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## COUNTY OF MARIN STANDARD SHORT FORM CONTRACT

THIS AGREEMENT is made and entered into this $\qquad$ day of $\qquad$ 2006 by and between the COUNTY OF MARIN, hereinafter referred to as "County" and MIKE WHITE CONSULTING,, hereinafter referred to as "Contractor."

RECITALS:
WHEREAS, County desires to retain a person or firm to provide the following services: ergonomic consultation services including pre-occupancy ergonomic measurement, post-occupancy ergonomic training, and ergonomic design consultation relating to space planning projects within the Marin Civic Center grounds and outlying County facilities, both owned and leased; and

WHEREAS, Contractor warrants that it is qualified and competent to render the aforesaid services;

NOW, THEREFORE, for and in consideration of the agreement made, and the payments to be made by County, the parties agree to the following:

## 1. SCOPE OF SERVICES:

Contractor agrees to provide all of the services described in Exhibit "A" attached hereto and by this reference made a part hereof.

## 2. FURNISHED SERVICES:

The County agrees to:
A. Guarantee access to and make provisions for the Contractor to enter upon public and private lands as required to perform their work.
B. Make available all pertinent data and records for review.
C. Provide general bid and contract forms and special provisions format when needed.

## 3. FEES AND PAYMENT SCHEDULE:

The fees and payment schedule for furnishing services under this Contract shall be based on the rate schedule which is attached hereto as Exhibit "B" and by this reference incorporated herein. Said fees shall remain in effect for the entire term of the Contract. Contractor shall provide County with his/her/its Federal Tax I.D. number prior to submitting the first invoice.

## 4. MAXIMUM COST TO COUNTY:

In no event will the cost to County for the services to be provided herein exceed the maximum sum of $\mathbf{\$ 3 0 , 0 0 0}$ including direct nonsalary expenses.

## 5. TIME OF AGREEMENT:

This Agreement shall commence on March 6, 2006, and shall terminate on September 30, 2007. Certificate(s) of Insurance must be current on day Contract commences and if scheduled to lapse prior to termination date, must be automatically updated before final payment may be made to Contractor. The final invoice must be submitted within 30 days of completion of the stated scope of services.

## 6. INSURANCE:

All required insurance coverages shall be substantiated with a certificate of insurance and must be signed by the insurer or its representative evidencing such insurance to County. The general liability policy shall be endorsed naming the County of Marin as an additional insured. The certificate(s) of insurance and required endorsement shall be furnished to the County prior to commencement of work. Each certificate shall provide for thirty (30) days advance notice to County of any cancellation in coverage. Said policies shall remain in force through the life of this Contract and shall be payable on a per occurrence basis only, except those required by paragraph 6.4. a. and b. which may be provided on a claims-made basis consistent with the criteria noted therein.

Nothing herein shall be construed as a limitation of Contractor's liability, and Contractor shall indemnify and hold the County, its employees, officers, and agents, harmless and defend the County against any and all claims, damages, losses and expense that may arise by reason of the Contractor's negligent actions or omissions. County agrees to timely notify Contractor of any negligence claim.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of the agreement. In addition to any other available remedies, County may suspend payment to the Contractor for any services provided during any time that insurance was not in effect and until such time as the Contractor provides adequate evidence that Contractor has obtained the required coverage.

A request for a waiver of any of the following insurance requirements must be set forth on Exhibit "C" attached hereto. A waiver must address reduced amounts of coverage or the type of coverage waived entirely.
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### 6.1 GENERAL LIABILITY

The Contractor shall maintain a commercial general liability insurance policy in an amount of no less than one million dollars ( $\$ 1,000,000.00$ ). The County shall be named as an additional insured on the commercial general liability policy and the Certificate of Insurance shall include an additional endorsement page.
(see sample form: ISO - CG 201011 85).
Insurance Reduction or Waiver of Coverage Requested (Exhibit "C")

### 6.2 AUTO LIABILITY

Where the services to be provided under this Contract involve or require the use of any type of vehicle by Contractor in order to perform said services, Contractor shall also provide comprehensive business or commercial automobile liability coverage including non-owned and hired automobile liability in the amount of one million dollars (\$1,000,000.00).
$\boxtimes$ Insurance Reduction or Waiver of Coverage Requested (Exhibit "C")

### 6.3 WORKERS' COMPENSATION

The Contractor acknowledges that it is aware of the provisions of the Labor Code of the State of California which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that Code, and it certifies that it will comply with such provisions before commencing the performance of the work under this Contract. If Contractor has employees, a copy of the certificate evidencing such insurance or a copy of the Certificate of Consent to Self-Insure shall be provided to County prior to commencement of work.

