


AGENDA ITEM 5 C  
Consent Item

**MEMORANDUM**

**DATE:** June 4, 2009  
**TO:** El Dorado County Transit Authority  
**FROM:** Julie Petersen,  Fiscal Administration Manager  
**SUBJECT:** Purchase Orders above \$25,000 for Fiscal Year 2009/10

**REQUESTED ACTION:**  
**BY MOTION,**

**Approval of Purchase Orders above \$25,000 for Fiscal Year 2009/10**

**BACKGROUND**

The El Dorado County Transit Authority (El Dorado Transit) Bylaws and the Joint Exercise of Powers Agreement establishing El Dorado Transit require Board approval for Purchase Orders over \$25,000 and Purchase Requisitions over \$5,000.

**DISCUSSION**

The Executive Director certifies that these purchases are processed within approved Purchasing Procedures and are included within the preliminary approved operating budget for Fiscal Year 2009/10.

- A-Z Bus Sales, Inc. Blanket Purchase Order No. B15000  
NTE \$30,000.
- Health Benefit Division Blanket Purchase Order No. B15011  
CalPERS NTE \$257,000.
- CoPower Administrators Blanket Purchase Order No. B15012  
NTE \$54,000.
- Capital Clutch & Brake Blanket Purchase Order No. B15016  
NTE \$26,000.
- Holt of California Blanket Purchase Order No. B15037  
NTE \$40,000.
- North State Bandag Blanket Purchase Order No. B15045  
NTE \$30,000.
- Riebes Auto Parts Blanket Purchase Order No. B15052  
NTE \$25,000.
- EDC Risk Management Blanket Purchase Order No. B15054  
NTE \$228,000.

- CalTIP Blanket purchase Order No. B15066  
NTE \$189,000.
- Operating Engineers Blanket Purchase Order No. B15069  
Medical NTE \$168,000.
- Special Districts Risk Blanket Purchase Order No. B15071  
Management Authority NTE \$225,000.

**FISCAL IMPACT**

Operating revenues and expenses are included in the proposed final budget submitted for approval in Item 6A of the June 4, 2009 agenda. Purchase Order amounts are within budget line item amounts as presented.

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15000**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 5040

CLASS: 110

TO: A-Z BUS SALES, INC  
DEPT. 1135  
LOS ANGELES, CA 90084-1135

SHIP & INVOICE TO:

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact:

Vendor Phone No: (916) 391-1092

FAX No: (909) 701-4905

PROMISED DELIVERY DATE		TERMS: NET 30		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		PARTS AND SUPPLIES FOR FLEET VEHICLE MAINTENANCE ON AN AS NEEDED BASIS FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10		NOT TO EXCEED: \$30,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			SUBTOTAL	\$30,000.00
			SHIPPING	
			SALES TAX	
			<b>TOTAL</b>	NTE \$30,000.00
<b>PURCHASING AGENT</b>				

**PLEASE NOTE CONDITIONS ON REVERSE SIDE**

"This Purchase Order expressly limits acceptance to the terms and conditions stated herein, set forth on the reverse side and any supplementary or additional terms and conditions annexed hereto or incorporated herein by reference. Any additional or different terms and conditions proposed by seller are objected to and hereby rejected."

Circle Distributing: Vendor - Accounting - Requestor - Purchasing

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15011**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 5020.02      CLASS: 125

TO: HEALTH BENEFIT SERVICE DIVISION  
CALIFORNIA PUBLIC EMPLOYEES  
RETIREMENT SYSTEM  
PO BOX 4032  
SACRAMENTO, CA 95812-4032

SHIP & INVOICE TO:  
**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact: Robert Sharp

Vendor Phone No: (888) 225-7377

FAX No: (916) 795-7901

PROMISED DELIVERY DATE		TERMS: NET 30		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		<p align="center">EDCTA SPONSORED HEALTH INSURANCE COVERAGE FOR UNREPRESENTED AND MANAGEMENT EMPLOYEES FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10</p> <p align="center">NOTE: PURCHASE ORDER REFLECTS TOTAL PREMIUM CHARGED. EDCTA ACTUAL COST IS REDUCED BY PAYROLL DEDUCTION OF EMPLOYEE PORTION.</p>		NOT TO EXCEED: \$257,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			SUBTOTAL	\$257,000.00
			SHIPPING	
			SALES TAX	
			<b>TOTAL</b>	NTE: \$257,000.00
<b>PURCHASING AGENT</b>				

