

185950

**CITY OF PORTLAND
CONTRACT NO. 40997
AMENDMENT NO. 10**

FOR

UNIFORMED SECURITY OFFICERS SERVICES

This Contract, made and entered into this 23RD day of March, 2006 by and between G4S Secure Solutions USA, Inc., hereinafter called Contractor, and the City of Portland, a municipal corporation of the State of Oregon, by and through its duly authorized representatives, hereinafter called City.

1. The Contract is hereby amended to extend the Contract term for an additional one (1) year beginning on April 1, 2013 through and including March 31, 2014. As per the attached Proposal Cost Sheet, the funds being added for the new Contract term shall increase the Contract Value by \$1,625,676.00, making the new not to exceed contractual total \$11,981,798.10.
2. All other terms and conditions remain unchanged.

G4S SECURE SOLUTIONS USA, INC.

BY:

Cary Miller, General Manager

Date

Address:

5100 SW Macadam Avenue
Suite 550
Portland, OR 97239

Telephone No.:

503-291-1005

Email:

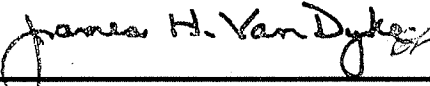
cary.miller@usa.g4s.com

CITY OF PORTLAND

BY:

Approved as to form:

APPROVED AS TO FORM



CITY ATTORNEY

Christine Moody, Chief Procurement Officer

Date

City of Portland
PROPOSAL COST SHEET 4/1/2013

| FACILITY | | TOTAL STAFF HOURS / MONTHS | TOTAL COST / MONTH | TOTAL COST / YEAR |
|--------------------------------------|---------------------|-------------------------------------|--------------------------|----------------------|
| The Portland Building Hourly: | | | | |
| Armed Security | | | | |
| M-F 11 hours daily | \$28.82 | 230 | \$6,628.60 | \$79,543.20 |
| Project Manager | | | \$1,150.00 | \$13,800.00 |
| Dispatch | \$29.57 | | \$591.33 | \$7,096.80 |
| Portland Building | | | | |
| 24/7 coverage | \$18.28 | 460 | \$8,408.80 | \$100,905.60 |
| | \$18.98 | 504 | \$9,565.92 | \$114,791.04 |
| Annual | \$309,130.38 | | | |
| City Hall Hourly: | | | | |
| Armed Security | | | | |
| M-F 11 hours daily | \$28.82 | 238 | \$6,859.16 | \$82,309.92 |
| City Hall | | | | |
| 24/7 coverage | \$18.28 | 460 | \$8,408.80 | \$100,905.60 |
| | \$18.98 | 504 | \$9,565.92 | \$114,791.04 |
| Project Manager | | | \$690.66 | \$8,288.00 |
| City Hall Mayor's Detail | | | | |
| Armed Security | | | | |
| M-F 9 hours daily | \$28.82 | 195 | \$5,619.90 | \$67,438.80 |
| Annual | \$366,726.80 | | | |
| 1900 Building Hourly: | | | | |
| Su-Sa 24 hours daily | \$18.98 | 728 | \$13,817.44 | \$160,392.96 |
| Project Manager | | | \$666.66 | \$8,000.00 |
| Annual | \$168,392.96 | | | |
| Union Station Hourly: | | | | |
| 16 x 7 Desk-Union Station | \$18.98 | 485 | \$9,205.30 | \$110,463.60 |
| 18 x 7 Amtrak | \$18.98 | 547 | \$10,382.06 | \$124,584.72 |
| Project Manager-Amtrak | | | \$222.33 | \$2,668.00 |
| Project Manager-Union Station | | | \$444.33 | \$5,332.00 |
| Annual | \$235,370.24 | | | |

