

Los Angeles County Board of Supervisors

> Gloria Molina First District

February 02, 2010

Mark Ridlev-Thomas Second District

> Zev Yaroslavsky Third District

> > Don Knabe Fourth District

Michael D. Antonovich Fifth District The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012

**Dear Supervisors:** 

**ADOPTED** 

BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

16 FEBRUARY 16, 2010

SACHI A. HAMAI EXECUTIVE OFFICER

John F. Schunhoff, Ph.D. Interim Director

Robert G. Splawn, M.D. Interim Chief Medical Officer

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

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www.dhs.lacounty.gov

To improve health

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service and education.

# AMENDMENTS TO HOUSEKEEPING SERVICES AGREEMENTS (ALL DISTRICTS) (3 VOTES)

#### **SUBJECT**

Request approval to extend the term of the Proposition A Agreements with Servicon Systems, Inc. for the continued provision of housekeeping services at various Department of Health Services and Department of Public Health facilities.

#### IT IS RECOMMENDED THAT YOUR BOARD:

- 1. Approve and instruct the Chair of the Board, to sign the attached Amendment No. 3 to Agreement No. 75053 with Servicon Systems, Inc. to extend the term of the Agreement, for the period of March 1, 2010 through August 31, 2010, for the continued provision of housekeeping services at Department of Health Services (DHS) Olive View-UCLA Medical Center; Mid-Valley Comprehensive Health Center; and San Fernando Health Center and Department of Public Health (DPH) Burbank, Glendale, North Hollywood, and; Pacoima Health Centers, for a cost of \$2,196,878 plus the provision of the five percent monthly fund set aside for unscheduled work, for an additional \$107,189 for a total Contract Sum of \$2,304,067.
- 2. Approve and instruct the Chair of the Board, to sign the attached Amendment No. 3 to Agreement No. 75054 with Servicon Systems, Inc. to extend the term of the Agreement, for the period of March 1, 2010 through August 31, 2010, for the continued provision of housekeeping services at DHS



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High Desert Health System, Antelope Valley Health Center, Lake Los Angeles Community Clinic, Littlerock Community Clinic, and South Valley Health Center and DPH Acton Health Clinic, and Warm Springs Health Clinic, for a cost of \$492,754 plus the provision of the five percent monthly fund set aside for unscheduled work, for an additional \$24,397 for a total Contract Sum of \$517,151.

- 3. Approve and instruct the Chair of the Board, to sign the attached Amendment No. 4 to Agreement No. 75055 with Servicon Systems, Inc. to extend the term of the Agreement, for the period of March 1, 2010 through August 31, 2010, for the continued provision of housekeeping services at DHS Harbor UCLA Medical Center, Long Beach Comprehensive Health Center and Lomita Family Health Center, for a cost of \$2,510,597 plus the provision of the five percent monthly fund set aside for unscheduled work, for an additional \$115,310 for a total Contract Sum of \$2,625,906.
- 4. Approve and instruct the Chair of the Board, to sign the attached Amendment No. 4 to Agreement No. 75056 with Servicon Systems, Inc. to extend the term of the Agreement, for the period of March 1, 2010 through August 31, 2010, for the continued provision of housekeeping services at the DHS Administrative Offices-Commerce, El Monte Comprehensive Health Center, and La Puente Health Center, and the DPH Ruth Temple Health Center, Whittier Public Health Center, and Laboratory and Trailer, for a cost of \$571,125 plus the provision of the five percent monthly fund set aside for unscheduled work, for an additional \$27,756 for a total Contract Sum of \$598,882.
- 5. Authorize the Interim Director of Health Services, or his designee, to extend all four Agreements on a month-to-month basis for up to three months for the period of September 1, 2010, through November 30, 2010, under the same terms and conditions, for a monthly cost of \$961,893, plus the provision of the five percent monthly fund set aside for unscheduled work, for an additional monthly cost of \$45,775 for a total Contract Sum of \$3,023,004 for the full three months.

#### PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will allow for the continued provision of housekeeping services at DHS and DPH facilities. The existing Agreements will expire on February 28, 2010. All of the Agreements are being extended to provide time to complete the Request for Proposals (RFP) process for housekeeping services. The solicitation process was delayed due to the complexity of the solicitation, as considerable staff time has been required to analyze each facility service requirements and to standardize the RFP format. There has been a significant increase in new departmental contracting projects in the last nine months. Additional time is required to complete the solicitation documents, conduct the evaluation process, perform the Proposition A (Prop A) cost effective analysis and obtain the approval of the Auditor-Controller, negotiate the Agreements, and obtain your Board's approval of the replacement Agreements. It is anticipated that the RFP will be released this month. The Department expects that successor Agreements will be approved and implemented prior to August 31, 2010. The recommendation of a further month-to-month extension for up to three months through November 30, 2010 will be implemented only if the timeframes for the

The Honorable Board of Supervisors 2/2/2010 Page 3

transition to new agreements for all facilities is delayed.

#### <u>Implementation of Strategic Plan Goals</u>

The recommended actions support Goal 4, Health and Mental Health, of the County's Strategic Plan.

#### FISCAL IMPACT/FINANCING

The cost of four Amendments for the provision of housekeeping services for six months, and the five percent unscheduled work is \$6,046,005. A cost analysis for housekeeping services for the six month extension was prepared in accordance with Auditor-Controller guidelines and methodologies (Attachment 5). The Department has determined that the contract is cost effective with a total cost savings of \$914,404 (fourteen percent). The County Auditor-Controller's office reviewed the cost analysis of the amendments to the housekeeping Contracts # 75054 and #75056 and determined they fall below the \$1 million review threshold, and determined that amendments to Contracts # 75053 and #75055 are lower than ten percent of the current Contract amounts and therefore the Auditor-Controller determined they do not need to review the cost effectiveness analysis related to these amendments.

In the event the Departments exercise the additional month-to-month, not to exceed three months option, the monthly service cost is \$961,893, and the five percent unscheduled work, cost is \$45,775. The total Contract Sum is \$3,023,004 for the full three months.

Funding is included in DHS and DPH Fiscal Year (FY) 2009-10 Final Budget and will be requested in the future fiscal year.

#### FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On August 10, 2004, your Board approved, after a competitive solicitation, four Prop A, housekeeping services Agreements (Nos. 75053, 75054, 75055, and 75056) with Pedus Service. All Agreements terms are for five years that includes delegated authority to extend the Agreements on a month-to-month basis not to exceed six months.

On November 21, 2006, your Board approved four Amendments to assign the rights of all four of the housekeeping Agreements with Pedus Service to Servicon Systems, Inc.

On August 25, 2009, the Interim Director of Health Services exercised his delegated authority sole option and extended the Agreements Contract term on a month-to-month basis for six months. These Agreements may be terminated for convenience by the County in its sole discretion; with no less than ten (10) days after written notice is sent.

#### All Amendments

The housekeeping Agreements have the current Living Wage language and the Contractor is in compliance with the Living Wage Program. The Department has determined that contracting housekeeping services continues to be cost effective and operationally feasible (Attachment 5).

The Amendment includes the Board of Supervisors' recent provision – Defaulted Property Tax Reduction Program.

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County Counsel has reviewed and approved the Amendments set forth in Attachments 1 through 4 as to use and form.

#### **CONTRACTING PROCESS**

Not applicable.

#### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommendations will ensure the continued provision of housekeeping services at DHS and DPH facilities.

Respectfully submitted,

Ptdum

JOHN F. SCHUNHOFF, Ph.D. Interim Director

KH:tvf

**Enclosures** 

c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

## COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES HOUSEKEEPING SERVICES AGREEMENT

#### Amendment No. 3

This Amendment is made and entered into this \_\_\_\_\_\_day of \_\_\_\_\_day of \_\_\_\_\_\_\_\_, 2010 by and between the COUNTY OF LOS ANGELES (hereafter "County"), and SERVICON SYSTEMS, INC. (hereafter "Contractor").

WHEREAS, on August 10, 2004, the County of Los Angeles and Pedus Service, entered into Agreement No. 75053 to provide Housekeeping Services at Olive View-UCLA Medical Center, Mid-Valley Comprehensive Health Center, and Burbank, Glendale, North Hollywood, Pacoima, and San Fernando Health Centers; and

WHEREAS, on November 21, 2006, the County of Los Angeles approved Amendment No. 1 to assign the rights of the Agreement with Pedus Service to Servicon Systems, Inc.; and

WHEREAS, on August 25, 2009, the Director exercised delegated authority as provided in Paragraph 8.4, CHANGE NOTICES AND AMENDMENTS, to approve Amendment No. 2 to extend the term of Agreement No. 75053 on a month-to-month basis for six (6) months; and

WHEREAS, Agreement provides that changes in accordance to Paragraph 8.4, CHANGE NOTICES AND AMENDMENTS may be made in the form of an Amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

- 1. This Amendment shall become effective March 1, 2010.
- The Agreement is hereby amended to add Subparagraph 4.5 in Paragraph 4.0, Term of Contract as follows:

1/13/2010

- "4.5 The term of this Contract is extended for an additional six (6) months for the period of March 1, 2010 to August 31, 2010, unless sooner terminated or extended, in whole or in part, as provided in this Contract. The County shall have the sole option to further extend the Contract term on a month-to-month basis, for three (3) months from September 1, 2010 to November 30, 2010. Each such extension shall be exercised at the sole discretion of the Director, or designee."
- 3. The Agreement is hereby amended to add Subparagraph 5.1.1 and Subparagraph 5.1.2 in Paragraph 5.0, Contract Sum, as follows:
  - "5.1.1 For the six (6) month period March 1, 2010, through August 31, 2010, the Contract Sum shall not exceed \$2,196,878 as shown in Exhibit Budget Summary and Exhibits B-1a, B-2a, B-3a, B-4a, B-5b, B-6a, B-7a. The 5% monthly Unscheduled Work Fund for the six (6) month period shall be an additional \$107,189, for a total Maximum Contract Sum of \$2,304,067.
  - 5.1.2 For the three (3) month period from September 1, 2010 through November 30, 2010, the Contract Sum shall not exceed \$1,098,439 as shown in Exhibit Budget Summary and Exhibits B-1a, B-2a, B-3a, B-4a, B-5b, B-6a, B-7a. The 5% monthly Unscheduled Work Fund for the three (3) month period shall be an additional \$53,595 for a total Maximum Contract Sum of \$1,152,033. The Contract Sum grand total for all facilities shall not exceed \$3,456,100."
- 4. This Agreement is hereby amended to replace Paragraph 5.7, Unscheduled Work Fund as follows:

"In addition to the Contract Sum set forth above, there shall be a yearly unscheduled work fund of up to 5% of the original Contract amount at time of Board approval, equaling \$17,865 per month for emergency or expanded coverage. Use of the unscheduled work funds shall be for Unscheduled Work as follows:

- 5.7.1 "Emergency" is defined as a situation wherein an immediate or quick response is necessary to prevent or lessen injury to persons or property, e.g., earthquake, broken pipes, and time are critical factors.
- 5.7.2 "Expanded" is defined as an unforeseen increase in the need for services, which does not substantially change the amount of scope of coverage, e.g., lengthening of office hours, set forth herein.
- 5.7.3 In both cases, use of the unscheduled work funds must be authorized in writing by County's Project Director, upon prior approval as required in Sub-paragraph 3.8 Unscheduled Work. In no event shall any annual total expenditure exceed the Contract Sum plus the Unscheduled Work Fund without prior express approval of County's Board of Supervisors.
- 5.7.4 The Contractor shall invoice the County for the amounts agreed to between County and Contractor for the Unscheduled Work at the straight time or overtime rate, as applicable. The County must approve the services delivered by the Contractor. If the County does not approve in writing, no payment shall be due to the Contractor."
- 5. Exhibit B-1a, B-2a, B-3a, B-4a, B-5b, B-6a, B-7a, are attached hereto and incorporated herein by reference.
- 6. The Agreement is hereby amended to replace Paragraphs 8.24, GENERAL INSURANCE REQUIREMENTS and 8.25, INSURANCE COVERAGE REQUIREMENTS as follows:

#### **"8.24 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE**

Without limiting Contractor's indemnification of County, and in the performance of this Agreement and until all of its obligations pursuant to this Agreement have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in Sections 8.29 and 8.30 of this Agreement. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other Contractual obligation imposed upon Contractor pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Agreement.

#### 8.24.1 Evidence of Coverage and Notice to County

- Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.
- Renewal Certificates shall be provided to County not less than 10 days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Sub-Contractor insurance policies at any time.
- Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Agreement

by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Agreement. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.

Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.

Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles
Department of Health Services
Contracts and Grants Division
313 N. Figueroa Street, 6E
Los Angeles, CA 90012
Attention: Kathy K. Hanks, C.P.M.
Director, Contract Administration & Monitoring
And

County of Los Angeles
Department of Health Services
Centralized Contract Monitoring Division
5555 Ferguson Drive, Suite 210
Commerce, CA 90022

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a

Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third party claim or suit filed against Contractor or any of its Sub-Contractors which arises from or relates to this Agreement, and could result in the filing of a claim or lawsuit against Contractor and/or County.

#### 8.24.2 Additional Insured Status and Scope of Coverage

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

#### 8.24.3 Cancellation of Insurance

Except in the case of cancellation for non-payment of premium, Contractor's insurance policies shall provide, and Certificates shall specify, that County shall receive not less than thirty (30) days advance written notice by mail of any cancellation of the Required Insurance. Ten (10) days prior

notice may be given to County in event of cancellation for non-payment of premium.

#### 8.24.4 Failure to Maintain Insurance

Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Agreement, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Agreement. County, at its sole discretion, may obtain damages from Contractor resulting from said breach.

#### 8.24.5 Insurer Financial Ratings

Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

#### 8.24.6 Contractor's Insurance Shall Be Primary

Contractor's insurance policies, with respect to any claims related to this Agreement, shall be primary with respect to all other sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

#### 8.24.7 Waivers of Subrogation

To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Agreement. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

#### 8.24.8 Sub-Contractor Insurance Coverage Requirements

Contractor shall include all Sub-Contractors as insureds under Contractor's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each Sub-Contractor name the County and Contractor as additional insureds on the Sub-Contractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Sub-Contractor request for modification of the Required Insurance.

#### 8.24.9 Deductibles and Self-Insured Retentions (SIRs)

Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

#### 8.24.10 Claims Made Coverage

If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Agreement. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

#### 8.24.11 Application of Excess Liability Coverage

Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

#### 8.24.12 Separation of Insureds

All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

#### 8.24.13 Alternative Risk Financing Programs

The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

## 8.24.14 County Review and Approval of Insurance Requirements

The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

#### 8.25 INSURANCE COVERAGE

**8.25.1** Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate: \$2 million
Products/Completed Operations Aggregate: \$1 million
Personal and Advertising Injury: \$1 million
Each Occurrence: \$1 million

- **8.25.2 Automobile Liability insurance** (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than \$1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Agreement, including owned, leased, hired, and/or non-owned autos, as each may be applicable.
- 8.25.3 Workers Compensation and Employers' Liability **insurance** or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. applicable to Contractor's operations, coverage also shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law."
- 7. The Agreement is hereby amended to add Paragraphs 8.52 and 8.53 as follows:

# "8.52 CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

8.52.1 Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that

benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

8.52.2 Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this contract will maintain compliance, with Los Angeles Code Chapter 2.206.

# 8.53 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Failure of Contractor to maintain compliance with the requirements set forth in Sub-paragraph 8.52 - Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within 10 days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206."

- 8. This Agreement is hereby amended to add Exhibit O, Chapter 2.206

  Defaulted Property Tax Reduction Program as attached hereto.
- 9. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

75053 Supplement No. 2

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Chair and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

Char. Board of Supervisors

ATTEST:

SACHI A. HAMAI Executive Officer of the Board of Supervisors of The County of Los Angeles SERVICON SYSTEMS, INC. CONTRACTOR

RICHARD MAHDESIAN
Printed Name

GENERAL MANAGER

relle Smitherman

APPROVED AS TO FORM:

Andrea Sheridan Ordin County Counsel



I hereby certify that pursuant to Session 25103 of the Government Code, definery of this armount has been made.

