



CITY OF COSTA MESA, CALIFORNIA Purchase Requisition

(Leave Blank for Time Stamp)

Purchase Order Number
(Assigned by Purchasing)

Business Unit: <u>CITY</u>	Date Requisitioned: <u>7/25/14</u>	<input checked="" type="checkbox"/> Request is for Budgeted item(s) <input type="checkbox"/> Request is for UNBUDGETED item(s)-(Memo Attached) <input type="checkbox"/> Item(s) Pending Budget Amendment Request # _____ <input type="checkbox"/> Requesting Sole Source (Justification Form Attached) <input type="checkbox"/> Fixed Asset Tag Request
Department: <u>I. T.</u>	Division: <u>Comp Systems Dev</u>	
Ship To Address: _____		
Contact Person: <u>Steve Ely</u>	Phone Number: <u>4891</u>	
Send Copy of P.O. to: <input type="checkbox"/> Contact Person and / or <u>Victoria</u>		

Item No.	Qty	Unit	Items (Give Full Description: Size, Catalog No. Etc.)	Unit Price	Estimated Amount
1	1	LT	Professional Services Agreement to provide onsite I.T. assistance		\$ 178,880.00
			as described in Consultant's Statement of Work		
			(Exhibit A of the attached Amendment Three to the PSA)		
			Total Compensation NTE \$281,880		

If additional lines are needed, please attach a second sheet

Const./Prof. Svs. Agmt. Completion Date: _____	Sales Tax (8.00%):	0.00
	Include Shipping Fee:	0.00
Insurance Required: <input checked="" type="checkbox"/> Yes (Certificate attached) <input type="checkbox"/> No	Estimated Total Cost:	\$ 178,880.00

Item #	Account	Fund	Dept./Org.	Program	Project	Amount
1	530200	217	15400	10127		\$ 169,936.00
1	530200	101	14600	50710		8,944.00
						Total\$ 178,880.00

Comments:

Attached: insurance Certificate and Addiitional Insured Endorsement

Proper approvals are required before requisition can be processed.

Suggested Vendor: SCIENTIA CONSULTING GROUP

Address: 1591 S SINCLAIR ST., SUITE B

City, State, Zip Code: ANAHEIM, CA 92806

Phone: 877-444-3108 Fax: 714-917-3113

Vendor's Contact Person: PHIL DANIE

Ordered By: _____
Department Director/Authorized Signature

Approved By: _____
Director of Finance/Purchasing Officer

Approved By: _____
City Manager (when required)

PURCHASING DIVISION USE ONLY		
Vendor ID:	Buyer:	Insurance valid thru _____
Ship To/Location:	Due Date:	
Standard Comments: ACC – ALL – ARR – BLA – CON – DCP – DIS – FCA – FCI - FIX – INS – IS – IST – ORG –QTR – REM – SUB – T&C		
FINANCE DEPARTMENT USE ONLY		
Available Appropriation: <input type="checkbox"/> Yes <input type="checkbox"/> No	As of:	Confirmed By:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/18/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland, NJ 07068	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED SCIENTIA CONSULTING GROUP 1591 S. Sinclair St., Ste B Anaheim, CA 92806-	INSURER A: Travelers Property Casualty Company of	NAIC # 25674
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 250330

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A N UB4246T88814	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Costa Mesa
 77 Fair Dr.
 Costa Mesa, CA 92626

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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POLICY NUMBER: 57 SBA D06721



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

RREEF AMERICA REIT II PORTFOLIO, LP, A MARYLAND LIMITED
PARTNERSHIP AND RREEF AMERICA REIT II CORP U, A MARYLAND
CORPORATION, ITS GENERAL PARTNER AND RREEF MANAGEMENT COMPANY,
A DELAWARE CORPORATION FOR THE PREMISES OF 1591 S. SINCLAIR ST.,
STE. B, ANAHEIM CA 92806.
1630 SOUTH SUNKIST STE A
ANAHEIM, CA 92806

CITY OF LOS ALAMITOS
3191 KATELLA AVENUE
~~LOS ALAMITOS, CA 90720~~

CITY OF PLACENTIA
POLICE DEPARTMENT
401 E. CHAPMAN AVE.
PLACENTIA, CA 92870

CITY OF COSTA MESA
77 FAIR DRIVE
COSTA MESA, CA 92626

CITY OF ALHAMBRA
111 SOUTH FIRST STREET
ALHAMBRA CA 91801

LOCATION 001 BUILDING 001
CITY OF TUSTIN
300 CENTENNIAL WAY
TUSTIN, CA 92780
ATTENTION: CAPTAIN CHARLIE CELANO