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Circle Distributing: Vendor - Accounting - Requestor - Purchasing

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15012**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 5020.02      CLASS: 125

TO: COPOWER ADMINISTRATORS  
DELTA DENTAL & VISION SERVICE PLAN  
3100 ZINFANDEL, STE. #285  
RANCHO CORDOVA, CA 95670

SHIP & INVOICE TO:  
**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact: Charlie Knoblauch

Vendor Phone No: (530) 621-3118

FAX No: (530) 621-4286

PROMISED DELIVERY DATE		TERMS: NET 10		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		<p align="center">EDCTA SPONSORED HEALTH INSURANCE FOR DENTAL AND VISION CARE FOR UNREPRESENTED AND MANAGEMENT EMPLOYEES FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10</p> <p align="center">NOTE: PURCHASE ORDER REFLECTS TOTAL PREMIUM CHARGED. EDCTA ACTUAL COST IS REDUCED BY PAYROLL DEDUCTION OF EMPLOYEE PORTION.</p>		NOT TO EXCEED: \$54,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			<p align="right"><b>SUBTOTAL</b></p>	\$54,000.00
			<p align="right"><b>SHIPPING</b></p>	
			<p align="right"><b>SALES TAX</b></p>	
			<p align="right"><b>TOTAL</b></p>	NTE: \$54,000.00
<b>PURCHASING AGENT</b>				

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Circle Distributing: Vendor - Accounting - Requestor - Purchasing

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15016**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 5040

CLASS: 110

TO: CAPITOL CLUTCH & BRAKE  
3100 DULUTH STREET  
WEST SACRAMENTO, CA 95691

SHIP & INVOICE TO:  
**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact:

Vendor Phone No: 916-371-5970

FAX No: 916-371-6853

PROMISED DELIVERY DATE		TERMS: NET 10		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		PARTS AND SUPPLIES FOR FLEET VEHICLE MAINTENANCE ON AN AS NEEDED BASIS FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10		NOT TO EXCEED: \$26,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			SUBTOTAL	\$26,000.00
			SHIPPING	
			SALES TAX	
			<b>TOTAL</b>	NTE: \$26,000.00
<b>PURCHASING AGENT</b>				

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**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15037**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 5040

CLASS: 110

TO: HOLT OF CALIFORNIA  
PO BOX X  
SACRAMENTO, CA 95813-1306

SHIP & INVOICE TO:

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact:

Vendor Phone No: 877-373-4100

FAX No:

PROMISED DELIVERY DATE		TERMS: NET 10		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		PARTS AND SUPPLIES FOR FLEET VEHICLE MAINTENANCE ON AN AS NEEDED BASIS FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10		NOT TO EXCEED: \$40,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			SUBTOTAL	\$40,000.00
			SHIPPING	
			SALES TAX	
			<b>TOTAL</b>	NTE: \$40,000.00
<b>PURCHASING AGENT</b>				

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Circle Distributing: Vendor - Accounting - Requestor - Purchasing

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15045**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 5040.02      CLASS: 110

TO: NORTH STATE BANDAG  
1286 PUTMAN AVENUE  
YUBA CITY, CA 95991

SHIP & INVOICE TO:  
**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact:

Vendor Phone No: 530-673-0472

FAX No:

PROMISED DELIVERY DATE		TERMS: NET 30		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		TIRES FOR FLEET VEHICLES ON AN AS NEEDED BASIS FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10		NOT TO EXCEED: \$30,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			SUBTOTAL	\$30,000.00
			SHIPPING	
			SALES TAX	
			<b>TOTAL</b>	NTE: \$30,000.00
<b>PURCHASING AGENT</b>				

**PLEASE NOTE CONDITIONS ON REVERSE SIDE**

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**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15052**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 5040

CLASS: 110

TO: RIEBES AUTO PARTS  
PO BOX 690  
NEWCASTLE, CA 95658

SHIP & INVOICE TO:

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact:

Vendor Phone No: 530-745-0180

FAX No:

PROMISED DELIVERY DATE		TERMS: NET 30		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		PARTS AND SUPPLIES FOR FLEET VEHICLE MAINTENANCE ON AN AS NEEDED BASIS FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10		NOT TO EXCEED: \$25,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			SUBTOTAL	\$25,000.00
			SHIPPING	
			SALES TAX	
			<b>TOTAL</b>	NTE: \$25,000.00
<b>PURCHASING AGENT</b>				

