--------------------------------------|------------|--------------|--------------------------------|--------------------------|
| AGREEMENT                            | TERM FROM  | TERM THROUGH | TOTAL COST OF THIS TRANSACTION | BID, SOLE SOURCE, EXEMPT |
| Original                             | 08-01-2022 | 07-31-2023   | \$45,264.00                    | EXEMPT                   |
| <input type="checkbox"/> Amendment 1 |            |              |                                |                          |
| <input type="checkbox"/> Amendment 2 |            |              |                                |                          |
| <input type="checkbox"/> Amendment 3 |            |              |                                |                          |
| <input type="checkbox"/> Amendment 4 |            |              |                                |                          |
| <input type="checkbox"/> Amendment 5 |            |              |                                |                          |
| <b>TOTAL</b>                         |            |              | \$45,264.00                    |                          |

## 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) Reimbursable 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)

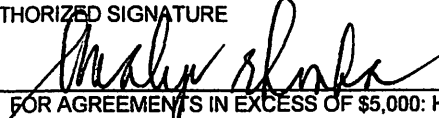
## 16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?

## 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.  
☒ Not Applicable (Interagency / Public Works / Other Reimbursable)

## 17b. EMPLOYEE BARGAINING UNIT NOTIFICATION

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

|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                        |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| AUTHORIZED SIGNATURE<br>                                                                                                                                                                                                                                                        |  | SIGNER'S NAME (Print or Type)<br>A. V. Ehmka                                                                                                                                                                                                                                                                                           | DATE SIGNED<br>5/10/22 |
| 18. FOR AGREEMENTS IN EXCESS OF \$5,000: Has the letting of the agreement been reported to the Department of Fair Employment and Housing?                                                                                                                                                                                                                         |  | <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                       |                        |
| 19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10?                                                                                                                                                                                                                                          |  | <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                       |                        |
| 20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the DGS Legal Office?                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> None on file <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                 |                        |
| 21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?<br>A. Contractor Certification Clauses<br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A<br>B. STD 204 Vendor Data Record<br><input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |  | 22. REQUIRED RESOLUTIONS ARE ATTACHED<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A<br>23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>SB/DVBE Certification Number: |                        |

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

Reimbursable agreement

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

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AMENDMENT NUMBER

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



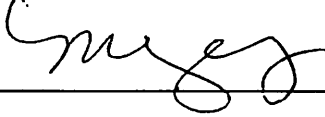
No



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)

MaDonna Young / Contract Analyst

DATE SIGNED

3-28-22

STATE OF CALIFORNIA

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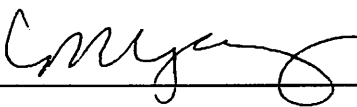
AMENDMENT NUMBER

**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 Reimbursable

*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<br> | NAME/TITLE(Print or Type)<br>MaDonna Young / Contract Analyst | DATE SIGNED<br>3-28-22 |              |
| PHONE NUMBER<br>(916) 843-3623                                                                   | STREET ADDRESS<br>601 N. 7th Street                           |                        |              |
| EMAIL<br>madonna.young@chp.ca.gov                                                                | CITY<br>Sacramento                                            | STATE<br>CA            | ZIP<br>95811 |

**SCO ID: 2720 - 22R685000**

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

**2720 - 22R685000**

PURCHASING AUTHORITY NUMBER (If Applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of California Highway Patrol

CONTRACTOR NAME

City of Menifee

2. The term of this Agreement is:

START DATE

08/01/2022 or upon approval, whichever is later

THROUGH END DATE

07/31/2023

3. The maximum amount of this Agreement is:

\$45,264.00 Forty Five Thousand Two Hundred Sixty Four Dollars and Zero Cents

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

| Exhibits    | Title                                 | Pages |
|-------------|---------------------------------------|-------|
| Exhibit A   | Scope of Work                         | 2     |
| Exhibit B   | Budget Detail and Payment Provisions  | 1     |
| Exhibit C * | General Terms and Conditions (4/2017) |       |
| Exhibit D   | Special Terms and Conditions          | 1     |
|             |                                       |       |

Items shown with an asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

These documents can be viewed at <https://www.dgs.ca.gov/OIS/Resources>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

**CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

City of Menifee

CONTRACTOR BUSINESS ADDRESS

29844 Haun Road

CITY

Menifee

STATE

CA

ZIP

92586

PRINTED NAME OF PERSON SIGNING

Armando G. Villa

TITLE

City Manager

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

May 4, 2022

A00007ED0410100...

