

# City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909 www.santafenm.gov

Alan Webber, Mayor

Councilors:

Signe I. Lindell, Mayor Pro Tem, District 1 Alma G. Castro. District 1

Michael J. Garcia, District 2

Carol Romero-Wirth, District 2

Lee Garcia, District 3

Pilar F.H. Faulkner, District 3

Jamie Cassutt, District 4

Amanda Chavez, District 4

Date: March 22, 2024

To: Governing Body

Finance Committee

Via: Emily K. Oster – Finance Director

Alexis Lotero - Assistant Finance Director

Marcos D. Martinez - Senior Assistant City Attorney

Travis Dutton-Leyda - Chief Procurement Officer

From: Raymond 'Scott' Gunter – Procurement Manager - rsgunter@santafenm.gov - Phone: 469-8949

### ITEM AND ISSUE:

Request for Approval of the Sourcewell Cooperative Agreement #080620-WEX with WEX Bank for the Purchase of Fuel for the City of Santa Fe Governmental Fleet in the Amount of \$3,600,000 (Raymond S. Gunter, Procurement Manager, rsgunter@santafenm.gov)

### **BACKGROUND AND SUMMARY:**

Since 2016, the City has been exclusively utilizing WEX through the Sourcewell Cooperative, with the SFPD. The ongoing shift from the Siler Fuel Station to WEX cards, prompted by software and tank issues, holds significant importance. The Cooperative Agreement, with a term date set for September 7, 2025, aligns with the renewal schedules of Sourcewell and WEX. This contractual arrangement will extend across multiple fiscal years, and it is projected that the City will allocate \$3,600,000 towards fuel expenses up to September 7, 2025. The overall contract amount is subject to potential adjustments based on City requirements or prevailing market conditions.

Upon acceptance of invoices, payment shall be processed within twenty-six (26) days for the city to receive any potential rebates. Monitored fuel cards will be assigned to vehicles and equipment and authorized City employees will be issued Driver Identification Numbers (DIN) to purchase fuel. Additional details can be found in the attached WEX Fuel Policy 2100-4-1.

#### **PROCUREMENT METHOD:**

Cooperative Agreement #080620-WEX.

# **CONTRACT NUMBER:**

Munis Contract Number: TBD

# **FUNDING SOURCE:**

- Fund Name/Number: Varies based on Department/Division

- Munis Org Name/Number: Varies on Department/Division

- Munis Object Name/Number: Gasoline/531000

# ADDENDUM TO THE FUEL CARD SERVICES AGREEMENT BETWEEN WEX BANK AND SOURCEWELL

		CREDIT INFOR	RMATION					
Participating Entity has requested a credit account pursuant to the Contract #080620-WEX ("Agreement") entered into between Sourcewell ("Sourcewell") and WEX Bank ("WEX") and thereby creating the program ("Program") by which to enroll participants ("Participating Entity"). By enrolling in this Program, the Participating Entity named below agrees that in the event their account is not paid as agreed, WEX may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information.								
Participating Entity			Phone #		Fax#			
City of Santa Fe			505-476-8	3949/505-955-6137	505-955-6745			
Physical Address (Do not inc	clude PO Box) 200 LINCOLN AVE	NUE SANTA FE, NM 8750	1					
Mailing Address (if different	from physical address) 200 LINCO	LN AVE SANTA FE, NM 8°	7501					
Sourcewell Member ID Num	ber 97348		Participating	Entity's Taxpayer ID # (TIN	I, FEIN or SSN) 85-6000168			
Charitable Trusts; Other) ML			MUNICIPALI	ITY	Provide Gross Annual Revenue			
In Business Since (yyyy) N/A	Year of Incorporation (yyyy)  N/A	Number of Vehicles 1200	Avg Monthly \$200,000	•	Avg Monthly Service Expenditures \$10,000			
. 11. 1		ACCOUNT SETUP II						
Write Participating Entity par	me as you wish it to appear on card				g Entity name will appear on cards.			
	SANTA FE				O			
Billing Contact Name RAYM	OND 'SCOTT' GUNTER				3			
Billing Address 200 LINCOL	N AVENUE SANTA FE, NM 87501							
					de from time to time and to take actions driver and other information we may			
Participating Entity Authorize RAYMOND 'SCOTT' (		Title PROCUREME MANAGER		Phone # 505-476-8949	Fax # 505-955-6745			
Email address (required to ta	ake advantage of product type card	controls) RSGUNTER@S/	ANTAFENM.G	OV				
□ Check here if Participating	ng Entity is exempt from motor fuels	tax						
		TERMS	5					
This Addendum ("Addamend or change the	dendum") is to allow the Participa e Agreement in any way.	ting Entity to participate	under the Agi	reement between WEX ar	nd Sourcewell. It does not modify,			
including, without limiterms and conditions		ges (including any addition out limitation, rules for a	onal fees) on uthorized and	its account(s). Participati	required under the Agreement, ng Entity agrees to be bound by the ls, disputes of charges, reporting lost			
	cknowledges that its failure to ma t Act, may result in suspension or			the terms of the Agreeme	ent, or for government entities subject			
-Ps		regarding Participating I	Entity transac	ctions may be provided to	Sourcewell accepting merchants or			
their service providers		th fodoral law which as are	iiroo ell E	nial inatitutions to abtain	write, and record information that			
5. <u>Compliance with Federal Law:</u> WEX Bank complies with federal law which requires all financial institutions to obtain, verify, and record information that Identifies each company or person who opens an account. What this means for Participating Entity: when you open an account, we will ask for your name, Address, date of birth, and other information that allow us to identify you. We may ask to see your driver's license or other identifying documents for your Business.								
6. <u>DISCLAIMER:</u> THIS IS AN APPLICATION FOR SERVICES AND SHALL NOT BE BINDING UPON WEX UNTIL FINAL CREDIT APPROVAL HAS BEEN GRANTED BY WEX.								
undersigned is authorized	to make this application and acco				ntity's governing body, and that the ntity.			
Signature: Emily K. Oster (Feb 19	. <i>Uster</i> , 2024 18:12 MST)	P	rint Name	Emily K. Osto	er			
Title: Financ	e Director	*	Date	2/19/24				
Complete	e and sign Addendum.	Fax to 1-866-527-	8873 OR I	Email to tanya.wat	son@wexinc.com			