SACHIA, HAMAI **Executive Officer** 

Clark of the Board of Supervisors

Deputy County Counsel

1/13/2010

#### HOUSEKEEPING SERVICES FOR AGREEMENT #75053 SIX MONTHS (MARCH 1, 2010 - AUGUST 31, 2010) PLUS 3 MONTHS (SEPTEMBER 1, 2010 - NOVEMBER 30, 2010) BUDGET SUMMARY

	Olive View-UCLA MC	Mid-Valley CHC	Burbank HC	Glendale HC	North Hollywood HC	Pacoima HC	San Fernando HC	TOTALS
Monthly Base Amount by Facility	\$336,113	\$14,338	\$1,829	\$3,598	\$3,073	\$3,598	\$3,598	\$366,146
Monthly Base 5% Unscheduled Work Fund by Facility	\$16,396	\$700	\$89	\$176	\$154	\$176	\$176	\$17,865
Total 6 Months Amount by Facility	\$2,016,675	\$86,027	\$10,973	\$21,589	\$18,436	\$21,589	\$21,589	\$2,196,878
Total 5% Unscheduled Work	\$98,375	\$4,197	\$535	\$1,053	\$922	\$1,053	\$1,053	\$107,189

Total for 6 Months Plus 5% Unscheduled Work Fund	\$2,304,067
For All Facilities	

	Olive View-UCLA MC	Mid-Valley CHC	Burbank HC	Glendale HC	North Hollywood HC	Pacoima HC	San Fernando HC	TOTALS
Total 3 Months Amount by Facility	\$1,008,338	\$43,014	\$5,487	\$10,794	\$9,218	\$10,794	\$10,794	\$1,098,439
Total 5% Unscheduled Work Fund for 3 Months by	\$49,188	\$2,099	\$268	\$527	\$461	\$527	\$527	\$53,595

Total for 3 Months Plus 5% Unscheduled Work Fund For All Facilities:	\$1,152,033
Grand Total for 6 Months Plus 3 Months and Unscheduled Work Fund For All Facilities	\$3,456,100

#### AT: Olive View-UCLA Medical Center

DIDEOT COOT II in a sale work at a second	-453				
DIRECT COST (List each staff classific		D-4- (	N 88 41-1 - O - 1		
Payroll: Director & Associate			i) Monthly Salary		
	2.00 \$	25.63	\$ 8,919.24		
Supervisors	8.00 \$ 1.00 \$	15.38	\$ 21,408.96		
Admin Asst.		10.25	\$ 1,783.50		
Housekeeper I & II	106.00 \$	9.63	\$ 177,699.24		
			Total Salaries and Wages	\$	209,810.94
*FTE = Full Time Equivalent Pos	itions				
Employee Benefits	No. of Employees	21 EU 214 est 60 50 50 60 en eu 20 en és 60 que en	Monthly Cost per FTE (avg)		way with tree
Medical Insurance	140. Of Employees	117.00	\$ 189.11		
Holiday Reserve		106.00	\$ 36.85		
Vacation & Sick Leave	**************************************	106.00	\$ 96.72		
vacation a clor coave		100.00	Ψ 90.72		
			Total Benefits	\$	36,837.36
Payroll Taxes (List all appropria	to a a EICA SIII W	Jorkor's C	ammancation ofo!	\$ 66 No 40 40 GP (N 40 HB 18 10 U)	AND PROCESSES
FICA & MDCR	ic, c.g., i ion, ooi, i	OINGI 3 G	\$ 18,868.59		
FUTA			\$ 1,973.19		
SUI			\$ 7,399.45		
CGL			\$ 4,932.97		
Worker's Comp			\$ 24,914.28		
			Ψ 24,314.20		
			Total Payroll Taxes	\$	58,088.48
Supplies & Services	· · · · · · · · · · · · · · · · · · ·	in io 10-11 10 in 10 10 10 10 10 10 10 10 10 10 10 10 10	· · · · · · · · · · · · · · · · · · ·	25 50 00 00 00 00 00 00 00 00 00 00 00 00	99 TO 40
Uniforms			¢ 4,000,50		
			\$ 1,086.50		
Paper Supplies Trash Liners			0		
Hand Soaps			C-17-40-18-18-18-18-18-18-18-18-18-18-18-18-18-		
Walk Off Mats			**************************************		
Vehicle/Allowance					
Gas/Oil					
Startup Equip			\$ 150.00 \$ - \$ 6,619.38 \$ 3,023.75 \$ 492.00 \$ 492.00		
Equip Repair			\$ 150.00		
Equip Depreciation			<u> </u>		
Monthly Supplies			\$ 6,619.38		
Trash Removal			\$ 3,023.75		
Pest Control			\$ 492.00		
P.Lot Sweeping			\$ 492.00		
Window Cleaning			\$ 307.50		
			Total Supplies & Services	\$	12,171.13
			Total Supplies & Services		12,171.10
			TOTAL DIRECT COSTS	\$	316,907.91
INDIRECT COST (List all appropriate)	THE REPORT OF THE PROPERTY OF	55 THE STATE OF TH	· 현업 명 이 이 이 이 이 이 이 한 것 않는데 한 것 않는데 한 것 같아. 아 보고 있는데 한 것 같아 보고 있다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	10 00 10 10 10 10 10 10 10 10 10 10 10 1	- 60 40 40
General Accounting/Bookkeeping					
Management Overhead (Specify)					
Other (Specify):	usiness License		\$ 175.00		
			TOTAL INDIRECT COSTS		\$179.38
TOTAL DIRECT AND INDIRECT COST	o at the part of the the the the the the test at the the the the the the the the the th	**********			247 007 20
TOTAL DIRECT AND INDIRECT COST				\$	317,087.29
PROFIT (Please enter percentage	:)	6.00%		\$	19,025.24
TOTAL MONTHLY COSTS				\$	336,112.53
······································				φ	JJU, 114.JJ

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$16,395.86, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$336,112.53.

AT: Mid Valley Health Center

CT COST (List each staff class	sification)						
Payroll:	FTE*	Hourly	Rate (avg)	) Monthly	Salary		
0	0.00	\$	**	\$			
Mid Valley Health Center	4.00	\$	9.94	\$	6,919.98		
		\$	***	\$			
*FTE = Full Time Equivalent	Positions		7	Total Sala	nries and Wages		6,919.98
Employee Benefits	No. of Emp	loyees	######################################	-	Cost per FTE (avg)	A 400 TO THE ROLL OF TO THE CO.	선 백 중 대 대 전 3 3 3 3 3 4 4 4 5 5 5 5 5 5 5
Medical Insurance Holiday Reserve	***************************************		4.00	<u>\$</u> \$	38.03		
Vacation & Sick Leave			4.00	\$	99.80		
7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Marie Control of Contr	***************************************		Total Ben		\$	551.32
Payroli Taxes (List all appro	oriate. e.g F	ICA. SUI.		Comper	sation. etc.)		AN EN 100 FEE EN 400 CD-107 TO 107 EN TET EN 400 FEE
FICA & MDCR	,	, ,		\$	571.55		
FUTA				\$	59.77		
SUI		***************************************		\$	224.14		
CGL			***************************************	\$	149.43		
Worker's Comp				\$	1,087.07		
				Total Pay	roll Taxes	\$	2,091.96
Supplies & Services	OCTO CONTROL DOCTOR BIRE REAL CONTROL BIRE REAL REAL REAL REAL REAL REAL REAL RE	(0) AND AND EAS COD ONE OF COD COD COD COD COD	00 000 300 300 100 600 400 300 300 300 400 600 600 600 600			(2), (2)) (2)) (3)) (4)) (2)	***************************************
Uniforms				\$	61.50		
Paper Supplies				\$	896.88		
Trash Liners				\$	410.00		
Hand Soaps				\$	397.19		
Walk Off Mats				\$ \$ \$	256.25		
Vehicle/Allowance				\$			
Gas/Oil				<u>\$</u>			
Startup Equip					75.00		
Equip Repair				\$	75.00		
Equip Depreciation					004.00		
Monthly Supplies				\$	291.38		
Trash Removal				\$	768.75		
Pest Control				\$	397.19 102.50		
Mop Cleaning Window Cleaning				\$	256.25		
window Cleaning				***************************************			
				Total Sup	oplies & Services	\$	3,912.89
· 10 MM	no seg sad den eks ess van dip has ens dip ens has van ens ses ses ses en dip	00 SN 554-00 44-107-10-10-10-40-407-40-03		TOTAL D	IRECT COSTS	\$	13,476.15
RECT COST (List all appropria General Accounting/Bookkeep							
Management Overhead (Spec							
	, Business Lice	nse		\$	75.00		
outor (opcomy).					NDIRECT COSTS	- Comments and the Comm	\$50.17
				40 40 M 40 40 40 40 40 40 40 40 40 40 40 40		100 CD COL SO COL SO COL SO COL	
AL DIRECT AND INDIRECT CO	)ST	<b>经有效的现在分词的</b>				\$	13,526.32
AL DIRECT AND INDIRECT CO			6.00%			\$	13,526.32 811.53

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$699.50, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$14,337.85.

#### AT: Burbank Health Center

Description	Payroli:	FTE*		Rate (avg)		Salary		
#FITE = Full Time Equivalent Positions    Figure   Full Time Equivalent Positions   Fite   Full Time Equivalent Positions	0	0.00						
#FTE = Full Time Equivalent Positions    Employee Benefits	Burbank Health Center	0.50		9.95	EDWELDE TO THE PROPERTY OF THE PARTY OF THE	865.65		
### FTE = Full Time Equivalent Positions    Employee Benefits			Ψ					
Medical Insurance	*FTE = Full Time Equivalent	t Positions		•	Total Sala	ries and Wages	<u>\$</u>	86
Holiday Reserve	Employee Benefits	No. of Emp	loyees	***************************************	Monthly	Cost per FTE (avg)	)	***********
Vacation & Sick Leave   D.50   \$ 99.80	Medical Insurance			0.50	\$	pri		
Payroll Taxes (List all appropriate, e.g., FICA, SUI, Worker's Compensation, etc.)   FICA & MDCR	Holiday Reserve			0.50				
Payroll Taxes (List all appropriate, e.g., FICA, SUI, Worker's Compensation, etc.)   FICA & MDCR	Vacation & Sick Leave			0.50	\$	99.80		
FICA & MDCR		建筑路台边设设设设设设设设设设设设设设设设设设设设设设设设设设设设设设设设设设设设			Total Ben	efits	\$	6
SUTA   \$ 7.48     SUI   \$ 28.04     CGL   \$ 18.69     Worker's Comp   \$ 135.16     Total Payroll Taxes   \$ 26     Supplies & Services     Uniforms   \$ 7.69     Paper Supplies   \$ 112.11     Trash Liners   \$ 5.125     Hand Soaps   \$ 49.65     Walk Off Mats   \$ 32.03     Vehicle/Allowance   \$ - 6     Gas/Oil   \$ - 6     Startup Equip   \$ - 6     Equip Depreciation     Monthly Supplies   \$ 36.42     Trash Removal   \$ 96.09     Pest Control   \$ 49.65     Mop Cleaning   \$ 12.81     Window Cleaning   \$ 66.63     Total Supplies & Services   \$ 52     TOTAL DIRECT COSTS   \$ 1,77     PROFIT (Please enter percentage:)   6.00%   \$ 11.79     PROFIT		opriate, e.g., Fl	CA, SUI,	Worker's				
SUI								
Supplies & Services								
Supplies & Services								
Total Payroll Taxes   \$ 26								
Supplies & Services					Total Pavi	roll Taxes	\$	26
Uniforms \$ 7.69 Paper Supplies \$ 112.11 Trash Liners \$ 51.25 Hand Soaps \$ 49.65 Walk Off Mats \$ 32.03 Vehicle/Allowance \$ Gas/Oil \$ Equip Repair \$ 9.38 Equip Depreciation Monthly Supplies \$ 36.42 Trash Removal \$ 96.09 Pest Control \$ 49.65 Mop Cleaning \$ 12.81 Window Cleaning \$ 66.63  Total Supplies & Services \$ 55 TOTAL DIRECT COSTS \$ 1,77  RECT COST (List all appropriate) General Accounting/Bookkeeping Management Overhead (Specify) Other (Specify): Business License \$ 75.00 TOTAL INDIRECT COSTS  AL DIRECT AND INDIRECT COST \$ 1,77  PROFIT (Please enter percentage:) 6.00% \$ 1.75	B 你会会 你我们你就没有我们的,我们就是我们的人们的,我们就会会会的人们的人们的,我们就会会会会会会的人们的人们,我们就是我们的人们的人们的人们的人们的人们们	- - - - - - - - - - - - - - - - - - -	*****	10-01-01 to 10-10 to 00-00 to 00-00 to 00-00 to 00-00		· · · · · · · · · · · · · · · · · · ·	***********	
Paper Supplies   \$ 112.11     Trash Liners   \$ 51.25     Hand Soaps   \$ 49.65     Walk Off Mats   \$ 32.03     Vehiclel/Allowance   \$     Gas/Oil   \$     Startup Equip   \$     Equip Repair   \$ 9.38     Equip Depreciation     Monthly Supplies   \$ 36.42     Trash Removal   \$ 96.09     Pest Control   \$ 49.65     Mop Cleaning   \$ 12.81     Window Cleaning   \$ 12.81     Window Cleaning   \$ 75.00     TOTAL DIRECT COSTS   \$ 1,77     AL DIRECT AND INDIRECT COST   \$ 1,77     PROFIT (Please enter percentage:)   6.00%   \$ 11     Total Supplies & Sanction   \$ 1,77     PROFIT (Please enter percentage:)   6.00%   \$ 11     Trash Liners   \$ 11,77     Sanction   \$ 11,77     Trash Liners   \$ 11,77     Trash Liners   \$ 11,77     Trash Liners   \$ 11,77     Trash Liners   \$ 11,77     PROFIT (Please enter percentage:)   6.00%   \$ 11     Trash Liners   \$ 11,77     Trash Liners   \$ 1	• •				\$	7 69		
Trash Liners Hand Soaps Walk Off Mats Wehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Window Cleaning Total Supplies & Services Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total Supplies & Services  Total DIRECT COSTS  \$ 1,77						******		
Hand Soaps   \$ 49.65     Walk Off Mats   \$ 32.03     Vehicle/Allowance   \$ -     Gas/Oil   \$ -     Startup Equip   \$ -     Equip Repair   \$ 9.38     Equip Depreciation     Monthly Supplies   \$ 36.42     Trash Removal   \$ 96.09     Pest Control   \$ 49.65     Mop Cleaning   \$ 12.81     Window Cleaning   \$ 12.81     Window Cleaning   \$ 17.01     Window Cleaning   \$ 17.01     Control   \$ 17.01								
Walk Off Mats         \$ 32.03           Vehicle/Allowance         \$ -           Gas/Oil         \$ -           Startup Equip         \$ -           Equip Repair         \$ 9.38           Equip Depreciation         \$ 9.38           Monthly Supplies         \$ 36.42           Trash Removal         \$ 96.09           Pest Control         \$ 49.65           Mop Cleaning         \$ 12.81           Window Cleaning         \$ 66.63           Total Supplies & Services         \$ 52           TOTAL DIRECT COSTS         \$ 1,72           RECT COST (List all appropriate)           General Accounting/Bookkeeping         Management Overhead (Specify)           Other (Specify):         Business License         \$ 75.00           TOTAL INDIRECT COSTS         \$ 1,72           AL DIRECT AND INDIRECT COST         \$ 1,72           PROFIT (Please enter percentage:)         6.00%         \$ 16					\$			
Vehicle/Allowance         \$ -           Gas/Oil         \$ -           Startup Equip         \$ -           Equip Repair         \$ 9.38           Equip Depreciation         Monthly Supplies           Monthly Supplies         \$ 36.42           Trash Removal         \$ 96.09           Pest Control         \$ 49.65           Mop Cleaning         \$ 12.81           Window Cleaning         \$ 66.63           Total Supplies & Services         \$ 52           TOTAL DIRECT COSTS         \$ 1,72           RECT COST (List all appropriate)         \$ 75.00           General Accounting/Bookkeeping         Management Overhead (Specify)           Other (Specify):         Business License         \$ 75.00           TOTAL INDIRECT COSTS         \$ 1,72           AL DIRECT AND INDIRECT COST         \$ 1,72           PROFIT (Please enter percentage:)         6.00%         \$ 10	•				\$	32.03		
Startup Equip   \$ -					\$			
Startup Equip   \$ -					\$	-		
Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Monthly Cleaning Window Cleaning  Total Supplies & Services Total Supplies & Services  Total Supplies & Services Total Su						-		
Monthly Supplies   \$ 36.42	Equip Repair					9.38		
Trash Removal         \$ 96.09           Pest Control         \$ 49.65           Mop Cleaning         \$ 12.81           Window Cleaning         \$ 66.63           Total Supplies & Services         \$ 52           TOTAL DIRECT COSTS         \$ 1,72           RECT COST (List all appropriate)           General Accounting/Bookkeeping         Management Overhead (Specify)           Other (Specify):         Business License         \$ 75.00           TOTAL INDIRECT COSTS         \$ 1,72           AL DIRECT AND INDIRECT COST         \$ 1,72           PROFIT (Please enter percentage:)         6.00%         \$ 16					<i>a</i>	26.42		
Pest Control Mop Cleaning Window Cleaning  Total Supplies & Services  TOTAL DIRECT COSTS  1,7'  RECT COST (List all appropriate) General Accounting/Bookkeeping Management Overhead (Specify) Other (Specify): Business License  TOTAL INDIRECT COSTS  1,7'  PROFIT (Please enter percentage:) 6.00%  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 12.81  \$ 1.72  \$ 1,72								
Mop Cleaning Window Cleaning  Total Supplies & Services  TOTAL DIRECT COSTS  1,7'  RECT COST (List all appropriate) General Accounting/Bookkeeping Management Overhead (Specify) Other (Specify): Business License  TOTAL INDIRECT COSTS  \$ 1,7'  PROFIT (Please enter percentage:) 6.00%  \$ 12.81 \$ 66.63  TOTAL Supplies & Services \$ 52  TOTAL DIRECT COSTS  \$ 1,7'  \$ 1,7'  PROFIT (Please enter percentage:) 6.00%					<u> </u>			
Window Cleaning \$ 66.63  Total Supplies & Services \$ 52  TOTAL DIRECT COSTS \$ 1,7  RECT COST (List all appropriate) General Accounting/Bookkeeping Management Overhead (Specify) Other (Specify): Business License \$ 75.00 TOTAL INDIRECT COSTS \$ 1,72  PROFIT (Please enter percentage:) 6.00% \$ 10					<u>\$</u>			
Total Supplies & Services \$ 52  TOTAL DIRECT COSTS \$ 1,77  RECT COST (List all appropriate)  General Accounting/Bookkeeping Management Overhead (Specify) Other (Specify): Business License \$ 75.00 TOTAL INDIRECT COSTS  AL DIRECT AND INDIRECT COST \$ 1,77  PROFIT (Please enter percentage:) 6.00% \$ 10					2			
TOTAL DIRECT COSTS \$ 1,7'  RECT COST (List all appropriate) General Accounting/Bookkeeping Management Overhead (Specify) Other (Specify): Business License  \$ 75.00 TOTAL INDIRECT COSTS  \$ 1,7'  PROFIT (Please enter percentage:) 6.00% \$ 11	William Cleaning						¢	51
RECT COST (List all appropriate)  General Accounting/Bookkeeping Management Overhead (Specify) Other (Specify): Business License TOTAL INDIRECT COST  PROFIT (Please enter percentage:)  6.00%  Security:  \$ 1,72							-	
General Accounting/Bookkeeping Management Overhead (Specify) Other (Specify): Business License  \$ 75.00 TOTAL INDIRECT COSTS  \$ 1,73  PROFIT (Please enter percentage:) 6.00% \$ 11	亲亲中华亲亲安全 医耳耳耳耳 医阴阴炎 医多种性毒素 化氯化 医医耳耳氏 医二甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲	क का का का कर के को का	01 00 10 10 10 10 10 10 10 10 10 10 10 1	0 (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	IUIALD	IKEUI UUSIS		1,/
Management Overhead (Specify)         \$ 75.00           Other (Specify):         Business License         \$ 75.00           TOTAL INDIRECT COSTS         \$ 1,72           PROFIT (Please enter percentage:)         6.00%         \$ 16.00%	RECT COST (List all appropri	ate)						
Other (Specify):         Business License         \$ 75.00           TOTAL INDIRECT COSTS         \$           AL DIRECT AND INDIRECT COST         \$ 1,72           PROFIT (Please enter percentage:)         6.00%         \$ 10								
TOTAL INDIRECT COSTS   STATE			ense		\$	75.00		
PROFIT (Please enter percentage:) 6.00% \$ 10	Outer (Opcony).	Journal Live			COLUMN A D. A.A.			(
The state of the s	AL DIRECT AND INDIRECT C	OST	SOR COS	n 400 500 tels tels vils tels tels 400 tel 400 300 500 600 600 500	45 28 26 26 26 26 26 26 26 26 26 26 26 26 26	化多元分离 化分离 化分离 化多多甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	\$	1,7
The state of the s	PROFIT (Please enter perce	ntage:)		6.00%			\$	1
AL MONTHLY COSTS \$ 1,82		<u> </u>	**************************************	CECUMO CONTRACTOR OF THE SECOND	•			
	L MONTHLY COSTS							-

