

**CONTRACT REQUEST FORM (CRF)**

CEC-94 (Revised 5/11)

CALIFORNIA ENERGY COMMISSION


 New Contract 200-11-009     Amendment to Existing Contract:     -    -        Amendment Number:     

Division	Contract Manager:	MS-	Phone	CM Training Date
200 Financial Services	Mark Hutchison	19	916-654-6718	9/27/05

Contractor's Legal Name	Federal ID Number
Department of Finance (DOF)	-

Title of Project
DOF's Evaluation of ARRA Grantees' Spending Plans

Term	Start Date	End Date	Amount
New/Original Contract	08 / 10 / 11	09 / 30 / 11	\$ 74,999

Line up the Amendment information as best as possible in the following boxes

Amendment #	End Date (mm/dd/yy)	Amount

### Business Meeting Information

Proposed Business Meeting Date	8/10/11	<input type="checkbox"/> Consent	<input checked="" type="checkbox"/> Discussion
Business Meeting Presenter	Mark Hutchison	Time Needed:	5 minutes

### Agenda Item Subject and Description

Possible approval of an Interagency Agreement 200-11-009 for \$74,999 with the Department of Finance to provide professional services to evaluate grantees American Recovery and Reinvestment Act (ARRA) spending plans.

**Business Meeting approval is not required for the following types of contracts:** *Executive Director's signature is required in all cases.*

- Contracts less than \$10k (*Policy Committee's signature is also required*)
- Amendment for a no-cost time extension. Must be first extension, less than one year and original contract less than \$100k.
- Contracts less than \$25k for Expert Witness in Energy Facility licensing cases and amendments.

### Purpose of Contract or Purpose of Amendment, if applicable

This interagency agreement between the State Energy Resources Conservation and Development Commission (Energy Commission) and the Department of Finance, Office of State Audits and Evaluations (Finance), is for the purpose of acquiring professional services to evaluate American Recovery and Reinvestment Act (ARRA) spending plans received from grantees. This work is undertaken in response to a recent follow-up audit completed by the Bureau of State Audits regarding the Commission's progress in ensuring grantees timely expend their ARRA funds.

### California Environmental Quality Act (CEQA) Compliance

1. Is Contract considered a "Project" under CEQA?  
 Yes: skip to question 2     No: complete the following (PRC 21065 and 14 CCR 15378):  
 Explain why contract is not considered a "Project":  
 Contract will not cause direct physical change in the environment or a reasonably foreseeable indirect physical change in the environment because the CEC is acquiring professional auditing services.
2. If contract is considered a "Project" under CEQA:  
 a) Contract **IS** exempt. (Draft NOE required)  
 Statutory Exemption. List PRC and/or CCR section number: \_\_\_\_\_  
 Categorical Exemption. List CCR section number: \_\_\_\_\_  
 Common Sense Exemption. 14 CCR 15061 (b) (3)  
 Explain reason why contract is exempt under the above section: \_\_\_\_\_
- b) Contract **IS NOT** exempt. The Contract Manager needs to consult with the Energy Commission attorney assigned to their division and the Siting Office regarding a possible Initial Study.

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Budgets Information								
Contract Amount Funded		Breakdown by FY			Funding Sources			
Funding Source	Amount	FY	Amount	Approved ?	Funding Source	FY	Budget List No.	Amount
ARFVTF	\$	11-12	\$74,999	Yes	State - ERPA	11-12	200.007	\$74,999
ECAA	\$		\$	No	Funding Source			\$
State- ERPA	\$74,999		\$	No	Funding Source			\$
Federal	\$		\$	No	Funding Source			\$
PIER - E	\$		\$	No	Funding Source			\$
PIER - NG	\$		\$	No	Funding Source			\$
Reimbursement	\$		\$	No	Funding Source			\$
RRTF	\$		\$	No	Funding Source			\$
Other:	\$		\$	No	Other:			\$
TOTAL: \$74,999		TOTAL: \$74,999			TOTAL:			\$74,999
Reimbursement					Federal Agreement #:			

Contractor's Administrator/ Officer		Contractor's Project Manager	
Name:	Vicki Huntsman	Name:	Rick Sierra
Address:	915 L Street	Address:	300 Capitol Mall, Suite 801
City, State, Zip:	94814	City, State, Zip:	95814
Phone/ Fax:	916-445-1986, Ext. 3053/916-324-8223	Phone/ Fax:	916-322-2985, Ext. 3103/916-322-2618
E-Mail:	Vicki.Huntsman@dof.ca.gov	E-Mail:	Rick.Sierra@dof.ca.gov