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

|                                      |                                             |
|--------------------------------------|---------------------------------------------|
| AGREEMENT NUMBER<br>2720 - 22R685000 | PURCHASING AUTHORITY NUMBER (If Applicable) |
|--------------------------------------|---------------------------------------------|

**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Department of California Highway Patrol

CONTRACTING AGENCY ADDRESS

601 North 7th Street

CITY

Sacramento

STATE

CA

ZIP

95811

PRINTED NAME OF PERSON SIGNING

A. V. Ehmka

TITLE

Procurement Manager, Business Services Section

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

5/10/22

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

SCM 4.04, A.2

**EXHIBIT A**  
**(Standard Agreement)**

**SCOPE OF WORK**

1. City of Menifee agrees to reimburse the Department of California Highway Patrol (CHP) for costs associated with traffic control related services for the construction of the Holland Road Overpass, I-215.

Service boundaries: Closure of I-215 in both directions. Traffic will be diverted off I-215 between Scott Road and Newport Road.

2. The services shall be provided during:

The hours of duty performed by CHP officer(s) under this Agreement are those mutually agreed upon by the Project Representatives listed below, or designees. Any changes to the proposed plan such as additional hours, dates, and sites for traffic control can be requested and/or on an "as needed" basis and must be mutually agreed upon by the local CHP command and City of Menifee.

3. The Project Representatives during the term of this Agreement will be:

|                                                       |                       |                                        |                             |
|-------------------------------------------------------|-----------------------|----------------------------------------|-----------------------------|
| STATE AGENCY                                          |                       | CONTRACTEE                             |                             |
| Department of California Highway Patrol               |                       | City of Menifee                        |                             |
| NAME                                                  |                       | NAME                                   |                             |
| Officer Russell Robertson                             |                       | Jennifer Hernandez, Management Analyst |                             |
| TELEPHONE NUMBER                                      | FAX NUMBER            | TELEPHONE NUMBER                       | EMAIL                       |
| (951) 506-2000                                        | rrobertson@chp.ca.gov | (951) 723-3876                         | jhernandez@cityofmenifee.us |
| Direct all inquiries to:                              |                       |                                        |                             |
| STATE AGENCY                                          |                       | CONTRACTEE                             |                             |
| Department of California Highway Patrol               |                       | City of Menifee                        |                             |
| SECTION/UNIT                                          |                       |                                        |                             |
| Business Services Section/Contract Services Unit      |                       |                                        |                             |
| ATTENTION                                             |                       |                                        |                             |
| MaDonna Young, Contract Analyst                       |                       |                                        |                             |
| ADDRESS                                               |                       | ADDRESS                                |                             |
| 601 N. 7 <sup>th</sup> Street<br>Sacramento, CA 95811 |                       | 29844 Haun Road<br>Menifee, CA 92586   |                             |
| TELEPHONE NUMBER                                      | FAX NUMBER            | TELEPHONE NUMBER                       |                             |
| (916) 843-3610                                        | (916) 322-3166        | (951) 723-3876                         |                             |

**EXHIBIT A**  
**(Standard Agreement)**

**SCOPE OF WORK** *(Continued)*

**4. Detailed description of work to be performed:**

- A. CHP Temecula Area office shall provide CHP officer(s) with vehicles and coordinate all traffic control. Should the CHP Temecula Area be unable to fill the necessary staffing for each event, out-of-Area uniformed personnel will be used to make up for the shortage of CHP Officers.
- B. The traffic control services to be performed by CHP officer(s) under this Agreement, including the standards of performance, discipline and control thereof, shall be the responsibility of CHP.
- C. It is understood by that billing of CHP officer(s) time shall be from portal to portal (CHP Area office to the service location and return to CHP Area office) except as specified in Exhibit B, Item D.