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$89.23, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$1,828.91.

AT: Glendale Health Center

Payroll:	FTE*		Nate (avy)	Monthly	oaidi y		
O	0.00	\$	~ ~ ~ ~	\$	4 700 FG		
Glendale Health Center	1.00	<u>\$</u> \$	9.94	<u>\$</u> \$	1,729.56		
				<u> </u>			
*FTE = Full Time Equivalent Po	sitions		7	Fotal Sala	ries and Wages	\$	1,729.
Employee Benefits Medical Insurance	No. of Empl	oyees	1.00	Monthly \$	Cost per FTE (avg)	)	gan gian ang ann day wan dyn tay ann dan eatr air
Holiday Reserve			1.00	\$	37.09		
Vacation & Sick Leave			1.00	\$	97.37		
			7	Total Bene	fits	\$	134.
Payroll Taxes (List all appropri	iate, e.g., Fl	CA, SUI,	Worker's			(ma 100 etc 700 (dp spc 100 fm str 100 (d)	de des sep son ton visi son des dés été ses s
FICA & MDCR FUTA			***************************************	\$	142.60 14.91		
SUI				\$	55.92		
CGL			0340422833000314039370-3378634010484	\$	37.28		
Worker's Comp				\$	276.08		
			٦	Total Payı	oll Taxes	\$	526
Supplies & Services	n 砂 值 砂 沃 縣 科 和 新 宗 中 區 和 知 和 和 和 和 和	· * * * * * * * * * * * * * * * * * * *	CO CO AND TO AN AND TO BE SO AN AN	Ф	A C 00	0 000 HOL NOT THE REP HOL OUR HOL HOL	
Uniforms				<u>\$</u> \$	15.38 224.22		
Paper Supplies Trash Liners				\$	102.50		
Hand Soaps				\$	99.30		
Walk Off Mats				\$	64.06		
Vehicle/Allowance				\$			
Gas/Oil				\$ \$ \$ \$	.w		
Startup Equip				\$	No.		
Equip Repair				\$	18.75		
Equip Depreciation				***************************************	70.00		
Monthly Supplies				\$	72.85		
Trash Removal Pest Control				\$	192.19 99.30		
Mop Cleaning				\$	25.63		
Window Cleaning				\$	76.88		
					***************************************		
9			•	i otai aub	plies & Services	\$	991
					RECT COSTS	<u>\$</u> <u>\$</u>	
RECT COST (List all appropriate		হ'ল হাইক প্ৰাঠ ক বা কাইটোৰ্					
RECT COST (List all appropriate General Accounting/Bookkeepin Management Overhead (Specify	g ')			TOTAL DI	RECT COSTS		
RECT COST (List all appropriate General Accounting/Bookkeepin Management Overhead (Specify	g	150	·	TOTAL DI			3,381
RECT COST (List all appropriate General Accounting/Bookkeepin Management Overhead (Specify	g ') usiness Licer	150	·	TOTAL DI	75.00		3,381
RECT COST (List all appropriate General Accounting/Bookkeepin Management Overhead (Specify Other (Specify): Bu	g r) usiness Licer	1Se	·	TOTAL DI	75.00		\$12 3,394 203

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$175.54, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$3,598.10.

### REQUIRED FORMS - ATTACHMENT Q BUDGET SHEET FOR HOUSEKEEPING SERVICES

#### AT: North Hollywood Health Center

Additional four hours added

Payroll:	FTE*	-	Rate (avg)		Salary		
0	0.00	\$		\$			
North Hollywood Health Cente	1.00	\$	9.95	\$	1,731.30		
	***************************************	\$	_	\$			
*FTE = Full Time Equivalent Po	ositions		1	Fotal Sala	aries and Wages	\$	1,731.
Employee Benefits	No. of Empl	oyees		Monthly	Cost per FTE (avg)	************	10000000000
Medical Insurance	•		1.00	\$	-		
Holiday Reserve			1.00	\$	38.02		
Vacation & Sick Leave			1.00	\$	99.80		
			7	Total Ber	efits	\$	137
Payroli Taxes (List all appropri	iate, e.g., FIC	A, SUI, V	Vorker's C		ation, etc.)		
FICA & MDCR				\$	142.99		7.0
FUTA				\$	14.95		0.6
SUI				\$	56.07		3.0
CGL				\$	37.38		2.
Worker's Comp				\$	236.48		12.
			-	Total Pay	roll Taxes	\$	487
Supplies & Services	20280700000000 <del>0000000</del>	en pe ga aja atraw atras spesa tila sa :	a 41 oc as se propriet en en en en en en en en en				oconner.
Uniforms				\$	7.69		
Paper Supplies				\$	115.31		
Trash Liners				\$	51.25		
Hand Soaps				\$	51.25		
Walk Off Mats				\$	32.03		
Vehicle/Allowance				\$			
Gas/Oil				\$			
Startup Equip				\$	-		
Equip Repair				\$	9.61		
Equip Depreciation							
Monthly Supplies				\$	46.70		
Trash Removal				\$	96.09		
Pest Control				\$	51.25		
Mop Cleaning				\$	12.81		
Window Cleaning				\$	61.50		
, , , , dov. c.oag					oplies & Services	\$	53
					DIRECT COSTS	s	2,89
RECT COST (List all appropriate General Accounting/Bookkeepin	ıg	y leg alpha o gassirono acude dello tal be	a cula volunitaria escribir del Maria (Maria del Principio del Corto del Maria (Maria del Principio del Corto del Maria (Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria (Maria del Principio del Maria del Principio del Maria del Principio del Maria (Maria del Principio del Principio del Principio del Maria del Principio del Maria (Maria del Principio	<b>经存货股份 (4.4</b> ) (4.4)		000-00-00-00-00-00-00-00-00-00-00-00-00	0.000000000000000000000000000000000000
General Accounting/Bookkeepin Management Overhead (Specify	) ()	पुरं क्ष्म क्ष्म क्ष्म क्षम क्षम क्षम क्षम क	a mai 40 chamainn ann ann ann ann ann ann ann ann ann		g p	DOCUMENTAL SERVICE SER	WATER TO SERVICE TO
General Accounting/Bookkeepin Management Overhead (Specify	ıg	nse	and 40 cannot स्थापके उद्धा स्था उठ स्था स्था स्था प्रति स्था रहे ।	\$	75.00	00000000000000000000000000000000000000	00000000000000000000000000000000000000
General Accounting/Bookkeepin Management Overhead (Specify	) ()	nse	and 40 cannot स्थापके उद्धा स्था उठ स्था स्था स्था प्रति स्था रहे ।	\$ TOTAL II	75.00_ NDIRECT COSTS	SOURCE STORY OF STORY	00000000000000000000000000000000000000
General Accounting/Bookkeepin Management Overhead (Specify	19 () Business Lice		and 40 cannot स्थापके उद्धा स्था उठ स्था स्था स्था प्रति स्था रहे ।	\$ TOTAL II		AND THE RESIDENCE OF THE SECOND SECON	\$(
General Accounting/Bookkeepin Management Overhead (Specify Other (Specify):	g /) Business Lice T	ondominas neres númes en serven se en	and 40 cannot स्थापके उद्धा स्था उठ स्था स्था स्था प्रति स्था रहे ।	\$ TOTAL II		Approximate Approximate (1992) 1992 (1992)	\$( 2,898

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$153.63, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$3,072.68.

NOTE: Since Exhibit B-5a, additional hrs were added per week in the amount of \$1,249.21.

#### AT: Pacoima Health Center

Holiday Reserve 1.	S	\$	1,731.
*FTE = Full Time Equivalent Positions  Employee Benefits No. of Employees Medical Insurance 1. Holiday Reserve 1. Vacation & Sick Leave 1.  Payroll Taxes (List all appropriate, e.g., FICA, SUI, Worker SUI CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	Total Salaries and Wages    Monthly Cost per FTE (avg)	\$ 0.00 0.00 0.00 0.00	137
Employee Benefits No. of Employees  Medical Insurance 1. Holiday Reserve 1. Vacation & Sick Leave 1.  Payroll Taxes (List all appropriate, e.g., FICA, SUI, Worker Sull CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	Monthly Cost per FTE (avg)  00	\$ 0.00 0.00 0.00 0.00	137
Medical Insurance Holiday Reserve Vacation & Sick Leave  1  Payroll Taxes (List all appropriate, e.g., FICA, SUI, Worker's MDCR FUTA SUI CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	00 \$ 38.02 00 \$ 38.02 00 \$ 99.80 Total Benefits    See	\$	
Holiday Reserve 11 Vacation & Sick Leave 1  Payroll Taxes (List all appropriate, e.g., FICA, SUI, Worker's & MDCR FUTA SUI CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	Sample   S		
Payroll Taxes (List all appropriate, e.g., FICA, SUI, Worker's MDCR FUTA SUI CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	Total Benefits    Ser's Compensation, etc.)   \$ 142.99   \$ 14.95   \$ 56.07   \$ 37.38   \$ 270.30		
FICA & MDCR FUTA SUI CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	***		
FICA & MDCR FUTA SUI CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 142.99 \$ 14.95 \$ 56.07 \$ 37.38 \$ 270.30 Total Payroll Taxes  \$ 15.38 \$ 224.22 \$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ -	\$	521
FUTA SUI CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 14.95 \$ 56.07 \$ 37.38 \$ 270.30 Total Payroll Taxes  \$ 15.38 \$ 224.22 \$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ -	\$	521
SUI CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 56.07 \$ 37.38 \$ 270.30 Total Payroll Taxes  \$ 15.38 \$ 224.22 \$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ -	\$	521
CGL Worker's Comp  Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 37.38 \$ 270.30 Total Payroll Taxes  \$ 15.38 \$ 224.22 \$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ -	\$	521
Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 270.30  Total Payroll Taxes  \$ 15.38 \$ 224.22 \$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ - \$ -	\$	521
Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 15.38 \$ 224.22 \$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ -	<u>\$</u>	521
Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 224.22 \$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ -	man da ten noi vii (Gi (di (di (di (di (di (di (di (di (di (d	
Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 224.22 \$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ -		
Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 102.50 \$ 99.30 \$ 64.06 \$ - \$ -		
Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 99.30 \$ 64.06 \$ - \$ -		
Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 64.06 \$ - \$ -		
Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ - \$ - \$ -		
Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ - \$ -		
Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ -		
Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning			
Monthly Supplies Trash Removal Pest Control Mop Cleaning	\$ 18.75		
Trash Removal Pest Control Mop Cleaning	\$ 72.85		
Pest Control Mop Cleaning	\$ 72.85 \$ 192.19 \$ 99.30 \$ 25.63 \$ 76.88		
Mop Cleaning	\$ 99.30		
	\$ 25.63		
	\$ 76.88		
	Total Supplies & Services	\$	991
	TOTAL DIRECT COSTS	\$	3,38
RECT COST (List all appropriate)			
General Accounting/Bookkeeping Management Overhead (Specify)			
Other (Specify): Business License	\$ 75.00		
Dustrios Electric	TOTAL INDIRECT COSTS	sport-open constitution	\$12
AL DIRECT AND INDIRECT COST		\$	3,394
PROFIT (Please enter percentage:) 6.0	0%	\$	203

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$175.54, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$3,598.10.

