

**REGULAR MEETING AGENDA
OF THE
ARVIN CITY COUNCIL / SUCCESSOR AGENCY TO THE
ARVIN COMMUNITY REDEVELOPMENT AGENCY / ARVIN HOUSING
AUTHORITY / ARVIN PUBLIC FINANCING AUTHORITY**

TUESDAY FEBRUARY 11, 2020 5:30p.m.

**CITY HALL COUNCIL CHAMBERS
200 CAMPUS DRIVE, ARVIN**

CALL TO ORDER Mayor Jose Gurrola

PLEDGE OF ALLEGIANCE

INVOCATION

ROLL CALL	Jose Gurrola	Mayor
	Jazmin Robles	Mayor Pro Tem
	Gabriela Martinez	Councilmember
	Olivia Trujillo	Councilmember
	Mark S. Franetovich	Councilmember

STAFF	Richard Breckinridge	City Manager
	Shannon Chaffin	City Attorney – Aleshire & Wynder
	Jeff Jones	Finance Director
	Scot Kimble	Chief of Police
	Pawan Gill	Director of Administrative Services
	Cecilia Vela	City Clerk

PUBLIC COMMENTS:

The meetings of the City Council and all municipal entities, commissions, and boards (“the City”) are open to the public. At regularly scheduled meetings, members of the public may address the City on any item listed on the agenda, or on any non-listed matter over which the City has jurisdiction. At special or emergency meetings, members of the public may only address the City on items listed on the agenda. The City may request speakers to designate a spokesperson to provide public input on behalf of a group, based on the number of people requesting to speak and the business of the City.

In accordance with the Brown Act, all matters to be acted on by the City must be posted at least 72 hours prior to the City meeting. In cases of an emergency, or when a subject matter needs immediate action or comes to the attention of the City subsequent to the agenda being posted, upon making certain findings, the City may act on an item that was not on the posted agenda.

AGENDA STAFF REPORTS AND HANDOUTS:

Staff reports and other disclosable public records related to open session agenda items are available at City Hall, 200 Campus Drive, Arvin, CA 93203 during regular business hours.

CONDUCT IN THE CITY COUNCIL CHAMBERS:

Rules of Decorum for the Public

Members of the audience shall not engage in disorderly or boisterous conduct, including the utterance of loud, threatening or abusive language, clapping, whistling, stamping of feet or other acts which disturb, disrupt, impede or otherwise render the orderly conduct of the City meeting infeasible. A member of the audience engaging in any such conduct shall, at the discretion of the presiding officer or a majority of the City, be subject to ejection from the meeting per Gov. Code Sect. 54954.3(c).

Removal from the Council Chambers

Any person who commits the following acts in respect to a meeting of the City shall be removed from the Council Chambers per Gov. Code Sect. 54954.3(c).

- (a) Disorderly, contemptuous or insolent behavior toward the City or any member thereof, tending to interrupt the due and orderly course of said meeting;
- (b) A breach of the peace, boisterous conduct or violent disturbance, tending to interrupt the due and orderly course of said meeting;
- (c) Disobedience of any lawful order of the Mayor, which shall include an order to be seated or to refrain from addressing the City; and
- (d) Any other unlawful interference with the due and orderly course of said meeting.

AMERICANS with DISABILITIES ACT:

In compliance with the ADA, if you need special assistance to participate in a City meeting or other services offered by the City, please contact the City Clerk’s office, (661) 854-3134. Notification of at least 48 hours prior to the meeting or time when services are needed will assist the City staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service.

1. Approval of Agenda as To Form.

Motion _____ Second _____ Vote _____

Roll Call: CM Martinez ____ CM Trujillo ____ CM Franetovich ____ MPT Robles ____ Mayor Gurrola ____

2. CLOSED SESSION ITEM(S)

- A. CONFERENCE WITH LABOR NEGOTIATORS (Pursuant to Government Code, § 54957.6):
City Negotiator: Jerry Breckinridge, City Manager and Pawan Gill, Director of Administrative Services
Employee Organizations: Arvin Police Officers Association (APOA) and Central California Association of Public Employees SEIU Local 521.
- B. CONFERENCE WITH LEGAL COUNSEL: Anticipated Litigation (Pursuant to Government Code § 54956.9(d)(2))
One Potential Case

3. PUBLIC COMMENTS

(This is the opportunity for the public to address the City Council on any matter on the agenda or any item of interest to the public that is within the subject matter jurisdiction of the City Council.)

4. PRESENTATION(S)

- A. Safe Surrendered Baby Awareness Month – February 2020
Terrie Martinez, Kern County Department of Human Services

5. CONSENT AGENDA ITEM(S)

- A. Approval of Demand Register(s) of January 25, 2020 – February 07, 2020.
- B. Approval of Payroll Register(s) of February 07, 2020.
- C. Approval of the Minutes of the Regular Meeting(s) of January 28, 2020.
- D. Approval of Proclamation Proclaiming February 2020 as Safe Surrendered Baby Awareness Month.
- E. Approval of Special Event Application for the Arvin Chamber of Commerce Wildflower Festival to be Held at Smothermon Park on April 20, 2020 through April 28, 2020 (Event Dates April 24 - 26) With the Requirement to Abide by Stipulations Set Forth by the Police Department and the City of Arvin Including Private Security Guard Requirements, ABC Daily License Requirements, and Police Department Personnel Requirements.

- F. Approval of A Resolution of the City Council of the City of Arvin Accepting the Work Completed by Granite Construction Company, and Filing the Notice of Completion for the Comanche Drive Rehabilitation Manhole Adjustment Project.
- G. Approval of Senior Building Inspector Job Description and Related Salary Schedule.

Staff recommends approval of the Consent Agenda.

Motion _____ Second _____ Vote _____

Roll Call: CM Martinez ____ CM Trujillo ____ CM Franetovich ____ MPT Robles ____ Mayor Gurrola ____

6. STAFF REPORTS

- A. Police Department Annual Report (Police Chief)
- B. Monthly Financial Report – January 2020 (Finance Director)

7. COUNCIL MEMBER COMMENTS

8. ADJOURNMENT

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing agenda was posted on the Arvin City Council Chambers Bulletin Board not less than 72 hours prior to the meeting. Dated February 07, 2020.



Cecilia Vela, City Clerk



Dena Murphy
Director

January 8, 2020

City of Arvin

**PROCLAIM FEBRUARY 2019 AS SAFELY SURRENDER BABY
AWARENESS MONTH IN THE CITY OF ARVIN
(Fiscal Impact: None)**

The purpose of this letter is to ask the City of Arvin to proclaim February 2020 as Safely Surrender Baby Awareness Month and to advise the community of planned events to highlight the importance of the Safely Surrendered Baby Law.

The Safely Surrendered Baby Law responds to the increasing number of newborn infant deaths due to abandonment in unsafe locations. First created in January 2001, the law's intent is to save the lives of newborn infants at risk of abandonment by encouraging parents or persons with lawful custody to safely surrender the infant within 72 hours of birth, with no questions asked. ***In Kern County there have been 76 babies Safely Surrendered since 2006.***

In Kern County, a newborn baby can be safely surrendered into the hands of any hospital emergency room or Fire Station staff. The Safely Surrendered Baby Coalition, under the coordination of the Department of Human Services, works to educate Kern County residents about this important law. The coalition is made up of a small group of dedicated individuals representing a long list of agencies, non-profits, hospitals, and stakeholders, including First Five Kern, Bakersfield City Fire Department, the Kern County Fire Department, Kern Medical, Dignity Health's Mercy & Memorial Hospitals, Adventist Health & Clinica Sierra Vista, to name a few.

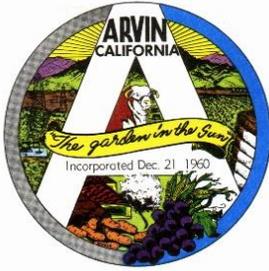
Therefore, we hope that you will proclaim February as Safely Surrendered Baby Awareness Month, prepare a proclamation and make a presentation at a City Council Meeting in the Month of February.

Sincerely,

Jana Slagle
Chair - Safely Surrendered Baby Coalition
Kern County Department of Human Services
661.633-7104

Tel 661.631.6000 Fax 661.631.6631 TTY 800.735.2929
100 E. California Avenue P.O. Box 511 Bakersfield, CA 93302 www.KCDHS.org

Kern County Department of Human Services is an equal opportunity employer.



PROCLAMATION

Safe Surrendered Baby Awareness Month – February 2020

Whereas, the Safely Surrendered Baby Law (SSB) was implemented on January 1, 2001, with the intent to prevent harm and possible death to newborns, and Governor Schwarzenegger signed legislation extending the SSB Law permanently as of January 1, 2006.

Whereas, the intent of the laws is to save the lives of newborn infants at risk of abandonment by encouraging parents or persons with lawful custody to safely surrender the infant within 72 hours of birth, with no questions asked; and

Whereas, since 2006, 76 newborns have been safely surrendered in Kern County; and

Whereas, in Arvin and throughout Kern County, a newborn baby can be safely surrendered into the hands of any hospital emergency room or Fire Station staff; and

Whereas, the Safely Surrendered Baby Coalition, under the coordination of the Department of Human Services, works to educate Arvin Citizens and all Kern County residents about this important law. The coalition is made up of a small group of dedicated individuals representing a long list of agencies, non-profits, hospitals, and stakeholders, including First Five Kern, the Kern County Fire Department and Clinica Sierra Vista, to name a few.

Now, therefore, on behalf of all the citizens of the City of Arvin, We, the City Council of the City of Arvin are honored to declare February 2020, as Safe Surrendered Baby Awareness Month in the City of Arvin and recognize the work being done by the Safely Surrendered Baby Coalition.

In Witness Whereof, I have hereunto set my hand and caused to be affixed the seal of the City of Arvin, California, this 11th day of February 2020.

Jose Gurrola, Mayor
City of Arvin

Edit List of Invoices - Detail w/GL

5.A.1

Date: 02/03/2020

Time: 1:46 pm

Page 1

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check	Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Discoun
	Email Address	Inv. Date	Invoice No.		Net Amount
	1413 CONSULTING	01/20/2020	BOFA	AUDIT & INVENTORY PROPERTY	
	476 E. SACRAMENTO AVE	01/30/2020	N	SECTION ARVIN PD	14,950.00
50620	CHICO	01/20/2020	N	N	0.00
48-590	CA 95926	01/20/2020	0.00	N	0
	<Emailing Stub Disabled>	01/20/2020	20-001		<u>0.00</u>
					14,950.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5034	PROFESSIONAL SERVICES	14,950.00	0.00
Distribution Total		14,950.00	0.00

Vendor Total: 14,950.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
	ADRIAN HERNANDEZ	01/23/2020	BOFA	RADAR TRNG CLASS 3 DAYS - LN	
		01/30/2020	N	01/28,29,30/2020	75.00
50641		01/23/2020	N	N	0.00
62-010		01/23/2020	0.00	N	0
	<Emailing Stub Disabled>	01/23/2020	HERNANDEZ A. 01.28.20		<u>0.00</u>
					75.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5021	TRAINING	75.00	0.00
Distribution Total		75.00	0.00

Vendor Total: 75.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
	AIRCO BAKERSFIELD	01/08/2020	BOFA	HVAC CALL OUT COMMUNITY CE	
	PO BOX 2807	01/30/2020	N		130.00
50621	BAKERSFIELD	01/08/2020	N	N	0.00
49-035	CA 93303	01/08/2020	0.00	N	0
	<Emailing Stub Disabled>	01/08/2020	611117494BC		<u>0.00</u>
					130.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-009-5008	MAINTENANCE - OTHER	130.00	0.00
Distribution Total		130.00	0.00

Vendor Total: 130.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
	ALTA PLANNING AND DESIGN	12/17/2019	BOFA	SRTS PLAN PROF SVCS NOV2019	
	711 SE GRAND AVENUE	01/30/2020	N		4,489.50
50681	PORTLAND	12/17/2019	N	N	0.00
49-047	OR 97214	12/17/2019	0.00	N	0
	<Emailing Stub Disabled>	12/17/2019	00-2018-272-12		<u>0.00</u>
					4,489.50

GL Number	Account Name	Pay Amount	Relieve Amount
228-078-5024	PLANNING SERVICES	4,489.51	0.00
Distribution Total		4,489.51	0.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
	ALTA PLANNING AND DESIGN	01/16/2020	BOFA	SRTS PLAN PROF SVCS DEC2019	
	711 SE GRAND AVENUE	01/30/2020	N		16,231.00
50682	PORTLAND	01/16/2020	N	N	0.00
49-047	OR 97214	01/16/2020	0.00	N	0
	<Emailing Stub Disabled>	01/16/2020	00-2018-272-13		<u>0.00</u>
					16,231.00

GL Number	Account Name	Pay Amount	Relieve Amount
228-078-5024	PLANNING SERVICES	16,231.00	0.00
Distribution Total		16,231.00	0.00

Vendor Total: 20,720.50

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

5.A.1

Date: 02/03/2020

Time: 1:46 pm

Page 2

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2		
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2		Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check		Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date		Discoun
	Email Address	Inv. Date	Invoice No.			Net Amount
50676	AMERICAN BUSINESS MACHINES	12/11/2019	BOFA	TONER TRANSIT ROMAN	12.11.19	
01-520	P.O BOX 2737	01/30/2020	N			8.00
	BAKERSFIELD	12/11/2019	N	N		0.00
	CA 93303-2737	12/11/2019	0.00	N	0	0.00
	<Emailing Stub Disabled>	12/11/2019	490986			8.00

GL Number	Account Name	Pay Amount	Relieve Amount
400-023-5054	CONTRACT SERVICES	8.00	0.00
Distribution Total		8.00	0.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2		
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2		Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check		Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date		Discoun
	Email Address	Inv. Date	Invoice No.			Net Amount
50677	AMERICAN BUSINESS MACHINES	12/11/2019	BOFA	TONER CH ARREDONDO	12.11.19	
01-520	P.O BOX 2737	01/30/2020	N			8.00
	BAKERSFIELD	12/11/2019	N	N		0.00
	CA 93303-2737	12/11/2019	0.00	N	0	0.00
	<Emailing Stub Disabled>	12/11/2019	490987			8.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5016	OFFICE SUPPLIES	8.00	0.00
Distribution Total		8.00	0.00

Vendor Total: 16.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2		
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2		Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check		Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date		Discoun
	Email Address	Inv. Date	Invoice No.			Net Amount
50622	AT&T	01/01/2020	BOFA	9391059040	12.01.19 - 12.31.19	
26-909	P.O. BOX 9011	01/30/2020	N			271.20
	CAROL STREAM	01/01/2020	N	N		0.00
	IL 60197	01/01/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/01/2020	14120856			271.20

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5056	TELEPHONE	27.12	0.00
100-007-5056	TELEPHONE	54.24	0.00
100-014-5056	TELEPHONE	122.04	0.00
400-023-5056	TELEPHONE	27.12	0.00
100-009-5056	TELEPHONE	13.56	0.00
100-019-5056	TELEPHONE	13.56	0.00
100-002-5056	TELEPHONE	13.56	0.00
Distribution Total		271.20	0.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2		
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2		Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check		Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date		Discoun
	Email Address	Inv. Date	Invoice No.			Net Amount
50623	AT&T	01/01/2020	BOFA	9391060015	12.01.19 - 12.31.19	
26-909	P.O. BOX 9011	01/30/2020	N			193.40
	CAROL STREAM	01/01/2020	N	N		0.00
	IL 60197	01/01/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/01/2020	14121087			193.40

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5056	TELEPHONE	19.35	0.00
100-007-5056	TELEPHONE	38.70	0.00
100-014-5056	TELEPHONE	87.07	0.00
400-023-5056	TELEPHONE	19.35	0.00
100-009-5056	TELEPHONE	9.67	0.00
100-019-5056	TELEPHONE	9.67	0.00
100-002-5056	TELEPHONE	9.68	0.00
Distribution Total		193.49	0.00

Vendor Total: 464.60

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

Date: 02/03/2020

Time: 1:46 pm

Page 3

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2		
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2		Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check		Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date		Discoun
	Email Address	Inv. Date	Invoice No.			Net Amount
50670	BLUE SHIELD OF CALIFORNIA	01/14/2020	BOFA	MEDICAL 02.01.20 - 02.29.20		19,143.41
	PO BOX 749415	01/30/2020	N			0.00
02-490	LOS ANGELES	01/14/2020	N	N		0.00
	CA 90074-9415	01/14/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/14/2020	200140029770			19,143.41

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5015	MEDICAL INSURANCE	6,072.75	0.00
100-007-5015	MEDICAL INSURANCE	637.94	0.00
100-013-5015	MEDICAL INSURANCE	987.22	0.00
100-014-5015	MEDICAL INSURANCE	3,910.71	0.00
200-020-5015	MEDICAL INSURANCE	3,445.73	0.00
230-032-5015	MEDICAL INSURANCE	679.16	0.00
400-023-5015	MEDICAL INSURANCE	1,713.95	0.00
100-000-0227	GEMCARE HMO DEDUCTION	1,696.00	0.00
Distribution Total		19,143.46	0.00

Vendor Total: 19,143.41

50624	C & T AUTOMOTIVE, INC	01/17/2020	BOFA	UNIT 269 FRNT BRAKE PADS & S'		283.91
	12312 MAIN STREET	01/30/2020	N			0.00
03-757	LAMONT	01/17/2020	N	N		0.00
	CA 93241	01/17/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/17/2020	900027679			283.91

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5012	MAINTENANCE - VEHICLE	283.91	0.00
Distribution Total		283.91	0.00

Vendor Total: 283.91

50626	CALIFORNIA PEACE OFFICERS A	10/09/2019	BOFA	PROF STAFF DEPT MEMBERSHP		100.00
	2485 NATOMAS PARK DRIVE	01/30/2020	N			0.00
27-054	SACRAMENTO	10/09/2019	N	N		0.00
	CA 95833	10/09/2019	0.00	N	0	0.00
	<Emailing Stub Disabled>	10/09/2019	202230			100.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5062	DUES AND SUBSCRIPTIONS	100.00	0.00
Distribution Total		100.00	0.00

