

Waiver Request Memo

Date: 2/24/2009
To: County Manager's Office
From: Chris Flatmoe, CIO/Director Information Services
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 X
Contractor Employee Jury Service Ordinance _____

to amend a contract with Key Government Finance, Inc. for a master tax exempt lease/purchase Agreement in the amended amount of \$5,000,000, for the term March 28, 2006 to March 27, 2011.

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.

In March 2006, the Board of Supervisors approved Resolution 067871 for a Master Lease Agreement with Key Government Finance. The main component of the Agreement allowed the County to enter into five-year leases for network equipment, in association with a countywide network refresh project. The agreement also allowed the County to provide a mechanism for spreading the cost of equipment over several fiscal years. ISD is requesting an extension of the Agreement term to enable ISD's Network Services Group to lease additional network equipment for upcoming projects.

- Approved
- Not Approved

Signing Authority

Date

3/2/2009

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

I. CONTRACTOR INFORMATION

Contractor Name:	KEY GOVERNMENT FINANCE	Phone:	720-304-1291
Contact Person:	MYRA AKSAMIT	Fax:	866-840-3016
Address:	1000 S. MCCASLIN BLVD. SUPERIOR, CO 80027		

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.

Myra Aksamit
Signature

Myra Aksamit
Name

February 27th, 2009
Date

BPU specialist
Title

County Counsel Review Form

Date: February 24, 2009
To: Glenn Levy
From: Joy Cheechov
Subject: Key Government Finance, Inc. Amendment Review and Approval

Contractor: Key Government Finance, Inc.

Maximum Amount: \$5,000,000

Rate of Payment:

No changes on the standard Amendment form

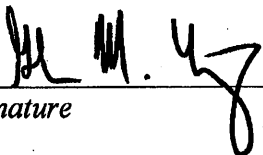
The following sections have been changed on the "standard" agreement:

[Redacted]		

Modifications (Please specify modifications to be made below. Use additional paper if needed.):

Approve Agreement/Exhibits/Attachments

Approve Agreement/Exhibits/Attachments with the modifications that have been described
per attached redlines


Signature

3/2/09
Date

CERTIFICATE OF LIABILITY INSURANCE

06/30/08

PRODUCER Aon Risk Services of Ohio 1660 W 2nd Street Suite 650 Cleveland, OH 44113	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	COMPANIES AFFORDING COVERAGE
	COMPANY A Old Republic Ins Co
	COMPANY B
	COMPANY C
	COMPANY D

COVERAGES

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.

CO LT R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MWZY57162	06/30/08	06/30/11	GENERAL AGGREGATE \$5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	General Liability	06/30/08	06/30/11	PRODUCTS - COMP/OP AGG \$5,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$2,500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$2,500,000
	<input checked="" type="checkbox"/> Liquor Liability				FIRE DAMAGE (Any one fire) \$1,000,000
					MED EXP (Any one person)
A	AUTOMOBILE LIABILITY	MWTB19515	06/30/08	06/30/11	COMBINED SINGLE LIMIT \$5,000,000
	<input type="checkbox"/> ANY AUTO	Business Automobile	06/30/08	06/30/11	BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> COMP DED \$250				
<input checked="" type="checkbox"/> COMP DED \$250					
A	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT
					AGGREGAT
A	EXCESS LIABILITY	MWZU20007	06/30/08	06/30/11	EACH OCCURRENCE \$10,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM	Other Than Umbrella Form	06/30/08	06/30/11	AGGREGATE \$10,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	MWC11161502	06/30/08	06/30/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	Worker's Compensation and Employers' Liability	06/30/08	06/30/11	EL EACH ACCIDENT \$1,000,000
	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT \$1,000,000
					EL DISEASE-EA EMPLOYEE \$1,000,000
A	International DIC - GL, Auto, W.C. / E.L.	WMZX26624	06/30/08	06/30/11	\$1,000,000 / 2,000,000 GL \$1,000,000 Auto Liab. \$1,000,000 Employer's Liab.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Evidence of coverages applicable to the operations of KeyCorp and its subsidiaries at any location, subject to policy terms and conditions.

CERTIFICATE HOLDER	
For Information Purposes Additional Insureds are covered per the terms of the attached endorsements.	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier: Certificate No: 570010256607

CONTRACT INSURANCE APPROVAL

DATE: March 17, 2009

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

FROM: Joy Cheechov

PHONE: 650-363-4739 FAX: 650-363-7800 PONY: ISD120

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

CONTRACTOR NAME: Key Government Finance, Inc.

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: Lease Agreements

The following will be completed by Risk Management:

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

REMARKS/COMMENTS:

Faiza Steele
 Faiza Steele
 Risk Management Analyst

3/4/09
 Date