

STATE OF CALIFORNIA  
**STANDARD AGREEMENT AMENDMENT**  
 STD. 213 A (Rev 0/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED \_\_\_\_\_ Pages

AGREEMENT NUMBER	AMENDMENT NUMBER
16C029005	1
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:  
 STATE AGENCY'S NAME  
 Department of California Highway Patrol  
 CONTRACTOR'S NAME  
 National Security Industries
- The term of this Agreement is 02/09/2017 through 01/31/2019
- The maximum amount of this Agreement after this amendment is: \$0.00  
 Zero Dollar Agreement
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:



Agreement 16C029005 for unarmed security guard services, is hereby amended as follows:

- Extend the agreement term for one (1) year, as allowed by the original agreement.
  - The term of this Agreement shall now be 02/09/2017 through 01/31/2019.
- Exhibit C – GTC 610 General Terms and Conditions has been replaced by GTC 04/2017.\*

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 [www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx](http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx)

Except as herein amended, all other parts and sections of this contract remain unchanged and in full force and effect.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) National Security Industries		
BY (Authorized Signature) 	DATE SIGNED (Do not type) 1/23/18	
PRINTED NAME AND TITLE OF PERSON SIGNING MICHAEL GERAMI, President		
ADDRESS 940 Park Avenue San Jose, CA 95126		
<b>STATE OF CALIFORNIA</b>		<input checked="" type="checkbox"/> Exempt per: SEM 4.10
AGENCY NAME Department of California Highway Patrol		
BY (Authorized Signature) 	DATE SIGNED (Do not type) 1.30.18	
PRINTED NAME AND TITLE OF PERSON SIGNING P. SLANEY, Assistant Chief, Administrative Services Division		
ADDRESS P.O. Box 942898, Sacramento, CA 94298-0001		

**AGREEMENT SUMMARY**

STD 215 (REV. 1-2014)

AGREEMENT NUMBER	AMENDMENT NUMBER
16C029005	1

**CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED**

1. CONTRACTOR'S NAME <b>National Security Industries</b>		2. FEDERAL I.D. NUMBER <b>95-4558363</b>	
3. AGENCY TRANSMITTING AGREEMENT <b>Department of California Highway Patrol</b>		4. DIVISION, BUREAU, OR OTHER UNIT <b>Business Services Section - CSU</b>	5. AGENCY BILLING CODE <b>008076</b>
6. NAME AND TELEPHONE NUMBER OF CONTRACT ANALYST FOR QUESTIONS REGARDING THIS AGREEMENT <b>Melissa Hall (916) 843-3611 or mehall@chp.ca.gov</b>			
7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If YES, enter prior contractor name and Agreement Number) <b>Same</b> <span style="margin-left: 400px;"><b>7C065002</b></span>			

8. BRIEF DESCRIPTION OF SERVICES - LIMIT 72 CHARACTERS INCLUDING PUNCTUATION AND SPACES  
**Unarmed Security Guard**

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.)  
 Contractor to be the Secondary provider of the Statewide Master Service Agreement for Unarmed Security Guard Services in Region 4 and the Tertiary provider in Region 2. "Client Agencies" will issue subsidiary agreements based off this Zero Dollar Master.

CHP MSA Coordinator: Majken Larsen, (916) 843-3250  
 Contractor Service Contact: Michael Gerami, (408) 371-6505

**Amendment necessary to extend term for one (1) year as allowed by the original agreement. All other terms and conditions shall remain the same.**

10. PAYMENT TERMS (More than one may apply.)

<input type="checkbox"/> MONTHLY FLAT RATE	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> ONE-TIME PAYMENT	<input type="checkbox"/> PROGRESS PAYMENT
<input checked="" type="checkbox"/> ITEMIZED INVOICE	<input type="checkbox"/> WITHHOLD _____ %	<input type="checkbox"/> ADVANCED PAYMENT NOT TO EXCEED	
<input type="checkbox"/> REIMBURSEMENT/REVENUE	\$ _____ or _____ %		
<input type="checkbox"/> OTHER (Explain) _____			

11. PROJECTED EXPENDITURES	FUND TITLE	ITEM	F.Y.	CHAPTER	STATUTE	PROJECTED EXPENDITURES
	MV Account State Trans.	2720-001-0044	16/17	23	2016	\$0.00
	MV Account State Trans.	2720-001-0044	17/18	14	2017	\$0.00
	MV Account State Trans.	2720-001-0044	18/19	pending	2018	\$0.00

OBJECT CODE	AGREEMENT TOTAL	\$ 0.00
OPTIONAL USE	AMOUNT ENCUMBERED BY THIS DOCUMENT	
	\$ 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.	PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT	
	\$ 0.00	
ACCOUNTING OFFICER'S SIGNATURE	DATE SIGNED	TOTAL AMOUNT ENCUMBERED TO DATE
<i>[Signature]</i>		\$ 0.00

12. AGREEMENT	TERM		TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
	From	Through		
Original	02/09/17	01/31/18	\$ 0.00	<b>BID</b>
Amendment No. 1	02/09/17	01/31/19	\$ 0.00	<b>EXEMPT</b>
Amendment No. 2			\$	
Amendment No. 3			\$	
<b>TOTAL</b>			<b>\$ 0.00</b>	

(Continue)

**AGREEMENT SUMMARY**

STD. 215 (REV. 1-2014)

## 13. BIDDING METHOD USED:

- REQUEST FOR PROPOSAL (RFP)       INVITATION FOR BID (IFB)       USE OF MASTER SERVICE AGREEMENT  
*(Attach justification if secondary method is used)*
- SOLE SOURCE CONTRACT       EXEMPT FROM BIDDING       OTHER *(Explain)*  
*(Attach STD. 821)*      *(Give authority for exempt status)*      SCM 5.81 A.I. Amendment

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, PLEASE 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?

Original Agreement was competitively bid. This amendment extends term only, as allowed by the Original Agreement.

17 (a) 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). Justification for the Agreement is described below.

*Justification:*

(3) The services contracted are not available within civil service, cannot be performed satisfactorily by civil service employees, or are of such a highly specialized or technical nature that the necessary expert knowledge, experience, and ability are not available through the civil service system. *The civil service classification for security guard does not meet the education and licensing requirements needed for this service. Security guards working under this agreement must possess a high school diploma or equivalent, driver's license or state issued identification card and be registered with the California Department of Consumer Affairs, Bureau of Security and Investigative Services.*

## 17 (b) EMPLOYEE BARGAINING UNIT NOTIFICATION

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

## AUTHORIZED SIGNER:

DATE:

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?

- NO     YES     NONE ON FILE     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. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? *(If an amendment, explain changes, if any)*

- NO *(Explain below)*       YES *(If YES complete the following)*

DISABLED VETERAN BUSINESS ENTERPRISES: 3 % OF AGREEMENTS

*Explain:*

Client Agencies will issue subsidiary agreements. Contractor has committed to using 3% DVBE Participation.

24. IS THIS A SMALL BUSINESS CERTIFIED BY OFFICE OF SMALL BUSINESS AND DISABLED VETERAN BUSINESS ENTERPRISE SERVICES?

- NO     YES *(Indicate Industry Group)*    Service

SMALL BUSINESS REFERENCE NUMBER

1202700

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN TWO YEARS? *(If YES, provide justification)*

- NO     YES

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

SIGNATURE/TITLE

DATE SIGNED

 Mr. Hall

1/29/18