Vendor Total: 100.00

50679	CINTAS	01/31/2020	BOFA	MATS, LINEN, UNIFORMS JAN202		556.35
	PO BOX 29059	01/30/2020	N			0.00
50-006	PHOENIX	01/31/2020	N	N		0.00
	AZ 85038-9059	01/31/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/31/2020	MATS, LINEN, UNIFORMS			556.35

GL Number	Account Name	Pay Amount	Relieve Amount
400-023-5008	MAINTENANCE - OTHER	97.74	0.00
400-023-5023	UNIFORMS	51.42	0.00
100-001-5008	MAINTENANCE - OTHER	231.84	0.00
200-020-5023	UNIFORMS	101.64	0.00
100-019-5008	MAINTENANCE - OTHER	73.71	0.00
Distribution Total		556.35	0.00

Vendor Total: 556.35

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

5.A.1

Date: 02/03/2020

Time: 1:46 pm

Page 4

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	1099?	Hand Check Number/Date
	Email Address	Inv. Date	Invoice No.		Net Amount
50666	CLARK PEST CONTROL	01/10/2020	BOFA	PEST CONTROL TRANSIT JAN202	75.00
03-480	ACCOUNTING OFFICE	01/30/2020	N		0.00
	BAKERSFIELD	01/10/2020	N	N	0.00
	CA 93303	01/10/2020	0.00	N	0
	<Emailing Stub Disabled>	01/10/2020	A#01-01070089	01.10.20	75.00

GL Number	Account Name	Pay Amount	Relieve Amount
400-023-5077	OUTSIDE SERVICES	75.00	0.00
Distribution Total		75.00	0.00

Vendor Total: 75.00

50627	CLEAN CUT LANDSCAPE MANAG	12/31/2019	BOFA	MNTHLY MAINT LLMD 1 DEC2019	2,680.00
48-477	8406 N. ARMSTRONG AVE	01/30/2020	N		0.00
	CLOVIS	12/31/2019	N	N	0.00
	CA 93619	12/31/2019	0.00	N	0
	<Emailing Stub Disabled>	12/31/2019	2289		2,680.00

GL Number	Account Name	Pay Amount	Relieve Amount
240-025-5077	OUTSIDE SERVICES	2,680.00	0.00
Distribution Total		2,680.00	0.00

50628	CLEAN CUT LANDSCAPE MANAG	12/31/2019	BOFA	MNTHLY MAINT LLMD 2 DEC2019	645.00
48-477	8406 N. ARMSTRONG AVE	01/30/2020	N		0.00
	CLOVIS	12/31/2019	N	N	0.00
	CA 93619	12/31/2019	0.00	N	0
	<Emailing Stub Disabled>	12/31/2019	2290		645.00

GL Number	Account Name	Pay Amount	Relieve Amount
242-027-5077	OUTSIDE SERVICES	645.00	0.00
Distribution Total		645.00	0.00

Vendor Total: 3,325.00

50629	COMMUNICATION ENTERPRISES	01/15/2020	BOFA	ELECT BUS 3 NEW RADIOS & INS	2,667.00
03-580	2315 "Q" ST	01/30/2020	N		0.00
	BAKERSFIELD	01/15/2020	N	N	0.00
	CA 93301	01/15/2020	0.00	N	0
	<Emailing Stub Disabled>	01/15/2020	1101383		2,667.00

GL Number	Account Name	Pay Amount	Relieve Amount
400-023-5036	COMMUNICATIONS	2,667.08	0.00
Distribution Total		2,667.08	0.00

Vendor Total: 2,667.00

50630	COMPLETE HARDWARE STORE	01/28/2020	BOFA	2 X 1 PVC BUSHING DIGIORGIO F	2.05
48-463	101 BEAR MOUNTAIN BLVD.	01/30/2020	N		0.00
	ARVIN	01/28/2020	N	N	0.00
	CA 93203	01/28/2020	0.00	N	0
	<Emailing Stub Disabled>	01/28/2020	295951		2.05

GL Number	Account Name	Pay Amount	Relieve Amount
100-012-5008	MAINTENANCE - OTHER	2.05	0.00
Distribution Total		2.05	0.00

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

Date: 02/03/2020

Time: 1:46 pm

Page 5

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50631	COMPLETE HARDWARE STORE	01/23/2020	BOFA	LOCK FOR ELEC TIMER GITS PAF	12.99
48-463	101 BEAR MOUNTAIN BLVD.	01/30/2020	N		0.00
	ARVIN	01/23/2020	N	N	0.00
	CA 93203	01/23/2020	0.00	N	0.00
	<Emailing Stub Disabled>	01/23/2020	295260		12.99

GL Number	Account Name	Pay Amount	Relieve Amount
100-012-5008	MAINTENANCE - OTHER	12.98	0.00
Distribution Total		12.98	0.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50632	COMPLETE HARDWARE STORE	01/21/2020	BOFA	INST ST SIGN 4TH & DERBY SUPI	24.11
48-463	101 BEAR MOUNTAIN BLVD.	01/30/2020	N		0.00
	ARVIN	01/21/2020	N	N	0.00
	CA 93203	01/21/2020	0.00	N	0.00
	<Emailing Stub Disabled>	01/21/2020	295035		24.11

GL Number	Account Name	Pay Amount	Relieve Amount
200-020-5008	MAINTENANCE - OTHER	24.12	0.00
Distribution Total		24.12	0.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50633	COMPLETE HARDWARE STORE	01/16/2020	BOFA	MATL REPAIR LEAK KOVACEVIC	8.11
48-463	101 BEAR MOUNTAIN BLVD.	01/30/2020	N		0.00
	ARVIN	01/16/2020	N	N	0.00
	CA 93203	01/16/2020	0.00	N	0.00
	<Emailing Stub Disabled>	01/16/2020	294353		8.11

GL Number	Account Name	Pay Amount	Relieve Amount
100-012-5008	MAINTENANCE - OTHER	8.11	0.00
Distribution Total		8.11	0.00

Vendor Total: 47.21

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50634	CONCENTRA-OCCUPATIONAL HE	01/15/2020	BOFA	DOT PHYS RECERT CORRAL	211.00
21-003	A MEDICAL CORP.	01/30/2020	N		0.00
	RANCHO CUCAMONGA	01/15/2020	N	N	0.00
	CA 91729-3700	01/15/2020	0.00	N	0.00
	<Emailing Stub Disabled>	01/15/2020	66825921		211.00

GL Number	Account Name	Pay Amount	Relieve Amount
400-023-5091	EMPLOYEE COSTS	211.00	0.00
Distribution Total		211.00	0.00

Vendor Total: 211.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50635	COPOWER	01/10/2020	BOFA	CHIRO SVC FEB2020	185.21
27-067	DEPT. 34604	01/30/2020	N		0.00
	SAN FRANCISCO	01/10/2020	N	N	0.00
	CA 94139	01/10/2020	0.00	N	0.00
	<Emailing Stub Disabled>	01/10/2020	888816		185.21

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5015	MEDICAL INSURANCE	27.74	0.00
100-013-5015	MEDICAL INSURANCE	16.85	0.00
100-014-5015	MEDICAL INSURANCE	70.06	0.00
100-030-5015	MEDICAL INSURANCE	4.78	0.00
200-020-5015	MEDICAL INSURANCE	27.74	0.00
400-023-5015	MEDICAL INSURANCE	51.66	0.00
100-014-5015	MEDICAL INSURANCE	-13.63	0.00

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

5.A.1

Date: 02/03/2020

Time: 1:46 pm

Page 6

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check	Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Discoun
	Email Address	Inv. Date	Invoice No.		Net Amount

Distribution Total					185.20	0.00
					Vendor Total:	185.20

50639	CSJVRMA	12/20/2019		BOFA	2019/2020 3RD QTR DEPOSITS	
03-750	C/O BICKMORE	01/30/2020		N		90,045.00
	SACRAMENTO	12/20/2019		N	N	0.00
	CA 95833	12/20/2019	0.00	N	0	0.00
	<Emailing Stub Disabled>	12/20/2019	RMA 2020-0142			90,045.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-000-0074	DEPOSITS-CSJVRMA	90,045.00	0.00
Distribution Total		90,045.00	0.00
		Vendor Total:	90,045.00

50636	GUADALUPE DE LA TORRE	01/21/2020		BOFA	REIMBURSE DEPOSIT VET'S HAL	
62-041		01/30/2020		N	EVENT 01/11/2020 RECEIPT 3405	600.00
		01/21/2020		N	N	0.00
		01/21/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/21/2020	34055			600.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-002-0202	DEPOSITS PAYABLE	600.00	0.00
Distribution Total		600.00	0.00
		Vendor Total:	600.00

50625	DEPARTMENT OF TRANSPORTAT	01/14/2020		BOFA	OCT19 - DEC19 LTS & SIGNAL LT	
04-257	PO BOX 168019	01/30/2020		N		1,028.28
	SACRAMENTO	01/14/2020		N	N	0.00
	CA 95816-8019	01/14/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/14/2020	SL200491			1,028.28

GL Number	Account Name	Pay Amount	Relieve Amount
200-020-5010	MAINTENANCE - SIGNAL LIGHTS	1,028.28	0.00
Distribution Total		1,028.28	0.00
		Vendor Total:	1,028.28

50637	DIAMOND TECHNOLOGIES, INC	01/07/2020		BOFA	DELL PWR EDGE SRVRS & EQUIP	
28-397	P.O BOX 660831	01/30/2020		N		1,583.19
	DALLAS	01/07/2020		N	N	0.00
	TX 75266-0831	01/07/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/07/2020	26255414			1,583.19

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5100	IT SYSTEMS SUPPORT	1,583.19	0.00
Distribution Total		1,583.19	0.00
		Vendor Total:	1,583.19

50668	FEDEX	01/17/2020		BOFA	SHIPPING SVC 12.19.19-01.14.20	
06-012	P.O. BOX 7221	01/30/2020		N		225.80
	PASADENA	01/17/2020		N	N	0.00
	CA 91109-7321	01/17/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/17/2020	6-900-74251			225.80

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

5.A.1

Date: 02/03/2020

Time: 1:46 pm

Page 7

City of Arvin

Ref. No.	Vendor Name Vendor Address City	Post Date Pay. Date	PO Number Req. No.	Bank Hold? Sep. Ck.?	Invoice Description Line 2 Invoice Description Line 2 Use Description 1 On Check	Gross Amount Taxes Withheld
Vendor No.	State/Province Zip/Postal Email Address	Disc. Date Due Date Inv. Date	Disc. % Invoice No.	1099?	Hand Check Number/Date	Discoun Net Amount

GL Number	Account Name	Pay Amount	Relieve Amount
100-007-5026	POSTAGE	225.84	0.00
Distribution Total		225.84	0.00

Vendor Total: 225.84

50638	GRAINGER	01/02/2020		BOFA	PLUG-IN CFL LAMPS QTY 30	
	DEPT 054 - 800594814	01/30/2020		N		60.00
07-710	PALATINE	01/02/2020		N	N	0.00
	IL 60038-0001	01/02/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/02/2020	9398740457			60.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-019-5008	MAINTENANCE - OTHER	60.08	0.00
Distribution Total		60.08	0.00

Vendor Total: 60.08

50673	GRANICUS	11/07/2019		BOFA	IQM2 AGENDA & MINUTES	
	DEPT CH-BOX 19634	01/30/2020		N	10.28.19 - 11.27.19	561.00
07-703	PALATINE	11/07/2019		N	N	0.00
	IL 60055-9634	11/07/2019	0.00	N	0	0.00
	<Emailing Stub Disabled>	11/07/2019	119696			561.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5034	PROFESSIONAL SERVICES	561.00	0.00
Distribution Total		561.00	0.00

50674	GRANICUS	11/28/2019		BOFA	IQM2 AGENDA & MINUTES	
	DEPT CH-BOX 19634	01/30/2020		N	11.28.19 - 12.27.19	561.00
07-703	PALATINE	11/28/2019		N	N	0.00
	IL 60055-9634	11/28/2019	0.00	N	0	0.00
	<Emailing Stub Disabled>	11/28/2019	120137			561.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5034	PROFESSIONAL SERVICES	561.00	0.00
Distribution Total		561.00	0.00

50675	GRANICUS	02/03/2020		BOFA	IQM2 AGENDA & MINUTES	
	DEPT CH-BOX 19634	01/30/2020		N	12.28.19 - 01.27.20	561.00
07-703	PALATINE	02/03/2020		N	N	0.00
	IL 60055-9634	02/03/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	02/03/2020	121460			561.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5034	PROFESSIONAL SERVICES	561.00	0.00
Distribution Total		561.00	0.00

Vendor Total: 1,683.00

50640	GRANITE CONSTRUCTION	01/13/2020		BOFA	01/13/20 ST REPAIRS COLDMIX	
	P.O. BOX 742478	01/30/2020		N		446.50
07-700	LOS ANGELES	01/13/2020		N	N	0.00
	CA 90074-2478	01/13/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/13/2020	1735324			446.50

GL Number	Account Name	Pay Amount	Relieve Amount
-----------	--------------	------------	----------------

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

5.A.1

Date: 02/03/2020

Time: 1:46 pm

Page 8

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2		
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2		Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check		Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date		Discoun
	Email Address	Inv. Date	Invoice No.			Net Amount
	200-020-5031	STRIPING/PAVING MATERIALS			446.59	0.00
	Distribution Total				446.59	0.00

Vendor Total: 446.59

50671	GUARDIAN	01/22/2020	BOFA	BUNDLE INSURANCE FEB2020		
	P.O. BOX 677458	01/30/2020	N			7,037.00
07-790	DALLAS	01/22/2020	N	N		0.00
	TX 75267-7458	01/22/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/22/2020	GROUP ID 00 473727 FEB2			7,037.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5015	MEDICAL INSURANCE	852.75	0.00
400-003-5015	MEDICAL INSURANCE	92.89	0.00
100-007-5015	MEDICAL INSURANCE	319.73	0.00
100-013-5015	MEDICAL INSURANCE	469.70	0.00
100-014-5015	MEDICAL INSURANCE	1,635.38	0.00
100-030-5015	MEDICAL INSURANCE	149.64	0.00
230-032-5015	MEDICAL INSURANCE	156.56	0.00
200-020-5015	MEDICAL INSURANCE	474.54	0.00
400-023-5015	MEDICAL INSURANCE	437.52	0.00
100-000-0229	GUARDIAN DENTAL/VISION	1,449.84	0.00
100-000-0214	POST TAX DEDUCTIONS	968.78	0.00
100-014-5015	MEDICAL INSURANCE	6.00	0.00
100-000-0214	POST TAX DEDUCTIONS	23.70	0.00
Distribution Total		7,037.03	0.00

Vendor Total: 7,037.00

50642	JIM BURKE FORD	01/21/2020	BOFA	UNIT 268 TRBLSHT ELCT-ALTERN		
	P.O BOX 2088	01/30/2020	N			829.30
10-380	BAKERSFIELD	01/21/2020	N	N		0.00
	CA 93303-2088	02/20/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/21/2020	187654			829.30

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5012	MAINTENANCE - VEHICLE	829.34	0.00
Distribution Total		829.34	0.00

Vendor Total: 829.30

50643	EDWIN JIMENEZ	01/28/2020	BOFA	RADAR TRNG CLASS 3 DAYS - LN		
		01/30/2020	N	01/28,29,30/2020		75.00
62-032		01/28/2020	N	N		0.00
		01/28/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/23/2020	JIMENEZ E. 01.28.20			75.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5021	TRAINING	75.00	0.00
Distribution Total		75.00	0.00

Vendor Total: 75.00

50680	LOCAL GOVERNMENT COMMISSI	12/13/2019	BOFA	SRTS PLAN 07.01.19 - 09.30.19		
	980 9TH STREET SUITE 1700	01/30/2020	N			1,791.90
12-406	SACRAMENTO	12/13/2019	N	N		0.00
	CA 95814	12/13/2019	0.00	N	0	0.00
	<Emailing Stub Disabled>	12/13/2019	103450			1,791.90

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

5.A.1

Date: 02/03/2020

Time: 1:46 pm

Page 9

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check	Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Discoun
	Email Address	Inv. Date	Invoice No.		Net Amount

GL Number	Account Name	Pay Amount	Relieve Amount
228-078-5034	PROFESSIONAL SERVICES	1,791.96	0.00
Distribution Total		1,791.96	0.00

Vendor Total: 1,791.96

50646	MOUNTAINSIDE DISPOSAL	01/10/2020	BOFA	BIN RENT + 4YD FL SVC DEC2019	
	8665 SO. UNION AVE	01/30/2020	N		66.94
13-585	BAKERSFIELD	01/10/2020	Y	N	0.00
	CA 93307	01/10/2020	N	0	0.00
	<Emailing Stub Disabled>	01/10/2020	566155		66.94

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5107	REFUSE COSTS	66.94	0.00
Distribution Total		66.94	0.00

50647	MOUNTAINSIDE DISPOSAL	01/21/2020	BOFA	KERN CTY TREAS- PASS THRU	
	8665 SO. UNION AVE	01/30/2020	N	PROPERTY TAX	317,655.64
13-585	BAKERSFIELD	01/21/2020	Y	N	0.00
	CA 93307	01/21/2020	N	0	0.00
	<Emailing Stub Disabled>	01/21/2020	CTY OF KERN 12.20.19		317,655.64

GL Number	Account Name	Pay Amount	Relieve Amount
100-000-0238	DUE TO MOUNTAINSIDE (PROP TAX)	317,655.64	0.00
Distribution Total		317,655.64	0.00

Vendor Total: 317,722.54

50648	OFFICE DEPOT	01/08/2020	BOFA	ARVIN PD OFFICE SUPPLIES	
	PO BOX 29248	01/30/2020	N		189.38
15-304	PHOENIX	01/08/2020	N	N	0.00
	AZ 85038-9248	01/08/2020	N	0	0.00
	<Emailing Stub Disabled>	01/08/2020	425353496001		189.38

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5016	OFFICE SUPPLIES	189.38	0.00
Distribution Total		189.38	0.00