## $\boxtimes \quad$ Insurance Reduction or Waiver of Coverage Requested (Exhibit "C")

### 6.4 OTHER INSURANCES

Contractor may be required to carry additional insurance based upon the nature of the work to be performed (scope of services). For each additional required insurance, a corresponding certificate of insurance must be provided. Claims-made policies must have a retroactive date either prior to the effective date of the Contract or the beginning of the Contract work. Claims-made coverage must extend a minimum of twelve (12) months beyond completion of Contract work or end of current Contract, whichever is later. If coverage is cancelled or non-renewed, and not replaced with another claims made policy with a retroactive date prior to the Contract effective date, the Contractor must purchase extended reporting coverage for a minimum of twelve (12) months beyond completion of Contract work. Contractor shall maintain a policy limit of not less than one million dollars $(\$ 1,000,000)$ per incident, with a deductible or self-insured retention not to exceed $* \$ 2,500$ unless approved by the County.
6.4.a Professional Liability Insurance.................................................. $\square$ (check box if required)
*Deductibles greater than $\$ 2,500$ require Insurance Reduction/Waiver form (Exhibit "C") to be completed.
6.4.b Maritime Insurance............................................................ $\square$ (check box if required)

## 7. NONDISCRIMINATORY EMPLOYMENT:

Contractor and/or any permitted subcontractor, shall not unlawfully discriminate against any individual based on race, color, religion, nationality, sex, sexual orientation, age or condition of disability. Contractor and/or any permitted subcontractor understands and agrees that Contractor and/or any permitted subcontractor is bound by and will comply with the nondiscrimination mandates of all Federal, State and local statutes, regulations and ordinances.

## 8. SUBCONTRACTING:

The Contractor shall not subcontract nor assign any portion of the work required by this Contract without prior written approval of the County except for any subcontract work identified herein. If Contractor hires a subcontractor under this Agreement, Contractor shall require subcontractor to provide and maintain insurance coverage(s) identical to what is required of Contractor under this Agreement and shall require subcontractor to name Contractor as additional insured under this Agreement. It shall be Contractor's responsibility to collect and maintain current evidence of insurance provided by its subcontractors and shall forward to the County evidence of same.

## 9. ASSIGNMENT:

The rights, responsibilities and duties under this Contract are personal to the Contractor and may not be transferred or assigned without the express prior written consent of the County.

## 10. LICENSING AND PERMITS:

The Contractor shall maintain the appropriate licenses throughout the life of this Contract. Contractor shall also obtain any and all permits which might be required by the work to be performed herein.

## 11. BOOKS OF RECORD AND AUDIT PROVISION:

Contractor shall maintain on a current basis complete books and records relating to this Contract. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. The books and records shall be original entry books with a general ledger itemizing all debits and credits for the work on this Contract. In addition, Contractor shall maintain detailed payroll records including all subsistence, travel and field expenses, and canceled checks, receipts and invoices for all items. These documents and records shall be retained for at least five years from the completion of this Contract. Contractor will permit County to audit all books, accounts or records relating to this Contract or all books, accounts or records of any business entities controlled by Contractor who participated in this Contract in any way. Any audit may be conducted on Contractor's premises or, at County's option, Contractor shall provide all books and records within a maximum of fifteen (15) days upon receipt of written notice from County. Contractor shall refund any monies erroneously charged.

## 12. TITLE:

Any and all documents, information and reports concerning this project prepared by the Contractor, shall be the property of the County. The Contractor may retain reproducible copies of drawings and copies of other documents. In the event of the termination of this Contract, for any reason whatsoever, Contractor shall promptly turn over all information, writing and documents to County without exception or reservation.

## 13. TERMINATION:

A. If the Contractor fails to provide in any manner the services required under this Contract or otherwise fails to comply with the terms of this Contract or violates any ordinance, regulation or other law which applies to its performance herein, the County may terminate this Contract by giving five (5) calendar days written notice to the party involved.
B. The Contractor shall be excused for failure to perform services herein if such services are prevented by acts of God, strikes, labor disputes or other forces over which the Contractor has no control.
C. Either party hereto may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties and be sent by registered mail.
D. In the event of termination not the fault of the Contractor, the Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract so long as proof of required insurance is provided for the periods covered in the Contract or Amendment(s).