**5. Cancellation of Services**

CHP shall not be charged for service cancellations made more than twenty-four (24) hours prior to the scheduled assignment.

- A. City of Menifee agrees that if service cancellation is made within twenty-four (24) hours prior to the scheduled assignment and the assigned CHP officer(s) cannot be notified of such service cancellation, a minimum of four (4) hours overtime shall be charged for each assigned CHP officer.
- B. City of Menifee agrees that if service cancellation is made within twenty-four (24) hours prior to the scheduled assignment and CHP officer(s) is notified of such service cancellation, City of Menifee shall only be charged a short notice service cancellation fee of \$50.00 per assigned CHP officer(s).
- C. All service cancellation notices to CHP must be made during normal CHP business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding state holidays.
- D. The CHP agrees to make reasonable efforts to notify the assigned CHP officer(s) of the service cancellation.



**EXHIBIT B**  
**(Standard Agreement)**

**BUDGET DETAIL AND PAYMENT PROVISIONS**

**1. Invoicing and Payment**

- A. The CHP shall provide City of Menifee with an itemized invoice which details all CHP costs for traffic control services under this Agreement.

Monthly itemized invoices will be submitted in duplicate to:

City of Menifee  
ATTN: Jennifer Hernandez  
29844 Haun Rad  
Menifee, CA 92590

City of Menifee agrees to pay CHP within thirty (30) days after the date of the invoice.

- B. In consideration for the traffic control services contained herein, the City of Menifee agrees to reimburse the CHP upon receipt of an itemized invoice. The City of Menifee agrees to reimburse the CHP **for the actual hours worked by CHP officers (at the overtime rate, described below)** at the time services are provided. The rates indicated in this Agreement are for estimate purpose only. It is understood by both parties that rate increases in salary and benefits are governed by collective bargaining agreements and/or statute and that no advance written notification is necessary prior to implementing the increased rates. In the event CHP is granted a rate increase, the City of Menifee agrees to pay the increased rate. The following information is the CHP officer overtime rate effective Fiscal Year 21/22, until superseded:

**CLASSIFICATION**

**OVERTIME RATE**

|                       |                   |
|-----------------------|-------------------|
| CHP Officer Overtime  | \$105.91 per hour |
| CHP Sergeant Overtime | \$128.84 per hour |
| CHP Automobile        | \$ 1.45 per mile  |

- D. Anytime the CHP officer is assigned to the service location, will pay no less than four (4) hours per shift, even if the CHP officer works less than that.

If the CHP officer(s) report(s) to the assigned service location and if for any reason CHP reassigns the officer(s) away from the service location, will be billed only for the officer(s) actual time incurred from the CHP Area office to the service location and for the time spent at the assigned service location covered under this Agreement.

**EXHIBIT D**  
**(Standard Agreement)**

**SPECIAL TERMS AND CONDITIONS**

1. The CHP and City of Menifee agree this Agreement may be canceled by either party with thirty (30) days advance written notice.
2. In the event of an emergency, this Agreement may be canceled by either party without prior notice.
3. The CHP and City of Menifee agree that this Agreement may be amended by written mutual consent of the parties hereto.
4. Unforeseen events may require CHP officer(s) to expend hours in excess of the original estimate. Any costs in excess of the original estimated amount will be processed by appropriate amendment to the Agreement, to reflect the actual costs incurred.
5. Additional charges may be assessed for CHP supplies, additional equipment utilized, damage to property repaired or replaced at state expense, which are directly related to the services provided herein, but only to the extent such supplies or additional equipment are specifically requested in writing by or such need for repair or replacement of property arises directly from gross misconduct or willful negligence with respect to the property.
6. Gifts, donations, or gratuities may not be accepted by CHP employees in their own behalf or in behalf of the Department, informal squad club, or other local funds.
7. City of Menifee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy and records and supporting documentation pertaining to the performance of this Agreement. City of Menifee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. City of Menifee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, City of Menifee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et CCR Title 2, Section 1896).
8. Any dispute concerning a question of fact arising under the terms of this agreement which is not disposed within a reasonable period of time (ten days) by the parties normally responsible for the administration of this contract shall be brought to the attention of the Administrative Services Officer (or designated representative) of each organization for joint resolution
9. City of Menifee agrees to provide CHP with a resolution, motion, order or ordinance of the governing body, which authorizes execution of this Agreement, and indicates the individual who is authorized to sign the Agreement on behalf of City of Menifee.