#### AT: San Fernando Health Center

DIRECT COST (List each staff class							
Payroll:	FTE*		Rate (avg		Salary		
0	0.00	\$	-	\$	4 700 00		
San Fernando Health Center	1.00	\$ \$	9.94	<u>\$</u> \$	1,729.56		
		Ф	**	<u> </u>	_		
*FTE = Full Time Equivalent	Positions			Total Sala	aries and Wages	\$	1,729.56
Employee Benefits  Medical Insurance	No. of Emp	loyees	1.00	Monthly \$	Cost per FTE (avg	)	
Holiday Reserve			1.00	\$	37.09		
Vacation & Sick Leave	**************************************	ned side on miles of more recommendate.	1.00	\$	97.37		
		************					
\$P\$ 19 19 19 19 19 19 19 19 19 19 19 19 19	NOW THE GOT SEE SEE HER SEE SOO SEE TOO MEET SEE SEE HER SEE HER SEE THE SEE	to 00 to 20 cm on the Gr on co	200 CO, 400 CO 400 CO 400 CO TO 100 TO 600 CO 100	Total Ber	etits		134.47
Payroll Taxes (List all appro	priate, e.g., F	ICA, SUI	, Worker's				
FICA & MDCR				\$	142.60		
FUTA SUB				\$	14.91		
SUI				\$	55.92 37.28		
CGL Wadrada Camp				<u>\$</u> \$			
Worker's Comp	······································		······································	<u> </u>	276.08		
				Total Pay	roll Taxes	\$	526.79
Supplies & Services	# · # # # # # # # # # # # # # # # # # #	140 NO NO 140 NO 150	· · · · · · · · · · · · · · · · · · ·		140 six कर पर इस्त्र प्रकार कर कार की पर जोड़ की तो कर तथ कर है। के तो को की तो की की की की की की की की की की की	(10) (10) (10) (10) (10) (10) (10) (10)	· 44 (19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19
Uniforms				\$	15.38		
Paper Supplies				\$ \$ \$ \$ \$ \$ \$	224.22		
Trash Liners				\$	102.50		
Hand Soaps				\$	99.30		
Walk Off Mats				\$	64.06		
Vehicle/Allowance				\$			
Gas/Oil				\$	**		
Startup Equip				\$	**		
Equip Repair				\$	18.75		
Equip Depreciation				<u> </u>	10.70		
Monthly Supplies				•	72.85		
				<u> </u>	192.19		
Trash Removal				<u> </u>			
Pest Control				\$ \$ \$	99.30		
Mop Cleaning				\$	25.63		
Window Cleaning				\$	76.88		
			,	Total Sup	plies & Services	\$	991.06
				TOTAL D	IRECT COSTS	\$	3,381.88
INDIRECT COST (List all appropria		a este este son star este son este este este este este este	e pio gio spa tite con più qui dec tie tie live live sin	9 KG 900 SIR HIR SIR KG HIR SO 909 GIR 909 HIK SI	w - 44 12 45 46 15 46 16 16 16 16 16 16 16 16 16 16 16 16 16	· (45 145 457 455 455 556 466 465 466 465 465 465 465	हु। जाने होती बता हुंचा बंदा काम होता होता हुंदा हुंदा हुंचा हुंचा बंदा होता होता हैता हैता हैता हैता हैता हैत
General Accounting/Bookkeep							
Management Overhead (Spec	ify)						
Other (Specify):	Business Lice	ense		\$	75.00		
			,	TOTAL IN	IDIRECT COSTS		\$12.55
TOTAL DIRECT AND INDIRECT CO	)ST	e sou dan eeu words eeu vill den see eeu va	5 PER 1800 PER 1500 ART SER (AP. 100) ART SER 1600 ART	n 1700 1870 1870 1870 1870 1870 1870 1870	क क्षम क्षम क्षम का अन्य अंतर व्यक्त स्थार स्थार अन्य अंतर कार क्षम कर का प्रकार का सामन्त्रत वृत्र अवसाया कार कार सात का	0 000 WG 450 000 000 000 000 100 000 0	\$3,394.43
			e 000/			e	203.67
PROFIT (Please enter percen	lage:)	***************************************	6.00%			\$	
TOTAL MONTHLY COSTS						\$	3,598.10

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$175.54, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$3,598.10.

### COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES HOUSEKEEPING SERVICES AGREEMENT

#### Amendment No. 3

This Amendment is made and entered into this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 2010 by and between the COUNTY OF LOS ANGELES (hereafter "County"), and SERVICON SYSTEMS, INC. (hereafter "Contractor").

WHEREAS, on August 10, 2004, the County of Los Angeles and Pedus Service, entered into Agreement No. 75054 to provide Housekeeping Services at High Desert Health System, Antelope Valley Health Center, Lake Los Angeles Community Clinic, Littlerock Community Clinic, South Valley Health Center; and

WHEREAS, on November 21, 2006, the County of Los Angeles approved Amendment No. 1 to assign the rights of the Agreement with Pedus Service to Servicon Systems, Inc., increase cleaning services for the warehouse at Department of Health Services High Desert Health System, and to add housekeeping services at the Department of Public Health's Acton and Warm Springs Health Clinics; and

WHEREAS, on August 25, 2009, the Director exercised delegated authority as provided in Paragraph 8.4, CHANGE NOTICES AND AMENDMENTS, to approve Amendment No. 2 to extend the term of Agreement No. 75054 on a month-to-month basis for six (6) months; and

WHEREAS, Agreement provides that changes in accordance to Paragraph 8.4, CHANGE NOTICES AND AMENDMENTS may be made in the form of an Amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

This Amendment shall become effective March 1, 2010.

1/13/2010

- 2. The Agreement is hereby amended to add Subparagraph 4.5 in Paragraph 4.0, Term of Contract as follows:
  - "4.5 The term of this Contract is extended for an additional six (6) months for the period of March 1, 2010 to August 31, 2010, unless sooner terminated or extended, in whole or in part, as provided in this Contract. The County shall have the sole option to further extend the Contract term on a month-to-month basis, for three (3) months from September 1, 2010 to November 30, 2010. Each such extension shall be exercised at the sole discretion of the Director, or designee."
- 3. The Agreement is hereby amended to add Subparagraph 5.1.1 and Subparagraph 5.1.2 in Paragraph 5.0, Contract Sum, as follows:
  - "5.1.1 For the six (6) month period March 1, 2010, through August 31, 2010, the Contract Sum shall not exceed \$492,754 as shown in Exhibit Budget Summary and Exhibits B-1c, B-2b, B-3a, B-4a, B-5a, B-6, B-7. The 5% monthly Unscheduled Work Fund for the six (6) month period shall be an additional \$24,397, for a total Maximum Contract Sum of \$517,151.
  - 5.1.2 For the three (3) month period from September 1, 2010 through November 30, 2010, the Contract Sum shall not exceed \$246,377 as shown in Exhibit Budget Summary and Exhibits B-1c, B-2b, B-3a, B-4a, B-5a, B-6, B-7. The 5% monthly Unscheduled Work Fund for the three (3) month period shall be an additional \$12,198 for a total Maximum Contract Sum of \$258,575. The Contract Sum grand total for all facilities shall not exceed \$775,726."
- 4. This Agreement is hereby amended to replace Paragraph 5.7, Unscheduled Work Fund as follows:

"In addition to the Contract Sum set forth above, there shall be a yearly unscheduled work fund of up to 5% of the original Contract amount at time of Board approval, equaling \$4,066 per month for emergency or expanded coverage. Use of the unscheduled work funds shall be for Unscheduled Work as follows:

- 5.7.1 "Emergency" is defined as a situation wherein an immediate or quick response is necessary to prevent or lessen injury to persons or property, e.g., earthquake, broken pipes, and time are critical factors.
- 5.7.2 "Expanded" is defined as an unforeseen increase in the need for services, which does not substantially change the amount of scope of coverage, e.g., lengthening of office hours, set forth herein.
- 5.7.3 In both cases, use of the unscheduled work funds must be authorized in writing by County's Project Director, upon prior approval as required in Sub-paragraph 3.8 Unscheduled Work. In no event shall any annual total expenditure exceed the Contract Sum plus the Unscheduled Work Fund without prior express approval of County's Board of Supervisors.
- 5.7.4 The Contractor shall invoice the County for the amounts agreed to between County and Contractor for the Unscheduled Work at the straight time or overtime rate, as applicable. The County must approve the services delivered by the Contractor. If the County does not approve in writing, no payment shall be due to the Contractor."
- 5. Exhibit B-1c, B-2b, B-3a, B-4a, B-5a, B-6, B-7, are attached hereto and incorporated herein by reference.

6. The Agreement is hereby amended to replace Paragraphs 8.24, GENERAL INSURANCE REQUIREMENTS and 8.25, INSURANCE COVERAGE REQUIREMENTS as follows:

#### **"8.24 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE**

Without limiting Contractor's indemnification of County, and in the performance of this Agreement and until all of its obligations pursuant to this Agreement have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in Sections 8.29 and 8.30 of this Agreement. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other Contractual obligation imposed upon Contractor pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Agreement.

#### 8.24.1 Evidence of Coverage and Notice to County

- Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.
- Renewal Certificates shall be provided to County not less than 10 days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Sub-Contractor insurance policies at any time.

- Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Agreement by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Agreement. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, financial rating, the amounts of any policy deductibles or retentions self-insured exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.
- Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions. Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles
Department of Health Services
Contracts and Grants Division
313 N. Figueroa Street, 6E
Los Angeles, CA 90012
Attention: Kathy K. Hanks, C.P.M.
Director, Contract Administration & Monitoring

#### And

County of Los Angeles Department of Health Services Centralized Contract Monitoring Division 5555 Ferguson Drive, Suite 210 Commerce, CA 90022

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third party claim or suit filed against Contractor or any of its Sub-Contractors which arises from or relates to this Agreement, and could result in the filing of a claim or lawsuit against Contractor and/or County.

#### 8.24.2 Additional Insured Status and Scope of Coverage

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

#### 8.24.3 Cancellation of Insurance

Except in the case of cancellation for non-payment of premium, Contractor's insurance policies shall provide, and Certificates shall specify, that County shall receive not less

than thirty (30) days advance written notice by mail of any cancellation of the Required Insurance. Ten (10) days prior notice may be given to County in event of cancellation for non-payment of premium.

#### 8.24.4 Failure to Maintain Insurance

Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Agreement, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Agreement. County, at its sole discretion, may obtain damages from Contractor resulting from said breach.

#### 8.24.5 Insurer Financial Ratings

Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

#### 8.24.6 Contractor's Insurance Shall Be Primary

Contractor's insurance policies, with respect to any claims related to this Agreement, shall be primary with respect to all other sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

#### 8.24.7 Waivers of Subrogation

To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Agreement. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

#### 8.24.8 Sub-Contractor Insurance Coverage Requirements

Contractor shall include all Sub-Contractors as insureds under Contractor's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each Sub-Contractor name the County and Contractor as additional insureds on the Sub-Contractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Sub-Contractor request for modification of the Required Insurance.

#### 8.24.9 Deductibles and Self-Insured Retentions (SIRs)

Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

#### 8.24.10 Claims Made Coverage

If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Agreement. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

#### 8.24.11 Application of Excess Liability Coverage

Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

#### 8.24.12 Separation of Insureds

All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

#### 8.24.13 Alternative Risk Financing Programs

The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

## 8.24.14 County Review and Approval of Insurance Requirements

The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

#### 8.25 INSURANCE COVERAGE

**8.25.1** Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate: \$2 million
Products/Completed Operations Aggregate: \$1 million
Personal and Advertising Injury: \$1 million
Each Occurrence: \$1 million

- **8.25.2 Automobile Liability insurance** (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than \$1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Agreement, including owned, leased, hired, and/or non-owned autos, as each may be applicable.
- 8.25.3 Workers Compensation and Employers' Liability **insurance** or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. applicable to Contractor's operations, coverage also shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law."
- 7. The Agreement is hereby amended to add Paragraphs 8.52 and 8.53 as follows:

# "8.52 CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

8.52.1 Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that

benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

8.52.2 Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this contract will maintain compliance, with Los Angeles Code Chapter 2.206.

# 8.53 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Failure of Contractor to maintain compliance with the requirements set forth in Sub-paragraph 8.52 - Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within 10 days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206."

- 8. This Agreement is hereby amended to add Exhibit O, Chapter 2.206

  Defaulted Property Tax Reduction Program as attached hereto.
- 9. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Chair and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

Chan, Board of Supervisors

ATTEST:

SACHI A. HAMAI Executive Officer of the Board of Supervisors of The County of Los Angeles SERVICON SYSTEMS, INC. CONTRACTOR

By: Keland Malicheran Signature

RICHARD MAHDESIAN

Printed Name

GENERAL MANAGER

APPROVED AS TO FORM:

Andrea Sheridan Ordin County Counsel



I hereby certify that pursuant to Section 25103 of the Government Code, defivery of this document has been made.

SACHER BAMAI Executive Officer

Clerk of the Board of Supervisors

Deputy County Counsel

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FEB 1 6 2010

1/13/2010



#### HOUSEKEEPING SERVICES FOR AGREEMENT #75054 SIX MONTHS (MARCH 1, 2010 - AUGUST 31, 2010) PLUS 3 MONTHS (SEPTEMBER 1, 2010 - NOVEMBER 30, 2010) BUDGET SUMMARY

	High Desert Health System	Antelope Valley HC	Lake Los Angeles Community Clinic	Littlerock Community Clinc	South Valley HC	Acton Health Clinic	Warm Springs Helath Clinc	Totals
Monthly Base Amount by Facility	\$49,802	\$4,807	\$1,145	\$846	\$16,151	\$4,687	\$4,687	\$82,126
Monthly Base 5% Unscheduled Work Fund by Facility	\$2,472	\$240	\$56	\$41	\$788	\$234	\$234	\$4,066
Total 6 Months Amount by Facility	\$298,812	\$28,842	\$6,867	\$5,078	\$96,905	\$28,124	\$28,124	\$492,754
Total 5% Unscheduled Work Fund for 6 Months by Facility	\$14,832	\$1,442	\$335	\$248	\$4,727	\$1,406	\$1,406	\$24,397

Total 6 Months Plus 5% Unscheduled Work Fund For All	\$517,151
Facilities:	·

	High Desert	Antelope	Lake Los	Littlerock	South	Acton Health	Warm Springs	Totals
	Health System	Valley HC	Angeles	Community	Valley HC	Clinic	Helath Clinc	
			Community Clinic	Clinc				
Total 3 Months Amount by Facility	\$149,406	\$14,421	\$3,434	\$2,539	\$48,453	\$14,062	\$14,062	\$246,377
Total 5% Unscheduled Work Fund for 3 Months by Facility	\$7,416	\$721	\$167	\$124	\$2,364	\$703	\$703	\$12,198

Total 3 for Months Plus 5% Unscheduled Work Fund For All Facilities:	\$258,575
Grand Total for 6 Months Plus 3 Months and Unscheduled Work Fund For All Facilities:	\$775,726

AT: High Desert Health System

DIRECT COST (List each staff classificati	ion)						
Payroll:	FTE*		Rate (avo	g) Monthl	y Salary		
Admin/Supervisors	1.00	\$	20.50	\$	3,567.16		
Lead Person	1.00	\$	11.28	\$	1,962.72		
Cleaner	1.00	\$	9.46	\$	1,646.04		
Day Shift	2.90	\$	10.66		5,379.04		
Evening Shift	8.40	\$	10.66	\$	15,580.66		
Graveyard Shift	1.40	\$	10.66	\$	2,596.78		
*FTE = Full Time Equivalent I	Positions			Total Sal	aries and Wages	\$	30,732.38
Employee Benefits	No. of Emp	loyees			y Cost per FTE (avg)		
Medical Insurance	2010-000	······································	15.70		27.89	\$	437.87
Holiday Reserve	****		13.70		41.35	\$	566.50
Vacation & Sick Leave	***************************************	**********************	13.70	\$	149.23	\$	2,044.44
				Total Be	nefits	\$	3,048.81
Payroll Taxes (List all approp	oriate e n Fi	ICA, SIII	l. Worker'	s Compe	asation. etc \	-×	त्र ज्ञ <b>ा</b> क
FICA & MDCR	, o.y., t i	12	· s n m s s t t t t t	\$ 50111pe	2,592.76		
FUTA	***************************************			\$	271.13		
SUI				\$	960.46		
CGL				\$	669.94		
Worker's Comp				\$	2,970.15		
***************************************		- 100 cert (a) 500 cert (b) 000 701 100 200 Au		Total Pa	yroll Taxes	\$	7,464.44
Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning Window Cleaning				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	195.26 \$1,178.75 307.50 \$358.75 256.25 \$0.00 	\$	5,191.84
						Ψ	
awac o aw acano no acopa o san spore 5 to 2 a o 4 a decembro o concepto en o 6 a san	a noi visti dan son vist kan dan sain son son ann ain soin sain sain sin son son soin s	**********		IOTALI	DIRECT COSTS	<u>\$</u>	46,437.47
INDIRECT COST (List all appropriate)  General Accounting/Bookkeepi Management Overhead (Speciform (Specify):		nse		\$ TOTAL I	205.00 NDIRECT COSTS	MATERIAL	\$205.00
TOTAL DIRECT AND INDIRECT COST	क (क्वा  क्वा  क्वा	) (M 40 40 40 60 60 70 70 40 40 60 60 60 60 60 60 60 60 60 60 60 60 60	· \$4 100 00 50 50 50 40 10 70 70 70 70 70 70 70 70 70 70 70 70 70	2000 B & 600 B B B & 2000	, 12 (	\$	46,642.47
PROFIT (Please enter percenta	age:)		6.00%	i ma		\$	2,798.55
TOTAL MONTHLY COSTS						\$	49,802.00