Plastic Type SOURCEWELL

Sales Code

10902003

Coupon Code

Account Number

RFV	Sourcewll	Participating	ADDEND	CRDAPP	(10 AUG	20221

Oppty Number

FOR OFFICE USE ONLY

### City of Santa Fe ADDENDUM

#### **TERMINATION**

This Agreement may be terminated by City upon 30 days written notice to the CONTRACTOR.

### **INDEMNIFICATION**

CONTRACTOR shall indemnify, hold harmless and defend CITY from all losses, damages, claims, or judgments, including payments of all attorneys' fees and costs on account of any suit, judgment, execution, claim, action, or demand whatsoever arising from CONTRACTOR's performance under this Agreement as well as the performance of CONTRACTOR's employees, agents, representatives, and subcontractor.

### NEW MEXICO TORT CLAIMS ACT

Any liability incurred by CITY in connection with this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Section 41-4-1, et. seq. as amended. CITY and its "public employees" as defined in the New Mexico Tort Claims Act, do not waive sovereign immunity, do not waive any defense, and do not waive any limitation of liability pursuant to law. No provision in this Agreement modifies or waives any provision of the New Mexico Tort Claims Act.

### APPLICABLE LAW; CHOICE OF LAW; VENUE

CONTRACTOR shall abide by all applicable federal and state laws and regulations, and all ordinances, rules, and regulations of CITY of Santa Fe. In any action, suit or legal dispute arising from this Agreement, CONTRACTOR agrees that the laws of the State of New Mexico shall govern. The parties agree that any action or suit arising from this Agreement shall be commenced in a federal or state court of competent jurisdiction in New Mexico. Any action or suit commenced in the courts of the State of New Mexico shall be brought in the First Judicial District Court.

### **APPROPRIATIONS**

The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by CITY for the performance of this Agreement. If sufficient appropriations and authorization are not made by CITY, this Agreement shall terminate upon written notice being given by CITY to CONTRACTOR. The CITY's decision as to whether sufficient appropriations are available shall be accepted by CONTRACTOR and shall be final.

### **Limitation of Liability**

Issuer shall not be liable for any loss sustained by Customer or any other Person resulting from any act or omission by Issuer or any other Person, whether with respect to the exercise or enforcement of its rights or remedies under this Agreement or otherwise, unless the loss is caused by Issuer's negligence or willful misconduct. Issuer's liability shall be limited to actual

damages incurred by Customer as a direct result of Issuer's gross negligence or willful misconduct. Issuer's liability for actual damages shall not exceed the sum of: (a) all fees paid by Customer to Issuer under this Agreement; plus (b) all other revenue earned by Issuer for all of Customer's Transactions prior to the date of any claim made against Issuer. In no event will Issuer be liable for incidental, special, consequential, or punitive damages and Customer expressly and unconditionally waives any right to such damages. Except as otherwise required under applicable law, Issuer makes no warranty with respect to goods, products, merchantability, or services purchased with a Card or the Account, or through Issuer. Issuer is not responsible for any failure of a merchant to accept the Account or a Card.

**RELEASE** 

CONTRACTOR, upon acceptance of final payment of the amount due under this Agreement, releases the CITY, its officers, and employees, from all liabilities, claims and obligations whatsoever arising from or under this Agreement. CONTRACTOR agrees not to purport to bind CITY to any obligation not assumed herein by CITY unless CONTRACTOR has express written authority to do so, and then only within the strict limits of that authority.