Vendor Total: 189.38

50649	OJEDA, ADAM	01/27/2020	BOFA	EXPNSE REIMB LTAP TRNG JAN2	
		01/30/2020	N		126.53
15-320		01/27/2020	N	N	0.00
		01/27/2020	N	0	0.00
	<Emailing Stub Disabled>	01/27/2020	OJEDA A. 01.20.20		126.53

GL Number	Account Name	Pay Amount	Relieve Amount
100-007-5021	TRAINING	126.53	0.00
Distribution Total		126.53	0.00

Vendor Total: 126.53

50650	O'REILLY AUTOMOTIVE, INC	01/27/2020	BOFA	MOWER #4 BATTERY	
	PO BOX 9464	01/30/2020	N		110.46
28-249	SPRINGFIELD	01/27/2020	N	N	0.00
	MO 65801-9464	01/27/2020	N	0	0.00
	<Emailing Stub Disabled>	01/27/2020	4451-459340		110.46

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

5.A.1

Date: 02/03/2020

Time: 1:46 pm

Page 10

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check	Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Discoun
	Email Address	Inv. Date	Invoice No.		Net Amount

GL Number	Account Name	Pay Amount	Relieve Amount
100-012-5008	MAINTENANCE - OTHER	110.46	0.00
Distribution Total		110.46	0.00

50651	O'REILLY AUTOMOTIVE, INC	01/22/2020		BOFA	HOT BOX - HYD FLUID	
	PO BOX 9464	01/30/2020		N		68.11
28-249	SPRINGFIELD	01/22/2020		N	N	0.00
	MO 65801-9464	01/22/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/22/2020	4451-458434			68.11

GL Number	Account Name	Pay Amount	Relieve Amount
200-020-5012	MAINTENANCE - VEHICLE	68.19	0.00
Distribution Total		68.19	0.00

50652	O'REILLY AUTOMOTIVE, INC	01/28/2020		BOFA	MOWER #3 + #4 MAINT SUPPLIES	
	PO BOX 9464	01/30/2020		N		30.21
28-249	SPRINGFIELD	01/28/2020		N	N	0.00
	MO 65801-9464	01/28/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/28/2020	4451-459544			30.21

GL Number	Account Name	Pay Amount	Relieve Amount
100-019-5012	MAINTENANCE - VEHICLE	30.28	0.00
Distribution Total		30.28	0.00

50653	O'REILLY AUTOMOTIVE, INC	01/13/2020		BOFA	BOBCAT ORING HYD OIL CONNE	
	PO BOX 9464	01/30/2020		N		0.75
28-249	SPRINGFIELD	01/13/2020		N	N	0.00
	MO 65801-9464	01/13/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/13/2020	4451-456958			0.75

GL Number	Account Name	Pay Amount	Relieve Amount
200-020-5012	MAINTENANCE - VEHICLE	0.75	0.00
Distribution Total		0.75	0.00

50654	O'REILLY AUTOMOTIVE, INC	01/07/2020		BOFA	RIDING MOWER #3 BATTERY	
	PO BOX 9464	01/30/2020		N		119.09
28-249	SPRINGFIELD	01/07/2020		N	N	0.00
	MO 65801-9464	01/07/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/07/2020	4451-455964			119.09

GL Number	Account Name	Pay Amount	Relieve Amount
100-012-5008	MAINTENANCE - OTHER	119.09	0.00
Distribution Total		119.09	0.00

Vendor Total: 328.7

50645	ALDO ORNELAS	01/23/2020		BOFA	RADAR TRNG CLASS 3 DAYS - LN	
		01/30/2020		N	01/28,29,30/2020	75.00
62-014		01/23/2020		N	N	0.00
		01/23/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/23/2020	ORNELAS A. 01.28.20			75.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5021	TRAINING	75.00	0.00
Distribution Total		75.00	0.00

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

Date: 02/03/2020

Time: 1:46 pm

Page 11

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check	Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Discoun
	Email Address	Inv. Date	Invoice No.		Net Amount

Vendor Total: 75.00

50655	PACIFIC IRRIGATION	01/24/2020	BOFA	IRRIGATION REPAIR DIGIORGIO I	
16-050	P.O. BOX 225	01/30/2020	N		941.20
	EDISON	01/24/2020	N	N	0.00
	CA 93220-0225	01/24/2020	0.00	N	0
	<Emailing Stub Disabled>	01/24/2020	204230		941.20

GL Number	Account Name	Pay Amount	Relieve Amount
100-012-5008	MAINTENANCE - OTHER	941.21	0.00
Distribution Total		941.21	0.00

Vendor Total: 941.20

50656	PACIFIC TIRE ARVIN	01/16/2020	BOFA	UNIT # 207 5 NEW TIRES	
16-075	190 C. STREET	01/30/2020	N		1,198.30
	ARVIN	01/16/2020	N	N	0.00
	CA 93203	01/16/2020	0.00	Y	0
	<Emailing Stub Disabled>	01/16/2020	24928		1,198.30

GL Number	Account Name	Pay Amount	Relieve Amount
400-023-5012	MAINTENANCE - VEHICLE	1,198.37	0.00
Distribution Total		1,198.37	0.00

Vendor Total: 1,198.30

50669	PG & E	01/12/2020	BOFA	ELECT SVC 12.12.19 - 01.12.20	
16-004	BOX 997300	01/30/2020	N		11,353.90
	SACRAMENTO	01/12/2020	N	N	0.00
	CA 95899-7300	01/12/2020	0.00	N	0
	<Emailing Stub Disabled>	01/12/2020	ELECT SVC 12.12.19 - 01.1:		11,353.90

GL Number	Account Name	Pay Amount	Relieve Amount
100-002-5060	UTILITIES EXPENSE	85.28	0.00
100-014-5060	UTILITIES EXPENSE	1,289.73	0.00
100-001-5060	UTILITIES EXPENSE	664.41	0.00
100-014-5060	UTILITIES EXPENSE	120.89	0.00
100-001-5060	UTILITIES EXPENSE	62.28	0.00
100-009-5060	UTILITIES EXPENSE	382.07	0.00
100-012-5060	UTILITIES EXPENSE	698.01	0.00
420-016-5060	UTILITIES EXPENSE	54.87	0.00
100-019-5060	UTILITIES EXPENSE	134.46	0.00
200-020-5060	UTILITIES EXPENSE	3,936.45	0.00
240-025-5060	UTILITIES EXPENSE	3,282.21	0.00
242-027-5060	UTILITIES EXPENSE	437.23	0.00
100-007-5060	UTILITIES EXPENSE	10.51	0.00
400-023-5060	UTILITIES EXPENSE	20.51	0.00
100-005-5060	UTILITIES EXPENSE	174.99	0.00
Distribution Total		11,353.90	0.00

Vendor Total: 11,353.90

50667	PUBLIC WORKS COUNTY OF KEF	01/08/2020	BOFA	STSW & MUNI SVC & AC DEC2019	
16-951	PO BOX 845590	01/30/2020	N		4,053.70
	LOS ANGELES	01/08/2020	N	N	0.00
	CA 90084-5590	01/08/2020	0.00	N	0
	<Emailing Stub Disabled>	01/08/2020	ARVIN 01.08.20		4,053.70

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

Date: 02/03/2020

Time: 1:46 pm

Page 12

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2		
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2		Gross Amount
	City	Disc. Date	Req. No.	Use Description 1 On Check		Taxes Withheld
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date		Discoun
	Email Address	Inv. Date	Invoice No.			Net Amount

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5107	REFUSE COSTS	4,044.60	0.00
100-003-5054	CONTRACT SERVICES	9.10	0.00
Distribution Total		4,053.70	0.00

Vendor Total: 4,053.70

50657	RAYMOND'S TROPHY & AWARDS	01/28/2020	BOFA	DESK/WALL CLOCK DALE DUCHA		
	300 CHESTER AVENUE	01/30/2020	N			129.90
18-061	BAKERSFIELD	01/28/2020	N	N		0.00
	CA 93301-5414	01/28/2020	N	0		0.00
	<Emailing Stub Disabled>	01/28/2020		72742		129.90

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5016	OFFICE SUPPLIES	129.90	0.00
Distribution Total		129.90	0.00

Vendor Total: 129.90

50644	DELIA REYES	01/23/2020	BOFA	RADAR TRNG CLASS 3 DAYS - LN		
		01/30/2020	N	01/28,29,30/2020		75.00
62-016		01/23/2020	N	N		0.00
		01/23/2020	N	0		0.00
	<Emailing Stub Disabled>	01/23/2020		REYES D. 01.28.20		75.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-014-5021	TRAINING	75.00	0.00
Distribution Total		75.00	0.00

Vendor Total: 75.00

50672	SO. CAL. GAS CO.	01/28/2020	BOFA	SVC 12.23.19 - 01.24.20		
	P.O. BOX "C"	01/30/2020	N			2,070.40
19-597	MONTEREY PARK	01/28/2020	Y	N		0.00
	CA 91756	01/28/2020	N	0		0.00
	<Emailing Stub Disabled>	01/28/2020		SVC 12.23.19 - 01.24.20		2,070.40

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5060	UTILITIES EXPENSE	336.24	0.00
100-014-5060	UTILITIES EXPENSE	336.24	0.00
100-007-5060	UTILITIES EXPENSE	135.76	0.00
100-009-5060	UTILITIES EXPENSE	197.77	0.00
100-002-5060	UTILITIES EXPENSE	436.27	0.00
100-012-5060	UTILITIES EXPENSE	492.38	0.00
400-023-5060	UTILITIES EXPENSE	135.76	0.00
Distribution Total		2,070.42	0.00

Vendor Total: 2,070.40

50658	SOUTH VALLEY ELECTRICAL	01/24/2020	BOFA	TRANSP DEPT RELOCATED CABI		
	PO BOX 20789	01/30/2020	N	INSIDE TO OUTSIDE		555.40
48-459	BAKERSFIELD	01/24/2020	N	N		0.00
	CA 93390	01/24/2020	N	0		0.00
	<Emailing Stub Disabled>	01/24/2020		4071		555.40

GL Number	Account Name	Pay Amount	Relieve Amount
400-023-5008	MAINTENANCE - OTHER	555.47	0.00

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

Date: 02/03/2020

Time: 1:46 pm

Page 13

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	1099?	Hand Check Number/Date
	Email Address	Inv. Date	Invoice No.		Net Amount

Distribution Total					555.47	0.00
					Vendor Total:	555.47

50678	SPARKLE TEXTILE RENTAL SERV	01/31/2020	BOFA	UNIFORM SERVICE JAN2020		
19-629	121 MONTEREY STREET	01/30/2020	N			1,637.99
	BAKERSFIELD	01/31/2020	N	N		0.00
	CA 93305	01/31/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/31/2020	A#12606	01.31.20		1,637.99

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5008	MAINTENANCE - OTHER	45.15	0.00
100-007-5008	MAINTENANCE - OTHER	73.75	0.00
100-014-5008	MAINTENANCE - OTHER	566.72	0.00
100-019-5008	MAINTENANCE - OTHER	190.67	0.00
200-020-5023	UNIFORMS	424.18	0.00
400-023-5008	MAINTENANCE - OTHER	143.70	0.00
400-023-5023	UNIFORMS	193.80	0.00
Distribution Total		1,637.97	0.00
		Vendor Total:	1,637.99

50659	THE PUN GROUP LLP	12/31/2019	BOFA	PROG BILLING#2 AUDIT FY18/19		
28-222	200 EAST SANDPOINTE AVENUE	01/30/2020	N			14,474.00
	SANTA ANA	12/31/2019	N	N		0.00
	CA 92707	12/31/2019	0.00	Y	0	0.00
	<Emailing Stub Disabled>	12/31/2019	112344			14,474.00

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5034	PROFESSIONAL SERVICES	14,474.00	0.00
Distribution Total		14,474.00	0.00
		Vendor Total:	14,474.00

50660	TYLER TECHNOLOGIES, INC.	01/01/2020	BOFA	FUND BALANCE YEARLY MAINT		
20-810	P.O BOX 203556	01/30/2020	N	02.01.2020 - 01.31.2021		6,607.44
	DALLAS	01/01/2020	N	N		0.00
	TX 75320-3556	01/01/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/01/2020	025-280832			6,607.44

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5100	IT SYSTEMS SUPPORT	6,607.44	0.00
Distribution Total		6,607.44	0.00
		Vendor Total:	6,607.44

50661	VEOLIA WATER NA - MAINT-NOTE	01/14/2020	BOFA	OPER & MAINT WASTEWATER DE		
22-282	PO BOX 28895	01/30/2020	N			135,818.26
	CHICAGO	01/14/2020	N	N		0.00
	IL 60673-8895	01/14/2020	0.00	N	0	0.00
	<Emailing Stub Disabled>	01/14/2020	90226010			135,818.26

GL Number	Account Name	Pay Amount	Relieve Amount
420-016-5110	VEOLIA OPERATING EXPENSES	127,848.68	0.00
420-016-5034	PROFESSIONAL SERVICES	7,969.58	0.00
Distribution Total		135,818.26	0.00
		Vendor Total:	135,818.26

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

Edit List of Invoices - Detail w/GL

Date: 02/03/2020

Time: 1:46 pm

Page 14

City of Arvin

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50662	WAGeworks, INC.	10/01/2019	BOFA	C2791- MNTHLY COMPLAINCE FE	
48-505	PO BOX 8363	01/30/2020	N	COBRA SEP2019	79.52
	PASADENA	10/01/2019	N	N	0.00
	CA 91109-8363	10/01/2019	0.00	N	0.00
	<Emailing Stub Disabled>	10/01/2019	0919-TR39927		79.52

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5015	MEDICAL INSURANCE	79.52	0.00
Distribution Total		79.52	0.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50663	WAGeworks, INC.	11/01/2019	BOFA	C2791 MNTHLY COMPLIANCE FEI	
48-505	PO BOX 8363	01/30/2020	N	COBRA OCT2019	79.52
	PASADENA	11/01/2019	N	N	0.00
	CA 91109-8363	11/01/2019	0.00	N	0.00
	<Emailing Stub Disabled>	11/01/2019	1019-TR39927		79.52

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5015	MEDICAL INSURANCE	79.52	0.00
Distribution Total		79.52	0.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50664	WAGeworks, INC.	12/01/2019	BOFA	C2791 MNTHLY COMPLIANCE FEI	
48-505	PO BOX 8363	01/30/2020	N	COBRA NOV2019	79.52
	PASADENA	12/01/2019	N	N	0.00
	CA 91109-8363	12/01/2019	0.00	N	0.00
	<Emailing Stub Disabled>	12/01/2019	1119-TR39927		79.52

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5015	MEDICAL INSURANCE	79.52	0.00
Distribution Total		79.52	0.00

Ref. No.	Vendor Name	Post Date	Bank	Invoice Description Line 2	Gross Amount
Vendor No.	Vendor Address	Pay. Date	Hold?	Invoice Description Line 2	Taxes Withheld
	City	Disc. Date	Req. No.	Use Description 1 On Check	Discoun
	State/Province Zip/Postal	Due Date	Disc. %	Hand Check Number/Date	Net Amount
	Email Address	Inv. Date	Invoice No.		
50665	WAGeworks, INC.	01/01/2020	BOFA	C2791 MNTHLY COMPLIANCE FEI	
48-505	PO BOX 8363	01/30/2020	N	COBRA DEC2019	79.52
	PASADENA	01/01/2020	N	N	0.00
	CA 91109-8363	01/01/2020	0.00	N	0.00
	<Emailing Stub Disabled>	01/01/2020	1219-TR39927		79.52

GL Number	Account Name	Pay Amount	Relieve Amount
100-001-5015	MEDICAL INSURANCE	79.52	0.00
Distribution Total		79.52	0.00

Vendor Total: 318.00

Grand Total: 666,031.74
 Less Credit Memos: 0.00
 Net Total: 666,031.74
 Less Hand Check Total: 0.00
 Outstanding Invoice Total: 666,031.74

Total Invoices: 63

Attachment: Demand Register(s) Jan 25, 2020 - Feb 07, 2020 (Demand Register(s) of January 25, 2020 - February 07, 2020.)

EARNINGS REPORT

PAYROLL 02.07.2020

Emp. Code Desc.: CITY OF ARVIN
 From 02/07/2020 to 02/07/20
 City of Arvin

Date: 2/7/2020
 Time: 9:45:08

Employee Name	Employee ID	15X ADMLV	1X ADPAY	1XFTO ALLOW	25X BERV	2X BNFT1	3X COMP	ADJ CTO	ADLCO CTYWK	Oth Tot
		DEGRE	DIFFL	FH	FTO	HLPER	HOL	HP1X	INSUR	
		JURY	LONG	MILIT	MISC	PBD	PBD3	PBDCO	PDADL	
		PERE	PERS	PHALW	POST	PTO	REG	RETOT	RETRO	
		SCKCO	SEVR	SHOEAE	SICK	SRO	SSWEP	STDBY	STLMT	
		TRAIN	TUPGR	UAACL	UAPEP	UNADV	URCL	URPEP	VAC	
		VACCO	VACTO	WRKCO	TTD					
Grand Total:	Employee Count: 56	0.00	6,596.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	200.00	0.00	1,084.63	0.00	594.54	0.00	125,489.4
		378.48	163.80	0.00	303.92	0.00	0.00	0.00	1,994.16	
		0.00	2,372.26	0.00	0.00	607.78	0.00	0.00	0.00	
		0.00	0.00	300.00	608.35	0.00	102,405.66	0.00	0.00	
		0.00	0.00	0.00	3,017.50	0.00	191.52	0.00	0.00	
		0.00	228.50	0.00	0.00	90.78	0.00	0.00	1,350.48	
		0.00	0.00	1,144.90	1,856.00					

COST REPORT

PAYROLL 02.07.2020

Emp. Code Desc.: CITY OF ARVIN
 From 02/07/2020 to 02/07/20
 City of Arvin

Date: 2/7/2020
 Time: 9:44:51

Employee Name	Employee ID	PER3E PER33 SUTA	FUTA PER5E PERS4	MC PER6E PERS5	MC1 PER9E PERS6	PER1E PERCP PERS8	PER2D PERS PERS9	PER2E PERS1 SS	PER2M PERS2 SS1	Oth Tot
Grand Total:	Employee Count: 56	0.00	0.00	1,615.27	238.40	0.00	1,432.93	0.00	1,023.28	0.00
		993.73	119.59	0.00	0.00	0.00	0.00	0.00	2,476.36	22,645.2
		1,980.50	0.00	0.00	2,281.25	2,438.60	0.00	6,790.25	1,255.11	
		0.00								

Attachment: Payroll Register February 07, 2020 (Payroll Register(s) of February 07, 2020.)

