



CONTRACTS & AGREEMENTS

ECM INDEX DATA

INTRLOC_00 *WASHINGTON STATE PATROL*

File Location

Vendor Name

WSP
3/31/2015

Document Type: Interlocal Amendment

Vendor Name: WASHINGTON STATE PATROL

PO# Location: INTRLOC-001

Effect Date: 3/1/2015

Term Date: 3/31/2015

CR#: 53217

Related CR#: 53029

Ordinance: _____

Resolution: _____

Leg Date: _____

Vendor #: 77424

Description: AMD#1 WSP TO PROVIDE INVESTIGATION SERVICES FOR
BELLEVUE POLICE DEPT. PO 1450312-001 X-REF 53029

Notes:

INTRLOC_00
INTERLOCAL AGREEMENTS
12/31/2099
500176854

CR# 53217 DATE 1-23-15 LOG 1450312-001

WSP Contract No. K10415
Amendment 1

**WASHINGTON STATE PATROL
CONTRACT AMENDMENT**

The above referenced Contract between the Washington State Patrol and Bellevue Police Department is hereby amended as follows:

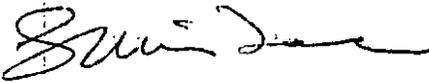
- a. The maximum contract amount is revised from \$15,000 to \$20,000.
- b. The period of performance is amended to March 31, 2015.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

BELLEUE POLICE DEPARTMENT



for John R. Batiste, Chief

Date

1/22/15



Signature Dep. City Manager

Date

1/22/2015

CR# 53217 Date: 1-23-15 PO # & Loc: 1450312.001



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

Contract Routing Form

Current Contract Information:

Contract Title: WSP Investigation Services Agreement

Contract Description: Amendment to Contract #1450312 to extend term date and not to exceed cost

Total Contract Value: \$20,000.00 ✓

This Amendment Value: \$5,000.00 ✓

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#:	916001127
Vendor Name:	Washington State Patrol	COB License #:	
JDE Vendor Number:	77424	UBI #:	342008834
Independent Contractor?	Yes	Contractor's Lic. #:	

Contract Term:

Original Effective Date: 11/13/2014 **End Date:** ~~02/28/2015~~
Subject To: No Renewal 3/31/2015

Council Approval:

Does this contract require council approval? No

Route:

		<u>In</u>	<u>Out</u>
Procurement Services:	<u>ACarbo</u>	<u>1/20/15</u>	<u>1/20/15</u>
Information Technology:	Not Required		
Legal:	<u>Sierra Winters</u>	<u>1/21/15</u>	<u>7/22/15</u>
Insurance Reviewed By:	<u>Pat Byrnes</u>	<u>1-21-15</u>	<u>1-21-15</u>
Department Director:	<u>Don Han</u>		<u>1/22/15</u>
Procurement Services:	<u>ACarbo</u>	<u>1/22/15</u>	<u>1/22/15</u>
Return To:	Carl Krikorian		
City Clerk's Office:	<u>M. Tomrow</u>	<u>1-23-15</u>	<u>1-23-15</u>

RISK
CCO

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 or renewal</u> ? If so, are the original contract #'s and values indicated? <i>Y</i>
<input type="checkbox"/>	<input type="checkbox"/>	Has the Selection Method been explained in Additional Comments? Are results attached? <i>NA</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>NA</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>Y</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"?
<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?