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$2,472.05, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$49,802. Note: Since Exhibit B-1b, an additional Cost for the Hope Clinic has been added in the amount of \$360.98

#### AT: Antelope Valley Health Center

DIRECT COST (List each staff class		i i a contro l'	) _ i _ (	). B. Emmalla I	Calani		
Payroll:	FTE* 0.00	HOURLY F	tate (avg	) Monthly \$	Salary -		
Antelope Valley Health Center	1.00	\$	9.95	\$ \$	1,731.30		
*FTE = Full Time Equivalent	Positions		7	Total Sala	ries and Wages	\$	1,731.30
Employee Benefits  Medical Insurance	No. of Emplo	yees	1.00	Monthly \$	Cost per FTE (avg)	an can com and ank and ank and and and a	HE AND THE STATE OF THE STATE O
Holiday Reserve Vacation & Sick Leave			1.00 1.00	\$ \$	38.02 99.80		
				Total Bene	efits	\$	137.82
Payroll Taxes (List all appropries	oriate, e.g., FIC	A, SUI,	Worker's	\$	142.99		and the control of th
<u>FUTA</u>				\$	14.95		
SUI CGL				<u>\$</u> \$	56.07 37.38		
Worker's Comp				\$	275.23		
			4	Total Payr	oll Taxes	\$	526.62
Supplies & Services	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	70 APP (COL COL) SECTION (COL) APP (COL) APP (COL)	* (i) (i) (ii) (ii) (ii) (ii) (ii) (ii)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	하는 사람은 행 때문에 마음을 취득하면 상으로 하면 중요 다 온데 때 요	0 5 6 6 2 5 3 3 5 5 5	医水色性 经收益 医皮肤 医皮肤 医皮肤 经
Uniforms				\$	15.38		
Paper Supplies Trash Liners				\$	178.97 40.67		
Hand Soaps				<u>\$</u>	32.54		
Walk Off Mats				\$	24.41		
Vehicle/Allowance				\$	138.29		
Gas/Oil				\$	***************************************		
Startup Equip Equip Repair				<u>\$</u>	400		
Equip Depreciation				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	600 Company (Company Company Company Company Company C		
Monthly Supplies				\$	93.58		
Trash Removal				\$	126.91		
Pest Control				\$	61.01		
Mop Cleaning Window Cleaning				\$	143.50		
vviidov oledinig					plies & Services	\$	855.26
					RECT COSTS	\$	3,251.00
INDIRECT COST (List all appropriate General Accounting/Bookkeep		nisi dan sala pan dan dan dan atau atau dan dan atau a	an (15)	स्था कुछ सुंधा था एक एक एक प्रकार व्याप्त व्याप्त प्रकार व्याप्त व्याप्त व्याप्त व्याप्त व्याप्त व्याप्त व्याप	. 184 को तीन का नाम नाम नाम नाम नाम नाम नाम नाम नाम ना		nair dae das sele vide leids dout must dels leine dals falls vide. And dels dels das
Management Overhead (Spec	ify)						
Other (Specify):	Business Licens	se		\$ TOTAL IN	25.00 DIRECT COSTS	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	\$13.43
TOTAL DIRECT AND INDIRECT CO	ST	ald eto and data state and and and that the above	5 CO 100 AN AD 500 CO CO 400 FO FO	***************	<u>価値 33 中心 森 のお の 可 50 の た 参 以 示 25 等 を 12 9 9 9 6 6 6 6 6</u>	\$	3,264.43
PROFIT (Please enter percent	age:)	ACCOMPRISON ACCOMPRISON FOR CONTRACT OF THE CO	6.00%			\$	195.87
TOTAL MONTHLY COSTS						\$	4,807.06

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$240.35, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$4,807.06. NOTE: Since Exhibit B-2a, an additional 4 hrs per day, 5 days per week to be completed by 9p for Security Reasons has been added in the amount of \$1,346.76

AT: Lake LA Primary Care Clinic

Payroll:	FTE*		Rate (avg)	Monthly	Salary		
0	0.00	\$	-	\$	-		
Lake LA Primary Care Clinic	0.30	<u>\$</u> \$	9.95	\$	519.39		
		\$	***************************************	\$			
*FTE = Full Time Equivalent F	ositions		***	Total Salaı	ries and Wages	\$	519.39
Employee Benefits	No. of Emp	loyees	क्र कर हान बड़ा हान हार हान नहीं कर कर हान तक हुक बड़		Cost per FTE (avg)	***************************************	
Medical Insurance			0.30	\$			
Holiday Reserve	***********************	*****************	0.30	\$	38.02		
Vacation & Sick Leave	***************************************		0.30	\$	99.80		
33.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	M 25 40 24 40 54 60 60 50 60 50 50 50 40 40 40 40 50 50 50 50	2000050555	of all 1995 this distribution and and and all 1995 are are all 1995 the all 1995 th	Total Bene	efits	<u>\$</u>	41.3
Payroll Taxes (List all approp FICA & MDCR	riate, e.g., Fl	CA, SUI, \	Norker's	Compensa \$	ation, etc.) 42.90		
FUTA				\$	4.49		
SUI				\$	16.82		
CGL				\$	14.02		
Worker's Comp				\$	93.77		
				Total Payr	oll Taxes	\$	157.9
Supplies & Services	(C)		2022232405522	沙奇克德国教育集器常常等等等	भुभ तक्ष्म प्रभाव कुप दक्ष व्यव व्यव व्यव व्यव व्यव व्यव दक्ष तोते तोते तोते तक्षेत्र तेते तेते तीत विव विव विव	9 C F C C C C C C C C C C C C C C C C C	
Uniforms				\$	4.61		
Paper Supplies				\$	53.69		
Trash Liners				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	12.20		
Hand Soaps				\$	9.76		
Walk Off Mats				\$	7.32		
Vehicle/Allowance				\$	41.49		
Gas/Oil				\$	## ###################################		
Startup Equip				\$			
Equip Repair				\$	44		
Equip Depreciation				<u>\$</u>			
Monthly Supplies				\$	28.07		
Trash Removal				<u>\$</u>	38.07		
Pest Control				<u>\$</u>	18.31		
Mop Cleaning Window Cleaning				\$	143.50		
Ŭ							
				Total Sup	olies & Services	\$	357.
					RECT COSTS	\$	
RECT COST (List all appropriat General Accounting/Bookkeepi Management Overhead (Specif	ng fy)	न्त्र तक कर्म वक्त क्षेत्र क्षेत्र क्ष्म क्ष				xxxxxixxxxxxxx	
General Accounting/Bookkeepi Management Overhead (Specif	ng	nse	प्रकार के का का का का का की की वह का का क	TOTAL DI		xxxxxixxxxxxxx	1,075.
General Accounting/Bookkeepi Management Overhead (Specif	ng fy) Business Lice	nse	प्रकार के का का का का का की की वह का का क	TOTAL DI	25.00	xxxxxixxxxxxxx	1,075. \$4.
General Accounting/Bookkeepi Management Overhead (Specif Other (Specify):	ng fy) Business Lice	nse	प्रकार के का का का का का की की वह का का क	TOTAL DI	25.00		\$4.6 1,079.1

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$55.83, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$1,144.56.

**AT: Littlerock Community Clinic** 

CT COST (List each staff class Payroll:	FTE*	Hourly	Rate (avg	) Monthly	Salary		
0	0.00	\$	aine	\$			
Littlerock Community Clinic	0.20	\$	9.95	\$	346.26		
*FTE = Full Time Equivalent	Positions	name dissense or consense or c		Total Sala	ries and Wages	\$	346.2
Employee Benefits  Medical Insurance	No. of Emp	loyees	0.20	Monthly \$	Cost per FTE (avg)		alter olde van del selle can make ann sys eye.
Holiday Reserve Vacation & Sick Leave			0.20 0.20	\$	38.02 99.80		
vacation a dick Leave	CONCONTRACTOR Approximent (Advisor Approximent (Adv	***************************************		Total Bene		\$	27.5
Payroll Taxes (List all appro	priate, e.g., Fl	ICA, SUI,	Worker's			III 63 43 53 60 10 54 34 36 62 50 60 6	o-voj, kiĝi gijo ĝijo 220 820 ŝijo ciĝi ciĝi ĉiĝi ĝijo
FICA & MDCR FUTA		······································	<del></del>	<u>\$</u> \$	28.60 2.99		
SUI		<del></del>		\$	11.21		
CGL	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	<del></del>	*************************************	\$	9.35		
Worker's Comp				\$	53.19		
				Total Payı	oll Taxes	_\$	105.3
Supplies & Services	3 (43) (43) (43) (43) (43) (43) (43) (43	a कर रहत रहत सहा रहत तहा प्रकार कर कर रहत सह	3 (File and 19)	· communication of the communi		gran 4 20 13 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10	0 M (10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Uniforms Paper Supplies				<u>\$</u>	3.08 35.79		
Trash Liners				\$	8.14		
Hand Soaps				\$	6.51		
Walk Off Mats				\$	4.88		
Vehicle/Allowance				\$	27.65		
Gas/Oil				\$	**		
Startup Equip				\$			
Equip Repair				<u>¢</u>			
Equip Depreciation  Monthly Supplies				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	18.72		
Trash Removal				\$	25.38		
Pest Control				\$	12.20		
Mop Cleaning				\$			
Window Cleaning				\$	174.25		
				Total Sup	plies & Services	\$	316.0
							V 1 V 1
	a (15), page and the disk and and any gap has the gall also day that the disk of the disk	11 하 약 전 한 교육 전 교육 제 중 전 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기		TOTAL DI	RECT COSTS	\$	**************************************
RECT COST (List all appropria General Accounting/Bookkeep	ping	医骨骨炎 医乳蛋白 医骨盆		TOTAL DI	RECT COSTS	\$ 1000 DIST, M. CO SHI, SP 20 00 00	tanaan ka sa
General Accounting/Bookkeep Management Overhead (Spec	ping cify)	회 수 한 전 의 각 후 때 국 학 때 제 작 수		a ang 200 ang 300 ang 300 ang 300 ang 400 ang 400 ang 400 ang		\$ can sep pas set per sen cer set can the	tanaan ka sa
General Accounting/Bookkeep	ping	noosononaanaa inse		\$	25.00 DIRECT COSTS		795.
General Accounting/Bookkeep Management Overhead (Spec	ping cify) Business Lice	PISE		\$	25.00	\$	795.7
General Accounting/Bookkeep Management Overhead (Spec Other (Specify):	ping bify) Business Lice	nse		\$	25.00		\$2.6 798.4 798.4

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$41.29, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$846.36.

AT: South Valley Health Clinic

DIRECT COST (List each staff class		dentify Ha	icility Here)	)			
Payroll:	FTE*	Hourly	Rate (avg)	Monthly	Salary		
South Valley Health Clinic	4.80	\$	9.963	\$	8,321.09		
	(solitate) di minima sersi di di di manusususe e suche di seleta e sugi	Europe de solución de la conferencia del la conferencia de la conferencia del la conferencia del la conferencia de la conferencia del la confere		Total Sala	ries and Wages	\$	8,321.09
*FTE = Full Time Equivalent	Positions						
Employee Benefits  Medical Insurance  Holiday Reserve	No. of Emp	loyees	en anticologica de la companio de l	Monthly	Cost per FTE (avg	)	
Vacation & Sick Leave					остория выдражения от при		
			Sag	Total Ben	efits	\$	662.95
Payroll Taxes (List all appro	priate, e.g., Fl	CA, SUI,	Worker's	Compens	ation, etc.)	eine eine eine mein mein bien eine pan tete keer der de	als main, solie scher
FUTA & MIDER				direct standard of the contract of the contrac			
SUI							
CGL Worker's Comp		democratical and the second second		talamentine in this in the comment of the comment			
vvolvol o comp				Total Pavi	roll Taxes	\$	2,515.53
	also, case felle side mon-dres eiler des side side side side leny des side side side des des	3 (10) (10) (10) (10) (10) (10) (10) (10)	a 55 cd 54 55 56 55 56 56 56 56 56 56 56 56 56 56		, no en 10 an en	, es es es es es es es es	
Supplies & Services Uniforms				<b>ም</b>	72.00		
Paper Supplies				S   S   S   S   S   S   S   S   S   S	73.80 859.05		
Trash Liners				\$	195.24		
Hand Soaps				\$	156.19		
Walk Off Mats				\$	117.15		
Vehicle/Allowance				\$	663.81		
Gas/Oil				\$			
Startup Equip				\$			
Equip Repair Equip Depreciation				<u>Ф</u>			
Monthly Supplies				\$	449.21		
Trash Removal				\$	609.15		
Pest Control				\$	292.85		
Mop Cleaning				a control quantitative for the control control			
Window Cleaning				\$	256.25		
			**	Total Sup	plies & Services	\$	3,672.70
	අතර අතුර රාස අතුර කරන කරන අතුර අතුර අතුර කරන කරන එක්ක එක එක්ක එක එක්ක එක කරන එක්ක එක	e tion kilde kilon qiliw totin (ilike kililir mise ekili kililir kilon kilil	00 00 MBH 1644 MBH 1652 MBH 1655	TOTAL DI	RECT COSTS	\$ 100 00 00 00 00 00 00 00 00 00 00 00 00	15,172.27
INDIRECT COST (List all appropria							
General Accounting/Bookkeep							
Management Overhead (Speci	īy) Business Lice	~~~		ው	25.00		
Other (Specify):	Dusiness Lice	IISE	7	TOTAL IN	25.00 DIRECT COSTS	elementario se serimentario estratorio del	\$64.44
TOTAL DIRECT AND INDIRECT CO	ST	9 (50) (60) (50) (50) (50) (50) (50) (50) (50) (5	) (마 선 리 리 의 상 선 선 수 유 규 <i>유</i> 현 교 표	त का न्या का का श्री का न्या का का का का न्या का	: (C)	500 00 00 00 00 00 00 00 00 00 00 00 00	\$15,236.71
PROFIT (Please enter percent	age:)		6.00%			\$	914.20
TOTAL MONTHLY COSTS						***************************************	\$16,150.91

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$787.85 for emergency or expanded services only, which is over and above the Total Monthly Costs of \$16,150.91.

AT: Acton Health Clinic

AT:	<b>Acton Health Clir</b>	nic			
<b>DIRECT COST</b> (List each staff cla	ssification)				
Payroll:	FTE*	Hourly Rate	e (avg Monthly Salary		
0	0.00	\$ -	\$ -		
0	0.00	\$ -			
0	0.00	\$ - \$ 9.46	\$		
Housekeeper	1.40	\$ 9.46	\$ 2,304.46		
Floorcare	0.07	\$ 9.46	\$ 113.64		
	**************************************		APPROXIMATION OF THE CONTRACT		
			Total Salaries and Wages	\$\$	2,418.10
*FTE = Full Time Equivalent Po	sitions	0-40-52 40-40 NA	经分价分分分分分 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎	a othe sout was not sent one does not some sout of	99###############
Employee Benefits	No. of Employees		Monthly Cost per FTE	(avg)	
Medical Insurance		1.47	\$		
Holiday Reserve	***************************************	1.47			
Vacation & Sick Lea	4	1.47	\$ 94.96		
			Total Benefits	\$	192.65
Payroll Taxes (List all appropri	ate. e.g. FICA SUL Wo	rker's Comr	nensation etc )		39 A C C C C C C C C C C C C C C C C C C
FICA & MDCR	a.c., o.g., 1 10/1, 001, 110	inoi a comp	\$ 199.72		
FUTA			\$ 20.89		
SUI			\$ 3.92		
CGL		***************************************	\$ 41.77		
Worker's Comp			\$ 295.01		
	<del>(************************************</del>		Total Payroll Taxes	\$	717.96
		do afor act act act and act	OCCOLICYIVII ICACO		/1/.30
Supplies & Services					
Uniforms			\$ 14.69		
Paper Supplies			\$ 600.00		
Trash Liners			\$ -		
Hand Soaps			\$ -		
Walk Off Mats			\$ -		
Vehicle/Allowance			\$ -		
Gas/Oil			\$ -		
Startup Equip			\$ -		
Equip Repair			\$ -		
Equip Depreciation			\$ -		
Monthly Supplies			\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		
Trash Removal			\$ -		
Pest Control			\$		
P.Lot Sweeping			\$ -		
Window Cleaning			\$ 110.00		
			Total Supplies & Services	\$	959.66
			TOTAL DIRECT COSTS	\$\$	4,288.37
INDIDECT COCT / L II	*****		무슨 사용을 가지 무용성 가지 않는 수 있는 수 있는 무슨 있는 무슨 있는 무슨 있는 무슨 있는 무슨 없는 무슨 있는 무슨 것이 되었다.	** AND	NO NO CONTRACTOR AND NOT BEEN AND NOT BEEN
INDIRECT COST (List all appropri					
General Accounting/Bookkeeping					
Management Overhead (Specify)			<b>*</b>		
Other (Specify): Business Li	cense		TOTAL INDIDECT COSTS		\$404.50
		12 400 HB NO 121 NO 500 HD 714 NO AND AND AND AND	TOTAL INDIRECT COSTS		<u>\$124.53</u>
TOTAL DIRECT AND INDIRECT C	OST			\$	4,412.90
PROFIT (Please enter percentage	e:)	6.22%		\$	274.48
TOTAL MONTHLY COSTS				œ	A CO7 20
IOTAL MORITILI COSTS				\$	4,687.38

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$234.37, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$4,687.38.

