

## STD 215 (Rev. 08/2017)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

<p>AGREEMENT NUMBER</p> <p><b>19-CDBGDR-13032</b></p>	<p>AMENDMENT NUMBER</p> <p><b>1</b></p>
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1. CONTRACTOR'S NAME GCR Inc.		2. FEDERAL I.D. NUMBER 72-0852541
3. AGENCY TRANSMITTING AGREEMENT Department of Housing and Community Development	4. DIVISION, BUREAU, OR OTHER UNIT DFA	5. AGENCY BILLING CODE 035539
6a. CONTRACT ANALYST NAME Monique Walker	6b. EMAIL monique.walker@hcd.ca.gov	6c. PHONE NUMBER (916) 263-1736
7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, enter prior Contractor Name and Agreement Number) <div style="display: flex; justify-content: space-between;"> <div> <p>PRIOR CONTRACTOR NAME N/A amendment</p> </div> <div> <p>PRIOR AGREEMENT NUMBER</p> </div> </div>		

## 8. BRIEF DESCRIPTION OF SERVICES

Consultant to provide Grant Management Services to aid the State's recovery from Wildfires, Debris Flows, and Mudslides.

9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)

This amendment replaces Exhibit B, Budget Detail and adds in Exhibit E, CDBG-DR Terms and Conditions.

The State of California, through the California Department of Housing and Community Development's Disaster Recovery Section (herein referred to as HCD), is receiving funds through the Community Development Block Grant Program for disaster recovery (CDBG-DR) due to wildfires and subsequent mudslides in Northern and Southern California.

10. PAYMENT TERMS (More than one may apply)

☐ Monthly Flat Rate      ☐ Quarterly      ☐ One-Time Payment      ☐ Progress Payment  
☒ Itemized Invoice      ☐ Withhold \_\_\_\_\_ %      ☐ Advanced Payment Not To Exceed \_\_\_\_\_  
☐ Reimbursement / Revenue      \_\_\_\_\_ or \_\_\_\_\_ %  
☐ Other (Explain) \_\_\_\_\_

## 11. PROJECTED EXPENDITURES

FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	PROJECTED EXPENDITURES
FTF	2240-101-0890	19/20	23	2019	\$7,455,905.00

OBJECT CODE 5340580-Consulting & Professional Services External - Other	AGREEMENT TOTAL	\$7,455,905.00
OPTIONAL USE  22402000/46440	AMOUNT ENCUMBERED BY THIS DOCUMENT \$0.00	
	PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT \$7,455,905.00	
I certify upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.	TOTAL AMOUNT ENCUMBERED TO DATE \$7,455,905.00	

ACCOUNTING OFFICER'S SIGNATURE

ACCOUNTING OFFICER'S NAME (*Print or Type*)  
Mary Huang

DATE SIGNED	07/31/2020
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STATE OF CALIFORNIA  
**AGREEMENT SUMMARY**

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**1**

**12. AGREEMENT**

AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
Original	DGS Approval	10/31/22	\$7,455,905.00	BID
Amendment 1	10/29/19	10/31/22	\$0.00	Exempt
Amendment 2				
<b>TOTAL</b>			<b>\$7,455,905.00</b>	

**13. BIDDING METHOD USED**

- ☒ Request for Proposal (RFP) (Attach justification if secondary method is used)
 ☐ Use of Master Service Agreement  
☐ Invitation for Bid (IFB)
 ☐ Exempt from Bidding (Give authority for exempt status)
 ☐ Sole Source Contract (Attach STD. 821)  
☐ Other (Explain) SCM Vol 1 5.81 A3

Note: Proof of advertisement in the State Contracts Register or an approved form STD. 821, Contract Advertising Exemption Request, must be attached

**14. SUMMARY OF BIDS (List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)**

**15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, EXPLAIN REASON(S) (If an amendment, sole source, or exempt, leave blank)**

**16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?**

**17a. JUSTIFICATION FOR CONTRACTING OUT (Check one)**

- ☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.
 ☒ Contracting out is justified based on Government Code 19130(b). When this box is checked, a completed JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60 must be attached to this document.  
☐ Not Applicable (Interagency / Public Works / Other \_\_\_\_\_)

**17b. EMPLOYEE BARGAINING UNIT NOTIFICATION**

- ☒ By checking this box, I hereby certify compliance with Government Code section 19132(b)(1).

AUTHORIZED SIGNATURE	SIGNER'S NAME (Print or Type)	DATE SIGNED
<i>Monique Walker</i>	Monique Walker, Contract Analyst	7/31/20

<b>18. FOR AGREEMENTS IN EXCESS OF \$5,000: Has the letting of the agreement been reported to the Department of Fair Employment and Housing?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>22. REQUIRED RESOLUTIONS ARE ATTACHED</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A  <b>23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes SB/DVBE Certification Number: _____
<b>19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
<b>20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the DGS Legal Office?</b> <input checked="" type="checkbox"/> None on file <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
<b>21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?</b> A. Contractor Certification Clauses <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A B. STD 204 Vendor Data Record <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	

**24. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? (If an amendment, explain changes if any)**  
☒ No (Explain below) ☐ Yes \_\_\_\_\_ % of Agreement  
 N/A

**25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN THREE YEARS?**  
☐ No ☒ Yes (If Yes, provide justification below)

Due to the length of the HUD grants (6-8 years for each allocation), and the time-consuming nature of the statewide recovery efforts, the base contract term of 3 years is simply insufficient to carry out the required work for these very complex programs.

I certify that all copies of the referenced Agreement will conform to the original agreement sent to the Department of General Services.

SIGNATURE	NAME/TITLE (Print or Type)	DATE SIGNED
<i>Monique Walker</i>	Monique Walker, Contracts Analyst	7/31/20

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**1****JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60**

In the space provided below, the undersigned authorized state representative documents, with specificity and detailed factual information, the reasons why the contract satisfies one or more of the conditions set forth in Government Code section 19130(b). Please specify the applicable subsection. Attach extra pages if necessary.

19130(b)(3): The technical and complex nature of CDBG-DR funding along with the required subject matter experts (SMEs) required by the authorizing Federal Register Notice necessitates procuring technical assistance consultants that are not available within civil service.

*The undersigned represents that, based upon his or her personal knowledge, information or belief the above justification correctly reflects the reasons why the contract satisfies Government Code section 19130(b).*

SIGNATURE <i>Monique Walker</i>	NAME/TITLE(Print or Type) Monique Walker, Contracts Analyst	DATE SIGNED	
PHONE NUMBER (916) 263-1736	STREET ADDRESS 2020 West El Camino Avenue, Suite 130		
EMAIL monique.walker@hcd.ca.gov	CITY Sacramento	STATE CA	ZIP 95833