

CITY OF FAIRFIELD

P.O. NUMBER: SC 10151

VENDOR NO: A9264

SHIP TO: Community Services
1000 Webster Street
Fairfield CA 94533

SCHEDULED
DELIVERY DATE:

P.O. TYPE: OPEN
CONFIRMING

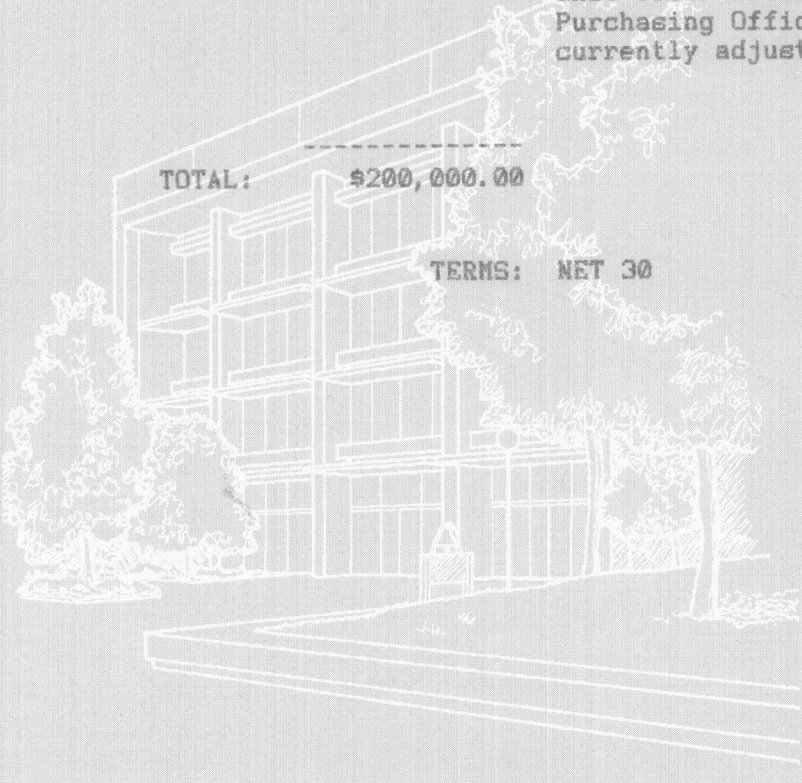
VENDOR: WRIGHT VERLA
2077 SERVILLE DR
NAPA CA 94559

PURCHASE ORDER

LINE	QUANTITY	UNIT	UNIT PRICE	AMOUNT	DESCRIPTION OF ITEM AND/OR SERVICES ORDERED
1	200,000	EA	1.00	200,000.00	The purchase of goods and services is limited to the currently adjusted maximum unit cost. Please contact the Purchasing Officer for the currently adjusted maximum.

TOTAL: \$200,000.00

TERMS: NET 30



AUTHORIZED
SIGNATURE

[Handwritten Signature]
PURCHASING

06/04/20
DATE

COPIES: WHITE VENDOR
YELLOW PURCHASING
GOLDEN INVENTORY
GREEN ENCUMBRANCE
PINK RECEIVING
BLUE DEPARTMENT

INVOICE IN TRIPLICATE TO:
CITY OF FAIRFIELD
ACCOUNTS PAYABLE
1000 WEBSTER STREET
FAIRFIELD, CA 94533-4883

CITY OF FAIRFIELD SERVICES AGREEMENT

SC 10151

THIS AGREEMENT is made at Fairfield, California, as of the April 1, 2006, by and between the City of Fairfield ("the CITY") and Verla Wright ("SERVICE PROVIDER").

A9264
Community Serv

1. SCOPE OF SERVICE

SERVICE PROVIDER agrees to perform the following work [This space is to be used when you don't have a proposal letter from the contractor to use. If you have a proposal letter that you wish to use for Exhibit A — Simply type "Exhibit A" at the top of the proposal letter.]

Under general direction of the Community Services Manager, coordinates activities of the Senior Day Program, maintains record-keeping of various program grants, stocks program supplies, and coordinates other senior social services as requested by the City Of Fairfield Community Services Department.

2. PAYMENTS.

- a. The total contract price for services rendered by SERVICE PROVIDER under this Agreement shall be as specified below: \$30 per hour, not to exceed currently adjusted maximum unit cost.
b. Payment shall be made to SERVICE PROVIDER on a time and materials basis, and SERVICE PROVIDER shall submit monthly invoices to the Community Services Department for the same.
c. Any additional meetings or work required beyond that set forth in Exhibit "A" shall be mutually agreed to by the CITY and SERVICE PROVIDER, and shall be billed on a time and materials basis to the Community Services Department.