REGULAR MEETING MINUTES

**ARVIN CITY COUNCIL / SUCCESSOR AGENCY TO THE
ARVIN COMMUNITY REDEVELOPMENT AGENCY / ARVIN HOUSING
AUTHORITY / ARVIN PUBLIC FINANCING AUTHORITY**

JANUARY 28, 2020

CALL TO ORDER @ 6:02PM

PLEDGE OF ALLEGIANCE

INVOCATION

ROLL CALL: CM Franetovich absent; All others present.

1. Approval of Agenda as To Form.

Motion to approve agenda.

Motion MPT Robles Second CM Trujillo Vote 4-0

2. PUBLIC COMMENTS

(This is the opportunity for the public to address the City Council on any matter on the agenda or any item of interest to the public that is within the subject matter jurisdiction of the City Council.)

3. PRESENTATION(S)

A. Introduction of New Wastewater Treatment Plant Manager, Johnny Guardiola Dale Ducharme, Veolia Water

4. CONSENT AGENDA ITEM(S)

A. Approval of Demand Register(s) of January 11, 2020 – January 24, 2020.

B. Approval of Payroll Register(s) of January 24, 2020.

C. Approval of the Minutes of the Regular Meeting(s) of January 14, 2020.

D. Approval of A Resolution of the City Council of the City of Arvin for the Cancellation of Congestion Mitigation and Air Quality (CMAQ) Project for Derby Street.

Resolution No. 2020-05

Staff recommends approval of the Consent Agenda.

Motion to approve Consent Agenda Items 4A – 4D.

Motion CM Trujillo Second CM Martinez Vote 4-0

5. **WORKSHOP - DRAFT STRATEGIC PLAN** (Pawan Gill, Director of Administrative Services)

6. **DISCUSSION ITEM(S)**
 - A. Annual Community Events (Mayor Gurrola)

 - B. Arvin Volunteer Corps (Mayor Gurrola)

 - C. Partnership with Kern County for Pothole and Road Maintenance (Mayor Gurrola)

7. **STAFF REPORTS**

8. **COUNCIL MEMBER COMMENTS**

9. **ADJOURNED @ 7:07PM**

Respectfully submitted,

Cecilia Vela, City Clerk



Dena Murphy
Director

January 8, 2020

City of Arvin

**PROCLAIM FEBRUARY 2019 AS SAFELY SURRENDER BABY
AWARENESS MONTH IN THE CITY OF ARVIN
(Fiscal Impact: None)**

The purpose of this letter is to ask the City of Arvin to proclaim February 2020 as Safely Surrender Baby Awareness Month and to advise the community of planned events to highlight the importance of the Safely Surrendered Baby Law.

The Safely Surrendered Baby Law responds to the increasing number of newborn infant deaths due to abandonment in unsafe locations. First created in January 2001, the law's intent is to save the lives of newborn infants at risk of abandonment by encouraging parents or persons with lawful custody to safely surrender the infant within 72 hours of birth, with no questions asked. ***In Kern County there have been 76 babies Safely Surrendered since 2006.***

In Kern County, a newborn baby can be safely surrendered into the hands of any hospital emergency room or Fire Station staff. The Safely Surrendered Baby Coalition, under the coordination of the Department of Human Services, works to educate Kern County residents about this important law. The coalition is made up of a small group of dedicated individuals representing a long list of agencies, non-profits, hospitals, and stakeholders, including First Five Kern, Bakersfield City Fire Department, the Kern County Fire Department, Kern Medical, Dignity Health's Mercy & Memorial Hospitals, Adventist Health & Clinica Sierra Vista, to name a few.

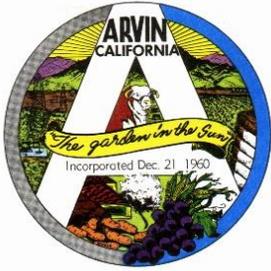
Therefore, we hope that you will proclaim February as Safely Surrendered Baby Awareness Month, prepare a proclamation and make a presentation at a City Council Meeting in the Month of February.

Sincerely,

Jana Slagle
Chair - Safely Surrendered Baby Coalition
Kern County Department of Human Services
661.633-7104

Tel 661.631.6000 Fax 661.631.6631 TTY 800.735.2929
100 E. California Avenue P.O. Box 511 Bakersfield, CA 93302 www.KCDHS.org

Kern County Department of Human Services is an equal opportunity employer.



PROCLAMATION

Safe Surrendered Baby Awareness Month – February 2020

Whereas, the Safely Surrendered Baby Law (SSB) was implemented on January 1, 2001, with the intent to prevent harm and possible death to newborns, and Governor Schwarzenegger signed legislation extending the SSB Law permanently as of January 1, 2006.

Whereas, the intent of the laws is to save the lives of newborn infants at risk of abandonment by encouraging parents or persons with lawful custody to safely surrender the infant within 72 hours of birth, with no questions asked; and

Whereas, since 2006, 76 newborns have been safely surrendered in Kern County; and

Whereas, in Arvin and throughout Kern County, a newborn baby can be safely surrendered into the hands of any hospital emergency room or Fire Station staff; and

Whereas, the Safely Surrendered Baby Coalition, under the coordination of the Department of Human Services, works to educate Arvin Citizens and all Kern County residents about this important law. The coalition is made up of a small group of dedicated individuals representing a long list of agencies, non-profits, hospitals, and stakeholders, including First Five Kern, the Kern County Fire Department and Clinica Sierra Vista, to name a few.

Now, therefore, on behalf of all the citizens of the City of Arvin, We, the City Council of the City of Arvin are honored to declare February 2020, as Safe Surrendered Baby Awareness Month in the City of Arvin and recognize the work being done by the Safely Surrendered Baby Coalition.

In Witness Whereof, I have hereunto set my hand and caused to be affixed the seal of the City of Arvin, California, this 11th day of February 2020.

Jose Gurrola, Mayor
City of Arvin



CITY OF ARVIN Staff Report

Meeting Date: February 11, 2020

TO: City Council

FROM: Scot Kimble, Police Chief
Jerry Breckinridge, City Manager

SUBJECT: Approval of Special Event Application for the Arvin Chamber of Commerce Wildflower Festival to be Held at Smothermon Park on April 20, 2020 through April 28, 2020 (Event Dates April 24 - 26) With the Requirement to Abide by Stipulations Set Forth by the Police Department and the City of Arvin Including Private Security Guard Requirements, ABC Daily License Requirements, and Police Department Personnel Requirements.

BACKGROUND:

The Arvin Chamber of Commerce has submitted a Special Event Permit Application to hold the Arvin Wildflower Festival in Smothermon Park from April 20 through April 28, 2020 (Event dates April 24 - 26, 2020). The event will include music, carnival rides, booths, and local vendors. Alcohol will also be sold at this event.

Based on the anticipated attendance and nature of the event, the Police Department will require the event coordinators to provide 10 private security guards during the event. Additionally, 2 private security guards will be required during the setup period for this event. In addition to private security, the police department will also have to dedicate police officers on an overtime basis.

Special stipulations will be placed on the Alcoholic Beverage Control (ABC) Daily License, regulating the sale of alcohol during this event. The stipulations will include the hours alcohol can be sold, security requirements, and sales location requirements.

Finally, the City is requiring the applicant to provide three (3) vendor spaces to the City of Arvin at no cost to the City.

FINANCIAL IMPACT:

The estimated overtime cost for police services is \$2,200.00, which is unbudgeted.

The fiscal impact on Maintenance and Infrastructure has not yet been determined.

RECOMMENDATION:

Approve Special Event Application with the requirement to abide by stipulations set forth by the Police Department and the City of Arvin. These stipulations include private security guard requirements, ABC Daily License requirements, and Police Department personnel requirements.

ATTACHMENTS:

Special Event Application



CITY OF ARVIN

200 Campus Drive, P.O. Box 548
Arvin, California 93203

Phone (661) 854-3134, Fax (661) 854-0817

APPLICATION AND LICENSE AGREEMENT FOR USE OF CITY BUILDING/FACILITY NON-PROFIT APPLICATION

RECEIVED
JAN 21 2020
CITY OF ARVIN

This application and license agreement, when properly filled out, approved and signed by the City Manager or his/ authorized representative, shall constitute a license to use the designated building/facility for the times and purpose described below. Applicant/Licensee agrees to abide by the terms of the Application and License Agreement and to pay such fees as may be required.

Select Facility:

- | | | | | | | |
|--|---|---|--|---|---|---|
| <input type="checkbox"/> Veteran's Hall
414 4 th Ave.
Deposit: \$450.00
Fee: \$50 (M-Th)
Fee: \$200 (Fri-Sun) | <input type="checkbox"/> Suite 'Y'
141 'A' St.
Deposit: \$150.00
Fee: \$25 (M-Th)
Fee: \$50 (Fri-Sun) | <input type="checkbox"/> Suite 'Y' & Kitchen
141 A' St.
Deposit: \$150.00
Fee: \$75 (M-Th)
Fee: \$100 (Fri-Sun) | <input type="checkbox"/> Kiosk Area
141 'A' St.
Deposit: \$100.00
Fee: \$150.00 | <input checked="" type="checkbox"/> Smothermon Pavilion
800 Walnut Dr.
Deposit: \$200.00
Fee: \$100.00 | <input checked="" type="checkbox"/> Kovachevich Park
324 3 rd Ave. & A St.
Electrical: \$75.00
Water: \$75.00 | <input checked="" type="checkbox"/> Smothermon
800 Walnut Dr.
Electrical: \$75.00
Water: \$75.00 |
|--|---|---|--|---|---|---|

Request for Access to Veteran's Hall & Adjacent Lawn Area on Sunday, one day after Saturday event. (Must complete and sign page 8 & only applicable if renting Veteran's Hall on Saturday) Fee: \$250.00.

Applicant: ARVIN CHAMBER OF COMMERCE Phone Number: 661-854-2265
Address: PO Box 645 ARVIN, CA 93203

Date Requested: 4-20 to 4-28-2020 Activity/Event: ARVIN WILDFLOWER FESTIVAL

Time of Arrival: 0700 Time of Departure: 1700

Dance: Yes/ No Fundraising: Yes/No

Admission: Yes/No \$ 5.00 0 ↓ FREE Open to Public: Yes/No

Alcoholic Beverages: Yes/No Sold/Served

✓ No Alcoholic Beverages Permitted at Suite 'Y', Kovachevich Park, Smothermon Park and Kiosk/Grass Area.

✓ No Bounce Houses or Waterslides are allowed at the Adobe Plaza Complex: Veteran's Hall or Kiosk Area and Smother Park/Pavilion.

✓ NOTE: IF SERVING OR SELLING ALCOHOL, ALCOHOL COVERAGE MUST BE STATED ON THE CERTIFICATE OF INSURANCE. YOU MUST OBTAIN A LICENSE FROM THE ALCOHOL BEVERAGE CONTROL (ABC) IF SELLING ALCOHOL.

✓ NOTE: IF SERVING OR SELLING ALCOHOL, YOU ARE REQUIRED TO PROVIDE AT MINIMUM ONE (1) SECURITY GUARD PER FIFTY (50) GUESTS, INCLUDING CHILDREN. IF ALCOHOL WILL NOT BE SERVICED OR SOLD YOU ARE REQUIRED TO PROVIDE (1) SECURITY GUARD PER (100) GUESTS (INCLUDING CHILDREN)

Attachment: Special Event Application_Arvin Wildflower Festival 042020 - 042820 (Arvin Wildflower Festival 2020)

APPLICATION AND LICENSE AGREEMENT

This License Agreement is between the CITY OF ARVIN (Licensor) and (Licensee), for the use of ARVIN CHAMBER OF COMMERCE, (hereinafter referred to as "designated building/facility") on the following date(s) and time(s): 4-30 TO 4-28-2020 and the following activity/event: WILDFLOWER FESTIVAL.

*For the purpose of this License, the building/facility and room(s) identified, as "designated facility" **SHALL INCLUDE ANY PARKING LOT, SITE, SIDEWALK OR ACCESS DRIVE** connected with it and used or occupied during the scheduled activity.

I. In consideration for Licensor's granting the right to use the designated facility, LICENSEE AGREES TO THE FOLLOWING REQUIREMENTS, RULES AND RESPONSIBILITIES:

A. REQUIREMENTS:

1. Deposit is required on date of reservation.
2. Application and fees are due **6 weeks** prior to event.
3. Certificate of Liability Insurance and Security Guard form are due **6 weeks (42 days)** prior to event and must be effective for the date(s) and time(s) as described in this agreement. You must file a Certificate of Insurance evidencing that Licensee has Comprehensive Liability Insurance coverage of at least \$500,000 for the Veterans' Hall, and or \$100,000 for Suite 'Y', Suite 'Y' Kitchen, Smothermon Pavilion, and the Kiosk Area, with the City of Arvin, its officers, officials, employees, agents and volunteers **named as additional insured** for the scheduled use.

Notwithstanding the requirement for the proof of insurance, Licensee agrees to indemnify Licensor and to save it harmless against any claims for damages or other liability to any person arising out of Licensee's operations and conduct or any person's attendance at the designated facility.

Note: If serving or selling alcohol, **alcohol coverage must be stated on insurance certificate. You must obtain a license from ABC if selling alcohol.**

The City requires security services at a minimum of **one (1) guard per 50 persons** in attendance (including children). Security services must be provided by a state licensed Private Patrol Operator.

4. **Cancellations** must be made in writing to the City Clerk's Office at least **6 weeks (42 days)** prior to the event to receive refund of deposit.
5. **A Penalty fee of \$100.00** will be charged for each item that is not received within the period indicated above.

APPLICATION AND LICENSE AGREEMENT

B. RULES:

1. To conduct its activities and operations only for the activity/event stated in the application.
2. Not to violate, permit or suffer the violation of any Federal, State Law, City, or County ordinance on the premises.
3. To surrender possession of the premises peaceably and promptly at the end of the licensed term.
4. In accord with a Resolution passed by the Board of Supervisors, there shall be **NO SMOKING** allowed in City Buildings/Facilities. No vehicles permitted on grass.
5. To limit attendance on the premises to the stated capacity as posted by the Fire Marshall and copied below:

VETERAN'S HALL	ADOBE PLAZA SUITE 'Y'/ KITCHEN	KIOSK AREA	SMOTHERMON PAVILION
Assembly Capacity: 430 Banquet Capacity: 218	Capacity: 75	Capacity: 75	Capacity: 200

C. RESPONSIBILITIES:

1. **Be Punctual:** You have a 15-minute "grace period" for your scheduled arrival time, after which the City Employee/Staff and/or Police Officer may write you up as a "NO SHOW" and leave. Should you be written up as a "**NO SHOW**" and the return of the staff member is required for your event there will be a call out charge of \$90.00 that will be deducted from your deposit. **There will be an additional charge of \$90.00 for each additional call out where any City Employee is required to go to the facility. Call outs made for service or assistance must be made and approved by applicant/licensee before City employee(s) will respond.**
2. **Set-up / Clean up:** Your scheduled arrival and departure times should allow for whatever set-up and clean up may be required for your function. If you need to make any adjustments, you must call the City of Arvin, City Clerk's Office at 854-3134 to do so. Clean-up shall include the following:
 - a. Sweep and Mop Floors. (City does not provide cleaning products. Applicants must bring their own nonabrasive cleaning products. Please do not use abrasives to clean.)
 - b. Wipe off Tables, Fold, and Put Away.
 - c. Wipe off Chairs, Fold and Put Away.
 - d. Empty Trash Cans and Interior Garbage Cans into outside bins.
 - e. Pick up Trash in Bathrooms and Empty into outside bins.
 - f. Pick up Trash on Grounds, including Parking Lots, Walkways, and Patios.
 - g. Remove all decorations from inside and outside building
3. **Decorations:** Decorations may **not** be attached to ceiling or walls.
4. **Do Not Leave the Room Unattended:** If your function ends earlier than scheduled, you may call City staff at **661) 487-8544** (to come and check you out. If you are unable to reach City staff, you must wait in the Building/Facility until the scheduled checkout time. If you leave without checking out, you are liable for any damage or loss that is noted by City staff on their return to the Building/Facility.

APPLICATION AND LICENSE AGREEMENT

- 5. **No Removal of Equipment:** No equipment such as coffeemakers, tables, chairs, or any other property belonging to the City may be removed from the building.
- 6. **Observe the Golden Rule:**
 - a. Children should be cautioned to be reasonably quiet and to stay within the area reserved by the applicant/licensee.
 - b. When two or more organizations are using the Adobe Plaza area at the same time, each should respect the other's need for privacy and peace and quiet.
- 7. **No Gratuities:** City staff/employees are not to be offered gratuities; if you wish to express appreciation for their services, please do so by writing to the City Manager at: City of Arvin, P.O. Box 548, Arvin, CA 93203.

II. IT IS FURTHER UNDERSTOOD AND AGREED THAT:

- A. This License does not evidence a partnership of joint venture. Licensee has full responsibility for the operation of the premises subject to this License.
- B. This License is effective only for the date(s) and time(s) as described in this agreement and is not transferable. Any change must be submitted for approval in writing or in person to the City of Arvin.
- C. In the event of the breach by Licensee of any terms, conditions, or agreement assumed by it in this License, this License and privilege for use of City buildings/facilities shall be terminated and Licensee shall immediately surrender possession of the premises. In the event Licensor has to resort to legal action to enforce any provision of this License or to obtain restitution for damages, Licensee agrees to pay all the costs and expenses of such action, including reasonable attorney's fees.
- D. I have received the following forms and will comply with all rules and regulations of said forms:
 - **Application and License Agreement for Use of City Building/Facility**
 - **Walk Thru/Clean Up Checklist**
 - **Security Guard Form**
 - **Application for Use of City Building The Day Before Event**

*I/We agree to the Requirements, Rules, and Responsibilities for use of the City Building/Facility listed in this agreement and TO LEAVE THE BUILDING/FACILITY IN A CLEAN, NEAT AND ORDERLY CONDITION and TO PAY ANY DAMAGES INCURRED. Misrepresentation of any facts related to this application could result in additional charges being assessed and / or building use privileges being suspended.