#### AT: Warm Springs Health Clinic

DIDECT COST (Liet cook atoff place	nifi nation \						
<u>DIRECT COST</u> (List each staff class Payroll:	FTE*	Hourly F	Pata (ava	) Monthly	, Colon,		
0	0.00	\$	raic (avg.	\$ \$	y Salai y		
0	0.00	\$		\$			
0	0.00	\$	**	\$	•		
Housekeeper	1.40	\$	9.46	\$	2,304.46		
Floorcare	0.07	\$	9.46	\$	113.64		
	***************************************	***************************************		annimme and a second			
*FTE = Full Time Equivalent	Positions		٦	Total Sala	ries and Wages	\$	2,418.10
Employee Benefits  Medical Insurance	No. of Emp	loyees	1.47	Monthly \$	y Cost per FTE (avg	J)	5 (4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Holiday Reserve	***************************************		1.47	\$	36.18		
Vacation & Sick Leave	***************************************		1.47	\$	94.96		
			٦	Γotal Ben	efits	\$	192.65
	*	************	**********				
Payroll Taxes (List all appro FICA & MDCR	priate, e.g., F	ICA, SUI,	Worker's	s Comper \$	nsation, etc.) 199.72		7.65%
FUTA	***************************************			\$	20.89		0.80%
SUI	**************************************			\$	78.32		3.00%
CGL	· · · · · · · · · · · · · · · · · · ·			\$	65.27		2.50%
Worker's Comp		***************************************	***************************************	\$	365.51		14.00%
		***************************************	η	***************************************	roll Taxes	¢	
	## ## ## ## ## ## ## ## ## ## ## ## ##	*********		otal Fayl	OII 14X42	\$	717.96
Supplies & Services							
Uniforms				\$	14.69		
Paper Supplies					600.00		
Trash Liners				\$	**		
Hand Soaps				\$	-		
Walk Off Mats				\$	<b>Va</b>		
Vehicle/Allowance				\$	**		
Gas/Oil				\$	wa		
Startup Equip				\$	-		
Equip Repair				\$	-		
Equip Depreciation				\$	*		
Monthly Supplies				\$	234.97		
Trash Removal				\$			
Pest Control				\$	-		
P.Lot Sweeping				\$	-		
Window Cleaning				\$	110.00		
			9	Total Sup	plies & Services	\$	959.66
			٦	TOTAL DI	RECT COSTS	\$	4,288.37
INDIRECT COST (List all appropriat	te)		*********	10-20-20-20-20-20-20-20-20-20-20-20-20-20	· 斯内尔·尔·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·	*********	****************
General Accounting/Bookkeep							
Management Overhead (Spec							
	Business Lice	nse		\$	124.53		
,			1	TOTAL IN	DIRECT COSTS	***************************************	\$124.53
TOTAL DIRECT AND INDIRECT CO	ST	************	· 新草科 体表 淡湖 歌 禅 悠 知為	14 at a a a a a a a a a a a a a a a a a a	<b>洲外外亚环科科泰斯特斯姆斯斯</b> 斯 <b>的 经收益的 经</b>	\$	4,412.90
PROFIT (Please enter percent	age:)		6.22%			\$	274.48
TOTAL MONTHLY COSTS						\$	4,687.38

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$234.37, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$4,687.38.

## COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES HOUSEKEEPING SERVICES AGREEMENT

#### Amendment No. 4

WHEREAS, on August 10, 2004, the County of Los Angeles and Pedus Service, entered into Agreement No. 75055 to provide Housekeeping Services at Harbor UCLA Medical Center, and Long Beach Comprehensive Health Center; and

WHEREAS, on March 21, 2006, the County of Los Angeles approved Amendment No. 1 to add housekeeping services at the Lomita Family Health Center and increase housekeeping services for Harbor-UCLA Medical Center's Urgent Care Clinic and increase parking lot sweeping services; and

WHEREAS, on November 21, 2006, the County of Los Angeles approved Amendment No. 2 to assign the rights of the Agreement with Pedus Service to Servicon Systems, Inc.; and

WHEREAS, on August 25, 2009, the Director exercised delegated authority as provided in Paragraph 8.4, CHANGE NOTICES AND AMENDMENTS, to approve Amendment No. 3 to extend the term of Agreement No. 75055 on a month-to-month basis for six (6) months; and

WHEREAS, Agreement provides that changes in accordance to Paragraph 8.4, CHANGE NOTICES AND AMENDMENTS may be made in the form of an Amendment which is formally approved and executed by the parties.

1/13/2010

NOW, THEREFORE, the parties agree as follows:

- 1. This Amendment shall become effective March 1, 2010.
- 2. The Agreement is hereby amended to add Subparagraph 4.5 in Paragraph 4.0, Term of Contract as follows:
  - "4.5 The term of this Contract is extended for an additional six (6) months for the period of March 1, 2010 to August 31, 2010, unless sooner terminated or extended, in whole or in part, as provided in this Contract. The County shall have the sole option to further extend the Contract term on a month-to-month basis, for three (3) months from September 1, 2010 to November 30, 2010. Each such extension shall be exercised at the sole discretion of the Director, or designee."
- 3. The Agreement is hereby amended to add Subparagraph 5.1.1 and Subparagraph 5.1.2 in Paragraph 5.0, Contract Sum, as follows:
  - "5.1.1 For the six (6) month period March 1, 2010, through August 31, 2010, the Contract Sum shall not exceed \$2,510,597 as shown in Exhibit Budget Summary and Exhibits B-1c, B-2a, B-3. The 5% monthly Unscheduled Work Fund for the six (6) month period shall be an additional \$115,310, for a total Maximum Contract Sum of \$2,625,906.
  - 5.1.2 For the three (3) month period from September 1, 2010 through November 30, 2010, the Contract Sum shall not exceed \$1,255,298 as shown in Exhibit Budget Summary and Exhibits B-1c, B-2a, B-3. The 5% monthly Unscheduled Work Fund for the three (3) month period shall be an additional \$57,655 for a total Maximum Contract Sum of \$1,312,953. The Contract Sum grand total for all facilities shall not exceed \$3,938,860."

- 4. This Agreement is hereby amended to replace Paragraph 5.7, Unscheduled Work Fund as follows:
  - "In addition to the Contract Sum set forth above, there shall be a yearly unscheduled work fund of up to 5% of the original Contract amount at time of Board approval, equaling \$19,218 per month for emergency or expanded coverage. Use of the unscheduled work funds shall be for Unscheduled Work as follows:
  - 5.7.1 "Emergency" is defined as a situation wherein an immediate or quick response is necessary to prevent or lessen injury to persons or property, e.g., earthquake, broken pipes, and time are critical factors.
  - 5.7.2 "Expanded" is defined as an unforeseen increase in the need for services, which does not substantially change the amount of scope of coverage, e.g., lengthening of office hours, set forth herein.
  - 5.7.3 In both cases, use of the unscheduled work funds must be authorized in writing by County's Project Director, upon prior approval as required in Sub-paragraph 3.8 Unscheduled Work. In no event shall any annual total expenditure exceed the Contract Sum plus the Unscheduled Work Fund without prior express approval of County's Board of Supervisors.
  - 5.7.4 The Contractor shall invoice the County for the amounts agreed to between County and Contractor for the Unscheduled Work at the straight time or overtime rate, as applicable. The County must approve the services delivered by the Contractor. If the County does not approve in writing, no payment shall be due to the Contractor."
- 5. Exhibit B-1c, Exhibit B-2a, Exhibit B-3, are attached hereto and incorporated herein by reference.

6. The Agreement is hereby amended to replace Paragraphs 8.24, GENERAL INSURANCE REQUIREMENTS and 8.25, INSURANCE COVERAGE REQUIREMENTS as follows:

#### "8.24 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE

Without limiting Contractor's indemnification of County, and in the performance of this Agreement and until all of its obligations pursuant to this Agreement have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in Sections 8.29 and 8.30 of this Agreement. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other Contractual obligation imposed upon Contractor pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Agreement.

#### 8.24.1 Evidence of Coverage and Notice to County

- Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.
- Renewal Certificates shall be provided to County not less than 10 days prior to Contractor's policy expiration dates.
   The County reserves the right to obtain complete, certified

- copies of any required Contractor and/or Sub-Contractor insurance policies at any time.
- Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Agreement by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Agreement. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, financial rating, the amounts of any policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.
- Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.

  Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles
Department of Health Services
Contracts and Grants Division
313 N. Figueroa Street, 6E
Los Angeles, CA 90012
Attention: Kathy K. Hanks, C.P.M.
Director, Contract Administration & Monitoring

#### And

County of Los Angeles Department of Health Services Centralized Contract Monitoring Division 5555 Ferguson Drive, Suite 210 Commerce, CA 90022

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third party claim or suit filed against Contractor or any of its Sub-Contractors which arises from or relates to this Agreement, and could result in the filing of a claim or lawsuit against Contractor and/or County.

#### 8.24.2 Additional Insured Status and Scope of Coverage

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the

County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

#### 8.24.3 Cancellation of Insurance

Except in the case of cancellation for non-payment of premium, Contractor's insurance policies shall provide, and Certificates shall specify, that County shall receive not less than thirty (30) days advance written notice by mail of any cancellation of the Required Insurance. Ten (10) days prior notice may be given to County in event of cancellation for non-payment of premium.

#### 8.24.4 Failure to Maintain Insurance

Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Agreement, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Agreement. County, at its sole discretion, may obtain damages from Contractor resulting from said breach.

#### 8.24.5 Insurer Financial Ratings

Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

#### 8.24.6 Contractor's Insurance Shall Be Primary

Contractor's insurance policies, with respect to any claims related to this Agreement, shall be primary with respect to all other sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

#### 8.24.7 Waivers of Subrogation

To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Agreement. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

#### 8.24.8 Sub-Contractor Insurance Coverage Requirements

Contractor shall include all Sub-Contractors as insureds under Contractor's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each Sub-Contractor name the County and Contractor as additional insureds on the Sub-Contractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Sub-Contractor request for modification of the Required Insurance.

#### 8.24.9 Deductibles and Self-Insured Retentions (SIRs)

Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

#### 8.24.10 Claims Made Coverage

If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Agreement. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

#### 8.24.11 Application of Excess Liability Coverage

Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

#### 8.24.12 Separation of Insureds

All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

#### 8.24.13 Alternative Risk Financing Programs

The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

# 8.24.14 County Review and Approval of Insurance Requirements

The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

#### 8.25 INSURANCE COVERAGE

**8.25.1** Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate: \$2 million
Products/Completed Operations Aggregate: \$1 million
Personal and Advertising Injury: \$1 million
Each Occurrence: \$1 million

**8.25.2 Automobile Liability insurance** (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than \$1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Agreement, including owned, leased, hired, and/or non-owned autos, as each may be applicable.

- 8.25.3 Workers Compensation and Employers' Liability **insurance** or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. applicable to Contractor's operations, coverage also shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law."
- 7. The Agreement is hereby amended to add Paragraphs 8.52 and 8.53 as follows:

# "8.52 CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

8.52.1 Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

8.52.2 Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this contract will maintain compliance, with Los Angeles Code Chapter 2.206.

# 8.53 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Failure of Contractor to maintain compliance with the requirements set forth in Sub-paragraph 8.52 - Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within 10 days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206."

- 8. This Agreement is hereby amended to add Exhibit O, Chapter 2.206

  Defaulted Property Tax Reduction Program as attached hereto.
- 9. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Chair and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

Char, Board of Supervisors

ATTEST:

SACHI A. HAMAI Executive Officer of the Board of Supervisors of The County of Los Angeles SERVICON SYSTEMS, INC. CONTRACTOR

By: Richard Molderian
Signature
RICHARD MAHDESIAN

Printed Name

GENERAL MANAGER

Ini the man

APPROVED AS TO FORM:

Andrea Sheridan Ordin County Counsel

**Deputy County Counsel** 



I hereby certify that pursuant to on 25103 of the Government Co

SACHUA Executive Officer

Clark of the Board of Supervisors

16

FEB 1 6 2010

1/13/2010

13

AT: Harbor-UCLA Medical Center

DIRECT COST (List each staff classi	fication\				
Payroll:		urly Rate (avo	g) Monthly Salary		
Director & Associate		31.25	\$ 10,875.00		
Supervisors	2.00 \$ 8.00 \$	15.30	\$ 21,304.13		
Administartive Asst.	1.00 \$	12.60	\$ 2,192.40		
Housekeeper I & II	115.00 \$	9.74	\$ 194,897.40		
Urgent Care Additional Hours	0.70 \$	9.74	\$ 1,462.10		
Ç .					
*FTE = Full Time Equivalent P	ositions		Total Salaries and Wages	\$	230,731.03
Employee Benefits	No. of Employee		Monthly Cost per FTE (avg)		
Medical Insurance		126.70	\$ 188.72		
Holiday Reserve	***************************************	115.70	\$ 37.24		
Vacation & Sick Leave		115.70	\$ 135.53		
			Total Benefits	\$	43,900.74
Dayroll Tayoc / Liet all approp	rioto o a EICA	Cili Morkor			THE REA BOD SEC HER STRE GET HER SEC HER SEC SEC SEC
Payroll Taxes (List all appropriate of the FICA & MDCR	nate, e.y., FIVA,	JUI, WOIKET	\$ 21,009.33		
FUTA		····	\$ 2,197.05		
SUI			\$ 8,238.95		
CGL		····	\$ 6,865.79		
Worker's Comp			\$ 26,697.97		
			20,007.07		
			Total Payroll Taxes	\$	65,009.10
Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning Window Cleaning Parking Lot Sweeping Addtl. Da	ys		\$ 1,178.75 \$0.00 \$ - \$0.00 \$ - \$358.75 \$ - \$ 153.75 \$ - \$ 7,280.01 \$3,843.75 \$492.00 \$ 512.50 \$ 307.50 1,780.00 Total Supplies & Services	\$	15,907.01
			TOTAL DIRECT COSTS	\$	355,547.88
INDIRECT COST (List all appropriate General Accounting/Bookkeepir Management Overhead (Specify Other (Specify): Br	ng	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 175.00	de det hile des ett nor ein den son me	
	200 HO CON 100 HO CON	or that that has have now him told him was now how some the see this high the b	TOTAL INDIRECT COSTS	20 COM 2020 1120 1120 1120 1120 1120 1120 112	\$179.38
TOTAL DIRECT AND INDIRECT COS	•			\$	355,727.26
PROFIT (Please enter percenta	ge:)	6.00%		\$	21,343.64
TOTAL MONTHLY COSTS				\$	397,750.90

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$18,200.36, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$397,750.90.