## 14. RELATIONSHIP BETWEEN THE PARTIES:

It is expressly understood that in the performances of the services herein, the Contractor, and the agents and employees thereof, shall act in an independent capacity and as an independent contractor and not as officers, employees or agents of the County. Contractor shall be solely responsible to pay all required taxes, including but not limited to, all withholding social security, and worker's compensation.

## 15. AMENDMENT:

This Contract may be amended or modified only by written agreement of all parties.

## 16. ASSIGNMENT OF PERSONNEL:

The Contractor shall not substitute any personnel for those specifically named in its proposal unless personnel with substantially equal or better qualifications and experience are provided, acceptable to County, as is evidenced in writing.

## 17. JURISDICTION AND VENUE:

This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in Marin County, California.

## 18. INDEMNIFICATION:

Contractor agrees to indemnify, defend, and hold County, its employees, officers, and agents, harmless from any and all liabilities including, but not limited to, litigation costs and attorney's fees arising from any and all claims and losses to anyone who may be injured or damaged by reason of Contractor's willful misconduct or negligent performance of this Contract. Nothing herein shall be construed as a limitation of Contractor's liabilities.

## 19. COMPLIANCE WITH APPLICABLE LAWS:

The Contractor shall comply with any and all Federal, State and local laws (including, but not limited to the County of Marin Nuclear Free Zone, Living Wage Ordinance, and Resolution \#2005-97 of the Board of Supervisors prohibiting the off-shoring of professional services involving employee/retiree medical and financial data) affecting services covered by this Contract. Copies of any of the abovereferenced local laws and resolutions may be secured from the County's contact person referenced in paragraph 20. NOTICES below.
20. NOTICES:

This Contract shall be managed and administered on County's behalf by the Department Contract Manager named below. All invoices shall be submitted and approved by this Department and all notices shall be given to County at the following location:

| Contract Manager: | Siamak Motahari |
| :--- | :--- |
|  | Department of Public Works |
| Dept./Location: | P.O. Box 4186 |
|  | San Rafael, CA 94913-4168 |
| Telephone No.: | 415-499-7877 |

Notices shall be given to Contractor at the following address:

| Contractor: | Mike White Consulting |
| :--- | :--- |
|  | Attn: Mike White |
| Address: | P.O. Box 1042 |
|  | Glen Ellen, CA 95442 |
| Telephone No.: | $707-938-1368$ |

21. ACKNOWLEGEMENT OF EXHIBITS

CONTRACTOR'S INITIALS

| EXHIBIT A. | $\boxtimes$ | Scope of Services |
| :--- | :--- | :--- |
| EXHIBIT B. | $\boxtimes$ | Fees and Payment |
| EXHIBIT C. | $\boxtimes$ | Insurance Reduction/Waiver |

IN WITNESS WHEREOF, the parties have executed this Contract on the date first above written.
APPROVED BY COUNTY OF MARIN:

By: $\qquad$
PRESIDENT, Board of Supervisors

## CONTRACTOR:

By:
Name: $\qquad$
Telephone No.: $\qquad$
 COUNTY COUNSEL REVIEW AND APPROVAL (Only required if any of the noted reason applies) REASON(S) REVIEW:

இ Contract Requires Board of Supervisor's ApprovalStandard Short Form Content Has Been ModifiedOptional Review by County Counsel at Department's Request
County Counsel: $\qquad$

Date: $\qquad$

## EXHIBIT "A"

## SCOPE OF SERVICES

Contractor will provide ergonomic consultation services including pre-occupancy measurements and post-occupancy ergonomics training relating to space planning projects implemented by the County of Marin Department of Public Works (DPW). Contractor will also assist DPW with ergonomics design consultation on special projects that require unique furniture and equipment designs to meet the ergonomic needs of Marin County employees.

