

**MASTER AGREEMENT
FOR
ELEVATOR AND ESCALATOR MAINTENANCE SERVICES**

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COUNTY'S ADMINISTRATION

MASTER AGREEMENT NO.: _____

COUNTY PROJECT DIRECTOR:

Name: _____
Title: _____
Address: _____

Telephone: _____
E-mail Address: _____

COUNTY PROJECT DIRECTOR:

Name: _____
Title: _____
Address: _____

Telephone: _____
E-mail Address: _____

COUNTY COMPLIANCE MANAGER:

Name: _____
Title: _____
Address: _____

Telephone: _____
E-mail Address: _____

CONTRACTOR'S ADMINISTRATION

Contractor's Name

MASTER AGREEMENT NO.: _____

CONTRACTOR PROJECT DIRECTOR:

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

CONTRACTOR'S AUTHORIZED OFFICIAL(S):

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

NOTICES TO CONTRACTOR:

Name: _____

Title: _____

Address: _____

Telephone: _____

E-mail Address: _____

SAFELY SURRENDERED BABY LAW

THERE'S A BETTER CHOICE.
SAFELY SURRENDER YOUR BABY.

Any fire station. Any hospital. Any time.



1.877.222.9723

BabySafeLA.org

No shame | No blame | No names



SAFELY SURRENDERED BABY LAW

Some parents of newborns can find themselves in difficult circumstances. Sadly, babies are sometimes harmed or abandoned by parents who feel that they're not ready or able to raise a child. Many of these mothers or fathers are afraid and don't know where to turn for help.

This is why California has a Safely Surrendered Baby Law, which gives parents the choice to legally leave their baby at any hospital or fire station in Los Angeles County.

FIVE THINGS YOU NEED TO KNOW ABOUT BABY SAFE SURRENDER

- 1 Your newborn can be surrendered at any hospital or fire station in Los Angeles County up to 72 hours after birth.
- 2 You must leave your newborn with a fire station or hospital employee.
- 3 You don't have to provide your name.
- 4 You will only be asked to voluntarily provide a medical history.
- 5 You have 14 days to change your mind; a matching bracelet (parent) and anklet (baby) are provided to assist you if you change your mind.

No shame | No blame | No names



ABOUT THE BABY SAFE SURRENDER PROGRAM

In 2002, a task force was created under the guidance of the Children's Planning Council to address newborn abandonment and to develop a strategic plan to prevent this tragedy.

Los Angeles County has worked hard to ensure that the Safely Surrendered Baby Law prevents babies from being abandoned. We're happy to report that this law is doing exactly what it was designed to do: save the lives of innocent babies. Visit BabySafeLA.org to learn more.

No shame | No blame | No names

ANY FIRE STATION.
ANY HOSPITAL.
ANY TIME.

1.877.222.9723
BabySafeLA.org

THERE'S A
BETTER CHOICE.
SAFELY SURRENDER
YOUR BABY.



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SAFELY SURRENDERED BABY LAW



FROM SURRENDER TO ADOPTION: ONE BABY'S STORY

Los Angeles County firefighter Ted and his wife Becki were already parents to two boys. But when they got the call asking if they would be willing to care for a premature baby girl who'd been safely surrendered at a local hospital, they didn't hesitate.

Baby Jenna was tiny, but Ted and Becki felt lucky to be able to take her home. "We had always wanted to adopt," Ted says, "but taking

home a vulnerable safely surrendered baby was even better. She had no one, but now she had us. And, more importantly, we had her."

Baby Jenna has filled the longing Ted and Becki had for a daughter—and a sister for their boys. Because her birth parent safely surrendered her when she was born, Jenna is a thriving young girl growing up in a stable and loving family.

ANSWERS TO YOUR QUESTIONS

Who is legally allowed to surrender the baby?

Anyone with lawful custody can drop off a newborn within the first 72 hours of birth.

Do you need to call ahead before surrendering a baby?

No. A newborn can be surrendered anytime, 24 hours a day, 7 days a week, as long as the parent or guardian surrenders the child to an employee of the hospital or fire station.

What information needs to be provided?

The surrendering adult will be asked to fill out a medical history form, which is useful in caring for the child. The form can be returned later and includes a stamped return envelope. No names are required.

What happens to the baby?

After a complete medical exam, the baby will be released and placed in a safe and loving home, and the adoption process will begin.

What happens to the parent or surrendering adult?

Nothing. They may leave at any time after surrendering the baby.

How can a parent get a baby back?

Parents who change their minds can begin the process of reclaiming their baby within 14 days by calling the Los Angeles County Department of Children and Family Services at (800) 540-4000.

If you're unsure of what to do:

You can call the hotline 24 hours a day, 7 days a week and anonymously speak with a counselor about your options or have your questions answered.

1.877.222.9723 or BabySafeLA.org

English, Spanish and 140 other languages spoken.

<input type="checkbox"/> Non-Emergency
<input type="checkbox"/> Emergency

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
FACILITIES SERVICES BUREAU
 4700 Ramona Blvd., Monterey Park, CA 91754
 Phone (323) 981-6068 Fax (323) 267-6609

SAMPLE WORK ORDER

I. WORK ORDER SOLICITATION

WORK ORDER NO.:		COUNTY MASTER AGREEMENT NO.:	
BID DUE DATE			
CONTRACTOR NAME:			
COUNTY DIRECTOR:			
COUNTY MANAGER:			
PROJECT TITLE:			
PROJECT LOCATION:			
PROJECT DESCRIPTION:			

II. CONTRACTOR'S BID

QTY	DESCRIPTION: (LABOR, EQUIPMENT, PARTS, MATERIAL, ETC.)	U.O.M.	RATE/PRICE	EXTENDED TOTAL
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Attach additional pages to this form if necessary.

SUBTOTAL: NON-TAXABLE	\$
SUBTOTAL: TAXABLE	\$
TAX _____%	\$
TOTAL MAXIMUM AMOUNT	\$

Work Order No.: _____

Master Agreement No.: _____

III. SERVICES

Contractor agrees to satisfactorily perform and complete all tasks and provide all deliverables detailed in this Work Order on a fixed price/not-to-exceed cost per deliverable basis, in compliance with the terms and conditions of Contractor’s Master Agreement.

Contractor’s signature on this Work Order confirms Contractor’s awareness of, and agreement with, the provisions of Paragraph 3.5 of the Master Agreement, which establishes that Contractor will not be entitled to any compensation whatsoever for any task, deliverable, Service, or other Work:

- a. that is performed without a fully executed Work Order, and/or
- b. that goes beyond the scope and expiration date of this Work Order, and/or
- c. that exceeds the total maximum amount of this Work Order, regardless of any oral promise made to Contractor by any County personnel.

In accordance Paragraph 2.2.2 of Attachment 1 (Statement of Work) to the Master Agreement, Contractor’s intentional gross underbidding or zero-cost bidding of a Work Order solicitation, for the sole purpose of securing a bid award, will be considered non-responsible and therefore null and void, at the sole discretion of the County.

ALL TERMS OF THE MASTER AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT. THE TERMS OF THE MASTER AGREEMENT WILL GOVERN AND TAKE PRECEDENCE OVER ANY CONFLICTING TERMS AND/OR CONDITIONS IN THIS WORK ORDER. NEITHER THE RATES NOR ANY OTHER SPECIFICATIONS IN THIS WORK ORDER ARE VALID OR BINDING IF THEY DO NOT COMPLY WITH THE TERMS AND CONDITIONS OF THE MASTER AGREEMENT.

ONLY COUNTY PROJECT DIRECTOR IS AUTHORIZED TO EXECUTE THIS WORK ORDER FOR THE COUNTY.

WORK ORDER IS NOT VALID WITHOUT PRIOR WRITTEN APPROVAL.

IV. CONTRACTOR’S BID AMOUNT AND ACKNOWLEDGEMENT

Signature: _____

Bid Amount: \$ _____

Name: _____

Date: _____

V. COUNTY ACCEPTANCE OF CONTRACTOR’S BID

The County hereby accepts Contractor’s bid for the performance of Services under this Work Order and the Master Agreement.

Signature: _____

Date: _____

Name: _____

Title: _____

**ELEVATOR AND ESCALATOR MAINTENANCE SERVICES
MASTER AGREEMENT WORK ORDER
CERTIFICATION OF EMPLOYEE STATUS**

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

Contractor Name

Work Order No.: _____ Master Agreement No.: _____

I CERTIFY THAT: (1) I am an Authorized Official of Contractor; (2) the individual(s) named below is(are) this organization's employee(s); (3) applicable state and federal income tax, FICA, unemployment insurance premiums, and workers' compensation insurance premiums, in the correct amounts required by state and federal law, will be withheld as appropriate, and paid by Contractor for the individual(s) named below for the entire time period covered by the attached Work Order.

EMPLOYEES

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Official

Printed Name of Authorized Official

Title of Authorized Official

Date

**ELEVATOR AND ESCALATOR MAINTENANCE SERVICES
MASTER AGREEMENT WORK ORDER
CERTIFICATION OF NO CONFLICT OF INTEREST**

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

Contractor Name

Work Order No.: _____ Master Agreement No.: _____

Los Angeles County Code Section 2.180.010.A provides as follows:

“Certain contracts prohibited.

- A. Notwithstanding any other section of this code, the county will not contract with, and will reject any bid or proposal submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:
 - 1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
 - 2. Profit-making firms or businesses in which employees described in subdivision 1 of subsection A serve as officers, principals, partners, or major shareholders;
 - 3. Persons who, within the immediately preceding 12 months, came within the provisions of subdivision 1 of subsection A, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
 - 4. Profit-making firms or businesses in which the former employees, described in subdivision 3 of subsection A, serve as officers, principals, partners, or major shareholders.”

Contractor hereby declares and certifies that no Contractor Personnel, nor any other person acting on Contractor's behalf, who prepared and/or participated in the preparation of the bid or proposal submitted for the Work Order specified above, is within the purview of County Code Section 2.180.010.A, above.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Official

Printed Name of Authorized Official

Title of Authorized Official

Date

ELEVATOR AND ESCALATOR MAINTENANCE SERVICES MASTER AGREEMENT WORK ORDER

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

Contractor Name: _____

Work Order No.: _____ Master Agreement No.: _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a Master Agreement with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, outsourced vendors, and independent contractors (Contractor's Staff) that will provide Services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of Work under the above-referenced Master Agreement.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of Work under the above-referenced Master Agreement. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing Work pursuant to the above-referenced Master Agreement between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced Master Agreement. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff must keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

POSITION: _____

CONTRACT DISCREPANCY REPORT

TO: _____

FROM: _____

DATES: Prepared by County: _____ Master Agreement No.: _____

Received by Contractor: _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY PROBLEMS: _____

Signature of County Representative

_____ Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

Signature of Contractor Representative

_____ Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

Signature of County Representative

_____ Date

COUNTY ACTIONS: _____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date _____

Contractor Representative's Signature and Date _____

INVOICE DISCREPANCY REPORT

1. INVOICE DISCREPANCY (to be completed by County Project Manager)

Today's Date: _____ Master Agreement No.: _____

Contractor: _____

Phone Number: _____

Invoice Number: _____ Date of Invoice: _____

Description of Issue(s) with Invoice: _____

Signed: _____ Date: _____

County Project Manager

2. REVIEWED

Signed: _____ Date: _____

County Project Director

3. CONTRACTOR RESPONSE (to be completed by Contractor Project Director)

Date received from County Project Manager: _____

Explanation regarding Issue(s) with Invoice: _____

Corrective Action Taken: _____

Signed: _____ Date: _____

Contractor Project Director

4. COUNTY EVALUATION of Contractor's Response and Action taken.

5. APPROVED BY COUNTY

_____ Date: _____

_____ Date: _____

6. CONTRACTOR NOTIFIED ON _____ Date: _____

INSTRUCTIONS

County Project Manager: Forward IDR to Contractor for investigation and response.

Contractor: Must respond to County Project Manager in writing within five Business Days of receipt of IDR.

County Project Manager: Forward completed IDR to Contracts Unit.

Los Angeles County Sheriff's Department

Application for Access to Custody Facilities

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION

All applications will be denied for the following reasons:

- Untruthful or incomplete statements on applications,
- Illegal use of drugs within the past five years,
- Any convictions for drug sales,
- Applicant is currently on Parole/Probation,
- Incarcerated in any prison/jail within the last (5) years,
- Have been convicted for any of the following: murder, sex crime (other than misdemeanor prostitution), weapons law violations, felonious assault or spousal abuse, or
- Outstanding warrants.

If any of the above applies to you, please provide additional details on the "ATTACHMENT" on page 3 of this form. All information will be verified through a CRIMINAL BACKGROUND CHECK. If the application is denied, only the applicant will be informed of the reason for the denial. Please initial here: _____

Name _____ Social Security # _____

Home Address _____
Street City Zip Code

C.D.L. / I.D. # _____ Date of Birth _____ E-mail _____
(ATTACH COLOR COPY)

Home Phone # _____ Work # _____ Cell # _____

Sex _____ Race _____ Hair _____ Eyes _____ Height _____ Weight _____

Occupation _____ Employer _____

Work Address _____
Street City Zip Code

Requesting Unit _____ Program Name _____

Non-Escort _____ Escort _____ Atty. Room _____ Facility Access _____

Sheriff's Sponsor _____ Date _____

Approved / Disapproved _____ Date _____

CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship _____

Address _____
Street City Zip Code

Telephone # _____ Cell # _____

AFFILIATION:

Name of Organization/Unit _____

Telephone # _____ E-mail _____

What service will you provide? _____

_____ How often? _____

ENTRY CRITERIA:

If you answer **YES** to any question, please provide additional details on the "ATTACHMENT."

1. When was the last time you used drugs? _____

2. Are you currently on Parole/Probation? _____

3. Have you been arrested within the last five years? (Prison/Jail/Youth Authority/Camp) _____

4. Have you ever been in State or Federal Prison? _____

5. Do you have any relatives/friends incarcerated within the Los Angeles County Jail system? If yes, provide the following information:

Name of Inmate	Booking #	Facility	Relationship

6. Have you ever been acquainted with a member(s) of a criminal organization or street gang? _____

7. Have you ever previously applied for or been denied access to a custody facility? _____

Please read carefully before signing:

I request the specified access and certify, under penalty of perjury, that the information provided by me in this application, including all attachments and supporting documents, is accurate, complete, and true. I understand that failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied. I will be expected to obey all Rules, Regulations and Security Procedures. My failure to do so will result in forfeiture of my clearance with the Los Angeles County Sheriff’s Department.

Signature: _____ Date: _____

ATTACHMENT

SUBSEQUENT EXECUTED WORK ORDERS

(NOT ATTACHED BUT INCORPORATED HEREIN BY REFERENCE)