3. INSURANCE.

- a. WORKERS' COMPENSATION. During the term of this Agreement, SERVICE PROVIDER shall fully comply with the terms of the law of California concerning workers' compensation. Said compliance shall include, but not be limited to, maintaining in full force and effect one or more policies of insurance insuring against any liability SERVICE PROVIDER may have for workers' compensation. Said policy shall also include employer's liability coverage no less than \$1,000,000 per accident for bodily injury or disease.
b. GENERAL LIABILITY INSURANCE. SERVICE PROVIDER shall obtain at its sole cost and keep in full force and effect during the term of this agreement commercial general liability insurance in the amount of \$ 1,000,000 per occurrence for bodily injury, personal injury, and property damage. Said insurance shall provide (1) that the CITY, its officers, agents, employees and volunteers shall be named as additional insureds under the policy, and (2) that the policy shall operate as primary insurance, and (3) that no other insurance effected by the CITY or other named insureds will be called upon to cover a loss covered thereunder.
c. AUTOMOBILE LIABILITY INSURANCE. SERVICE PROVIDER shall obtain at its sole cost and keep in full force and effect during the term of this agreement automobile liability insurance in the amount of \$ 1,000,000 per occurrence for bodily injury and property damage. Said insurance shall provide (1) that the CITY, its officers, agents, employees and volunteers shall be named as additional insureds under the policy, and (2) that the policy shall operate as primary insurance, and (3) that no other insurance effected by the CITY or other named insureds will be called upon to cover a loss covered thereunder.
d. CERTIFICATES OF INSURANCE. SERVICE PROVIDER shall file with CITY'S Director of Community Services upon the execution of this agreement, certificates of insurance which shall provide that no cancellation, major change in coverage, expiration, or nonrenewal will be made during the term of this agreement, without thirty (30) days written notice to the Director of Community Services prior to the effective date of such cancellation, or change in coverage.
e. SERVICE PROVIDER shall file with the Director of Community Services concurrent with the execution of this agreement, the City's standard endorsement form (attached hereto) providing for each of the above requirements.

- 4. INDEMNIFY AND HOLD HARMLESS. SERVICE PROVIDER shall indemnify, defend, and hold harmless the CITY, its officers, agents, employees and volunteers from all claims, suits, or actions of every name, kind and description, brought forth on account of injuries to or death of any person or damage to property arising from or connected with the willful misconduct, negligent acts, errors or omissions, ultra-hazardous activities, activities giving rise to strict liability, or defects in design by the SERVICE PROVIDER or any person directly or indirectly employed by or acting as agent for SERVICE PROVIDER in the performance of this Agreement, including the concurrent or successive passive negligence of the CITY, its officers, agents, employees or volunteers

It is understood that the duty of SERVICE PROVIDER to indemnify and hold harmless includes the duty to defend as set forth in Section 2778 of the California Civil Code.

Acceptance of insurance certificates and endorsements required under this Agreement does not relieve SERVICE PROVIDER from liability under the indemnification and hold harmless clause. This indemnification and hold harmless clause shall apply whether or not such insurance policy has been determined to be applicable to any of such damages or claims for damages.

RECEIVED

APR 14 2006

5. LABOR AND WAGE CODE GUIDELINES

- a. Attention is directed to Section 1777.5 of the Labor Code as it applies to apprenticeship standards
b. SERVICE PROVIDER, as defined for this agreement, shall pay prevailing wages to the extent required by California Labor Code Section 1771. The general prevailing wage rates for each craft, classification, or type of workman shall be as determined by the Director of Industrial Relations (available online at http://www.dir.ca.gov/DLSR/statistics_research.html) select the appropriate wage decision and then collect the wage decision for Statewide, Northern California and Solano County). A copy of these wage rate determinations are kept on file and are available for review at the Office of the City Engineer located at 1000 Webster Street.
c. In accordance with the provision of Section 1860 of the California Labor Code, attention is directed to the requirement that in accordance with the provisions of Section 3700 of the California Labor Code, every contractor will be required to secure the payment of compensation of his or her employees.

CITY OF FAIRFIELD CENTRAL STOREFRONT SHOP

- 6. BUSINESS LICENSE. The CONSULTANT shall obtain a business license for work within the City of Fairfield pursuant to Chapter 10B of the Fairfield City Code, with respect to the gross receipts received pursuant to this Agreement. No payments shall be made to any SERVICE PROVIDER until such business license has been obtained, and all fees paid therefore, by the CONSULTANT. Business license applications and information may be obtained from the Finance Department, Fairfield City Hall, 1000 Webster Street, Fairfield, CA 94533-4883, (707)428-7509).

- 7. CANCELLATION. This agreement may be canceled at any time by CITY for its convenience upon written notice to SERVICE PROVIDER: provided, however, that the SERVICE PROVIDER shall be entitled to receive full payment for all services performed and all costs incurred to the date of its receipt of written notice to cease work.

- 8. COMPLETE AGREEMENT/AMENDMENT. This Agreement constitutes the complete agreement between the parties as to the subject matter hereof and may not be amended or changed except by a written agreement signed by both parties.

SERVICE PROVIDER

By:

Verla Wright

City of Fairfield, a municipal corporation

By:

[Signature]

EDD REPORTING REQUIREMENTS CHECKLIST

Effective July 1, 2001 the State Employment Development Department (EDD) requires the following.