| | | | | |
|--|----------------------------|---------------------------|-------------|--------------------------|
| Bureau of Maintenance | | | | |
| Project Manager | | | \$310.00 | \$3,720 |
| Albina Yard | Hourly: | | | |
| 8 x 5 Gate and Yard Patrol | \$18.98 | 173 | \$3,283.54 | \$39,402.48 |
| Kerby Patrol | \$21.14 | 366 | \$7,737.24 | \$92,846.88 |
| Annual | \$129,765.00 | | | |
| BOEC | | Hourly: | | |
| Unarmed Officer | \$18.98 | 173 | \$3,283.54 | \$39,402.48 |
| ECC Project * (April-Nov.) | \$18.98 | 210 | \$3,985.80 | \$31,886.40 |
| Project Manager | | | \$132.75 | \$1,593.00 |
| Annual | \$70,553.16 | | | |
| Auditors Office | | Hourly: | | |
| Armed Officer- Hearings | \$28.82 | 32 | \$922.24 | \$11,066.88 |
| Project Manager | | | \$16.66 | \$200.00 |
| Annual | \$11,266.88 | | | |
| Bureau of Environmental Services | | Hourly: | | |
| Wastewater (CPO) | \$20.88 | 758 | \$15,827.04 | \$189,924.48 |
| Terminal1 | \$21.14 | 125 | \$2,642.50 | \$31,710.00 |
| Project Manager | | | \$654.16 | \$7,850.00 |
| \$228,464.48 | | | | |
| Fleet | | | | |
| Patrol | \$21.14 | 40 | \$845.60 | \$10,147.20 |
| Project Manager | | | \$16.66 | \$200.00 |
| Annual | \$10,020.80 | | | |
| Fire Watch (PFB) | | *On Call-NTE | \$4,166.66 | \$50,000.00 |
| Annual | \$50,000 | | | |
| Parks and Recreation | | Hourly: | | |
| Security Officer *On Call* | \$18.98 | | \$750.00 | \$9,000 |
| Park Patrol CPO | \$20.88 | | | |
| Project Manager | \$20.88 | | | |
| Est. Annual. Cost | \$9000 | | | |
| *Include Hourly Billing Rate for each classification submitted | | | | |
| COMBINED TOTAL | TOTAL STAFF HRS/MOS | TOTAL COST / MONTH | | TOTAL COST / YEAR |
| April 2013 through November 2013 | 6228 | \$136,801.60 | | \$1,094,412.80 |
| November 2013 through March 2014 | 6018 | \$132,815.80 | | \$531,263.20 |
| Total April 2013 through March 2014 | | | | \$1,625,676.00 |



G4S Secure Solutions (USA) Inc.
 Cary Miller General Manager
 5100 Macadam Ave, Suite 550
 Portland, OR 97239

Telephone: 503.291.1005
 Fax: 503.291.1073
 Email: cary.miller@g4s.usa.com
 www.g4s.com/us

February 19, 2013

Mr Robert Kieta
 1120 SW 5th Ave, Rm. 1204
 Portland OR 97204

Mr Kieta,

G4S has provided Security Services to the City of Portland, "COP", since 2006, and we are proud of our ability to be the provider of choice for the City. As discussed and per your request, outlined below is the current G4S/COP Staffing, Pay Rate, Benefits and Diversity associated with the G4S/COP contract:

1. Total number of employees assigned to the contract: 47
 (Does not include seasonal staffing)
2. Percentage of employees at or above Fair Wage per the COP May 15, 2012 memorandum: 100%
3. Benefits: Kaiser HMO is the current Medical Health Insurance provider: Officer Participation is Twenty four percent, (24%). One hundred percent, (100%) of all full-time Officers are offered the benefit.
4. Every Officer assigned to COP will receive the minimum \$11.77/hr which includes the allocated benefit differential as required by the COP 2012-2013 Fair Wage Adjustment.
5. G4S subcontracts the security coverage at the Albina yard to DePaul, currently 173 hours per month.

| <u>G4S/COP Diversity:</u> | | <u>G4S Office Diversity:</u> | |
|---------------------------|-----------|------------------------------|-----------|
| Female, White | 13 | Female, White | 3 |
| Female, White Shift Lead | 01 | Male, White | 5 |
| Male, White | 26 | Male, Black | 1 |
| Male, White Shift Lead | 05 | Male, Hispanic | 1 |
| Male, White Project Mgr. | 01 | Male, White Mgt. | 1 |
| Male, Black | 01 | | |
| TOTAL | 47 | TOTAL: | 11 |

7. G4S has been recognized for excellence as a result of its outstanding officers and their commitment to exceptional service. Recent recognition includes:

a. In 2012 G4S spends over \$40M in the US through its mentoring and subcontract programs with its MBE/SBE/DBE partners.

b. In 2012 G4S USA successfully passes 50 consecutive audits conducted by the U.S. Department of Labor, Office of Federal Contract Compliance Programs (OFCCP) between 2010 and 2012, this is a direct reflection of our commitment to diversity throughout all levels of the organization.

c. In 2012 G4S is the first security organization to renew its US Department of Homeland Security Safety Act Certification for Physical Security Services, G4S was the 1st Security Company to be granted this certification after 9-11.



