

**AMENDMENT NO. 5
TO PROFESSIONAL SERVICES AGREEMENT
BETWEEN COUNTY OF MONTEREY AND
TRUEPOINT SOLUTIONS, LLC**

THIS AMENDMENT NO. 5 to the Professional Services Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and TruePoint Solutions, LLC (hereinafter, "CONTRACTOR") is hereby entered into between the County and the CONTRACTOR (collectively, the "Parties") as of the last date opposite the respective signatures below.

WHEREAS, CONTRACTOR entered into a Professional Services Agreement with County on April 17, 2012, (hereinafter, "Agreement") to provide service and support in programming and report customization of the Accela Automation application for the County of Monterey Resource Management Agency – Building Services and Planning; and

WHEREAS, Agreement was amended by the Parties on September 26, 2012 (hereinafter, "Amendment No. 1", including Exhibit A-1 – Scope of Services/Payment Provisions), October 29, 2013 (hereinafter, "Amendment No. 2"), August 19, 2015 (hereinafter, "Amendment No. 3", including Exhibit A-2 – Scope of Services/Payment Provisions), and May 14, 2015 (hereinafter, "Amendment No. 4"); and

WHEREAS, the Parties wish to amend the Agreement to include additional tasks (Tasks 19-24) as outlined in Exhibit A-3, Scope of Services/Payment Provisions, of this Agreement and associated with programming and configuration changes to Accela software for Electronic Document Review (EDR) features for integration to Adobe v7.3.3; and

WHEREAS, additional time is necessary to allow the CONTRACTOR to complete remaining tasks (Tasks 10 – 18) of the Agreement associated with service and support in programming and report customization of the Accela Automation application and additional tasks (Tasks 19-24); and

WHEREAS, the Parties wish to further amend the Agreement to extend the term to June 30, 2017 and to increase the amount by \$38,400 to allow CONTRACTOR to continue to provide tasks identified in the Agreement and as amended by this Amendment No. 5.

NOW, THEREFORE, the Parties agree to amend the Agreement as follows:

1. Amend the first sentence of Paragraph 1, "Services to be Provided", to read as follows:

The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibits A, A-1, A-2 and A-3** in conformity with the terms of this Agreement.

2. Amend Paragraph 2, "Payments by County", to read as follows:

County shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibits A, A-1, A-2 and A-3**, subject to the limitations set forth in this Agreement. The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$84,900.

3. Amend the first sentence of Paragraph 3, "Term of Agreement", to read as follows:

The term of this Agreement is from April 15, 2012 to June 30, 2017, unless sooner terminated pursuant to the terms of this Agreement.

4. Amend Paragraph 4, "Additional Provisions/Exhibits", by adding "Exhibit A-3, Scope of Services/Payment Provisions".
5. Invoices under this Agreement shall be submitted monthly and promptly, and in accordance with Paragraph 6.0, Payment Conditions, of the Agreement. All invoices shall reference the Project name and associated Purchase Order (PO) number and an original hardcopy shall be sent to the following:

County of Monterey
Resource Management Agency (RMA) -- Finance Division
168 West Alisal Street, 2nd Floor
Salinas, CA 93901

Any questions pertaining to invoices under this Agreement shall be directed to the RMA -- Finance Division at (831) 755-4800.

6. All other terms and conditions of the Agreement remain unchanged and in full force.
7. This Amendment No. 5 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
8. The recitals to this Amendment No. 5 are incorporated into the Agreement and this Amendment No. 5.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment No. 5 to the Agreement which shall be effective as of the last date opposite the respective signatures below.

COUNTY OF MONTEREY

By: 
Contracts/Purchasing Officer

Date: 12/28/15

**Approved as to Form and Legality
Office of the County Counsel**

By: 
Deputy County Counsel

Date: 12-21-2015

Approved as to Fiscal Provisions

By: 
Auditor/Controller

Date: 12-22-15

Approved as to Indemnity and Insurance Provisions

By: _____
Risk Management

Date: _____


CONTRACTOR*

TruePoint Solutions, LLC
Contractor's Business Name

By: 
Member/Manager

Its: KENT JOHNSON
(Print Name)

Date: 12/14/15

By: 
Member/Manager

Its: KEITH HOBDAY
(Print Name)

Date: 12/14/15

*INSTRUCTIONS: IF CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. IF CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

EXHIBIT A-3 – SCOPE OF SERVICES/PAYMENT PROVISIONS

Additional Scope of Work for True Point Solutions, LLC

TruePoint Solutions, LLC shall provide additional assistance with programming and configuration changes to Accela software including but not limited to:

Electronic Document Review (EDR) features for integration to Adobe v7.3.3 of the Accela Automation system.

19. Analyze and document the Electronic Document submission and approval process: *32 hours*

Work with County to identify and review:

- What documents will be submitted online through Accela Citizen Access (ACA) and Accela Automation for EDR.
- How workflows associated with the document review process will need to be modified.
- Requirements for workflow tasks assignment.
- Versioning of documents.
- Process steps within the County's workflow associated with reviewing the plan.
- Requirements for notifications via email.
- Stamps to be used on submitted documents.
- What information will be presented via ACA.