LICENSOR:
City of Arvin

By: _____

Date: _____

LICENSEE:
Individual/Organization

By: _____

Date: 1-21-2020

Further information or clarification regarding the rules for use of city facilities may be obtained by calling City of Arvin, City Clerk's Office at (661) 854-3134.

APPLICATION AND LICENSE AGREEMENT WALK THRU/CLEAN-UP CHECKLIST

FORM TO BE COMPLETED AT TIME OF WALK-THRU

DATE: _____

APPLICANT NAME: _____

<u>Ste. Y:</u>	
Chairs	_____
Rectangular Tables	_____
<u>Vet's Hall</u>	
Chairs	_____
Sq. Tables	_____
Round Tables	_____

*WALK THRUS ARE SCHEDULED DAY OF OR THE FRIDAY PRIOR TO YOUR ACTIVITY/EVENT

The designated building/facility should be clean and neat. If anything looks out of order, please make a note of it below under "Exceptions". It is in your best interest to be thorough in your walk-thru so that your group will not be assessed for damage done by previous users.

Exceptions: _____

Accepted in Good Order by: _____ Date: _____
Applicant/Licensee Signature

Acknowledged by: _____
City Employee

CLEAN UP CHECKLIST:

The following items are a guide only, and represent minimum standards for returning the facility to proper order:

- A. Sweep and Mop Floors. (City does not provide cleaning products. Applicants must bring their own nonabrasive cleaning products. Please do not use abrasives to clean.)
- B. Wipe off Tables, Fold and Put Away.
- C. Wipe off Chairs, Fold and Put Away.
- D. Empty Trash Cans and Interior Garbage Cans into outside bins.
- E. Pick up Trash in Bathrooms and Empty into outside bins.
- F. Pick up Trash on Grounds, including Parking Lots, Walkways, and Patios.
- G. Remove all decorations from inside and outside building.

Please Note: A complete inspection will be made by the City Staff who will determine if there are any damages to the designated building/facility. Damage to or loss of City property will be charged at actual cost for repair or replacement. Until assessed charges for clean up or damages have been paid further use of City facilities may be suspended.

Your Walk Thru is scheduled for: _____ @ _____
Date Time Initials of Applicant

Attachment: Special Event Application_Arvin Wildflower Festival 042020 - 042820 (Arvin Wildflower Festival 2020)

Return to:
City of Arvin City Clerk's Office
200 Campus Drive
Arvin, CA 93203
Phone (661) 854-3134
Fax (661) 854-0817

APPLICATION AND LICENSE AGREEMENT SECURITY GUARD FORM

COMPLETED FORM AND REQUIREMENTS LISTED BELOW ARE DUE TO CITY OF ARVIN, CITY CLERK OFFICE NO LATER THAN **6 WEEKS (42 DAYS)** PRIOR TO DATE OF EVENT.

NAME OF APPLICANT: _____ PHONE # _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TYPE OF EVENT: _____ DATE(S): _____ BUILDING(S): _____
ESTIMATED # OF GUESTS: _____ ALCOHOL: YES _____ NO _____

The agency named below certifies that it has been contracted to provide security service for the above event as follow

The City requires security services at a minimum of **one (1) guard per 50 persons** in attendance (including children). **Guards must** be present from _____ AM/PM until _____ AM/PM, or until the last person leaves, whichever occur first. A reduction in security to a minimum of one (1) guard is permissible during the last 1 to 2 hours of scheduled use, during clean up. **Event must end no later than 12 AM (midnight).**

SET-UP TIME _____ AM/PM TO _____ AM/PM
EVENT TIME _____ AM/PM TO _____ AM/PM (50 people or more)
CLEAN-UP TIME _____ AM/PM TO _____ AM/PM

PRIVATE PATROL OPERATOR (REQUIRED)

PPO Agency Name: _____
PPO Owner's Name: _____
PPO Address: _____
City: _____ State: _____ Zip: _____
PPO LIC. #: _____
Phone #: (____) _____
Contact Name: _____

BRANCH OFFICE (IF APPLICABLE)

Branch Manager: _____
Branch Address: _____
City: _____ State: _____ Zip: _____
PPB LIC #: _____
Phone #: (____) _____

REQUIREMENTS: SECURITY GUARD AGENCY MUST PROVIDE THE FOLLOWING PRIOR TO PROVIDING SECURITY GUARD SERVICES IN THE CITY OF ARVIN OR PROOF OF SECURITY WILL BE REJECTED:

- 1) Business License from the City of Arvin
- 2) Copy of Certificate of Insurance
- 3) Copy of PPO or PPB License from the State Bureau of Security & Investigative Services (Agency address listed above must be the same as address listed on State PPO or PPB License.)
- 4) Signature of PPO Owner or letter from PPO Owner indicating the Agency Representative signing below is employed the PPO and authorized to use the PPO# listed.

WE AGREE TO PROVIDE THE REQUIREMENTS LISTED ABOVE PRIOR TO PROVIDING SERVICES IN THE CITY OF ARVIN AND WE AGREE TO NOTIFY THE CITY CLERK'S OFFICE (661) 854-3134 ONCE THE DOCUMENT IS COMPLETED AND MAILED/FAX, WE ALSO AGREE TO IMMEDIATELY CONTACT THE CITY CLERK IF THIS CONTRACT IS CANCELLED AND/OR AMENDED.

Signature of Owner or Agency Representative _____ Print Name _____ Title _____

FOR OFFICE USE ONLY: APPROVED DECLINED _____
SIGNATURE: _____ DATE _____
CHIEF OF POLICE OR LIEUTENANT

Attachment: Special Event Application_Arvin Wildflower Festival 042020 - 042820 (Arvin Wildflower Festival 2020)

APPLICATION FOR USE OF CITY FACILITY THE DAY BEFORE EVENT

This application, when properly filled out, approved and signed by the City Manager or their authorized representative, shall constitute a license to use the specified facilities for the times and purposes described below. Applicant/Licensee agrees to abide by the terms of this Agreement and to pay such fees as described below.

PLEASE NOTE: Applicant is allowed to use the _____ on the day before their event only if the designated facility is not already reserved for another activity or event for the facility requested.
(Designated Facility)

Designated Facility: _____

Purpose: Use of _____ the day before the event/activity described and agreed upon
(Designated Facility)
according to the Application for Use of City Facility and License Agreement.

Fee: \$20 per hour. This fee will be deducted from your deposit unless you choose to pay this fee separately and in advance at the time you pay the deposit. "No show" and call-out fees will apply according to section I.C. of this agreement.

Applicant/Licensee (Print Name): _____

Date (Day Before Event): _____

Time of Arrival: _____ **Time of Departure:** _____

Applicant/Licensee is allowed to use the _____ on the day before the event **only** for the following reasons:
(Designated Facility)

1. Decoration of Hall
2. Arrangement of Tables and Chairs
3. Rehearsal

If the Applicant/Licensee fails to fulfill the following requirements, Applicant/Licensee will **not** have the privilege to use the _____ the day before their event:

1. If Applicant/Licensee is late or misses their appointment to view the _____
(Designated Facility)
2. If all required deposits and fees have not been paid.
3. If all required documents listed below have not been signed and returned to City Hall:
 - a) Application and License Agreement for Use of City Building/Facility
 - b) Certificate of Liability
 - c) Security Guard Form
 - d) ABC License (if needed)

PLEASE NOTE: The City will not be liable for any damages done to the City Facility listed above surrounding areas. Licensee agrees to pay for all costs and expenses of such actions, including reasonable attorneys' fees.

LICENSOR
City of Arvin

Signature: _____

Print Name: _____

Date: _____

LICENSEE
Individual/Organization

Signature: _____

Print Name: _____

Date: _____

**APPLICATION FOR CLEANUP OF VETERAN'S HALL
ON A SUNDAY (8am - 12noon ONLY) AFTER SATURDAY EVENT**

This application, when properly filled out, approved and signed by the City Manager or their authorized representative, shall constitute a license to access the specified facilities for the times and purposes described below. Applicant/Licensee agrees to abide by the terms of this Agreement and to pay such fees as described below. This is not applicable for events held on Saturdays in City buildings/facilities other than in the Veteran's Hall.

RULES / REQUIREMENTS:

- Applicant/Licensee is allowed access to the Veteran's Hall including the adjacent outdoor lawn area on the Sunday, one day following the Applicant's/Licensee's Saturday event, **only for purposes of cleaning the facility and removal of Applicant's/Licensee's non-city owned items** and only if the Veteran's Hall and surrounding facilities, including the Kiosk/outdoor lawn area is not already reserved at the time Applicant/Licensee provides payment of required fee for Saturday's event.
- Access on Sunday for cleaning or removal of Applicant's/Licensee's non-city owned items is allowed from **8:00 a.m. to 12noon only**.
- Sunday cleaning reservations may be made at the time payment of fee is made for the Saturday event. Payment is to include a **non-refundable fee of \$250.00** for access on Sunday plus Saturday's required deposit and fee amount.
- No additional deposit is required to reserve Sunday for clean-up purposes. No events/functions/meetings may occur on Sunday. Access for Sunday is for cleaning and removal of non-city owned items only. **City is not responsible for damage to or loss of Applicant's/Licensee's items or non-City owned items.**

FEE: \$250.00 (non-refundable fee) for Sunday for 8:00am to 12noon only. This fee must be paid in advance at the time Applicant/Licensee pays the fee for Saturday's event. "No show" and call-out fees will apply according to section I.C. of this agreement.

Applicant/Licensee (Print Name): _____ **Date (Sunday's Date):** _____

Time of Arrival: _____ (no earlier than 8:00am) **Time of Departure:** _____ (no later than 12noon)

Applicant/Licensee is allowed access to the Veteran's Hall and adjacent outdoor lawn area on the Sunday (one day after Saturday event) **only** for the following reasons:

1. Clean-up of Veteran's Hall and Adjacent Outdoor Lawn Area
2. Removal of Applicant's/Licensee's Non-City Owned Items

If the Applicant/Licensee fails to fulfill the following requirements, Applicant/Licensee will **not** have the privilege to access the Veteran's Hall and adjacent outdoor lawn on the Sunday noted above:

1. If all required deposits and fees have not been paid.
2. If all of the following required documents have not been signed and returned to Community Development: a) Application and License Agreement for Use of City Building/Facility; b) Certificate of Liability; c) Security Guard Form; & d) ABC License (if needed)

***I/We agree to the Requirements, Rules, and Responsibilities for access to the City Building/Facility listed in this agreement. The City will not be liable for any damages done to the City Building/Facility listed above. City is not responsible for damages to or loss of Applicant's/Licensee's items or non-City owned items. Damage to or loss of City property will be charged to Licensee at actual cost for repair or replacement. Licensee agrees to pay for all costs and expenses of such actions, including reasonable attorneys' fees.**

**LICENSOR
City of Arvin**

Signature: _____

Print Name: _____

Date: _____

**APPLICANT / LICENSEE
Individual/Organization**

Signature: _____

Print Name: _____

Date: _____



CITY OF ARVIN
City Clerk's Office
200 Campus Drive
Arvin, CA 93203

Phone: (661) 854-3134 – Fax: (661) 854-0817

FESTIVAL
JAN 21 2020
CITY OF ARVIN

SPECIAL EVENT PERMIT APPLICATION

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED

EVENT INFORMATION

- Concert Performance
- Live Music
- Tournament
- Festival
- Parade/Processions
- Other _____
- Fundraiser
- Race/Walk

Event Title: ARVIN WILDFLOWER FESTIVAL EVENT DATE: APR 24-25-26 2020

Estimated Attendance Per Day: 5,000 Participants: _____ Spectators: _____

Admission Fee? No Yes – Describe 5.00 ADMISSION

Actual Event Hours: NOON Set Up/Assembly: 0700 Date: 4/24/20 Start Time: 0700

Break Down/Dismantle : Date: 4/28/2020 Completion Time: @ 5pm

Location Address (exact address): 800 WALNUT DR. (SMOTHERMAN PARK & PAVILION)

Total Number of Consecutive Days: 3 Site Plan Attached: Yes No (Circle)

List any streets that require closure for this event: NONE

APPLICANT & SPONSORING ORGANIZATION INFORMATION

Commercial Non-Commercial

Host sponsoring organization(s): ARVIN CoC Contact Person: MARK MARQUEZ

Address: 10 BOX 6045 City: ARVIN, CA Zip: 93203

Phone: [REDACTED] Fax: N/A Email: [REDACTED]

Please list name, address, phone and email of any professional organizer of event planner hired by you to produce this event:

Name: CHAMBER PRESIDENT Address: _____

Phone: _____ Email: _____

If professional event organizer is applying for this permit, a letter from the Chief Officer of the organization which authorized the organizer to apply for this permit is required. MARK MARQUEZ - PRES.

Responsible person "onsite" day of event: _____ Cell Phone: [REDACTED]

Person listed above MUST be in attendance for the duration of the event and immediately available to City officials.

APPLICANT MUST COMPLETE ALL THREE PAGES OF THIS DOCUMENT

EVENT INFORMATION

Phone number for public event information: 661-854-2265

Describe parking arrangements in detail for event: STREET & PARKING LOT Is plan attached? Yes No (circle)

Is this event open to the public: No Yes - Describe

Traffic safety equipment required: No Yes - Describe

Provide a detailed traffic plan for road closures: Is plan attached: Yes N/A No (circle)

Describe entertainment & related activities (if not, please explain)
LIVE BANDS 3-9:30pm DAILY

Will food be Served Sold No If yes - Contact person Phone:

Will food be prepared at event Yes No

Will there be a Drawing NO

Will there be sound amplification? No Yes - Indoors Yes - Outdoors

Hours and type of use: 3pm to 10 pm

Describe sound equipment: PROFESSIONAL SOUND BY CONTRACTOR

Amplified sound requires an onsite contact person - Name: MARK MARQUEZ Cell Phone: [REDACTED]

Will there be canopies or tents: No Yes - Size and Number ALL OVER

Date installed: 4/23/2020 Date Removed: 4/27/2020 Name of Supplier: WALKER LEWIS

Will booths, bleachers, stages or structures be erected? No Yes - Describe STAGE

Will signs or banners be used? No Yes - Describe ON FENCING

Will there be generators, vehicles, boats or other equipment? No Yes - Describe GENERATORS -

Will there be commercial filming of this event? No Yes - Describe

Any other commercial aspects?

Additional information

Attachment: Special Event Application_Arvin Wildflower Festival 042020 - 042820 (Arvin Wildflower Festival 2020)

APPLICANT MUST COMPLETE ALL THREE PAGES OF THIS DOCUMENT

I, THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT I AM RESPONSIBLE TO COMPLY WITH THE INFORMATION, RESTRICTIONS AND CONDITIONS OF THE PERMIT WHEN ISSUED. I HEREBY ACKNOWLEDGE RESPONSIBILITY FOR PENALTIES ASSOCIATED WITH NON-COMPLIANCE WITH THE PERMIT CONDITIONS, WHETHER OR NOT I AM PRESENT AT THE TIME OF THE VIOLATION.
[REDACTED] (INITIALS)

I hereby certify the foregoing statements to be true and correct, and agree to defend, indemnify and hold harmless the City of Arvin, its City Council, officers, agents, employees and volunteers from and against any and all loss, claims, damages, liability, such claim or suit arising from or in any manner connected to the request activity. I also agree, if approved, to comply with all permit conditions, and understand that failure to comply with any condition or any violation of law may result in the immediate cancellation of the event, denial of future events, and/or criminal prosecution. For events held at City parks, the park is provide on an "as is" basis, and the City of Arvin is not responsible for any costs associated with the event. I agree that I am responsible for returning the park in its condition when first reserved. I also agree that I am responsible for payment to the City of Arvin for any damage to any and all City property including but not limited to fences, roads, trails, trees, sprinklers, or utilities that occurs due to my event.

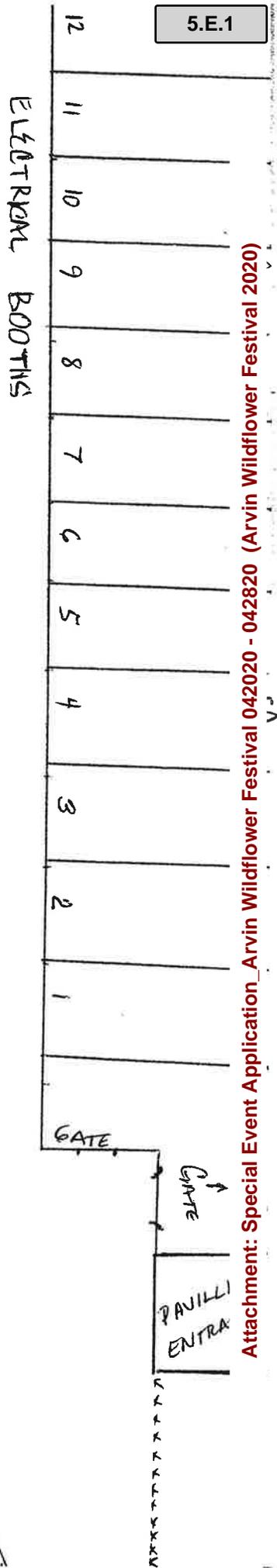
Failure to comply with permit conditions can result in revocation of the permit, administrative citation(s), fines and denial of future permit applications.

