

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Business Services Section
Contract Services Unit
P.O. Box 942898
Sacramento, CA 94298-0001
(916) 843-3610
(800) 735-2929 (TT/TDD)
(800) 735-2922 (Voice)



July 9, 2012

Securitas Security Services USA, Inc.
2045 Hurley Way, Suite 175
Sacramento, CA 95825

Subject: Agreement Number 07C065002-9

Complete the following marked item(s) and return to the above address within ten (10) business days:

- STD. 213, Standard Agreement with attached exhibits. Sign the first page of the STD. 213, sign the additional single STD. 213, and return both copies.
- STD. 213A, Standard Agreement Amendment. Sign the first page of the STD. 213A, sign the additional single STD. 213A, and return both copies.
- STD. 210, Short Form Contract. Sign and return both copies.
- Letter of Agreement. Sign and return both copies.
- STD. 204, Payee Data Record. Complete and return.
- CCC, Contractor Certification Clauses. Complete and return.
- Obtain and forward the liability insurance certificate required by the terms of the Agreement.
- Resolution, motion, order, or ordinance from the local governing body authorizing this Agreement.
- STD. 807, Payment Bond. Complete and return one copy.
- CHP 28, Voluntary Statistical Data. Complete and return.
- Other:

Contract status.

- The enclosed agreement is signed on behalf of the Department of California Highway Patrol. Process and when approved, return an original to this office.
- The enclosed approved agreement is for your records. You are now authorized to provide services.


JESSICA WILSON
Contract Analyst

Enclosures

Safety, Service, and Security



An Internationally Accredited Agency

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 Pages

AGREEMENT NUMBER 7C065002	AMENDMENT NUMBER 9
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
 Securitas Security Services USA, Inc.
- The term of this Agreement is 07/01/2007 through 12/31/2012
- 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 7C065002 dated 07/01/2007 for services to provide unarmed security guards, is hereby amended to extend the term of the agreement for an additional six (6) months from 06/30/2012 to 12/31/2012 and to revise the blended benefit rate.

Page 1, Item 2, is revised in part to read: The term of this agreement is: 07/01/2007 through 12/31/2012.

The Blended Benefit Rate increase is effective 02/02/2012 The following sections are revised:

Amend: Exhibit B, Amendment #6, paragraph #4, Rate Schedule, to increase Benefit Rate, per Department of Personnel Administration, +\$0.46, from \$7.20 to \$7.66.

Amend: Exhibit B, page 2, is hereby replaced with the attached revised Rate Schedule which is hereto and incorporated herein.

Amend: Attachment 2, Employee Benefits Compliance Requirement, 4th Sentence: #2, "The blended rate currently is \$7.66 per hour, per employee".

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.

CONTRACTOR		CALIFORNIA Department of General Services Use Only <div style="border: 1px solid blue; padding: 5px; width: fit-content; margin: 0 auto;"> APPROVED JUL 3 2012 DEPT OF GENERAL SERVICES </div> <i>Kyate</i>
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) Securitas Security Services USA, Inc.		
BY (Authorized Signature) <i>[Signature]</i>	DATE SIGNED (Do not type) 6/18/2012	
PRINTED NAME AND TITLE OF PERSON SIGNING PETE NILES, REGION PRESIDENT		
ADDRESS 2045 Hurley Way, Suite 175, Sacramento, CA 95825		
STATE OF CALIFORNIA		<input type="checkbox"/> Exempt per:
AGENCY NAME Department of California Highway Patrol		
BY (Authorized Signature) <i>[Signature]</i>	DATE SIGNED (Do not type) 6-25-12	
PRINTED NAME AND TITLE OF PERSON SIGNING T. L. ANDERSON, Assistant Chief, Administrative Services Division		
ADDRESS P.O. Box 942898, Sacramento, CA 94298-0001		

**EXHIBIT B
SECURITAS
RATE SCHEDULE**

DEPARTMENT NAME	CLASS OF SERVICE	BILLING RATES		
		REGION	REG	OT
CHP	EMPLOYEES			
	SECURITY GUARD I	1, 2, 3, 4	\$ 23.49	\$ 23.75
	SECURITY GUARD II	1, 2, 3, 4	\$ 24.66	\$ 25.50
	SECURITY GUARD SUPERVISOR	1, 2, 3, 4	\$ 27.01	\$ 29.03
	SECURITY GUARD MANAGER	1, 2, 3, 4	\$ 29.36	\$ 32.55

Effective 02/2/12 - 12/31/12

Employee Benefits Compliance Requirement

- 1) Contractor must comply with Government Code 19134 which requires Contractor to provide employee benefits valued at least 85% of the state employer cost of benefits provided to state employees for performing similar duties. Contractor must provide proof of employee benefits by monthly completion on the form to be supplied by the Client Agency.
- 2) The benefit rate is published by the Department of Personnel Administration (DPA) February 2nd of every year and is effective until February 1st of the following year. If the rates should change during a contract period, contracts will be amended to reflect the rate change with an effective date retroactive to the date the rate changes. For purposes of this contract, the blended benefit rate will apply. The blended rate currently is \$7.66 per hour, per employee. This hourly benefits rate shall be added to the hourly pay rate of each employee. Administrative, solely supervisory, or other support personnel are not covered.
- 3) Benefits/cash-in-lieu rates are calculated on a per-hour basis. Employees covered by GC Section 19134 shall be paid applicable benefits or cash-in-lieu payments for each hour of service they perform on the covered state contract (excluding overtime).
- 4) Compliance with this benefit provision may be accomplished by one of the following:
 - a. Providing a benefits plan to employees:
Contractors electing to provide actual benefits (vs. cash in-lieu) to their employees must provide evidence of benefit coverage prior to contract execution. Evidence shall consist of the name and address of the insurance company, insurance company telephone number or a signed statement on company letterhead that the contractor is self-insured, or
 - b. Cash payment equal to the blended rate, or
 - c. Combination of a benefit plan and cash payments which together equal the blended rate.
- 5) Contractor must submit a summary of the benefits or cash paid to employees with each invoice submitted to the state. The summary must clearly document the following information:
 - a. The number of employees who received benefits and/or cash payments.
 - b. The name of each employee who received benefits and/or cash payment.
 - c. The number of hours each employee worked in the month.
 - d. The amount paid to each employee for benefits and/or cash payments in the month.
 - e. The total monthly cost of benefits and/or cash payments in the month.
- 6) Failure to comply with the provisions of GC Section 19134 will be deemed a material breach of this contract, which may result in contract termination at the state's sole option.
- 7) This contract and all documents relating to implementation of GC Section 19134, are subject to audit by CHP, Department of General Services, Bureau of State Audits, and/or the state or its designee.