

FORM FOR USE ONLY BY NON-STATE AGENCIES WITH A LIVE SCAN DEVICE

**LIVE SCAN AGENCY
MEMORANDUM OF UNDERSTANDING
(BILLING AGREEMENT)**

I. PURPOSE

San Mateo County, Human Services Agency, the live scan agency, and the Department of Justice (DOJ), hereby enter into this Memorandum of Understanding (MOU) for the purpose of having the DOJ receive and process applicant background requests from San Mateo County, Human Services Agency, and/or provide applicant fingerprint-based criminal offender record information (CORI). If your agency is interested in receiving notification of subsequent arrests, please contact the DOJ Applicant Processing Program at (916) 227-3823 to obtain the required Contract for Subsequent Arrest Notification Service form.

II. TERM

The term of this Memorandum shall be from October 1, 2002 and will continue until: (1) a written notice is received stating this agreement is canceled; and (2) the agency stops using the assigned billing/customer number to request services. The agency billing/customer number assigned for use with this MOU is 100231.

III. GENERAL PROVISIONS

Under the provisions of Penal Code Section 11105, the DOJ is authorized to charge agencies submitting applicant fingerprints a fee sufficient to support the cost of the program. It is understood that fingerprints will be processed by the DOJ at the rates established by State and Federal agencies. These rates are subject to change with thirty (30) days written notice. San Mateo County, Human Services Agency agrees to compensate DOJ monthly, in arrears, upon receipt of an invoice, computed in accordance with Section 8752 of the State Administrative Manual. Nothing herein contained shall preclude advance payments pursuant to Article I, Chapter 3, Part 1, Division 3, Title 2, of the Government Code.

All invoices will be submitted stating the services provided, the time period covered and the contract number, if applicable, with a tear-off bottom which must be returned with payment.

Total amount payable during the term of this agreement shall not exceed the sum associated with the DOJ and FBI applicant background services received.

The DOJ will mail invoices to the following address:

San Mateo County, Human Services Agency
400 Harbor Blvd., Bldg. B
Belmont, CA 94002
Attention: Maggie Wong, Management Analyst

III. GENERAL PROVISIONS (Continued)

The contact person for DOJ will be Jeff Booth.
Phone # (916) 227-1351. Section BCII Reporting, Evaluation and Planning Program.

The contact person for San Mateo County, Human Services Agency will be Maggie Wong,
Management Analyst.
Phone #: 650-595-7969. Section: Children and Family Services.

The live scan agency will also be responsible for invoice payment if the agency operator fails to input a billing/customer number or inputs an incorrect billing/customer number, and/or applicant agency information, and the DOJ cannot determine which agency should be billed for the transaction.

This agreement may be terminated by either party upon thirty (30) days written notice to the other party.

This agreement shall be subject to the examination and audit of the California State Auditor for a period of three (3) years after final payment under this agreement (Government Code Section 10532).

This agreement is subject to any additional restrictions, limitation, or conditions enacted by the Legislature and contained in the Budget Act or any statute enacted by the Legislature which may affect the provisions, terms or funding of this agreement in any manner.

This agreement may only be amended in writing by mutual agreement of the parties named herein.

San Mateo County, Human Services Agency
Name of Agency Receiving State Service

Department of Justice
Name of Agency Providing Service

Authorized Signature

Authorized Signature

Jerry Hill, President Board of Supervisors
Printed Name and Title of Person Signing

Deborah Merrill, Chief DOJ Accounting
Printed Name and Title of Person Signing

Date Signed

Date Signed

**SAN MATEO COUNTY
MEMORANDUM**

DATE: October 10, 2002
TO: Priscilla Harris Morse FAX: 363-4864 PONY: EPS 163
FROM: Nalini Nath FAX: 596-3478 PONY: HSA210
SUBJECT: Contract Insurance Approval

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: Department of Justice

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?:
no

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Live scan services

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	<u>\$1,000,000</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>\$1,000,000</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$1,000,000</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	<u>\$1,000,000</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: Please waive the insurance.

Priscilla Morse 10-10-02
Risk Management Signature Date