Print Your Name: Randel Thompson Signature: [REDACTED] Date: 1-21-2020

Attachments received: Insurance Cert & Endorsement Page Plot Plan (indoor / outdoor)

For City Use Only		
POLICE DEPARTMENT:	Approved: _____	Denied: _____
_____ Signature of Department Official	_____ Print Name	_____ Date
OFFICE OF THE CITY CLERK:	Approved: _____	Denied: _____
_____ Signature of the City Clerk	_____ Print Name	_____ Date

Attachment: Special Event Application_Arvin Wildflower Festival 042020 - 042820 (Arvin Wildflower Festival 2020)



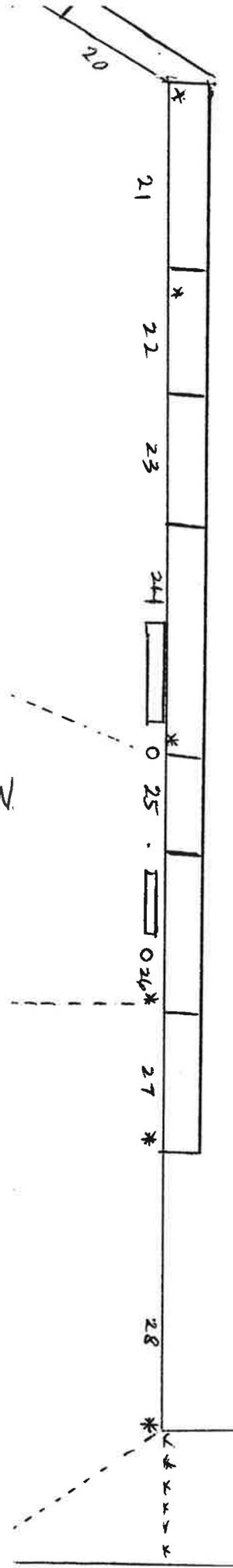
R MIDWAY AREA



NON ELECTRICAL



MAIN GATE ENTRANCE
DBL GATES



W



CERTIFICATE OF LIABILITY INSURANCE

5.E.1
 DATE (MM/DD/YYYY)
 01/21/2020

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 have **ADDITIONAL INSURED** provisions or 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 Randel D. Thompson Insurance 400 Bear Mountain Blvd. P.O. Box 668 Arvin CA 93203	CONTACT NAME: Randel D. Thompson/Broker 0630337 PHONE (A/C, No, Ext): 661-854-5581 FAX (A/C, No): 661-854-9520 E-MAIL ADDRESS: randelthompsoninsurance@gmail.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Burlington Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Arvin Chamber of Commerce PO Box 645 Arvin Ca 93203	NAIC #

COVERAGES **CERTIFICATE NUMBER:** **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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	796B002160	06/01/2019	06/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Liquor Legal Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		796B002160	06/01/2019	06/01/2020	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Arvin Chamber of Commerce Annual Wildflower Festival @ Smothermon Park April 20th thru April 28, 2020
 Smothermon Park and Pavilion
 800 Walnut Drive
 Arvin, Ca. 93203
 Additional Insureds listed below:

CERTIFICATE HOLDER Named as additional insured City of Arvin, It's Officers, Officials, Employees, Agents and Volunteers 200 Campus Drive Arvin, CA 93203	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <hr/> AUTHORIZED REPRESENTATIVE Randel D. Thompson/Broker CA#0630337
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Attachment: Special Event Application_Arvin Wildflower Festival 042020 - 042820 (Arvin Wildflower Festival 2020)



CITY OF ARVIN Staff Report

Meeting Date: February 11, 2020

TO: City Council

FROM: Adam Ojeda, City Engineer
Jerry Breckinridge, City Manager

SUBJECT: A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF ARVIN, CALIFORNIA, ACCEPTING THE WORK COMPLETED BY GRANITE CONSTRUCTION COMPANY AND FILING THE NOTICE OF COMPLETION FOR THE COMANCHE DRIVE REHABILITATION MANHOLE ADJUSTMENTS PROJECT

BACKGROUND:

The Kern County Public Works Department sponsored and led a project in 2019 to rehabilitate Comanche Drive between Shane Court and Sycamore Drive. Comanche Drive had been in a state of considerable disrepair for some time. While Comanche Drive adjacent to the City is generally thought of as a City Street, the City limit is approximately located at the centerline stripe of the road which is approximately 10-12 feet east of the western shoulder of the road. This means that the western portion of the street is within the jurisdiction of the county, and the remainder is within the City limits.

During the planning and design phases of the project, the County determined that the City had various sanitary and storm drain manholes within the project limits that would need to have their rim elevations adjusted. The funding source for the project considers such adjustments to be “non-participating” capital expenses meaning that the financial burden to make such adjustments falls on the utility owners which in this case is the City. As a result, the City of Arvin solicited a bid price from Granite Construction, the Prime Contractor for the County, to make the adjustments. With a bid price of \$28,050.00, the county was awarded a contract to make the adjustments, and the work was incorporated into their project with the County which was completed largely in November and December of 2019.

During the project, one previously unknown manhole structure was discovered which was also adjusted, and a change order for \$2,805.00 was executed. The revised, and final contract price was therefore \$30,855.00. A final project walkthrough was conducted by the City Engineer and the Granite Project Manager, Adam Nash, on January 6th, 2020. At that time, all work was

observed to be substantially complete, and acceptable to the City Engineer. It is now practical and necessary for the City to approve a notice of completion for the project.

For capital improvement projects such as this, the contract requires a retention of 5% of completed work to be retained by the City to account for possible deficiencies in workmanship that the Contractor may not address prior to leaving the job site, and to ensure their compliance with their obligations to pay all sub-contractors and material suppliers in a timely manner. While the project was noted to be substantially complete on January 6th, most of the work, including that for the manhole adjustments in question, has been done since approximately mid-December, and enough time has passed for subcontractors and material suppliers to have filed any grievances and liens against Granite Construction for non-payment.

Due to the facts that the work has been completed for some time, no grievances have been filed, only one payment period is being invoiced for, and the required retention would only be \$1,542.75, it makes sense to waive the requirement for retention to be withheld which would require an additional invoice approximately 35 days from acceptance by the City.

FINANCIAL IMPACT:

The City will pay the entire \$30,855.00 invoice from Granite Construction, and no retention will be owed at a later date.

RECOMMENDATION:

Staff recommends the Council approves the attached Resolution:

1. Accepting the work performed by Granite Construction Company for the Comanche Drive Rehabilitation Manhole Adjustment Project as complete.
2. Approving the final contract amount of \$30,855.00.
3. Authorizing the City Manager to execute the Notice of Completion and the City Clerk to file the Notice of Completion within 15 days of acceptance.
4. Authorizing the immediate release of the 5% retention to Granite Construction Company.

RESOLUTION

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF ARVIN, CALIFORNIA, ACCEPTING THE WORK COMPLETED BY GRANITE CONSTRUCTION COMPANY AND FILING THE NOTICE OF COMPLETION FOR THE COMANCHE DRIVE REHABILITATION MANHOLE ADJUSTMENTS PROJECT

WHEREAS, the Kern County Department of Public Works sponsored and led a project to rehabilitate Comanche Drive between Shane Court and Sycamore Drive between November and December of 2019; and

WHEREAS, as a utility owner, the City of Arvin was required to adjust rim elevations of various sanitary sewer and storm drain manholes within the project limits; and

WHEREAS, the City of Arvin requested a bid from and entered into a contract with Granite Construction Company, the same Prime Contractor for the County project; and

WHEREAS, the original contract price was \$28,050.00; and

WHEREAS, one change order was necessary resulting in a revised contract price of \$30,855.00; and

WHEREAS, the work was completed during the overall project in November and December; and

WHEREAS, the City Engineer inspected the completed project on January 6th, 2020 and verified that the work was substantially and acceptably complete; and

WHEREAS, only one billing cycle is necessary for the project; and

WHEREAS, per the agreement with the City and Granite Construction Company retention in the amount of 5% of completed work would normally be withheld; and

WHEREAS, however, due to the fact that work has been completed for some time, no claims or liens have been filed against Granite by subcontractors and suppliers, and the fact that retention would only be \$1,542.75, it makes sense for the City to waive the retention requirement and to authorize the immediate payment of the \$30,855.00 contract;

NOW THEREFORE BE IT RESOLVED the Planning Commission of the City of Arvin hereby finds, determines, resolves and orders as follows:

1. The City Council accepts the work performed by performed by Granite Construction Company.

2. The City Council approves the final contract amount of \$30,855.00.
3. The City Council authorizes the City Manager to execute the Notice of Completion and the City Clerk to file the Notice of Completion within 15 days of acceptance.
4. The City Manager is authorized to release the 5% retention to Granite Construction Company immediately, and at that same time that payment is remitted to Granite Construction Company for the project.

I HEREBY CERTIFY that the foregoing resolution was passed and adopted by the City Council of the City of Arvin at a Regular Meeting thereof held on the 11th day of February, 2020 by the following vote:

ATTEST

CECILIA VELA, City Clerk

CITY OF ARVIN

By: _____
JOSE GURROLA, Mayor

APPROVED AS TO FORM:

By: _____
SHANNON L. CHAFFIN, City Attorney
Aleshire & Wynder, LLP

I, _____, City Clerk of the City of Arvin, California, DO HEREBY CERTIFY that the foregoing is a true and accurate copy of the Resolution passed and adopted by the City Council of the City of Arvin on the date and by the vote indicated herein.

Recording Requested By:

For the benefit of the
CITY OF ARVIN

When Recorded Mail to:

City of Arvin
City Clerk
200 Campus Drive
Arvin, CA 93203

NOTICE OF COMPLETION

NOTICE IS HEREBY GIVEN THAT:

1. The undersigned is **OWNER** or Agent of the **OWNER** of the interest or estate stated below in the property hereinafter described.

2. The **FULL NAME** of the **OWNER** is City of Arvin

3. The **FULL ADDRESS** of the **OWNER** is 200 Campus Drive, Arvin, CA 93203

4. The **NATURE OF THE INTEREST** or **ESTATE** of the undersigned is: In Fee.

(if other than fee, Strike "In Fee" and insert, for example, "Purchaser under contract of purchase," or "Lessee.")

5. The **FULL NAMES** and **FULL ADDRESSES** of **ALL PERSONS**, if any, **WHO HOLD SUCH INTEREST** or **ESTATE** with the undersigned as **JOINT TENANTS IN COMMON** are:

Names Addresses

6. The full names and full addresses of the predecessors in interest of the undersigned if the property was transferred subsequent to the commencement of the work of improvement herein referred to:

Names Addresses

7. A work of improvement on the property hereinafter described was **COMPLETED** January 6, 2020

8. The work of improvement completed is described as follows: Manhole adjustments along Comanche Drive as required by the roadway improvement project sponsored by the County.

9. The **NAME OF THE ORIGINAL CONTRACTOR**, if any, for such work of improvement is: Granite Construction Company

10. The street address of said property is: Comanche Drive between Shane Ct and Sycamore Dr

11. The property on which said work of improvement was completed is in the City of Arvin and County of Kern County of Kern, State of California,

and is described as follows:

Sanitary sewer and storm drain manhole adjustments required by the Comanche Drive rehabilitation project.

Date

Richard Breckinridge, City Manager

Verification for **INDIVIDUAL** owner

I, the undersigned, declare under penalty of perjury under the laws of the State of California that I am the owner of the aforesaid interest or estate in the property described in the above notice; that I have said notice, that I know and understand the contents thereof, and that the facts stated therein are true and correct.

Date and Place

Signature of Owner named in paragraph 2

Verification for **NON-INDIVIDUAL** owner: I, the undersigned, declare under penalty of perjury under the laws of the State of California that I am the **City Manager** of the aforesaid interest or estate in the property described in the above notice; that I have read the said notice, that I know and understand the contents thereof, and that the facts stated therein are true and correct.

Date and Place

Richard Breckinridge, City Manager

SUBSCRIBED AND SWORN TO before me on

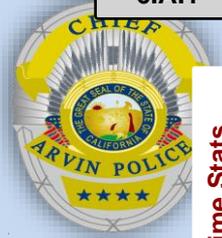
[Notary Public], [Title]



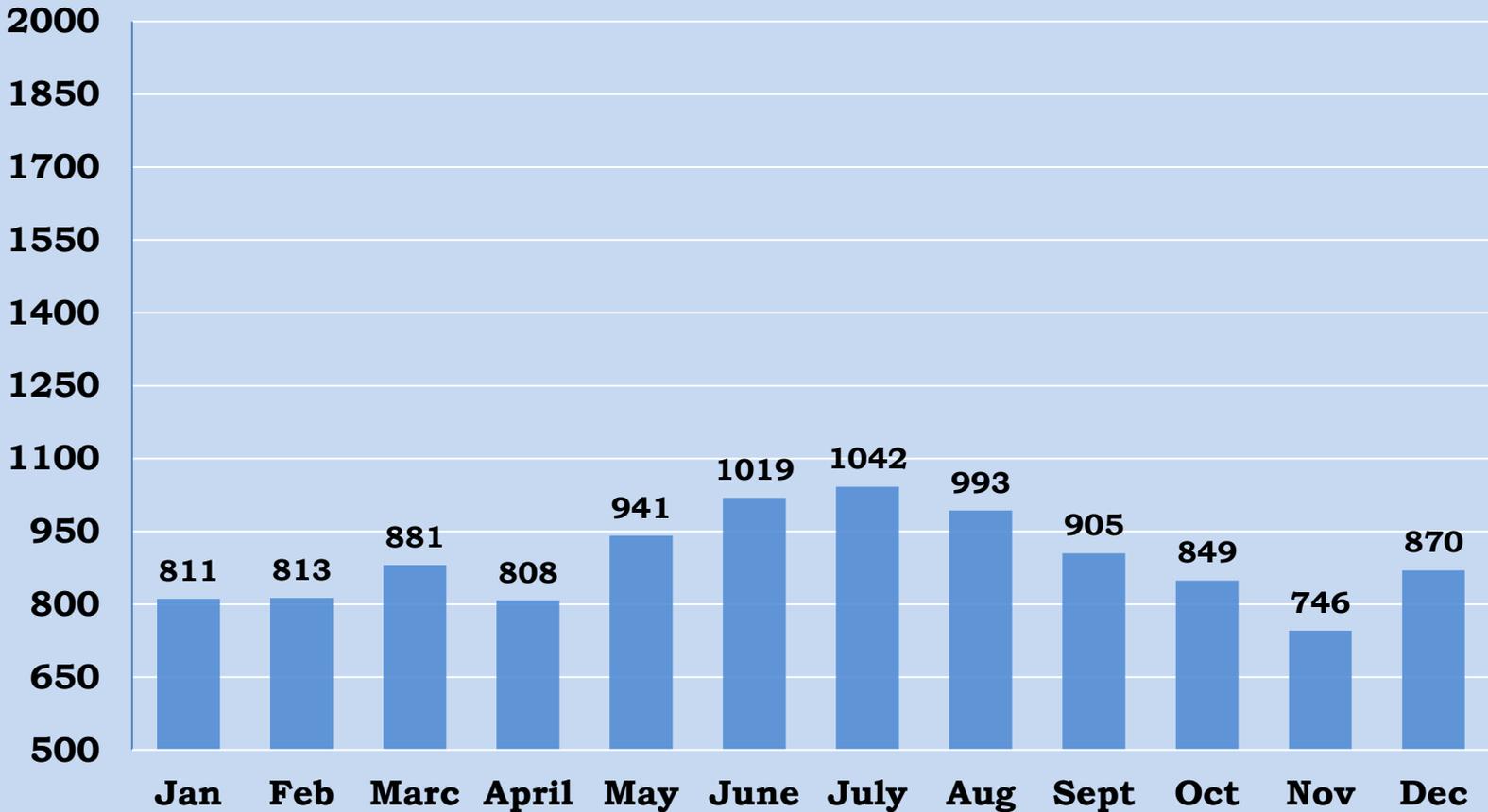
Arvin Police Department Annual Report 2019

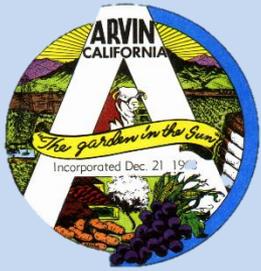
By
Scot E. Kimble
Chief of Police





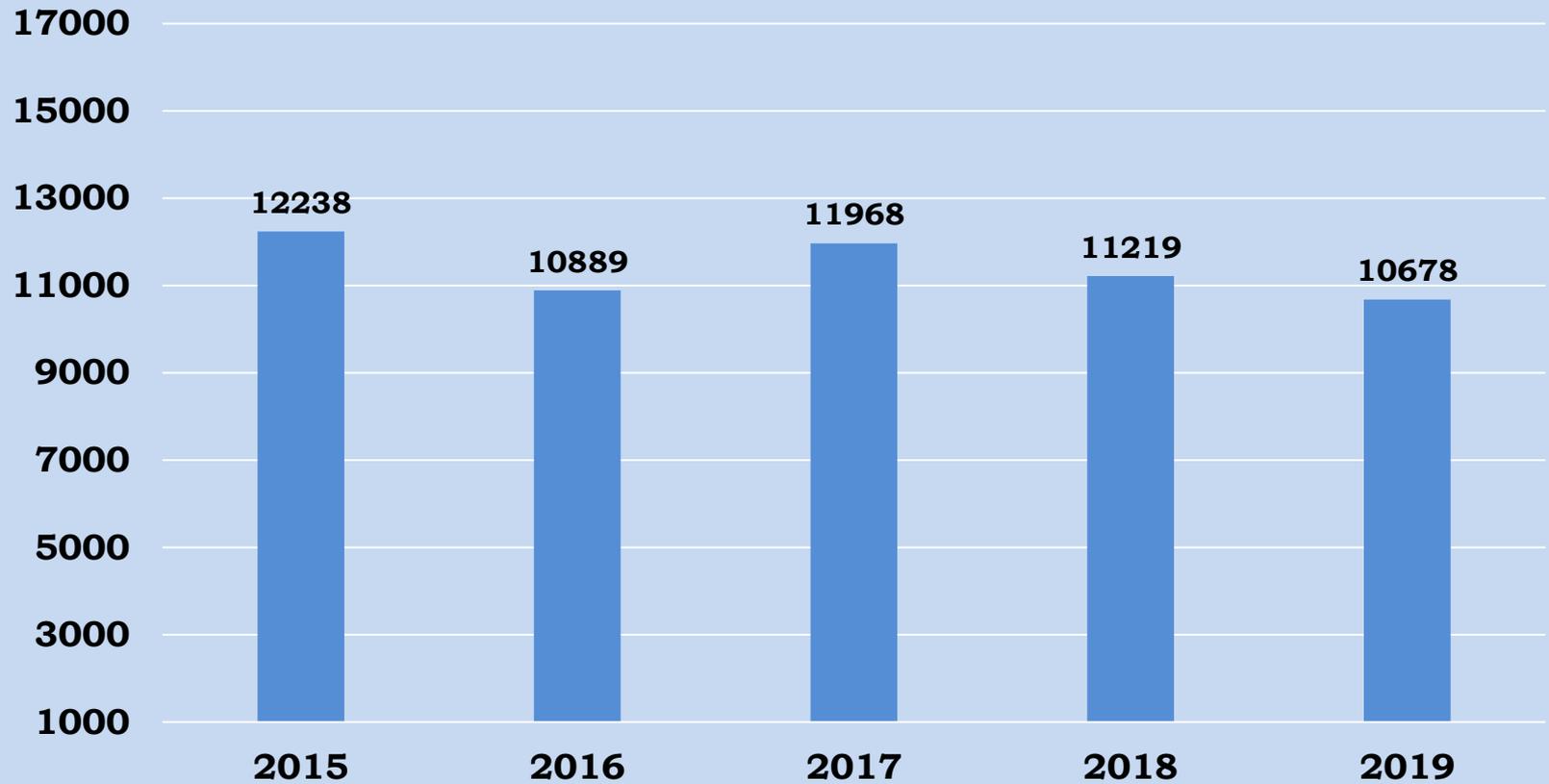
Arvin Police Department Monthly Calls for Service 2019





