



INTRLOC_00 SOUTH CORRECTIONAL ENTITY (SCORE)

File Location

Vendor Name

Document Type: Interlocal Amendment

Vendor Name: SOUTH CORRECTIONAL ENTITY (SCORE)

PO# Location: INTRLOC-002

Effect Date: 1/1/2015

Term Date: 6/30/2015

CR#: 53721

Related CR#: 48929 51436

Ordinance: _____

Resolution: 8766

Leg Date: 6/16/2014

Vendor #: 244829

Description: AMD#2 INMATE HOUSING AGREEMENT WITH SCORE
PO 1250301-002 X-REF 48929 51436

SOUTH CORRECTIONAL
6/30/2015

Notes:

INTERLOCAL AGREEMENTS
 12/31/2099
 INTRLOC_00
 5117482

AMENDMENT TO AGREEMENT FOR INMATE HOUSING

THIS AMENDMENT TO INTERLOCAL AGREEMENT FOR INMATE HOUSING dated as of January 1, 2015 (hereinafter "Amendment to Original Agreement") is made and entered into by and between the **South Correctional Entity**, a governmental administrative agency formed pursuant to RCW 39.34.030(3) ("SCORE") and CITY OF BELLEVUE (hereinafter the "City" and together with SCORE, the "Parties" or individually a "Party"). This Amendment to Original Agreement is intended to supplement and amend that certain Agreement for Inmate Housing between the Parties dated JUNE 27, 2012, as it may have been previously amended (the "Original Agreement"). The Parties hereto mutually agree as follows:

1. **2015 Bed Rates.** Section 27 (Bed Rate) of the Original Agreement is hereby amended to include the following guaranteed and non-guaranteed bed rates for inmate housing:

2015 Guaranteed Bed Rate: \$97

2015 Non-Guaranteed Bed Rate: \$145

2. **Effective Date; Execution.** The bed rates provided for in Section 1 of this Amendment to Original Agreement shall become effective January 1, 2015. This Amendment to Original Agreement may be executed in any number of counterparts.

3. **Ratification and Confirmation.** All other terms and conditions of the Original Agreement are hereby ratified and confirmed.

IN WITNESS WHEREOF, the Parties have executed this Amendment to Original Agreement as of the date first mentioned above.

Agency:

South Correctional Entity

By: Carl Krikorian

By: Penny Bartley

Name: CARL KRIKORIAN
Title: FISCAL MANAGER,
BELLEVUE P.D.

Name: Penny Bartley
Title: Director

Approved as to form:

By: Monica [Signature]
Assistant City Attorney

Date: 05/29/2015



SOUTH CORRECTIONAL ENTITY
Serving the Cities of Auburn, Burien, Des Moines, Federal Way, Renton, SeaTac, and Tukwila

June 5, 2015

Carl Krikorian
City of Bellevue
Police Department
PO Box 90012
Bellevue, WA 98009-9012

Subject: Inmate Housing Agreement Amendment with SCORE

Dear Mr. Krikorian:

Enclosed is the fully executed agreement amendment signed by Director Penny Bartley.

Sincerely,

Michele Neumann
Michele Neumann
Executive Assistant

Enclosure



SOUTH CORRECTIONAL ENTITY

Serving the Cities of Auburn, Burien, Des Moines, Federal Way, Renton, SeaTac, and Tukwila

January 27, 2015

Lieutenant Randy Hall
City of Bellevue Police Department
P O Box 90012
Bellevue, Washington 98009-9012

Dear Lieutenant Hall:

As stated in our June 27, 2014 letter the Administrative Board approved a rate increase effective January 1, 2015. At that time, we were remiss in not including in our notification a contract addendum to memorialize this rate increase. Please find enclosed the contract addendum, please sign 2 copies and return to the South Correctional Entity.

Please contact me if you have any questions. I can be reached either via email at penny@SCOREjail.org or (206) 257-6262.

Sincerely,

Penny Bartley, CJM, CCE
Director

CR# 53721 Date: 6-15-15 PO # & Loc: 1250301, 002



City of Bellevue
Finance Department - Procurement Services
450 110th Ave. NE. Bellevue, WA 98004

Contract Routing Form

Current Contract Information:

Contract Title: Second Amendment to SCORE Contract
Contract Description: Rate increase for 2015's guaranteed bed rate at SCORE for inmate housing
Total Contract Value: \$2,250.00
This Amendment Value: 0
Department: Police - 593
Contract Manager: Carl Krikorian
Contract Type: Interlocal Agreement (ILA)
Contract Form: Vendor contract document
Budget Expenditure: Expenditure Contract - Sufficient Funds
Maximo User: No

Vendor Information:

New Vendor? No **Tax ID#:**
Vendor Name: South Correctional Entity **COB License #:**
JDE Vendor Number: 244829 **UBI #:**
Independent Contractor? Yes **Contractor's Lic. #:**

Contract Term:

Original Effective Date: 07/01/2012 **End Date:** 06/30/2015
Subject To: No Renewal

Council Approval:

Does this contract require council approval? No

Route:

		In	Out
Procurement Services:	<u>ACarlson</u>	<u>2/4/15</u>	<u>2/4/15</u>
Information Technology:	Not Required		
Legal:	<u>Jerome Rayle</u>	<u>02/05/15</u>	<u>5/29/15</u>
Insurance Reviewed By:	<u>[Signature]</u>	<u>02/04/15</u>	<u>2-5-15</u>
Department Director:	<u>Carl Krikorian</u>	<u>6/2/15</u>	<u>6/2/15</u>
Procurement Services:	<u>ACarlson</u>	<u>6/15/15</u>	<u>6/15/15</u>
Return To:	Carl Krikorian		
City Clerk's Office:	<u>M-TORRES</u>	<u>6-15-15</u>	<u>6-15-15</u>

RISK

CONTRACT REVIEW CRITERIA

Dept.	PS	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Contract Routing/Approval Form and Contract have consistent information? <i>Y</i>
<input type="checkbox"/>	<input type="checkbox"/>	Is the Contract Type and template appropriate for the services performed? <i>Y</i>
<input type="checkbox"/>	<input type="checkbox"/>	Are the contract values (i.e aggregate values, yearly budget totals, taxable amounts, acct. numbers, etc.) accurate? <i>Y</i>
<input type="checkbox"/>	<input type="checkbox"/>	Is the JDE vendor name and number accurate? <i>Y</i>
<input type="checkbox"/>	<input type="checkbox"/>	Does the Company have a Bellevue Business License? If not, date Tax Office was notified? <i>NA</i>
<input type="checkbox"/>	<input type="checkbox"/>	If the Company's Tax ID# appears to be a SS#, or if we are paying an individual, make a copy of the Routing Form and interoffice to Gail Davila in HR. <i>NA</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do the Contract Start/End Dates comply with current policies (maximum 4 years unless exception noted)? <i>Y</i>
<input type="checkbox"/>	<input type="checkbox"/>	Is this an <u>amendment</u> or renewal? If so, are the original contract #'s and values indicated? <i>original</i>
<input type="checkbox"/>	<input type="checkbox"/>	Has the Selection Method been explained in Additional Comments? Are results attached? <i>Y</i>
<input type="checkbox"/>	<input type="checkbox"/>	If there is an ordinance/resolution/motion for this contract, are the date and # noted and a copy attached? <i>Y still</i>
<input type="checkbox"/>	<input type="checkbox"/>	Does the contractor meet requirements of the Independent Contractor Threshold question? <i>Y</i>
<input type="checkbox"/>	<input type="checkbox"/>	Is Attachment "A" (Scope of Work and/or Services) attached? <i>original</i>
<input type="checkbox"/>	<input type="checkbox"/>	Is Attachment "B" (Insurance Requirements) attached?
<input type="checkbox"/>	<input type="checkbox"/>	Are any additional riders required? If so, which one's? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does Insurer have a Best rating of A- or better?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Contractor identified as the insured?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Contractor have Commercial General Liability, Commercial Auto Liability, Worker's Compensation, and Employer's Liability/Stop Gap and special coverages as required?
<input type="checkbox"/>	<input type="checkbox"/>	Are the policy expiration date(s) on the Certificate of Insurance current?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Contractor have a self-insured retention? Is it above \$50,000?
<input type="checkbox"/>	<input type="checkbox"/>	Is the City listed as the Certificate Holder?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Certificate signed?
<input type="checkbox"/>	<input type="checkbox"/>	Is the City of Bellevue (& contracting partners) listed as an additional insured on the Certificate of Insurance? Is the additional insured status primary and non-contributory?
<input type="checkbox"/>	<input type="checkbox"/>	If this contract requires the payment of Prevailing Wages, are current Wage Rates referenced in Attachment "C"? <i>N</i>
<input type="checkbox"/>	<input type="checkbox"/>	Does the Contractor have an open account with the Washington State Department of Revenue?
<input type="checkbox"/>	<input type="checkbox"/>	Are the Contractor's worker's compensation premiums current?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Vendor have an active Professional/Contractor License with the Washington State Department of Licensing?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Vendor on the Federal Debarred Suspended List?

RISK

State Agency

RISK MANAGEMENT:

- Are the Insurance Requirements (Attachment B) appropriate for Scope of Work?
- Does the Contractor's Certificate of Insurance comply with the requirements?
- Are there any Limitations of Liability clauses or other risk transfer language problems that shift risk back to the City?
- Does the Hold Harmless clause include language referencing Title 51 releases?



CONTRACT FACE SHEET

- Document Type: [X] Contract, [] MOU, [] Interlocal Agreement, [] Notice of Acceptance, [] Retainage, [] Franchise Agreement, [] Right of Way Use Agreement, [] Lien, [] Correspondence, [] Collective Bargaining Agreement

BRX

- Status: [] New, [X] Amendment, [] Change Order, [] Renewal, [] Cancellation

*Vendor Name: South Correctional Entity

*JDE PO Number: 1250301,002

*Effective Date: 07/01/2012

*Termination Date: 06/30/2015

Amendment Effective Date: 01/01/2015

*Clerk's Receiving Number:

Related Receiving Number:

PD

Bid/RFP/RFQ/ITQ Number:

Ordinance Number:

Resolution Number:

CIP Number:

Project Name: Second Amendment to SCORE Contract

Site Name:

Vendor Number: 244829

File Location:

*Denotes mandatory fields. If referring to Retainage, please indicate the Termination Date same as the Contract Termination Date.

Face Sheet Date:
Scan Date:
Index Date: