



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name: CEO/Human Resources
Department No.: 064
For Agenda Of: 7/15/2008
Placement: Administrative
Estimated Tme:
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Susan Paul, Assistant CEO/HR Director
Director(s)
Contact Info: Don Nguyen, Ext 2823

SUBJECT: Temporary Services Contract

County Counsel Concurrence

As to form: Yes

Auditor-Controller Concurrence

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

Recommended Actions: That the Board of Supervisors execute agreements with Select Staffing and Crossroads Staffing Services for temporary employment services to County departments on an as needed basis effective 7/15/2008 through 6/30/2009 with the option of the County Purchasing Manager to extend, in writing and by mutual consent, for two (2) consecutive one (1) year periods under the same terms and conditions through contracts administered by CEO/Human Resources (CEO/HR).

Summary Text: As a matter of routine business, CEO/HR negotiates Countywide agreements for temporary employment services. The purpose is to provide a resource to departments for short-term or emergency staffing needs that may occur during the year. CEO/HR coordinates this effort to provide increased service consistency to all departments and to leverage economies of scale to provide cost savings. CEO/HR issued an invitation for quotes to solicit competitive bids from vendors based on requirements developed with input from customer departments. Both Select and Crossroads were selected based on overall pricing, competitive wages paid to temporary workers, ability to attract bilingual workers, and reference checks. Both selected vendors provide competitive wages in their respective regions while providing reasonable mark-ups and prices to the County. In addition, each vendor has a candidate pool which includes significant percentages of bilingual workers and both received excellent comments regarding service and value from references. CEO/HR believes that the selected vendors will provide County departments with access to cost-effective and qualified short-term workers. These agreements do not require any minimum purchase of services by County departments.

Background: The current contract for temporary services expired on June 30, 2008. Typically, CEO/HR negotiates and establishes a master contract for use by all County departments in order to achieve maximum cost efficiency based on economies of scale. Departments utilize these contracts to fill critical short-term staffing needs on an as needed basis. California Government Code restricts the use of temporary labor to a period of 90 days per assignment.

Fiscal and Facilities Impacts: Departments pay for temporary services as they are needed from their existing budgets, per the terms of the temporary employment contracts. Use of the contracted vendors typically results in reduced costs due to the favorable terms obtained through the competitive bidding process. The County is under no obligation to purchase any minimum level of temporary help services.

Budgeted: Yes

Special Instructions: Please return one copy of each executed agreement to CEO/Human Resources attention Nicci Plata.

Attachments: Contract with Select Staffing
Contract with Crossroads Staffing

Authored by: Don Nguyen

CC:

CONTRACT SUMMARY FORM: _____ **CONTRACT NUMBER:** _____

D1. Fiscal Year..... : FY 2008-2009
 D2. Budget Unit Number (*plus -Ship/-Bill codes in paren's*): This is a Countywide contract for use by all depts.
 D3. Requisition Number :
 D4. Department Name..... : CEO/Human Resources
 D5. Contact Person..... : Don Nguyen
 D6. Phone : x2823

K1. Contract Type (*check one*): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : Temporary Employment Services for South County
 K3. Original Contract Amount : \$
 K4. Contract Begin Date : 7/15/2008
 K5. Original Contract End Date..... : 6/30/2009
 K6. Amendment History (*leave blank if no prior amendments*):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndt</u>	<u>AmtCum</u>	<u>AmndtTo</u>	<u>DateNew</u>	<u>TotalAmt</u>	<u>NewEnd</u>	<u>EndDate</u>	<u>Purpose (2-4 words)</u>
			\$			\$			

 K7. Department Project Number..... :

B1. Is this a Board Contract? (*Yes/No*) : Yes
 B2. Number of Workers Displaced (*if any*) :
 B3. Number of Competitive Bids (*if any*) : 9
 B4. Lowest Bid Amount (*if bid*) : 27% Markup
 B5. If Board waived bids, show Agenda Date..... :
 B6. ... and Agenda Item Number..... : #
 B7. Boilerplate Contract Text Unaffected? (*Yes / or cite ¶¶*) : Minor Changes to Terms 5, 6, 7 and Exhibit B to reflect specific requirement of temporary employment services.

F1. Encumbrance Transaction Code : 1701
 F2. Current Year Encumbrance Amount..... : \$
 F3. Fund Number :
 F4. Department Number : Departments using Temporary Services will use their individual accounting information.
 F5. Division Number (*if applicable*) :
 F6. Account Number..... :
 F7. Cost Center number (*if applicable*)..... :
 F8. Payment Terms : Net 30

V1. Vendor Numbers (*A=uditor; P=urchasing*)..... : P:18579
 V2. Payee/Contractor Name..... : Crossroads Staffing Services
 V3. Mailing Address..... : 1337 E. Thousand Oaks Blvd, Ste 110
 V4. City State (*two-letter*) Zip (*include +4 if known*) : Thousand Oaks, CA 91362
 V5. Telephone Number : 805-497-8696
 V6. Contractor's Federal Tax ID Number (*EIN or SSN*) : 20-3981142
 V7. Contact Person : Jodi Davis
 V8. Workers Comp Insurance Expiration Date : 3/31/2009
 V9. Liability Insurance Expiration Date[s] (*G=enl; P=rofl*) : G: 2/1/2009
 V10. Professional License Number..... : #
 V11. Verified by (*name of County staff*)..... : Don Nguyen
 V12. Company Type (*Check one*): Individual Sole Proprietorship Partnership Corporation

Co of SB Std Terms Ver 10-01-01)

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature

CONTRACT SUMMARY FORM:

CONTRACT NUMBER:

D1. Fiscal Year..... : FY 2008-2009
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): This is a Countywide contract for use by all depts.
 D3. Requisition Number :
 D4. Department Name..... : CEO/Human Resources
 D5. Contact Person..... : Don Nguyen
 D6. Phone : x2823

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : Temporary Employment Services for North County
 K3. Original Contract Amount : \$
 K4. Contract Begin Date : 7/15/2008
 K5. Original Contract End Date..... : 6/30/2009
 K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtTo</u>	<u>DateNewTotal</u>	<u>AmtNew</u>	<u>EndDate</u>	<u>Purpose (2-4 words)</u>
		\$	\$		\$		

K7. Department Project Number..... :

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 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Minor Changes to Terms 5, 6, 7 and Exhibit B to reflect specific requirement of temporary employment services. Changes reviewed and approved by County Counsel

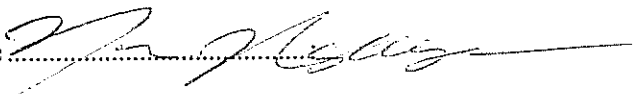
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 F3. Fund Number :
 F4. Department Number : Departments using Temporary Services will use their individual accounting information.
 F5. Division Number (if applicable) :
 F6. Account Number..... :
 F7. Cost Center number (if applicable)..... :
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing)..... : A:513324 P:19740
 V2. Payee/Contractor Name..... : Select Staffing
 V3. Mailing Address..... : 2011 S. Broadway St., Ste N
 V4. City State (two-letter) Zip (include +4 if known) : Santa Maria, CA 93454
 V5. Telephone Number : 805-928-9667
 V6. Contractor's Federal Tax ID Number (EIN or SSN) : 93-0994537
 V7. Contact Person : MaryLu Bell
 V8. Workers Comp Insurance Expiration Date : 9/30/2008
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : G: 6/1/2009
 V10. Professional License Number..... : #
 V11. Verified by (name of County staff)..... : Don Nguyen

V12. Company Type (*Check one*): Individual Sole Proprietorship Partnership Corporation

I **certify**: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature

A handwritten signature in black ink, written over a dotted line. The signature is cursive and appears to be "J. H. [unclear]".