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d. In 2011 G4S USA receives the highest global award for reducing its carbon footprint and the Go Green initiative.

e. In 2012 G4S receives its 6th consecutive "Top 125 Training Company" awards by *Training Magazine*.

f. Top 50 Military Employer Award.

g. In 2012 Portland G4S Office recognized by the USOC for outstanding performance at the US Track & Field Trials in Eugene, Oregon.

h. Officer Cindy Williams, G4S Officer at the City of Portland (City Hall), was recognized amongst 500 officers as being the 2012 POR G4S Officer of the Year.

i. In 2012 Portland G4S partnered with the Portland Police Bureau Explorer Program and awarded its first PPB Explorer Community Service Award.

j. In 2012 Portland Operations Manager recognized by G4S for outstanding performance and operational commitment to G4S internal and external customers.

8. On behalf of the Portland G4S Secure Solutions (USA) Team, thank you for your business and we look forward to our continued partnership with the City of Portland. If I may be of further assistance in this matter, please don't hesitate to contact me.

Kind Regards,

A handwritten signature in black ink, appearing to read 'Cary Miller', written over a horizontal line.

Cary Miller

General Manager

G4S Secure Solutions (USA) Inc.
5100 Macadam Ave, Suite 550
Portland, OR 97239

185950



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
09/26/2012

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 Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA | | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390 E-MAIL ADDRESS: | | | | | | | | | | | | | | | |
|---|--------|---|--|---------|--------|---|-------|---------------------------------|-------|---|-------|------------|--|------------|--|------------|--|
| INSURED G4S Secure Solutions (USA) Inc. 1395 University Blvd Jupiter FL 33458 USA | | INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: National Union Fire Ins Co of Pittsburgh</td> <td>19445</td> </tr> <tr> <td>INSURER B: New Hampshire Ins Co</td> <td>23841</td> </tr> <tr> <td>INSURER C: Illinois National Insurance Co</td> <td>23817</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | | INSURER | NAIC # | INSURER A: National Union Fire Ins Co of Pittsburgh | 19445 | INSURER B: New Hampshire Ins Co | 23841 | INSURER C: Illinois National Insurance Co | 23817 | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER | NAIC # | | | | | | | | | | | | | | | | |
| INSURER A: National Union Fire Ins Co of Pittsburgh | 19445 | | | | | | | | | | | | | | | | |
| INSURER B: New Hampshire Ins Co | 23841 | | | | | | | | | | | | | | | | |
| INSURER C: Illinois National Insurance Co | 23817 | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 570047576532 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.

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | 10/01/2012 | 10/01/2013 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | 10/01/2012 | 10/01/2013 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION | | | | | EACH OCCURRENCE AGGREGATE |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | 10/01/2012 | 10/01/2013 | X WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000 |
| A | Excess WC Y/N <input checked="" type="checkbox"/> N/A | | | 10/01/2012 | 10/01/2013 | EL Each Accident \$1,000,000 EL Disease - Policy \$1,000,000 EL Disease - Ea Emp \$1,000,000 |

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

Contract/PO No: RFP No. 104620
 City of Portland is added as an Additional Insured excluding Workers' Compensation and Employers' Liability as required by written contract but limited to the operations of the Insured under said contract, and always subject to the policy terms, conditions and exclusions.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|---|
| City of Portland Attn: Bob Kieta, Facilities Operations Manager 1120 SW Fifth Avenue, Room 1250 Portland, OR 97204 USA | 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 <i>Aon Risk Services Inc. of Florida</i> |
|--|---|

Holder Identifier : Other

Certificate No : 570047576532

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ACORD 25 (2010/05)

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The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

G4S Secure Solutions (USA) Inc.
1395 University Blvd
Jupiter FL 33458 USA

| |
|---------|
| INSURER |
| INSURER |
| INSURER |
| INSURER |
| INSURER |

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]

Certificate No : 570047576532

POLICY NUMBER: GL 714-64-06

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location(s) Of Covered Operations |
|---|-----------------------------------|
| ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO | PER THE CONTRACT OR AGREEMENT |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.