NOTE Since Exhibit B-1b, additional Cost for the transport of trash from old loading dock to new loading dock (5 full time employees- \$18,180 per month and lease of truck-\$2,500 per month for a total of \$20,680 per month)

AT: Long Beach Comp. Health Center

DIRECT COST (List each staff clas	cification)					
Payroll:	FTE*	Hourly E	Data /ava	Monthly Salary		
0			-	· · · · · · · · · · · · · · · · · · ·		
-	0.00	\$	*	\$ -		
0	0.00	\$	-	\$		
0	0.00	\$		\$		
Day Porter	2.00	\$	8.53	\$ 2,968.44		
Cleaners	2.40	\$	8.53	\$ 3,562.13		
				·		
*FTE = Full Time Equivalent	Positions			Total Salaries and Wages	\$	6,530.57
					en- acc ar- ar- ar- ar- ar- ar- ar-	ear last load early elith dids elith
Employee Benefits	No. of Emp	loyees		Monthly Cost per FTE (avg)		
Medical Insurance			4.40			
Holiday Reserve	***************************************	-	4.40			
Vacation & Sick Leave			4.40	\$ 57.07		
				Total Benefits	\$	1,267.42
## ## ## ## ## ## ## ## ## ## ## ## ##				n 值 销 图 对 应 图 图 图 图 图 图 经 经 对 四 和 明 明 经 经 经 任 和 和 和 和 的 特 和 和 的 和 的 如 如 如 如 如 如 如 如 如 如 如 如 如 如 如		Side Side Side Side Side Side Side Side
Payroll Taxes (List all appro	priate, e.g., F	ICA, SUI,	worker'			
FICA & MDCR	***************************************			\$ 596.55		
FUTA			***************	\$ 62.38		
SUI				\$ 233.94		
CGL				\$ 194.95		
Worker's Comp				\$ 871.05		
				***************************************		
				Total Payroll Taxes	\$	1,958.87
현재 프로프 라크 프로프 (III) III III III III III III III III I	or size and may sent the 200 time not and can state with size that also state with	1 X1 57 58 58 58 58 59 59 59 59 59 59	1 221 AND	N 3 音点 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 ED 113 (21.00 ON ES 173.00 ED 03	200 MIN SEE HER HER HER COO HER WELL HER
Supplies & Services						
Uniforms				\$ 45.10		
Paper Supplies				\$1,537.50		
Trash Liners				\$ 256.25		
Hand Soaps				\$205.00		
Walk Off Mats				\$ 205.00		
Vehicle/Allowance						
				\$0.00		
Gas/Oil				\$ -		
Startup Equip						
Equip Repair				\$0.00		
Equip Depreciation				\$ 36.08		
Monthly Supplies				\$ 519.28		
Trash Removal				\$871.25		
Pest Control				\$246.00		
Mop Cleaning				\$ 51.25		
Window Cleaning				\$ 179.38		
,,,,,do,, olodining				170.00		
				Total Supplies & Services	\$	4,152.09
				TOTAL DIRECT COSTS	\$	13,908.95
	e am ties and an ties date date date date date date date date		****	· 克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克	- 100 Per 100	720 NO NO NO DO 200 NO NO NO NO
INDIRECT COST (List all appropria						
General Accounting/Bookkeep						
Management Overhead (Spec						
Other (Specify):	Business Lice	nse		\$ 100.00		
				TOTAL INDIRECT COSTS		\$102.50
	r file 160 fan hal fâ'r fan tro syn ym ean ean yn yng east yng egy egy egy egy egy egy egy egy egy	20 50 10 10 10 10 10 10 10 10 10 10 10 10 10	60 TO 60 TO 60 TO 101 TO 60 TO 60 TO 60 TO	***************************************		OR TO ST ST ST ST ST ST ST ST
TOTAL DIRECT AND INDIRECT CO	ST				\$	14,011.45
PROFIT (Please enter percent	tage:)		6.00%		\$	840.69
TOTAL MONTHLY COSTS					\$	14,852.14

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$726.45, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$14,852.14.

## BUDGET SHEET FOR HOUSEKEEPING SERVICES AT: Lomita Family Health Center

Payroli:	FTE.	Hou	riv Rate /	av Month	ily Salary			
*		\$	ny nata (	\$	ily Salaty			
	***********	\$	_	- <del>- \$</del>	-			
	-	\$	-	- <u> </u>				
Day Porter	1.00	\$	9.70		1,687.80			
PM Cleaner	1.00	\$	10.20		1,774.80			
	***************************************				(1114,50			
*FTE = Full Time Equival	ent Position	าร		Total S	alaries and V	Vages	\$	3,462.60
Employee Benefits Medical Insurance	No. of Emp	oloye			nly Cost per F	TE (avg)	*****	-PT THE OP THE PLAN AND AND THE SEA SEA SEA SEA OF AN AD AND AND AND AND AND AND AND
Holiday Reserve	-		2.00					
Vacation & Sick Leave	-		2.00		266.35			
Agration of Sick Feate	***************************************		2.00	\$	95.13			
27				Total B	enefits		\$	361.48
Payroll Taxes (List all ap	propriate, e	.g., F	ICA, SU	l, Worke	r's Compens	ation, etc	 :.)	The Co-America All (S) are set the site and which has Alphan and the
FICA & MDCR			•	5	292.54	7.65%	-1	
FUTA				\$	30.59	0.80%		
SUI			***************************************	\$	114.72	3.00%		
CGL				\$	95.60	2.50%		
Worker's Comp				\$	537.28	14.05%		
					ayroll Taxes		\$	1,070.74
	**********	*****				*******		*************************
Supplies & Services								
Uniforms				\$	20.00			
Paper Supplies								
Trash Liners				\$	-			
Hand Soaps								
Walk Off Mats				\$				
Vehicle/Allowance								
Gas/Oil				\$	-			
Startup Equip				\$	72.00			
Equip Repair				***************************************				
Equip Depreciation				\$	78.93			
Monthly Supplies				\$	305.93			
Trash Removal								
Pest Control				***************************************				
Mop Cleaning				\$	-			
Window Cleaning	,			\$	-			
				Total Si	upplies & Se	rvices	\$	476.86
				TOTAL	DIRECT COS	STS	\$	5,371.68
ECT COST / 1-4 -11						**********		***********
ECT COST (List all appro								
General Accounting/Bookke								
Management Overhead (Sp								
Other (Specify): Bi	usiness Lice	nse			95.60			
7-700000000000000000000000000000000000				TOTAL	INDIRECT CO	STSC		\$95.60
DIRECT AND INDIRECT	COST	*****	***********		hat the like up for any til men up og for his til gegynn syrian ha	- Car Vin (1900) (190 (190 (190 (190 (190 (190 (190 (190		\$5,467.28
IDACIT (DI								
	entage:)		6.63%				\$	362.44
ROFIT (Please enter perc								
MONTHLY COSTS								\$5,829.72

NOTE: The Total Monthly Unscheduled Work Fund(Sub-paragraph 5.7 in Agreement) Cost is \$291.49, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$5,829.72.

## COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES HOUSEKEEPING SERVICES AGREEMENT

#### Amendment No. 4

WHEREAS, on August 10, 2004, the County of Los Angeles and Pedus Service, entered into Agreement No. 75056 to provide Housekeeping Services at DHS Administrative Offices-Commerce, El Monte Comprehensive Health Center, La Puente Health Center, Ruth Temple Health Center, and Whittier Public Health Center; and

WHEREAS, on November 21, 2006, the County of Los Angeles approved Amendment No. 1 to assign the rights of the Agreement with Pedus Service to Servicon Systems, Inc. and Amendment No. 2 to add housekeeping services at the Department of Public Health's Public Health Laboratory; and

WHEREAS, on August 25, 2009, the Director exercised delegated authority as provided in Paragraph 8.4, CHANGE NOTICES AND AMENDMENTS, to approve Amendment No. 3 to extend the term of Agreement No. 75055 on a month-to-month basis for six (6) months; and

WHEREAS, Agreement provides that changes in accordance to Paragraph 8.4, CHANGE NOTICES AND AMENDMENTS may be made in the form of an Amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

This Amendment shall become effective March 1, 2010.

1/13/2010

- 2. The Agreement is hereby amended to add Subparagraph 4.5 in Paragraph 4.0, Term of Contract as follows:
  - "4.5 The term of this Contract is extended for an additional six (6) months for the period of March 1, 2010 to August 31, 2010, unless sooner terminated or extended, in whole or in part, as provided in this Contract. The County shall have the sole option to further extend the Contract term on a month-to-month basis, for three (3) months from September 1, 2010 to November 30, 2010. Each such extension shall be exercised at the sole discretion of the Director, or designee."
- 3. The Agreement is hereby amended to add Subparagraph 5.1.1 and Subparagraph 5.1.2 in Paragraph 5.0, Contract Sum, as follows:
  - "5.1.1 For the six (6) month period March 1, 2010, through August 31, 2010, the Contract Sum shall not exceed \$571,125 as shown in Exhibit Budget Summary and Exhibits B-1a, B-2a, B-3a, B-4a, B-5a, B-6. The 5% monthly Unscheduled Work Fund for the six (6) month period shall be an additional \$27,756, for a total Maximum Contract Sum of \$598,882.
  - 5.1.2 For the three (3) month period from September 1, 2010 through November 30, 2010, the Contract Sum shall not exceed \$285,563 as shown in Exhibit Budget Summary and Exhibits B-1a, B-2a, B-3a, B-4a, B-5a, B-6. The 5% monthly Unscheduled Work Fund for the three (3) month period shall be an additional \$13,878 for a total Maximum Contract Sum of \$299,441. The Contract Sum grand total for all facilities shall not exceed \$898,322."
- 4. This Agreement is hereby amended to replace Paragraph 5.7, Unscheduled Work Fund as follows:

"In addition to the Contract Sum set forth above, there shall be a yearly unscheduled work fund of up to 5% of the original Contract amount at time of Board approval, equaling \$4,626 per month for emergency or expanded coverage. Use of the unscheduled work funds shall be for Unscheduled Work as follows:

- 5.7.1 "Emergency" is defined as a situation wherein an immediate or quick response is necessary to prevent or lessen injury to persons or property, e.g., earthquake, broken pipes, and time are critical factors.
- 5.7.2 "Expanded" is defined as an unforeseen increase in the need for services, which does not substantially change the amount of scope of coverage, e.g., lengthening of office hours, set forth herein.
- 5.7.3 In both cases, use of the unscheduled work funds must be authorized in writing by County's Project Director, upon prior approval as required in Sub-paragraph 3.8 Unscheduled Work. In no event shall any annual total expenditure exceed the Contract Sum plus the Unscheduled Work Fund without prior express approval of County's Board of Supervisors.
- 5.7.4 The Contractor shall invoice the County for the amounts agreed to between County and Contractor for the Unscheduled Work at the straight time or overtime rate, as applicable. The County must approve the services delivered by the Contractor. If the County does not approve in writing, no payment shall be due to the Contractor."
- 5. Exhibits B-1a, B-2a, B-3a, B-4a, B-5a, and B-6, are attached hereto and incorporated herein by reference.

6. The Agreement is hereby amended to replace Paragraphs 8.24, GENERAL INSURANCE REQUIREMENTS and 8.25, INSURANCE COVERAGE REQUIREMENTS as follows:

#### **"8.24 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE**

Without limiting Contractor's indemnification of County, and in the performance of this Agreement and until all of its obligations pursuant to this Agreement have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in Sections 8.29 and 8.30 of this Agreement. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other Contractual obligation imposed upon Contractor pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Agreement.

#### 8.24.1 Evidence of Coverage and Notice to County

- Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.
- Renewal Certificates shall be provided to County not less than 10 days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Sub-Contractor insurance policies at any time.

- Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Agreement by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Agreement. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, financial rating, the amounts of any policy deductibles or retentions self-insured exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.
- Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions. Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles
Department of Health Services
Contracts and Grants Division
313 N. Figueroa Street, 6E
Los Angeles, CA 90012
Attention: Kathy K. Hanks, C.P.M.
Director, Contract Administration & Monitoring

#### And

County of Los Angeles Department of Health Services Centralized Contract Monitoring Division 5555 Ferguson Drive, Suite 210 Commerce, CA 90022

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third party claim or suit filed against Contractor or any of its Sub-Contractors which arises from or relates to this Agreement, and could result in the filing of a claim or lawsuit against Contractor and/or County.

#### 8.24.2 Additional Insured Status and Scope of Coverage

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

#### 8.24.3 Cancellation of Insurance

Except in the case of cancellation for non-payment of premium, Contractor's insurance policies shall provide, and Certificates shall specify, that County shall receive not less

than thirty (30) days advance written notice by mail of any cancellation of the Required Insurance. Ten (10) days prior notice may be given to County in event of cancellation for non-payment of premium.

#### 8.24.4 Failure to Maintain Insurance

Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Agreement, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Agreement. County, at its sole discretion, may obtain damages from Contractor resulting from said breach.

#### 8.24.5 Insurer Financial Ratings

Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

#### 8.24.6 Contractor's Insurance Shall Be Primary

Contractor's insurance policies, with respect to any claims related to this Agreement, shall be primary with respect to all other sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

#### 8.24.7 Waivers of Subrogation

To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Agreement. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

#### 8.24.8 Sub-Contractor Insurance Coverage Requirements

Contractor shall include all Sub-Contractors as insureds under Contractor's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each Sub-Contractor name the County and Contractor as additional insureds on the Sub-Contractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Sub-Contractor request for modification of the Required Insurance.

#### 8.24.9 Deductibles and Self-Insured Retentions (SIRs)

Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

#### 8.24.10 Claims Made Coverage

If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Agreement. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

#### 8.24.11 Application of Excess Liability Coverage

Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

#### 8.24.12 Separation of Insureds

All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

#### 8.24.13 Alternative Risk Financing Programs

The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

# 8.24.14 County Review and Approval of Insurance Requirements

The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

#### 8.25 INSURANCE COVERAGE

**8.25.1** Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate: \$2 million
Products/Completed Operations Aggregate: \$1 million
Personal and Advertising Injury: \$1 million
Each Occurrence: \$1 million

- **8.25.2 Automobile Liability insurance** (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than \$1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Agreement, including owned, leased, hired, and/or non-owned autos, as each may be applicable.
- 8.25.3 Workers Compensation and Employers' Liability **insurance** or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. applicable to Contractor's operations, coverage also shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law."
- 7. The Agreement is hereby amended to add Paragraphs 8.52 and 8.53 as follows:

# "8.52 CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

8.52.1 Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that

benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

8.52.2 Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this contract will maintain compliance, with Los Angeles Code Chapter 2.206.

# 8.53 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Failure of Contractor to maintain compliance with the requirements set forth in Sub-paragraph 8.52 - Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within 10 days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206."

- 8. This Agreement is hereby amended to add Exhibit O, Chapter 2.206

  Defaulted Property Tax Reduction Program as attached hereto.
- 9. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Chair and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

Charles Board of Supervisors

ATTEST:

SACHI A. HAMAI Executive Officer of the Board of Supervisors of The County of Los Angeles SERVICON SYSTEMS, INC. CONTRACTOR

By: Richard Malderian
Signature
Richard MAHDESIAN
Drintod Name

GENERAL MANAGER

APPROVED AS TO FORM:

Andrea Sheridan Ordin County Counsel

I havely certify that pursuant to isction 25103 of the Government Code, delivery of this document has been made.

SACHLA, HAMAL Executive Officer

Clark of the Board of Supervisors

JULIA WEISSMAN Deputy County Counsel

1/13/2010

#### HOUSEKEEPING SERVICES FOR AGREEMENT # 75056 SIX MONTHS (MARCH 1, 2010 - AUGUST 31, 2010) PLUS 3 MONTHS (SEPTEMBER 1, 2010 - NOVEMBER 30, 2010) BUDGET SUMMARY

	DHS Administrative Offices-Commerce	El Monte Comprehensive HC	La Puente HC	Ruth Temple HC	Whittier Public HC	Public Health Laboratory and Trailer	Totals
Monthly Base Amount by Facility	\$32,628	\$23,466	\$4,835	\$10,582	\$7,280	\$16,396	\$95,188
Monthly Base 5% Unscheduled Work Fund by Facility	\$1,592	\$1,145	\$237	\$516	\$355	\$781	\$4,626
Total 6 Months Amount by Facility	\$195,770	\$140,798	\$29,012	\$63,490	\$43,680	\$98,375	\$571,125
Total 5% Unscheduled Work Fund for 6 Months by Facility	\$9,554	\$6,869	\$1,420	\$3,098	\$2,131	\$4,685	\$27,756

Total for 6 Months Plus 5% Unscheduled Work Fund	\$598,882
For All Facilities	

	DHS Administrative Offices-Commerce	El Monte Comprehensive HC	La Puente HC	Ruth Temple HC		Public Health Laboratory and Trailer	Totals
Total 3 Months Amount by Facility	\$97,885	\$70,399	\$14,506	\$31,745	\$21,840	\$49,187	\$285,563
Total 5% Unscheduled Work Fund for 3 Months by Facility	\$4,777	\$3,435	\$710	\$1,549	\$1,065	\$2,342	\$13,878

Total for 3 Months Plus 5% Unscheduled Work Fund For All Facilities:	\$299,441
Grand Total for 6 Months Plus 3 Months and Unscheduled Work Fund For All Facilities:	\$898,322

AT: DHS Admin. Offices - Commerce

DIRECT COST (List each staff class Payroll: Admin/Supervisors 0 0 Day Porter Hosuekeeprs  *FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class **FTE = Full Time Equivalent in the staff class in	TE* Hourly  1.00 \$  0.00 \$  0.00 \$  2.00 \$  7.75 \$	9.74 9.74	\$ 2,006.22 \$ - \$ - \$ 3,389.52 \$ 13,134.39  Total Salaries and Wages	\$ 18,530.13
Employee Benefits  Medical Insurance Holiday Reserve Vacation & Sick Leave	No. of Employees	10.75 9.75 9.75	Monthly Cost per FTE (avg) \$ - \$ 37.24 \$ 97.75	
Payroll Taxes (List all approp FICA & MDCR FUTA SUI CGL Worker's Comp	oriate, e.g., FICA, SUI		Total Benefits  s Compensation, etc.) \$ 1,518.24 \$ 158.77 \$ 595.39 \$ 496.16 \$ 2,672.66	1,316.15
Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning Window Cleaning			\$ 99.94 \$1,783.50 \$ 461.25 \$394.63 \$ 246.00 \$0.00 \$ \$ 805.04 \$896.88 \$292.13 \$ 102.50 \$ 307.50  Total Supplies & Services	\$ 5,441.22
INDIRECT COST (List all appropriate General Accounting/Bookkeepi Management Overhead (Specific Other (Specify):	ng	est dia	\$ - TOTAL INDIRECT COSTS	\$ 30,736.87
TOTAL DIRECT AND INDIRECT COS	THE SECTION AS A SECTION OF THE PROPERTY OF THE SECTION OF THE SEC	700 Mile 200 CM (MIL-20) MIZ 200 MIL 304 (MIL-20) AND		\$ 30,781.46
PROFIT (Please enter percenta	age:)	6.00%		\$ 1,846.89
TOTAL MONTHLY COSTS				\$ 32,628.35

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$1,592.38, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$32,628.35.