**Contractor Is**

Private Company (including non-profits)

CA State Agency (including UC and CSU)

Government Entity (i.e. city, county, federal government, air/water/school district, joint power authorities, university from another state)

**Selection Process Used**

Solicitation Select Type Solicitation #: \_\_\_\_\_ - \_\_\_\_\_ # of Bids: \_\_\_\_\_ Low Bid?  No  Yes

Non Competitive Bid (Attach CEC 96)

Exempt Interagency

**Civil Service Considerations**

Not Applicable (Contract is with a CA State Entity or a membership/co-sponsorship)

Public Resources Code 25620, et seq., authorizes the Commission to contract for the subject work. (PIER)

The Services Contracted:

are not available within civil service

cannot be performed satisfactorily by civil service employees

are of such a highly specialized or technical nature that the expert knowledge, expertise, and ability are not available through the civil service system.

The Services are of such an:

urgent

temporary, or

occasional nature

that the delay to implement under civil service would frustrate their very purpose.

**Justification:**

**Payment Method**

A. Reimbursement in arrears based on:

Itemized Monthly  Itemized Quarterly  Flat Rate  One-time

B. Advanced Payment

C. Other, explain:

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<b>Retention</b>		
1. Is contract subject to retention?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, Do you plan to release retention prior to contract termination?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>Justification of Rates</b>
N/A using service classification for payment rate.

<b>Disabled Veteran Business Enterprise Program (DVBE)</b>	
1. <input checked="" type="checkbox"/> Not Applicable	
2. <input type="checkbox"/> Meets DVBE Requirements	DVBE Amount:\$ _____ DVBE %: _____
<input type="checkbox"/> Contractor is Certified DVBE	
<input type="checkbox"/> Contractor is Subcontracting with a DVBE:	_____
3. <input type="checkbox"/> Contractor selected through CMAS or MSA with no DVBE participation.	
4. <input type="checkbox"/> Requesting DVBE Exemption (attach CEC 95)	

<b>Is Contractor a certified Small Business (SB), Micro Business (MB) or DVBE?</b>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, check appropriate box:	<input type="checkbox"/> SB	<input type="checkbox"/> MB <input type="checkbox"/> DVBE

<b>Is Contractor subcontracting any services?</b>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, give company name and identify if they are a Small Business (SB), Micro Business (MB) and/or DVBE:		
	<input type="checkbox"/> No	<input type="checkbox"/> SB <input type="checkbox"/> MB <input type="checkbox"/> DVBE
	<input type="checkbox"/> No	<input type="checkbox"/> SB <input type="checkbox"/> MB <input type="checkbox"/> DVBE
	<input type="checkbox"/> No	<input type="checkbox"/> SB <input type="checkbox"/> MB <input type="checkbox"/> DVBE

<b>Miscellaneous Contract Information</b>		
1. Will there be Work Authorizations?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2. Is the Contractor providing confidential information?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
3. Is the contractor going to purchase equipment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
4. Check frequency of progress reports	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other Report summarizing DOF's findings.	
5. Will a final report be required?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
6. Is the contract, with amendments, longer than a year? If yes, why?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>The following items should be attached to this CRF</b>		
1. Scope of Work, Attach as Exhibit A.	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Attached
2. Budget Detail, Attach as Exhibit B.	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Attached
3. CEC 96, NCB Request	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Attached
4. CEC 30, Survey of Prior Work	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Attached
5. CEC 95, DVBE Exemption Request	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Attached
6. Draft CEQA Notice of Exemption (NOE)	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Attached
7. Resumes	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Attached
8. CEC 105, Questionnaire for Identifying Conflicts		<input type="checkbox"/> Attached
9. CEC 106, IT Component Reporting Form		<input type="checkbox"/> Attached

\_\_\_\_\_  
Contract Manager                      Date                      Office Manager                      Date                      Deputy Director                      Date

The following signatures are only required when contract approval is delegated to the Executive Office and not approved at a Business Meeting. See Business Meeting Information Section.

\_\_\_\_\_  
Presiding Policy Committee                      Date                      Associate Policy Committee                      Date                      Executive Director                      Date