The following departments and record types will be included:

Modules

- Building Services, Planning and Public Works.

Record Types (4 separate workflows)

- Building Services Record Types ("Building" and "Combination")
- Planning Record Types ("Discretionary" and "Minor")
- Public Works Record Types ("Encroachment")

20. Configuration of Accela Automation to accomplish the items identified and agreed to during Business Analyses and creation of Event Scripts to automate process whenever possible: *136 hours*

Configuration will include:

- Updated Workflows

EXHIBIT A-3 – SCOPE OF SERVICES/PAYMENT PROVISIONS

- Fees
- Document Types
- Event Script Management Engine (EMSE) script.
- ACA adjustment for intake and document upload and download.
- Stamp Creation Assistance

- | | |
|---|----------|
| 21. Work directly with County staff to test the configured EDR process from beginning to end; and preparations for Go Live. | 24 hours |
| 22. Provide train-the trainer type training for the County trainers for eight (8) hours of training for up to twenty-five (25) users. | 12 hours |
| 23. Provide Go Live Support and be available to support questions or issues when EDR is put into production. | 24 hours |
| 24. Project Management. | 12 hours |

TOTAL HOURS:

240 hours

TOTAL COST: 240 hours x \$160.00 = \$38,400.00

Travel and expenses for up to two (2) round trips and four (4) eight (8) hour training days on-site are included in the above listed amounts. No other travel reimbursement is authorized.

Services provided under this Amendment No. 5 to this Agreement shall not exceed the sum of \$38,400 (RMA - Planning: \$19,200 and RMA – Building Services: \$19,200). Hourly rate for the performance of these services is \$160.00. The total Agreement amount shall not exceed the sum of \$84,900.

It is anticipated that these tasks will have three (3) month duration with the following payment deliverables:

Month 1 – Analysis Sessions Complete

The analysis sessions will generate a configuration document in a Microsoft Excel document - \$9,600.

Month 2 – Configuration, scripting, and scripts complete in Accela Support Site/Test Environment (SUPP). The configuration will be based on the approved configuration document - \$19,200.

Month 3 – Testing and Approval to move to production - \$9,600.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER VITAS INSURANCE AGENCY LLC/PHS 128433 P: (866) 467-8730 F: (888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	CONTACT NAME:	
	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No): (888) 443-6112
INSURED TRUEPOINT SOLUTIONS, LLC 3262 PENRYN RD STE 100 LOOMIS CA 95650	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentinel Ins Co LTD	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR BYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			57 SBA AX4262	02/01/2015	02/01/2016	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	General Liab	X					MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY			57 SBA AX4262	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS		X				BODILY INJURY (Per accident)	\$
	HIRED AUTOS	X					PROPERTY DAMAGE (Per accident)	\$
A	UMBRELLA LIAB	X	OCCUR	57 SBA AX4262	02/01/2015	02/01/2016	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$2,000,000
	RETENTION \$10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
A	ANY PROPRIETOR/PARTNER/EXECUTIVE/IN OFFICER/MEMBER EXCLUDED? (Mandatory in NFI)		N/A				PER STATUTE	OTIL ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Technology E&O			57 SBA AX4262	02/01/2015	02/01/2016	2,000,000/2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. The County of Monterey is named as an additional insured for completed operations per the Additional Insured - Owners, Lessees, or Contractors - Completed Operations form SS 41 71 06 11. The County of Monterey is also a scheduled person or organization per the SS 41 70 06 11.

CERTIFICATE HOLDER**CANCELLATION**

County of Monterey
Contracts/Purchasing Department
168 W ALISAL ST FL 3
SALINAS, CA 93901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joe Taylor



CERTIFICATE OF LIABILITY INSURANCE

TRUEPOI-01

SJORDIN

DATE (MM/DD/YYYY)

4/6/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Vitas Insurance Agency 231 Cherry Ave. Auburn, CA 95603	CONTACT NAME: PHONE (A/C, No, Ext): (530) 823-3733 FAX (A/C, No): (530) 823-3640 E-MAIL ADDRESS: info@vitasinsurance.com																					
INSURED TruePoint Solutions LLC 3262 Penryn Rd, Ste. 100-B Loomis, CA 95650	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Hartford Casualty Insurance Company</td><td>29424</td></tr><tr><td>INSURER B:</td><td>Hartford Accident and Indemnity Company</td><td>22357</td></tr><tr><td>INSURER C:</td><td>Houston Casualty</td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hartford Casualty Insurance Company	29424	INSURER B:	Hartford Accident and Indemnity Company	22357	INSURER C:	Houston Casualty		INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER B:	Hartford Accident and Indemnity Company	22357																				
INSURER C:	Houston Casualty																					
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION RIGHTS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	57SBAAX4262	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		57SBAAX4262	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		57SBAAX4262	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	57WECRL0324	04/01/2015	04/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Employment Practices		H713906204	07/19/2014	07/19/2015	Per Claim 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The County of Monterey, its agents, officers and employees as additional insured with respect to liability arising out of TruePoint Solutions LLC work per the attached IH12001185 endorsement, including ongoing and completed operations per the attached SS41710611 endorsement, and shall further provide that such insurance is primary insurance (per the attached SS00080405 endorsement) to any insurance or self-insurance maintained by the County and that the insurance of the additional insureds shall not be called upon to contribute to a loss covered by the TruePoint Solutions LLC insurance.