Arvin Police Department Calls for Service 2015 – 2019

6.A.1

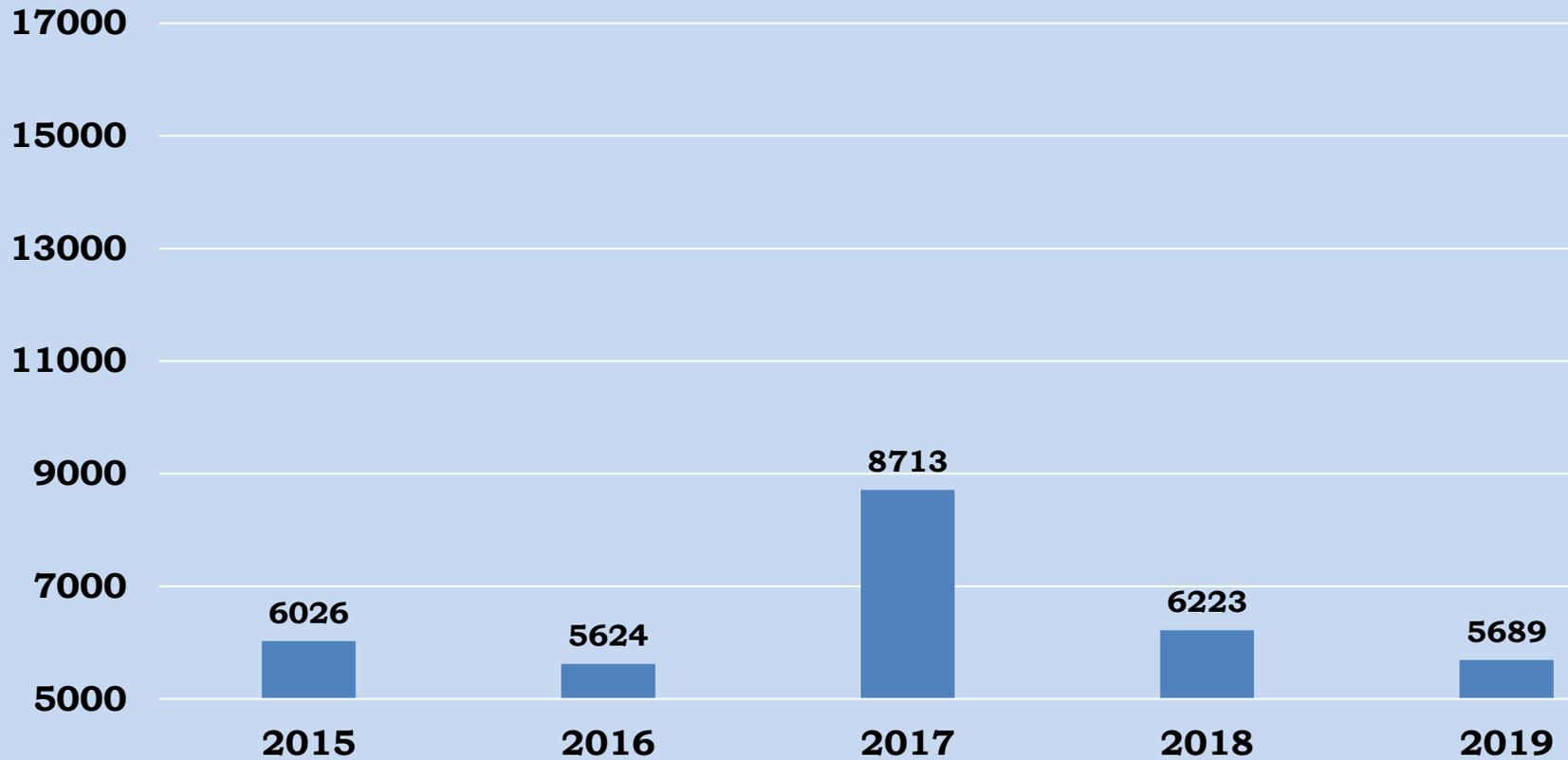
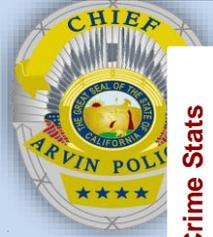


Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats)



Arvin Police Department Officer Initiated Incidents 2015 - 2019

6.A.1

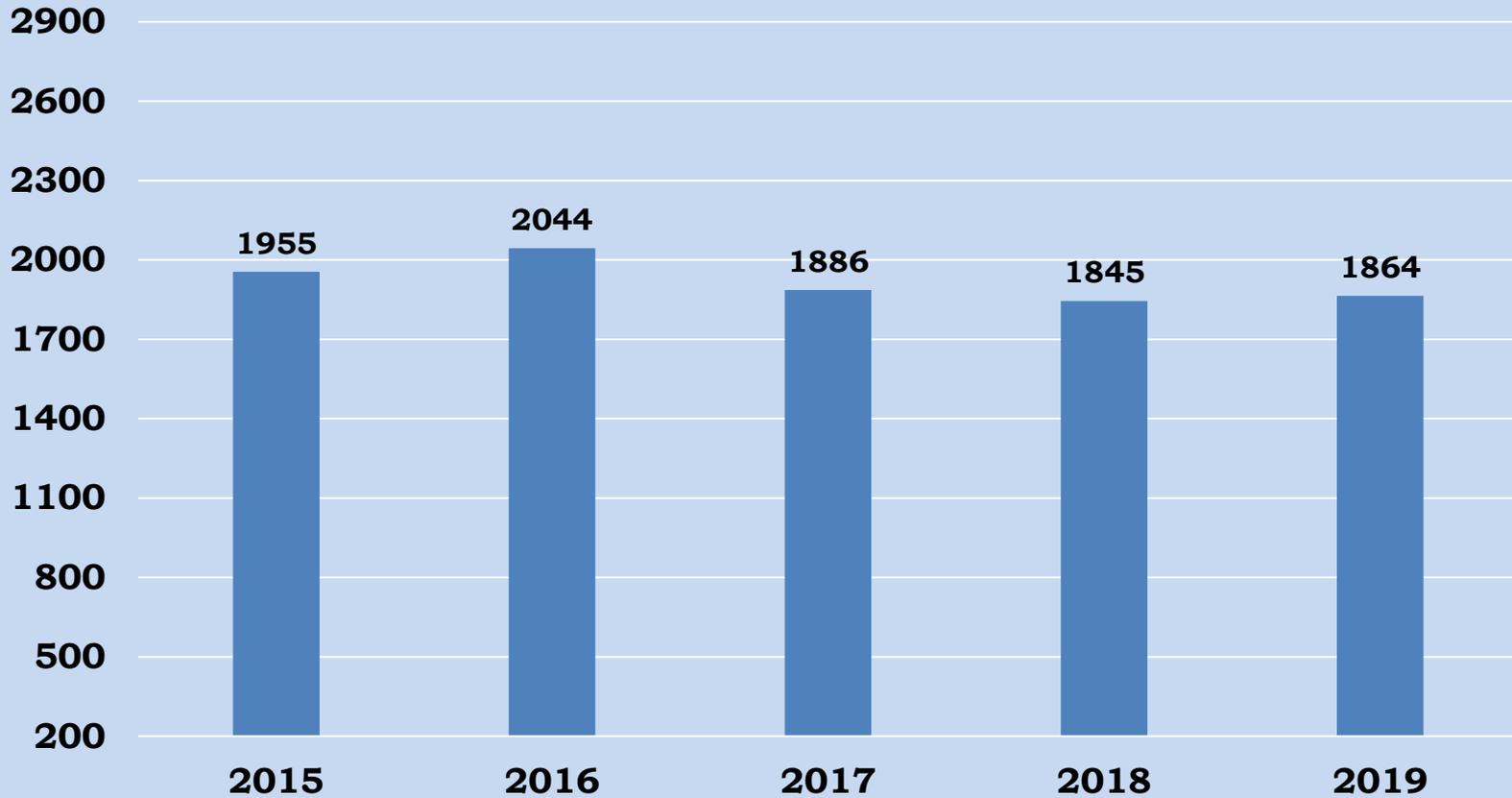
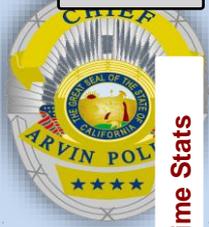


Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats



Arvin Police Department Total Officer Reports 2015 - 2019

6.A.1

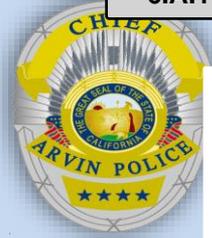


Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats)

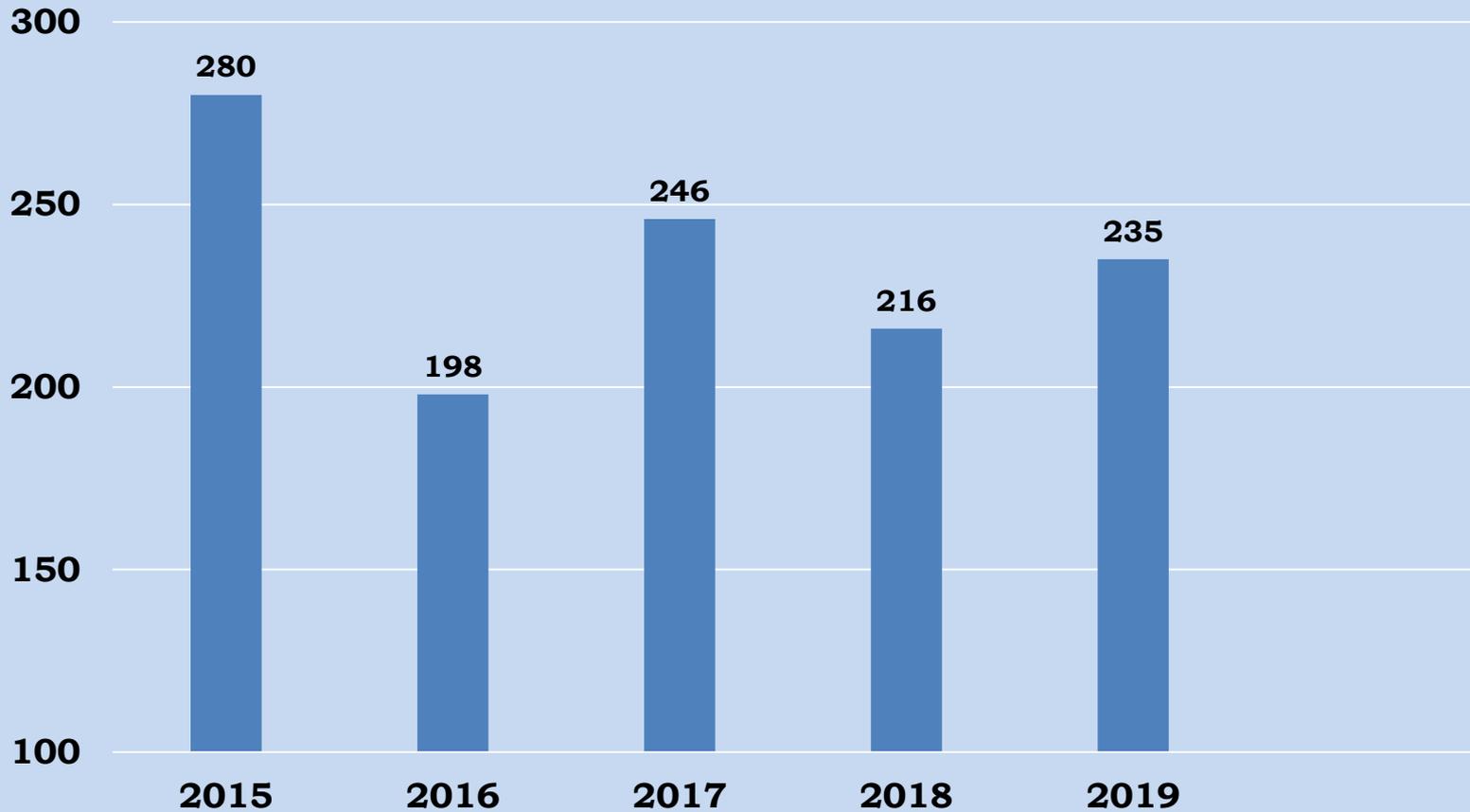


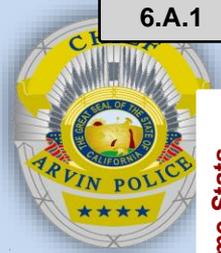
Arvin Police Department Total Misdemeanor Arrests 2015 - 2019