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**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15054**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 5020.02      CLASS: 125

TO: EL DORADO COUNTY  
RISK MANAGEMENT  
330 FAIR LANE  
PLACERVILLE, CA 95667

SHIP & INVOICE TO:  
**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact:

Vendor Phone No: (530) 621-5568

FAX No:

PROMISED DELIVERY DATE		TERMS: NET 30		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		<p>EL DORADO COUNTY PROVIDED HEALTH INSURANCE PLAN TO INCLUDE; MEDICAL, DENTAL, CHIROPRACTIC, AND VISION COVERAGE FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10</p> <p>NOTE: PURCHASE ORDER REFLECTS TOTAL PREMIUM CHARGED. EDCTA ACTUAL COST IS REDUCED BY PAYROLL DEDUCTION OF EMPLOYEE PORTION.</p>		NOT TO EXCEED: \$228,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			SUBTOTAL	\$228,000.00
			SHIPPING	
			SALES TAX	
			<b>TOTAL</b>	NTE: \$228,000.00
<b>PURCHASING AGENT</b>				

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Circle Distributing: Vendor - Accounting - Requestor - Purchasing

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. 15066**

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**

ACCOUNT: 1300

CLASS: 125

TO: CalTIP

1415 " L" STREET, SUITE 200  
SACRAMENTO, CA 95814

SHIP & INVOICE TO:

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact:

Vendor Phone No: (916) 446-4656

FAX No: (916) 446-4318

PROMISED DELIVERY DATE		TERMS: NET DUE		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		LIABILITY PROGRAM ANNUAL RENEWAL FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10  COVERAGE PERIOD 05/01/09 THROUGH 04/30/2010		\$189,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.			<b>SUBTOTAL</b>	\$189,000.00
			<b>SHIPPING</b>	
			<b>SALES TAX</b>	
			<b>TOTAL</b>	\$189,000.00
<b>PURCHASING AGENT</b>				

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Circle Distributing: Vendor - Accounting - Requestor - Purchasing

**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15069**  
THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**  
ACCOUNT: 5020.02      CLASS: 125

TO: OPERATING ENGINEERS PUBLIC  
EMPLOYEES HEALTH & WELFARE  
PO BOX 7713  
SAN FRANCISCO, CA 94120-7712

SHIP & INVOICE TO:  
**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact:  
Vendor Phone No: (510) 337-3050      FAX No:

PROMISED DELIVERY DATE	TERMS: NET DUE
	F.O.B. DESTINATION

QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		OPERATING ENGINEERS PUBLIC EMPLOYEES HEALTH & WELFARE GROUP MEDICAL COVERAGE FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10		NOT TO EXCEED: \$168,000.00

I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.  <b>PURCHASING AGENT</b>	<b>SUBTOTAL</b>	\$168,000.00
	<b>SHIPPING</b>	
	<b>SALES TAX</b>	
	<b>TOTAL</b>	NTE: \$168,000.00

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**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454  
(530) 642-5383**

**PURCHASE ORDER NO. B15071**  
THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, PACKAGES, AND BILLS OF LADING.

**DATE: 07/01/09**  
ACCOUNT: 1300 CLASS: 125

TO: SPECIAL DISTRICT RISK MANAGEMENT  
AUTHORITY  
1112 " I " STREET, SUITE 300  
SACRAMENTO, CA 95814

SHIP & INVOICE TO:  
**EL DORADO COUNTY TRANSIT AUTHORITY  
6565 COMMERCE WAY  
DIAMOND SPRINGS, CA 95619-9454**

Contact: Sherrill Hanley  
Vendor Phone No: (800) 537-7790 ext 20 FAX No: (916) 231-4111

PROMISED DELIVERY DATE		TERMS: NET DUE		
		F.O.B. DESTINATION		
QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED TOTAL
		WORKERS COMPENSATION INSURANCE PREMIUMS FOR FISCAL YEAR 07/01/09 THROUGH 06/30/10		NOT TO EXCEED: \$225,000.00
I hereby certify that this purchase order is in accordance with procedures in the purchase manual governing of such items for El Dorado County Transit Authority.  <b>PURCHASING AGENT</b>			SUBTOTAL	\$225,000.00
			SHIPPING	
			SALES TAX	
			<b>TOTAL</b>	NTE: \$225,000.00

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