Please complete the following: (To be complete by the department)

Department/Division: Community Services/ Adult Services Date of Contract: April 1, 2006
 Authorized by Res. No.: _____ Contract Expiration Date: N/A
 Person Reviewing EDD Requirements: Ted Stine, Community Services Manager Phone: (707) 428-7741

EDD REPORTING REQUIREMENTS. When CITY executes an agreement for or makes payment to CONSULTANT in the amount of \$600 (six hundred dollars) or more in any one calendar year, CONSULTANT shall provide the following information to CITY to comply with EDD reporting requirements:

- A. Whether CONSULTANT is doing business as a sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, non-profit corporation or other form of organization.
- B. If CONSULTANT is doing business as a sole proprietorship, CONSULTANT shall provide the full name, address and social security number or federal tax identification number of the sole proprietor.
- C. If CONSULTANT is doing business as other than a sole proprietorship, CONSULTANT shall provide CONSULTANT's federal tax identification number.

Dear Contracting Company:

Pursuant to your contract with the above-mentioned City of Fairfield Department, you are required to complete the following:
 (Box 1 or 2 below)

Please indicate the type of business and provide the information requested:

BOX 1

SOLE PROPRIETORSHIP	
FULL NAME	Verla Wright
ADDRESS	2077 Serville Drive, Napa, CA 94559
SOCIAL SECURITY NUMBER OR	544-88-8700
FEDERAL ID NUMBER	

OR

BOX 2

√ BOX	TYPE OF BUSINESS	FEDERAL ID NUMBER
<input type="checkbox"/>	PARTNERSHIP	
<input type="checkbox"/>	LIMITED LIABILITY PARTNERSHIP	
<input type="checkbox"/>	CORPORATION	
<input type="checkbox"/>	LIMITED LIABILITY CORPORATION	
<input type="checkbox"/>	NON-PROFIT CORPORATION	
<input type="checkbox"/>	OTHER FORM OF ORGANIZATION	

PLEASE RETURN THIS FORM WITH THE SIGNED CONTRACT TO THE CITY OF FAIRFIELD

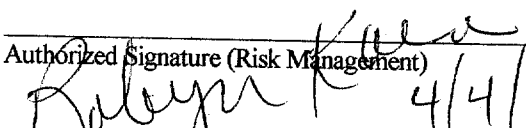
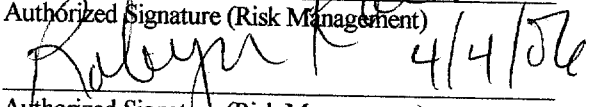
INSURANCE/ENDORSEMENT CHECKLIST

Contractor: Verla Wright Dept. Community Services/Adult Services
 Date of Contract: April 1, 2006 Authorized by Res. No. _____ Contract Expiration Date: N/A
 Person Reviewing Insurance Requirements: Ted Stine, Community Services Manager
 Department: CS/AS Project Senior Day Program

Check Box If Req.	Type of Insurance	Insurance Company	Policy Number	* Exp. Date	Amount of Insurance	Endorsement	
						(Check One) City	Other
	General Liability	Waived					
	Auto Liability	Statutory					
	Professional Liability	N/A					
	Excess Liability	N/A					
	Workers' Comp	Statutory					

Insurance Requirements Waived: yes no

Endorsement Requirements Waived: yes no


 Authorized Signature (Risk Management)

 Authorized Signature (Risk Management)

FOR FINANCE DEPARTMENT PURPOSES:

The above insurance/endorsement requirements have been reviewed and approved by: _____
Authorized Signature

* NOTE: The above insurance requirements expire during the term of the contract. yes no

Note: Coverages waived for short-term contract pending recruitment for position. Rhain

KEEP THIS COPY IN YOUR CAR

WESTERN UNITED INSURANCE COMPANY
INSURANCE IDENTIFICATION CARD

POLICY #	EFFECTIVE DATE	EXPIRATION DATE
CAW839875	3/31/2005	3/31/2006

NAMED INSURED
Veria Wright

CAR-YEAR/MAKE/MODEL	VEHICLE ID NUMBER
92, Volkswagen Cabrio	WVWDC5155NK032115

AGENT: **Ernie Falcon**
 PHONE: **888-814-8882**
 PRODUCER: **Ernie Falcon**

IMPORTANT! THIS INSURANCE IDENTIFICATION CARD IS NOT PART OF YOUR POLICY AND IS VALID ONLY WHILE YOUR POLICY IS IN FORCE AND YOUR PREMIUMS ARE PAID

IF YOU HAVE AN ACCIDENT

1. NOTIFY POLICE IMMEDIATELY
2. Write down names, addresses, telephone numbers, and license numbers of persons involved and of witnesses. Also write down the license plate number and state of each vehicle.
3. Report all accidents to Western United Insurance immediately at 800-207-3618.
4. Do not admit fault. Do not discuss the accident with anyone except Western United or the Police.

IMPORTANT! THIS INSURANCE IDENTIFICATION CARD IS NOT PART OF YOUR POLICY AND IS VALID ONLY WHILE YOUR POLICY IS IN FORCE AND YOUR PREMIUMS ARE PAID