CERTIFICATE HOLDER**CANCELLATION**

County of Monterey Contracts/Purchasing Department 168 West Alisal Street 3rd Floor Salinas, CA 93901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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POLICY NUMBER: 57 SBA AX4262
CHANGE NUMBER: 007



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Location And Description Of Completed Operations:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section C. – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

POLICY NUMBER: 57 SBA AX4262



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNER, LESSEES OR CONTRACTOR

CITY OF ALAMEDA
2263 SANTA CLARA AVE. #190
ALAMEDA, CA 94501

CITY OF GRAND RAPIDS
CITY HALL 300 MONROE NW
GRAND RAPIDS, MI 49503
RE: LOC: 002 & BLDG: 001

COUNTY OF MONTEREY
CONTRACTS/PURCHASING DEPARTMENT
168 WEST ALISAL STREET 3RD FLOOR
SALINAS, CA 93901

THE COUNTY OF MONTEREY, ITS AGENTS, OFFICERS AND EMPLOYEES AS
ADDITIONAL INSUREDS WITH RESPECT TO LIABILITY ARISING OUT OF THE
CONTRACTOR'S WORK, INCLUDING ONGOING AND COMPLETED OPERATIONS, AND
SHALL FURTHER PROVIDE THAT SUCH INSURANCE IS PRIMARY INSURANCE TO
ANY INSURANCE OR SELF-INSURANCE MAINTAINED BY THE COUNTY AND THAT
THE INSURANCE OF THE ADDITIONAL INSUREDS SHALL NOT BE CALLED UPON TO
CONTRIBUTE TO A LOSS COVERED BY THE CONTRACTOR'S INSURANCE



COUNTY OF MONTEREY

PURCHASE ORDER

RECEIVED
FEB 05 2016

IMPORTANT
THE ABOVE NUMBER AND SHIP TO DEPARTMENT MUST
APPEAR ON ALL SHIPPING LABELS, PACKING SLIPS,
TRANSPORT DOCUMENTS, INVOICES AND CORRESPONDENCE.

ORDER DATE 02-02-2016
DO 3000 0000010372 Modified

TRUEPOINT SOLUTIONS LLC
3262 PENRYN RD
STE 100-B
LOOMIS CA 95650

PLANNING & BLDG/ INSPECTION
168 W. ALISAL ST., 2ND FLOOR
SALINAS CA 93901

VENDOR NUMBER: VS0000002502

DELIVERY DATE:

F.O.B.:

ITEM	QUANTITY	UNIT	COMMODITY CODE	ITEM DESCRIPTION	UNIT PRICE	SALES TAX	EXTENDED PRICE
1	0.0		92045	PURCH DESC: AMENDMENT NO. 5 TO THE PROFESSIONAL SERVICES AGREEMENT BETWEEN TRUEPOINT SOLUTIONS, LLC AND THE COUNTY OF MONTEREY TO PROVIDE SERVICES AND SUPPORT OF ACCELA AUTOMATION FOR THE RESOURCE MANAGEMENT AGENCY - BUILDING SERVICES AND PLANNING. THE TERM OF THE AGREEMENT IS FROM APRIL 15, 2012 TO JUNE 30, 2017. THE TERM OF THIS PURCHASE ORDER IS VALID FROM JULY 01, 2015 THRU JUNE 30, 2016. PROFESSIONAL SERVICE AGREEMENT (PSA) IS NOT TO EXCEED \$ 84,900.00	.00	.00	56,400.00
COMM LINE DESC: Software Maint/Supp EXTENDED DESC: Service and Support for Accela MSDS: Not Required							
	001 -	3000 -	8170 -	RMA001 - 6613 -	-	-	46900.00
	001 -	3000 -	8172 -	RMA001 - 6613 -	-	-	9500.00

THE SHADED ROWS ARE FOR MONTEREY COUNTY DEPARTMENT USE ONLY

ORDER TOTAL 56,400.00

All Vendors are required to review the Monterey County general terms and conditions which apply to all contracts, purchase orders, and other electronic procurements made with the County unless otherwise noted. Said terms and conditions can be found on the County website at http://www.co.monterey.ca.us/admin/terms_conditions.htm

TAX EXEMPTION INFORMATION:
FEDERAL EXCISE TAX EXEMPTION NUMBER 94-6000524

COUNTY BUYER INFORMATION

TELEPHONE:

EMAIL:

AUTHORIZED BY COUNTY OF MONTEREY
DEPUTIZED PURCHASING AGENT

PRINT DATE: 02/05/16

CONTRACTS/PURCHASING DIVISION
1488 Schilling Place, Salinas, CA 93901

PAGE NUMBER: 1 OF 1

Michael R. 702