DPW shall issue a directive to initiate each specific ergonomic request. This directive shall include:

1. Number of employees to evaluate and maximum approved expenditure for each directive
2. Main contact for project within department
3. Names of employees
4. Employees phone numbers
5. Location of employees

County department contact shall assist Contractor to schedule meetings.
The Contractor's scope of work is more completely defined below:
Task 1. Pre-occupancy Anthropometric Benchmarking
Contractor will perform pre-occupancy ergonomics evaluations on an as-needed basis for Marin County employees. The pre-occupancy evaluations shall include the following information to ensure an optimal work setting for each employee:

- Stature/weight/politeal depth to determine chair size
- Politeal height to determine optimal seat height reference to workstation
- Seated elbow/thigh height to determine optimal settings for KBM trays and work surface height
- Seated eye height/eyewear/typing skills and effective sitting posture to determine optimal monitor height and distance settings
- Dominant hand for writing, phone access and mousing to determine optimal equipment layout
- Special Needs
- Functional tools, furniture or equipment to improve comfort and efficiency
- ADA accommodation
- Musculoskeletal disorder accommodation for comfort and symptom control

Contractor will provide DPW project manager with spreadsheet of ergonomics evaluation data and proper workstation settings for each employee's work setting. He will also provide a list of special products, accessories or seating to meet the functional needs of the department and/or employee.

Task 2. Post-Occupancy Ergonomics Training, Employee Fit-ups and DPW Follow-Up
Contractor will meet with employees pre-evaluated and provide post-occupancy ergonomics training and assistance in adjusting their workstation and chair settings.
Training shall include the following:

- Group presentation and demonstration of workstation/seating adjustments
- On-floor demonstration and fine tuning of furniture and equipment settings

In addition, he will summarize any installation problems or unattended needs in the form of a punch-list and submit it to the DPW project manager.

## Task 3. Ergonomics Design Consulting on Special Projects

Contractor will assist DPW project manager on special projects that require the application of ergonomics design criteria, systematic ergonomics problem solving and/or special equipment to develop workplace solutions that meet employee's/department's needs and mitigate ergonomics risk exposures.
This consulting would include but not be limited to the following:

- ADA accommodations for employee workstations
- Applications and specification of special equipment, i.e., carts, slant boards, shelving, adjustment armatures and/or technology devices
- Design and development of new or modified furniture and equipment to the needs of County employees/departments
- Workstation designs and furniture layouts to mitigate hazard exposures of "at risk" groups or departments

Contractor to submit proposal to DPW project manager for approval. His deliverables on "special projects" will include but are not limited to ergonomics assessments and recommendations, photo documentation of employee's postures and worksite conditions, schematic designs/layouts, dimensioned drawings/details and product sources and specifications.

## EXHIBIT "B"

## FEES AND PAYMENT SCHEDULE (required)

The Contractor shall be paid up to the maximum sum specified in Section 4 of this agreement.

Fees shall be allocated per the following breakdown:

Payment shall be made to the Contractor upon receipt of monthly, itemized invoices in accordance with the fee schedule below:
Ergonomist $\qquad$ . $\$ 120$ per hour

The above hourly rates include all routine charges for expenditures such as clerical, reproduction, mail, telephone calls, and travel to Marin County for meetings. Unusual charges approved in advance by the County such as express mail, courier service, report printing, sub consultants, etc. shall be reimbursable at Contractor's cost upon submission of a paid invoice.

PAYMENT
The fees for services under this contract shall be due within thirty (30) calendar days after receipt by the County of an invoice covering the service(s) rendered.

## EXHIBIT "C"

INSURANCE REDUCTION/WAIVER
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This statement shall accompany all requests for a reduction/waiver of insurance requirements. Please check the box if a waiver is requested or fill in the reduced coverage(s) where indicated below:

|  | Check <br> Where <br> Applicable | Requested <br> Limit Amount | CAO <br> Use Only |
| :--- | :--- | :--- | :--- |
| General Liability Insurance | $\square$ | $\$$ |  |
| Automobile Liability Insurance | $\boxed{ }$ | $\$ 500,000$ |  |
| Workers' Compensation Insurance | $\boxed{ }$ |  |  |
| Professional Liability Deductible | $\square$ | $\$$ |  |

Please set forth the reasons for the requested reductions or waiver.
Sole proprietor / no employees used to conduct requested services.

Sole proprietor / no commercial liability

Contract Manager Signature: $\qquad$

Date: $\qquad$

Extension: $\qquad$

Approved by Risk Manager: $\qquad$

Date: $\qquad$

