

**REIMBURSABLE SERVICES CONTRACT REQUEST**

CHP 78R (Rev. 2-12) OPI 076

TO	DATE 06/20/2017	(1) CURRENT AGREEMENT NUMBER	
BUSINESS SERVICES SECTION- CONTRACT SERVICES UNIT (076)	(2) OPI TRACKING NUMBER	(3) PREVIOUS AGREEMENT NUMBER 14R125000	
(4) CONTRACT COORDINATOR (Print Name and Title)  Sergeant Pat Hurton, #12656	FROM (Command/Location Code)  Humboldt/125	TELEPHONE NUMBER (Include Area Code)  (707) 822-5981	FAX NUMBER (Include Area Code)  (707) 822-8939
MAILING ADDRESS (Include Zip Code) 255 East Samoa Blvd., Arcata, CA 95521		BUSINESS ADDRESS (If different than mailing address)	
(5) AGREEMENT WITH (Include Full Business Name)  Humboldt County Association of Governments SAFE	CONTACT NAME (Print Name and Title)  Marcella Clem, Executive Director	TELEPHONE NUMBER (Include Area Code)  (707) 444-8208	FAX NUMBER (Include Area Code)  (707) 444-8319
MAILING ADDRESS (Include Zip Code) 611 I Street, Suite B, Eureka, CA 95501		BUSINESS ADDRESS (If different than mailing address)	

(6)  
 ORIGINAL AGREEMENT       AMENDMENT NUMBER

(7) TERM OF AGREEMENT  
 STARTING DATE 09/01/2017 THROUGH 08/31/2018 ORIGINAL ENDING DATE \_\_\_\_\_ AMENDED ENDING DATE 08/31/2017

(8) AREA(S)/LOCATION CODE(S)/ADDRESS(ES) WHERE SERVICES ARE TO BE PERFORMED (If Different From Above)  
 CHECK IF MULTIPLE LOCATION LISTING ATTACHED       NO CHANGE  
 State Route 36 and State Route 96 within rural Humboldt County where there is limited cell phone service and no call boxes.

(9) DESCRIBE PURPOSE, SERVICE(S) TO BE PERFORMED, AND/OR FINAL PRODUCT TO BE DELIVERED  
 Work duties to include all work/assignments normally conducted by the California Highway Patrol. The time estimate includes 102, 8 hour officer shifts and 12, 8 hour sergeant shifts. Also included is an estimated 200 miles driven per shift. This contract may be extended by amendment for up to 2 additional years.

(10)  
 SUPPORTING DOCUMENTATION ATTACHED (Specifications or scope of work, drawings and other supporting documents, or services affected by this reimbursable agreement must be attached to CHP 78R and available via email upon CSU's request). Please provide contact person and email address below.

NAME (Print Name and Title) Brett M. Fabbri, Captain	EMAIL ADDRESS bfabbri@chp.ca.gov	TELEPHONE NUMBER (Include Area Code) (707) 822-5981
(11) NAME OF INVOICE APPROVER (Print Name and Title) Brett M. Fabbri, Captain	MAILING ADDRESS 255 E. Samoa Blvd., Arcata, CA 95521	TELEPHONE NUMBER (Include Area Code) (707) 822-5981

All reimbursable agreements are subject to full-cost recovery, e.g., portal to portal and mileage, unless indicated and approved by appropriate Assistant Commissioner. Appropriate charges will be made for departmental supplies extended, additional equipment utilized, damages to uniforms or property repaired or replaced at state expense, etc., which are directly related to the services provided.

(12) ESTIMATED HOURS/MILEAGE:	Current billing rates as published by Fiscal Management Section will be used to calculate value.	ESTIMATED AMOUNT	(13) AMENDMENT - Increase/Decrease	\$
Est. Officer Reg. hours:	Officer Reg. rate: \$ _____ per hour	\$ _____	(14) MAXIMUM REIMBURSABLE AMOUNT AUTHORIZED	\$ 100,000.00
Est. Officer O/T hours: 816	Officer O/T rate: \$ 88.47 per hour	\$ 72,191.52	(15) LOCATION CODE	OBJECT CODE
Est. Sgt. Reg. hours:	Sgt. Reg. rate: \$ _____ per hour	\$ _____	PCA CODE	
Est. Sgt. O/T hours: 96	Sgt. O/T rate: \$ 107.62 per hour	\$ 10,331.52	(16) INVOICE TO BE PREPARED	
Est. M/C Sgt. Reg. hours:	M/C Sgt. Reg. rate: \$ _____ per hour	\$ _____	<input type="checkbox"/> Upon completion of Agreement	<input checked="" type="checkbox"/> Monthly
Est. M/C Sgt. O/T hours:	M/C Sgt. O/T rate: \$ _____ per hour	\$ _____	<input type="checkbox"/> Other, Fully explain method below:	
Est. Automobile miles: 22,800	Automobile miles rate: @ 0.76 per mile	\$ 17,328.00		
Est. M/C miles:	M/C miles rate: @ _____ per mile	\$ _____		
Est. Other Expense(s):	Other expense(s): \$ _____	\$ _____		
Estimated total:		\$ 99,851.04		

COMMANDER OR APPROVED DESIGNEE (Print Name and Title) Brett M. Fabbri, Captain	SIGNATURE 	DATE 6/26/17
DIVISION COMMANDER OR APPROVED DESIGNEE (If Required) (Print Name and Title)	SIGNATURE	DATE