

**County of San Mateo
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

| | | | |
|------------------|---------------------------------------|--------|--------------|
| Contractor Name: | MARIAN REPP | Phone: | 209-401-4773 |
| Contact Person: | MARIAN REPP | Fax: | |
| Address: | 835a Meath Dr. Stockton, Ca. 95212 | | |

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
 - offering equal benefits to employees with spouses and employees with domestic partners.
 - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
 - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
 - the contract is for \$100,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Marian V. Repp
Signature

Marian V. Repp
Name

10-28-08
Date

Programmer/Analyst Contractor
Title

ATTACHMENT

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. Employs fewer than 15 persons.
- b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person - Type or Print

Name of Contractor(s) - Type or Print

Street Address or P.O. Box

City, State, Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

Marian Reep
Signature

Title of Authorized Official

7/22/05
Date

*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

Waiver Request Memo

Date: 7/24/2007
To: County Manager's Office
From: Chris Flatmoe; CIO Director – Information Services Department
Subject: Waiver Request

The following waiver and/or modification is being requested:

Equal Benefits Ordinance _____
Non-Discrimination Enforcement Language _____
Extending the contract beyond three years
Contractor Employee Jury Service Ordinance _____

to enter into or amend a contract with Marian Repp for Consulting Services in the amount of \$293,540 (No change from original amount).

This waiver and/or modification is necessary and in the best interest of the County for the following reason(s):

- Necessary in order to respond to an emergency
- Sole Source
- No compliant contractors are capable of providing the goods/service
- Inconsistent with a grant, subvention or agreement with a public agency
- Is part of a Cooperative or Joint Purchasing Agreement
- Other

Included is a detailed explanation of the reason(s) checked above.

This amendment is for a change in term, extending the total contract term beyond 3 years.

This contract was requested to assist with the migration of Criminal Justice Information System (CJIS) from the County mainframe. Since then, the Justice Agencies within the County have completed a comprehensive strategic planning effort and the migration project is now progressing rapidly. We recommend amending the term of this contract to end concurrently with the project plans for the main project.

- Approved
 Not Approved

Signing Authority

7-26-07

Date

CONTRACT INSURANCE APPROVAL

DATE: November 19, 2008

TO: Faiza Steele FAX: 363-4864 PONY: HRD 163

FROM: Patricia Gonzales

PHONE: 599-1564 FAX: 599-9321 PONY: ISD120

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

CONTRACTOR NAME: Marian Repp

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? No

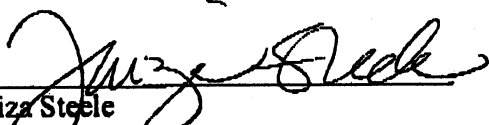
NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: No

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Consulting Services

The following will be completed by Risk Management:

| INSURANCE COVERAGE: | Amount | Approve | Waive | Modify |
|---------------------------------|--------|--------------------------|-------------------------------------|--------------------------|
| Comprehensive General Liability | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Motor Vehicle Liability | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Workers' Compensation | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

REMARKS/COMMENTS:


 Faiza Steele
 Risk Management Analyst

11/18/08
 Date

