

STANDARD 215

AGREEMENT NUMBER		AMENDMENT NUMBER
FORMAT	TYPE	SUBTYPE

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

1. CONTRACTOR'S NAME	2. FEDERAL I.D. NUMBER
----------------------	------------------------

3. AGENCY TRANSMITTING AGREEMENT	4. DIVISION, BUREAU, OR OTHER UNIT	5. AGENCY BILLING CODE
----------------------------------	------------------------------------	------------------------

6. NAME AND TELEPHONE NUMBER OF CONTRACT ANALYST FOR QUESTIONS REGARDING THIS AGREEMENT

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?

NO YES (*If YES, enter prior contractor name and Agreement Number*)

8. BRIEF DESCRIPTION OF SERVICES - LIMIT 72 CHARACTERS INCLUDING PUNCTUATION AND SPACES

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.*)

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 (<i>Explain</i>) _____			

11. PROJECTED EXPENDITURES	FUND TITLE	ITEM	F.Y.	CHAPTER	STATUTE	PROJECTED EXPENDITURES

OBJECT CODE	AGREEMENT TOTAL	\$
-------------	------------------------	-----------

OPTIONAL USE	AMOUNT ENCUMBERED BY THIS DOCUMENT
--------------	------------------------------------

<i>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.</i>	PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT
---	--

ACCOUNTING OFFICER'S SIGNATURE	DATE SIGNED	TOTAL AMOUNT ENCUMBERED TO DATE
--------------------------------	-------------	---------------------------------

12. AGREEMENT	TERM		TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
	From	Through		
Original			\$	
Amendment No. 1			\$	
Amendment No. 2			\$	
Amendment No. 3			\$	
TOTAL			\$	

(continue)

AGREEMENT SUMMARY

STD. 215 (NEW 02/98)

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)*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?

17. 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:

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 PCC§ 10410 AND 10411 DEALING WITH CONFLICT OF INTEREST BEEN COMPLIED WITH? 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: _____ % OF AGREEMENT

Good faith effort documentation attached if 3% goal is not reached

We have determined that the contractor has made a sincere good faith effort to meet the goal

Explain:

24. IS THIS A SMALL BUSINESS CERTIFIED BY OSBCR?

NO

YES *(Indicate Industry Group)* _____

SMALL BUSINESS REFERENCE NUMBER

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN ONE YEAR? *(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