6.A.1

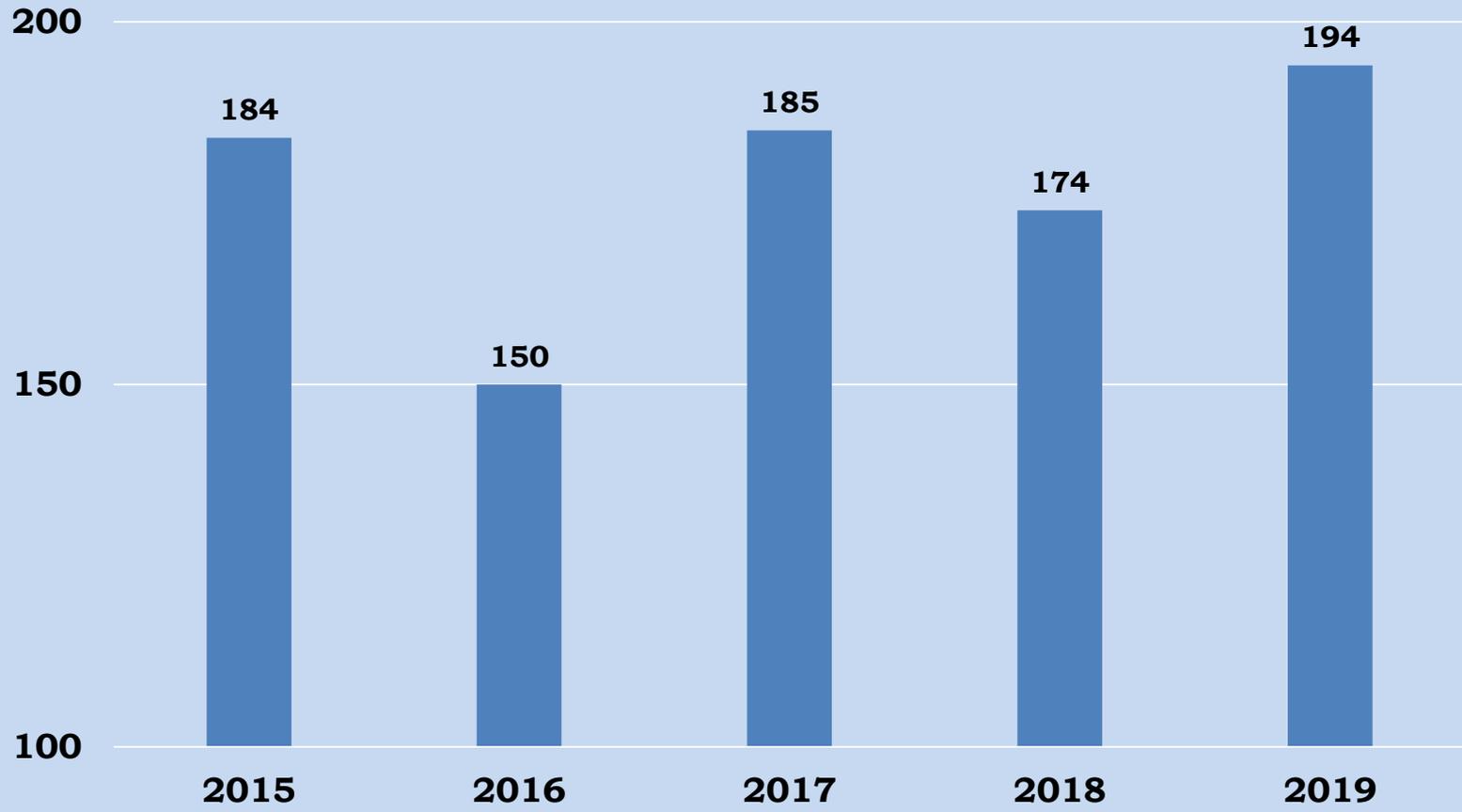


Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats

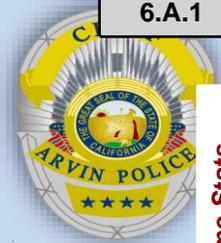




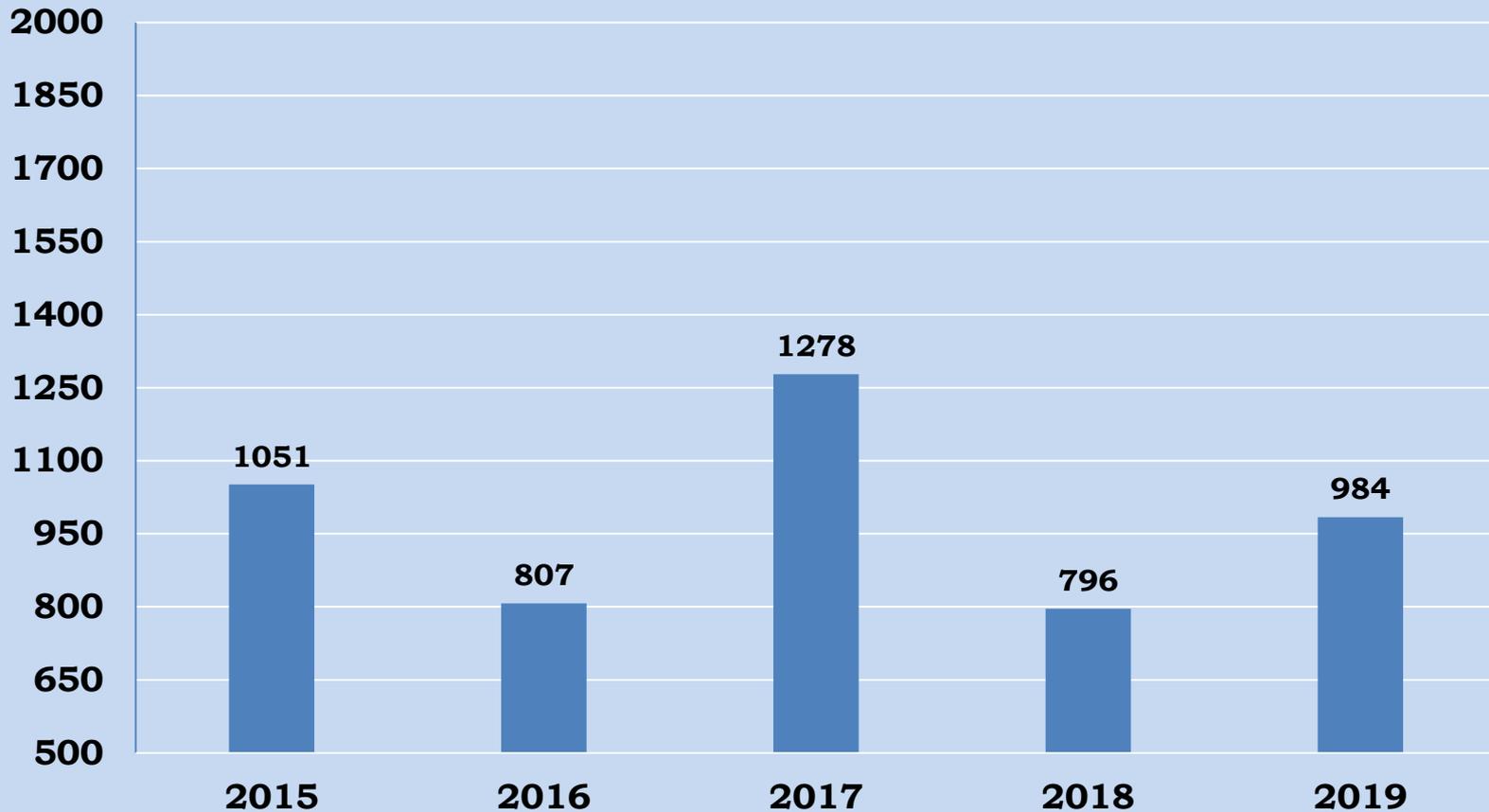
Arvin Police Department Total Felony Arrests 2015 - 2019



Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats



Arvin Police Department Total Citations 2015 - 2019



Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats



Arvin Police Department Call for Service Response Times 2019

6.A.1

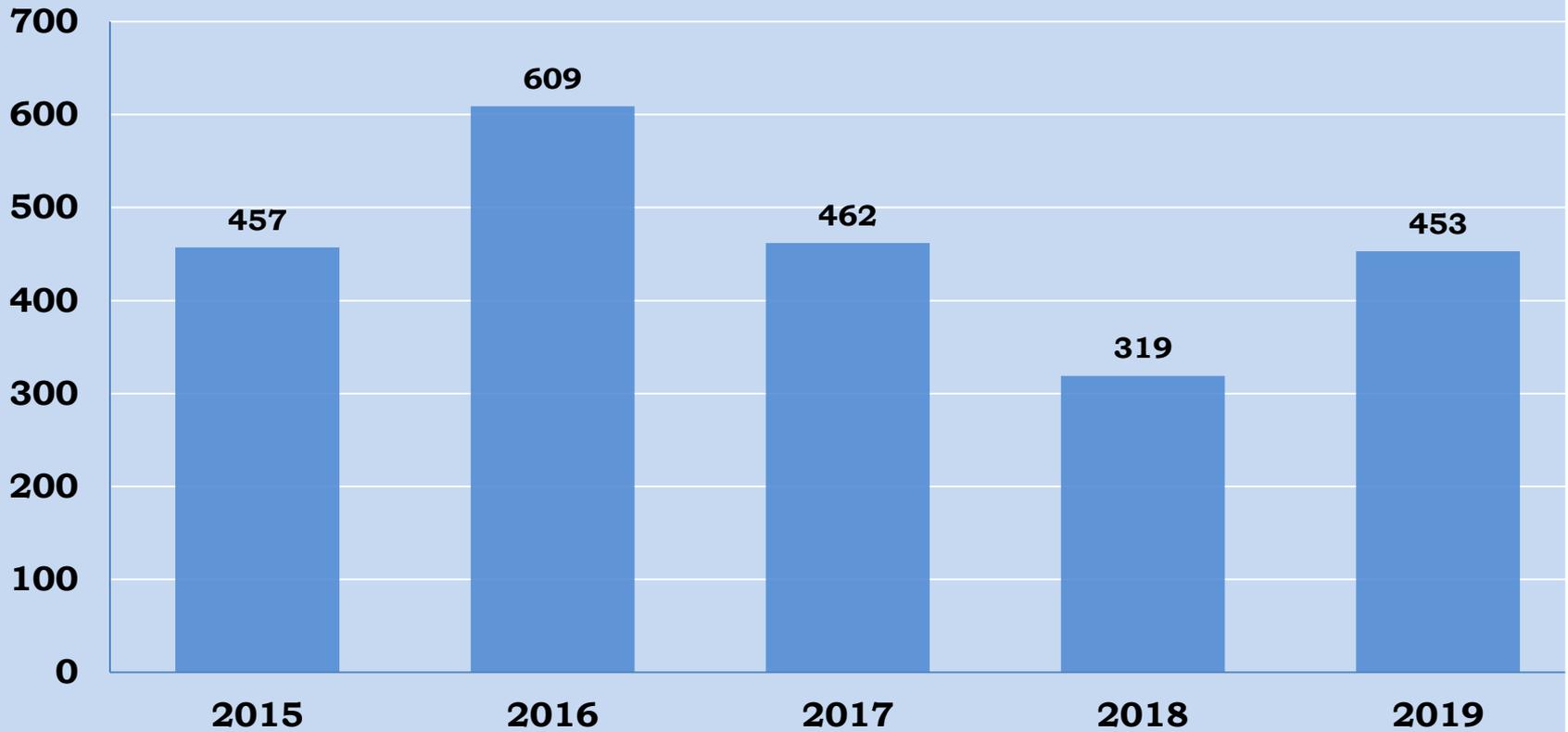


Month	Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19	
	Dispatch	Arrival										
Avg. Time	8:28	2:29	8:34	2:27	5:53	2:03	5:05	2:12	7:07	2:15	5:38	2:31
Month	Jul-19		Aug-19		Sep-19		Oct-19		Nov-19		Dec-19	
	Dispatch	Arrival										
Avg. Time	5:15	2:06	3:26	1:55	4:51	2:24	5:20	2:35	6:58	2:52	7:32	2:26

Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats



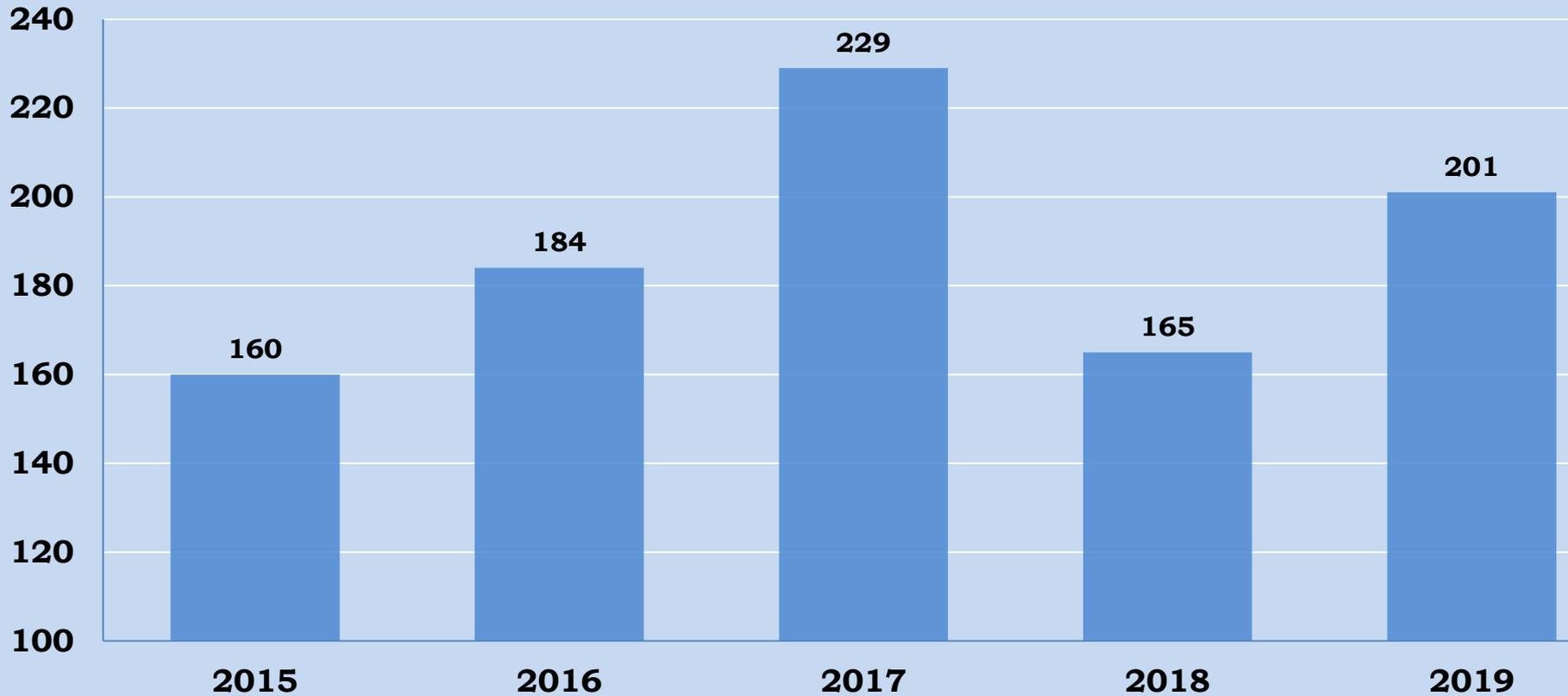
Arvin Police Department Property Crime Statistics 2015 - 2019



Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats



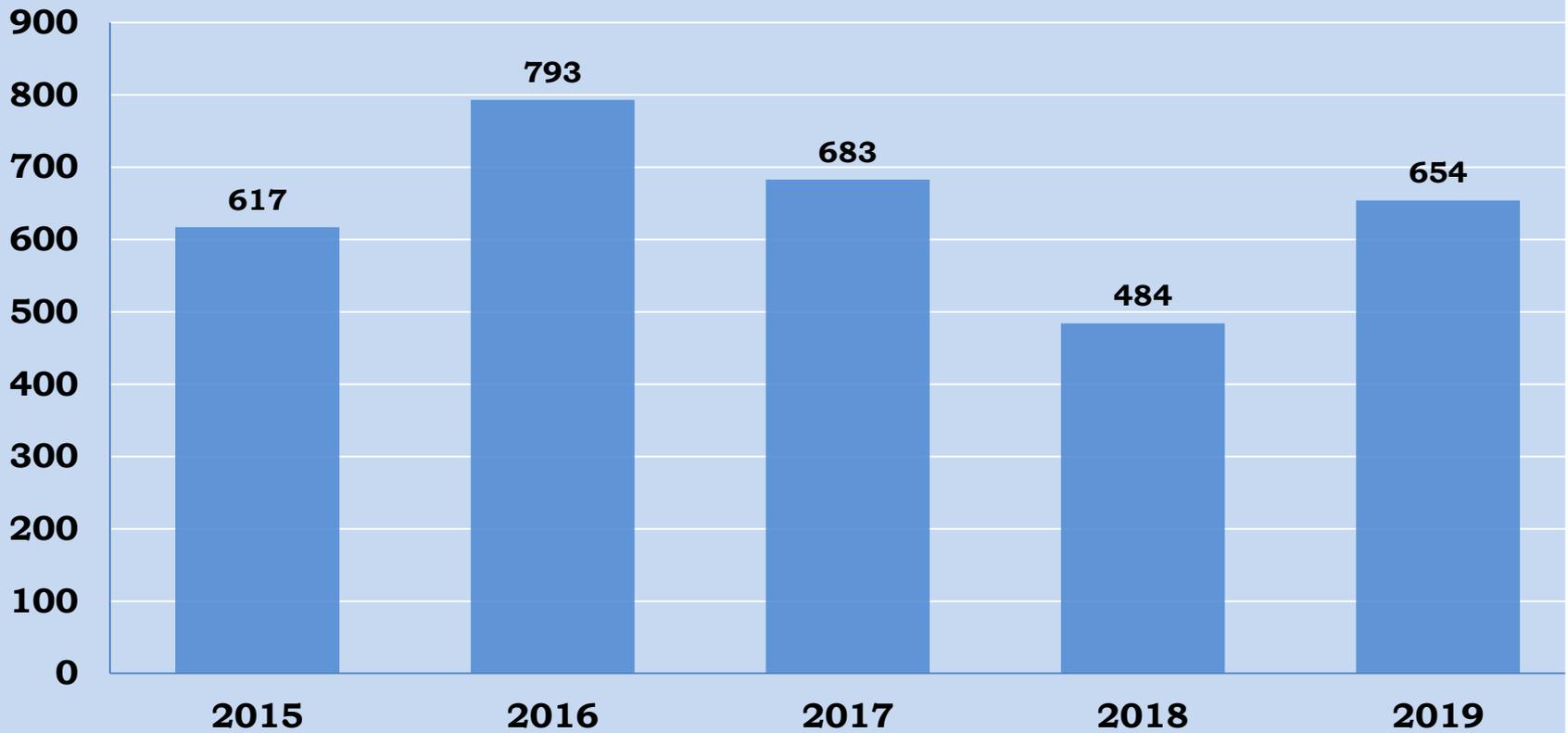
Arvin Police Department Violent Crime Statistics 2015 - 2019



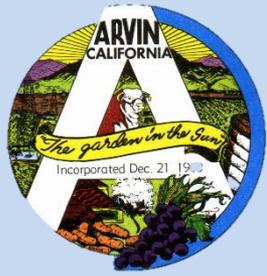
Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats



Arvin Police Department Part 1 Crime Statistics Totals 2015 - 2019



Attachment: 2019 Crime Stats Annual Report (Police Department Annual Crime Stats



Arvin Police Department Part 1 Crime Increase/Decrease 2018 & 2019

	2018		2019		% Change
Property Crimes	319		453		42
Violent Crimes	165		201		22
Simple Assaults	31		63		103
Total incl simple assaults	515		717		39

City of Arvin - General Fund Revenue Analysis

Fiscal Year 2019-20 as of 01/31/20. % of year =58

Report updated 02/06/20. dollars in thousands (\$000)

Category	Budget	YTD	Budget %
Administrative Cost Recovery	278	162	58.3%
Business License etc.	53	35	66.0%
Franchise Fees	427	152	35.6%
Planning Department Fees	403	340	84.4%
Police Department Fees	58	22	37.9%
**Property Tax Fees	274	60	21.9%
Rental of Facilities	59	27	45.8%
*Sales Tax - General	900	399	44.3%
*Sales Tax - Measure L	1,863	825	44.3%
**Vehicle License Fees/taxes	2,038	1,130	55.4%
One-Time Revenue	62	61	98.4%
Total General Fund Revenue YTD	6,415	3,213	50.1%

* Sales Tax reported as of November 30, 2019.

** Revenue received in December and May only.

City of Arvin - General Fund Expense Analysis
 Fiscal Year 2019-20 as of 01/31/20. % of year = 58
 Dollars in thousands (000)

Category	Budget	YTD	Budget %
Salaries and Benefits	4,177	2,135	51.1%
Kern County Fire Contract	624	362	58.0%
General City Expenses	396	218	55.1%
*Professional Service Contracts	228	193	84.6%
Maintenance	169	87	51.5%
Legal	416	229	55.0%
Miscellaneous	(40)	(10)	25.0%
Information Technology	211	106	50.2%
Utilities	234	135	57.7%
Total General Fund Expenses	6,415	3,455	53.9%

*Prof Serv Contracts: (193k year to date)

Planning/Engineering:

JAS Pacific - Build Inspect	36
DeWalt - Engineering	10
Other	4

Planning/Engineering total 50

Administration:

Audit	27
Sphere of Influence Study	15
Other	26

Administration total 68

Police 22

Kern County Animal Svcs 53