AT: El Monte Comp. Health Center

DIRECT COST (List each staff classifi	cation)					
Payroll:	FTE*	Hourly	Rate (avg	j) Monthly Salary		
Admin/Supervisors	1.00	\$	17.42	\$ 3,031.08		
0	0.00	\$		\$		
0	0.00	\$		\$ -		
Housekeeper I	3.50	\$	9,79	\$ 5,962.11		
Housekeeper II	2.00	\$	9.79	\$ 3,406.92		
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*FTE = Full Time Equivalent Po	sitions			Total Salaries and Wages	\$	12,400.11
Employee Benefits	No. of Empl	nvees	10 (00 (00 (00 (00 (00 (00 (00 (00 (00 (	Monthly Cost per FTE (avg)	************	*******
Medical Insurance		0,000	6.50			
Holiday Reserve			5.50			
Vacation & Sick Leave						
Vacation & Sick Leave			5.50	\$ 131.02		
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Payroll Taxes (List all appropri	ate, e.g., Fl	CA, SUI,	Worker's	s Compensation, etc.)		
FICA & MDCR				\$ 1,022.01		
FUTA				\$ 106.88		
SUI				\$ 400.79		
CGL				\$ 333.99		
Worker's Comp				\$ 1,641.40		
- Worker's Comp				φ 1,041.40		
		60 40 00 TO 10 40 20 40 TO 10 TO 10	T 体 带 海 华 景 四 泰 景 宗 李 珍	Total Payroll Taxes	\$	3,505.06
Supplies & Services						
Uniforms				\$ 84.56		
Paper Supplies				\$1,947.50		
Trash Liners						
				\$ 307.50		
Hand Soaps				\$307.50		
Walk Off Mats				\$ 256.25		
Vehicle/Allowance				\$0.00		
Gas/Oil				\$ -		
Startup Equip				\$ -		
Equip Repair				\$0.00		
Equip Depreciation				\$ 162.47		
Monthly Supplies				\$ 162.47 \$ 516.36		
Trash Removal						
				\$871.25		
Pest Control				\$205.00		
Mop Cleaning				\$ 102.50		
Window Cleaning				\$ 256.25		
				Total Supplies & Services	\$	5,017.14
				TOTAL DIRECT COSTS	\$	21,881.79
INDIRECT COST (List all appropriate) General Accounting/Bookkeeping		甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲	<b>売込みが</b> の 金 章 本 本 表 4 年 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	5 14 4 5 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7	e ser en mie mo na no sa sej mie me neo se	मंत्र का गाँद वात कुछ पूछ तक अब
Management Overhead (Specify)		ise				
	*************************************	0 2 10 42 AP 40 10 10 W M AP AP	·····································	TOTAL INDIRECT COSTS	\$ 	256.25
TOTAL DIRECT AND INDIRECT COST					\$	22,138.04
PROFIT (Please enter percentage	e:)	6.0	00%		\$	1,328.28
TOTAL MONTHLY COSTS					\$	23,466.32

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$1,144.90, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$23,466.32.

AT: La Puente Health Center

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ric	mouny Ka	ne (avg)	Working Sa	iary		
1.00	\$	9.70	\$	1,687.19		
Positions			Total Salaries	and Wages	\$	1,687.19
No. of Employ	ees		Monthly Co	ost per FTE (avg)	ik linga galan apan apan gang kana ang dang anan ang dang sang pang pang sang apan	हात्र स्थान पहल काम प्राप्त स्थान करते प्राप्त स्थान स्थान स्थान स्थान स्थान प्राप्त प्राप्त स्थान प्राप्त प्राप
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ST age:)		6.00%			\$	\$4,561.63 273.70
	Positions  No. of Employ  riate, e.g., Flue	Positions  No. of Employees  riate, e.g., FICA, SUI, \	Positions  No. of Employees  priate, e.g., FICA, SUI, Worker's  Business License	Total Benefits  Total Payroll  S  S  Total Salaries  Total Benefits  Total Payroll  Total Payroll  S  Total Supplie  Total Sup	Total Salaries and Wages	Total Salaries and Wages   S

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$236.63 for emergency or expanded services only, which is over and above the Total Monthly Costs of \$4,835.33.

#### AT: Ruth Temple Health Center

DIRECT COST (List each staff class	ification)					
Payroli:	FTE*	Hourly I	Rate (avg	) Monthly Salary		
0	0.00	\$	- '	\$ -		
0	0.00	\$	-	\$ -		
0	0.00	\$	-	\$ -		
Day Time	1.00	\$	9.70	\$ 1,687.80		
Night Cleaner	2.00	\$	9.70	\$ 3,375.60		
				Total Salaries and Wages	\$	5,063.40
*FTE = Full Time Equivalent F	ositions			i Otal Salaries allu vvayes	42	3,003.40
Employee Benefits	No. of Emp	loyees	2.00	Monthly Cost per FTE (av	g)	न हर्तन के देश बंध रेज के कि वह कि वह हैं हैं हैं हैं हैं हैं हैं हैं हैं है
Medical Insurance Holiday Reserve			3.00	\$ - \$ 37.08		
Vacation & Sick Leave	***************************************		3.00	\$ 129.79		
valuation at block Education				1 20 0 1 1		
· 李龙山	35 <b>4446</b> 5646	<b>以以来可以你们你你不会可</b> 怎		Total Benefits	\$	500.61
Payroll Taxes (List all approp FICA & MDCR	riate, e.g., F	ICA, SUI,	Worker's	s Compensation, etc.) \$ 425.65		
FUTA			······································	\$ 44.51		
SUI				\$ 166.92		
CGL		******************************		\$ 139.10		
Worker's Comp				\$ 1,001.87		
			,	Total Payroll Taxes	\$	1,778.05
**************************************			9 III 46 III 26 II 37 II 77 II 18 II 1	1 85 CB	an eta eta 200 min'ilar ata 600 min eza toa c	a do the fine do cor on the dotte to the dotte to the cor on the the fine dotte to the cor on the corresponding to the corresponding t
Supplies & Services				¢ 46.13		
Uniforms Paper Supplies				\$ 46.13 \$922.50		
Trash Liners				\$ 153.75		
Hand Soaps				\$153.75		
Walk Off Mats				\$ 153.75		
Vehicle/Allowance				\$0.00		
Gas/Oil				\$ -		
Startup Equip				\$ -		
Equip Repair				\$0.00		
Equip Depreciation				\$ 54.13		
Monthly Supplies				\$ 305.92		
Trash Removal				\$451.00		
Pest Control				\$143.50 \$ 51.25		
Mop Cleaning Window Cleaning				\$ 51.25 \$ 153.75		
Wildow Cleaning						
				Total Supplies & Services	\$	2,589.43
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INDIRECT COST (List all appropriate	e)					
General Accounting/Bookkeepi	ng					
Management Overhead (Specif						
Other (Specify): B	usiness Lice	nse		\$ 50.00		
	等 <b>经</b> 20 20 40 40 40 15 15 15 15 10 10 10 10 10 10 10 10 10 10 10 10 10	also con scho esta den esta sión into ten sión man esta esta	50 201 100 100 100 100 200 200 100 100 10	TOTAL INDIRECT COSTS		\$51.25
TOTAL DIRECT AND INDIRECT CO	S Tare				\$	9,982.74
PROFIT (Please enter percenta	ige:)	Named and with the second state of the second	6.00%		\$	598.96
TOTAL MONTHLY COSTS					\$	10,581.70

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$516.25, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$10,581.70.

AT: Whittier Public Health Center

DIRECT COST (List each staff classif Payroll:  0 0 0 Housekeeper I & II 0.00  *FTE = Full Time Equivalent Po Employee Benefits Medical Insurance Holiday Reserve Vacation & Sick Leave	0.00 0.00 0.00 2.00 0.00	\$ \$ \$ \$	9.70	计图形设备 医乳球 医乳球 医乳球 化	3,375.60 aries and Wages Cost per FTE (av	K 100 500 500 100 100 100 100	203.94
Payroll Taxes (List all appropr FICA & MDCR FUTA SUI CGL Worker's Comp	iate, e.g., FI	CA, SUI, \		\$ \$ \$ \$	273.83 28.64 107.39 89.49 537.16 roll Taxes	\$	1,036.50
Supplies & Services Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control Mop Cleaning Window Cleaning				-	30.75 \$907.13 102.50 \$153.75 128.13 \$0.00 - \$0.00 21.65 169.97 \$394.63 \$87.13 51.25 153.75 oplies & Services		2,200.64 6,816.68
INDIRECT COST (List all appropriate General Accounting/Bookkeepin Management Overhead (Specify Other (Specify): Bu	g	nse		\$ TOTAL IN	50.00 NDIRECT COSTS		\$51.25_
TOTAL DIRECT AND INDIRECT COS		and the second 750 feet and 150 feet feet feet feet feet feet feet fee	and the second second second			\$	6,867.93
PROFIT (Please enter percentage	ge:)		6.00%			\$	412.08
TOTAL MONTHLY COSTS						\$_	7,280.01

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$355.15, for emergency or expanded services only, which is over and above the Total Monthly Costs of \$7,280.01.

AT: County Public Health Lab-Downey

AI	: County P	ublic h	dealth La	ıb-Dov	vney		
DIRECT COST (List each staff	classification	in!					
Payroll:	FTE*		Date (num		St. 0.1.		
Supervision	0.50	\$	Rate (avg)		hly Salary		
0	0.00	\$	18.00	\$	1,566.00		
0	0.00	\$	*	\$	**		
Day Porter	Editoria de la constitución de l		•	\$			
Housekeeper	1.10	\$	9.46	\$	1,810.64		
i iousekeepei	2.63	\$	10.15	\$	4,636.01		
*FTE = Full Time Equivalent	Positions			Total Sa	alaries and Wages	\$	8,012.66
Employee Benefits	No. of Emp	loyees		Mon	thly Cost per FTE (avg)	)	ro contraterir descripações, escap
Medical Insurance Holiday Reserve	Comments of the second		4.23	\$	-		
Vacation & Sick Leave	***************************************		3.73	\$	49.76		
vacation & Sick Leave	****		3.73	\$	69.66		
				Total B	enefits	\$	444.86
Payroll Taxes (List all appro	opriate e o	FICA SI	II Works	'a Cam			***************************************
FICA & MDCR		1000,00	7.65%	\$ 5			
FUTA	***************************************	******	0.80%	\$	647.00		
SUI	****			\$	67.66		
Worker's Comp			3.00%		253.73		
CGL		-	14.00% 2.50%	\$	1,184.05		
to construct the second		***************************************	2.50%	\$	368.29		
				Total P	ayroli Taxes	\$	2,520.72
Supplies & Services							
Uniforms				\$	57.60		
Paper Supplies				\$	1,370.00		
Trash Liners				\$	400.00		
Hand Soaps				S	300.00		
Walk Off Mats				\$	150.00		
Startup Equip				\$	45.00		
Equip Repair				\$	40.00		
Equip Depreciation				\$	135.31		
Monthly Supplies				S	359.59		
Trash Removal				\$			
Pest Control				S	185.00		
P.Lot Sweeping					*		
Window Cleaning				\$	75.00		
				T-1-1 C			
				iotais	iupplies & Services	\$_	3,117.51
				TOTAL	DIRECT COSTS	\$	14,095.74
INDIDECT COST /Link -!!		CONTROL PROPERTY.		*****	<del></del>		***********
INDIRECT COST (List all appro	opriate)						
General Accounting/Bookkeep	oing						
Management Overhead (Spec							
Other (Specify): B	usiness Licer	nse		TOTAL	. INDIRECT COSTS		\$635.75
TOTAL DIRECT AND INDIREC							\$14,731.49
PROFIT (Please enter percent	tage:)		6.00%			\$	883.58
TOTAL MONTHLY COSTS				•		***************************************	\$15,615.08
						******	910,010.00

NOTE: The Total Monthly Unscheduled Work Fund (Sub-paragraph 5.7 in Agreement) Cost is \$780.75, for emergency or expanded services only, which is over and above the Total Monthly Cost of \$15,615.08.

#### **EXHIBIT B-6**

### **Public Health Laboratory Trailer Office**

Payroll:			FTE*	Hourly F	Rate (avg)	Monthly	Salary		
Cleaner Floorcare			0.24 0.05	\$	9.22 15.50	\$	381.02 124.14	\$	505.15
*FTE = Full Time E	quivalent Positi	ions						W verificial desired exercises considerated	
Employee Benefits	s Medical Insurar Holiday Reservi Vacation & Sick	e	No. of Employ	0.28 0.28		Monthly \$	Cost per 29.14 11.10	FTE (a	avg)
Payroll Taxes (List		, e.g., FICA, SU	I, Worker's Co		n, etc.)	\$ \$ \$ \$	41.72 4.36 25.09 10.91 76.36	\$	40.25 158.44
Supplies & Service Uniforms Paper Supplies Trash Liners Hand Soaps Walk Off Mats Vehicle/Allowance Gas/Oil Startup Equip Equip Repair Equip Depreciation Monthly Supplies Trash Removal Pest Control FALSE Window Cleaning	es					\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	27.27	\$	27.27
General Accounting Management Overh Other (Specify):		Business Licer	nse			\$	5.45		\$5.45 \$736.56
PROFIT (Please en	iter percentage:)			6.1	00%			\$	44.19 \$780.75

## **Department of Health Services**

Prop A - Housekeeping Services Cost Analysis Summary For Agreements #75053, #75054, #75055, AND #75056

March 1, 2010 through August 31, 2010

Agreement #75053							
Facilities: Olive View-UCLA MC, Mid-Valley HC, Burbank HC, Glendale HC, N. Hollywood HC, Pacoima HC, and San							
Fernando HC		Total Contract Price (not		Ι			
	Total Estimated	inclulding cost of	Estimated Savings From				
	Avoidable Costs	Unscheduled Work Fund)	Contracting	Percentage			
Total	\$2,553,938	\$2,196,878	\$357,060	14%			

Agreement #75054							
Facilities: High Desert Health Systems, Antelope Valley HC, Lake LA Community Clinic, Littlerock Community Clinic, South							
Valley HC, Action Health Clinic, and Warm Springs Health Clinic							
		Total Contract Price (not					
	Total Estimated	inclulding cost of	<b>Estimated Savings From</b>				
	Avoidable Costs	Unscheduled Work Fund)	Contracting	Percentage			
Total	\$602,853	\$492,754	\$110,099	18%			

		Agreement #75055					
Facilities: Harbor-UCLA MC, Long Beach CHC, and Lomita Family HC							
		Total Contract Price (not					
	Total Estimated	inclulding cost of	Estimated Savings From				
	Avoidable Costs	Unscheduled Work Fund)	Contracting	Percentage			
Total	\$2,833,345	\$2,510,597	\$322,748	11%			

Agreement #75056							
Facilities: DHS Administrative Offices- Commerce, El Monte CHC, La Puente HC, Ruth Temple HC, Whittier Public HC, and							
Public Health Laboratory and Trailer							
	Total Estimated	Total Contract Price (not including cost of	Estimated Savings From				
	Avoidable Costs	Unscheduled Work Fund)	Contracting	Percentage			

	Totals For All Facilities	\$6,685,758	\$5,771,354	\$914,404	14%
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