**RESOLUTION NO. 22-1147**

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MENIFEE, CALIFORNIA, AUTHORIZING THE CITY MANAGER TO EXECUTE CONSTRUCTION ZONE ENHANCED ENFORCEMENT PROTECTION PROGRAM AGREEMENT WITH THE STATE OF CALIFORNIA, CALIFORNIA HIGHWAY PATROL**

**WHEREAS**, Interstate 215 (I-215) runs through the City of Menifee; and

**WHEREAS**, the City of Menifee has Public Works projects which impact the operations of the interstate highway system on I-215; and

**WHEREAS**, the State of California Highway Patrol (CHP) has jurisdiction over the interstate highway system; and

**WHEREAS**, the CHP and the City of Menifee are required to enter into Program Agreements under the Construction Zone Enhanced Enforcement Program (COZEEP) on projects requiring CHP officer assistance with traffic control operations to ensure public safety; and

**WHEREAS**, a COZEEP Program Agreement requires a resolution of authority from the municipal governing body to execute said agreements; and

**WHEREAS**, the City of Menifee is dedicated to maintaining public safety during Public Works construction projects impacting local travel; and

**WHEREAS**, execution of the COZEEP Program Agreement enables the City of Menifee to hire CHP officers and vehicles in order to patrol project construction zones.


**NOW, THEREFORE, BE IT RESOLVED** that the City Council of the City of Menifee, California: does hereby adopt the resolution authorizing the City Manager to execute Construction Zone Enhanced Enforcement Program Agreements with the State of California, California Highway Patrol.

**Section 1.**     **Recitals.** The above recitals are true and correct

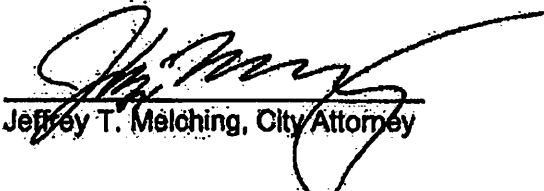
**PASSED, APPROVED AND ADOPTED** this 4<sup>th</sup> day of May, 2022

  
\_\_\_\_\_  
Bill Zimmerman, Mayor

Attest:

  
\_\_\_\_\_  
Stephanie Roseen, Acting City Clerk

Approved as to form:

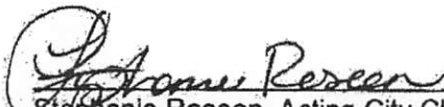
  
\_\_\_\_\_  
Jeffrey T. Melching, City Attorney



STATE OF CALIFORNIA     )  
COUNTY OF RIVERSIDE   ) ss  
CITY OF MENIFEE         )

I, Stephanie Roseen, Acting City Clerk of the City of Menifee, do hereby certify that the foregoing City Council Resolution No. 22-1147 was duly adopted by the City Council of the City of Menifee at a meeting thereof held on the 4th of May 2022 by the following vote:

|          |                                              |
|----------|----------------------------------------------|
| Ayes:    | Deines, Karwin, Liesemeyer, Sobek, Zimmerman |
| Noes:    | None                                         |
| Absent:  | None                                         |
| Abstain: | None                                         |

  
Stephanie Roseen, Acting City Clerk