**INSURANCE** 

CONTRACTOR shall maintain general liability insurance throughout the term of this Agreement providing a minimum coverage in the amount required under the New Mexico Tort Claims Act. CONTRACTOR shall furnish CITY with proof of insurance of CONTRACTOR's compliance with the provisions of this section as a condition prior to performing services under this Agreement.

THIRD PARTY BENEFICIARIES

By entering into this Agreement, the parties do not intend to create any right, title, or interest in or for the benefit of any person other than CITY and CONTRACTOR. No person shall claim any right, title or interest under this Agreement or seek to enforce this Agreement as a third-party beneficiary of this Agreement.

**SEVERABILITY** 

In case any one or more of the provisions contained in this Agreement or any application thereof shall be invalid, illegal, or unenforceable in any respect, the validity, legality, and enforceability of the remaining provisions contained herein, and any other application thereof shall not in any way be affected or impaired thereby.

Signature Lines required:

City of Santa Fe:

Webber (Mar 28, 2024 21:16 MDT) Alan Webber, Mayor

Date: Mar 28, 2024

Attest:	
Geralyn Cardenas (Mar 29, 2024 09:06 MDT)	
Geralyn Cardenas, Interim City Clerk	
GB MTG $03/27/2024$ $\mathcal{X}/\mathcal{V}$	
City Attorney's Office:  Marcos Martinez  Marcos Martinez (Mar 22, 2024 16:42 MDT)  Senior Assistant City Attorney	Mar 22, 2024
Approved for Finances:	
Emily K. Oster	Mar 22, 2024
Emily Oster, Finance Director	

Form W-9
(Rev. October 2018)
Department of the Treasury

# Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

al Revenue Service	nstructions and the late	est Inform	natio	n.							
1 Name (as shown on your Income tax return). Name is required on this line,	do not leave this line blank										
WEX BANK											
2 Business name/disregarded entity name, if different from above											
Check appropriate box for federal tax classification of the person whose refollowing seven boxes.	name is entered on line 1. Ch	neck only o	ne of	the		n en	lities	, not	indiv		only to als; see
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only or following seven boxes.  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trus single-member LLC  ☐ Limited fability company. Enter the tax classification (C=C corporation, S=S corporation. P=Partnership) ▶ ☐ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Don LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member is disregarded from the owner should check the appropriate box for the tax classification of its owner.  ☐ Other (see instructions) ▶  5 Address (number, street, and apt. or suite no.) See instructions.  ☐ Partnership ☐ Trus							ayee			1y)_	11
Limited liability company. Enter the tax classification (C=C corporation,	S=S corporation. P=Partne	ership) > _									
Note: Check the appropriate box in the line above for the tax classifica LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for th	from the owner unless the purposes. Otherwise, a sin	owner of the	ne LLC	is	anda			n FA	TCA	repo J	orting
☐ Other (see instructions) ▶					Apphen	to ac	counts	ment	uned a	u DJG	e the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.		Request	er's na	me	and add	dress	(opt	iona	I)		
P.O BOX 6293		1									
6 City, state, and ZIP code											
Carol Stream, IL 60197-6293											
7 List account number(s) here (optional)											
Taxpayer Identification Number (TIN)										_	
your TIN in the appropriate box. The TIN provided must match the n	ame given on line 1 to a	void T	Socia	al se	curity r	umi	ber				
up withholding. For individuals, this is generally your social security n	umber (SSN). However,		Т	Т	٦Ť	$\overline{}$	$\overline{}$		[	_	TTT
ent atien, sole proprietor, or disregarded entity, see the instructions for es, it is your employer identification number (EIN). If you do not have		ot a	Ш		-			-			
ater.	a number, see now to go		or		_		_	_			
If the account is in more than one name, see the instructions for line	1. Also see What Name	and	Emp	оуві	r identi	licat	ion n	umt	oer		
per To Give the Requester for guidelines on whose number to enter.			8	4	- 1	4	2	5	6	1	6
				.					<u> </u>	Ľ	
Certification											
er penalties of perjury, I certify that:					Since a		-1				
ie number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from tervice (IRS) that I am subject to backup withholding as a result of a fair longer subject to backup withholding; and	backup withholding, or (b	) I have r	ot be	en i	notified	by	the	Inte			
m a U.S. citizen or other U.S. person (defined below); and											
e FATCA code(s) entered on this form (if any) indicating that I am exe	mpt from FATCA reporti	ng is corr	ect.								
fication Instructions. You must cross out item 2 above if you have been have failed to report all interest and dividends on your tax return. For real isition or abandonment of secured property, cancellation of debt, contrib than interest and dividends, you are not required to sign the certification	estate Iransactions, item utions to an individual reti	2 does no irement ar	l app	ly. F	or mor	gag , and	e int	eres neral	t pai	d, aym	nents
Signature of U.S. person Mau ( )		Date▶	1/-	5/2	202	3					
neral Instructions	Form 1099-DIV (d funds)	lividends,					m st	ocks	s or	mut	tual
ion references are to the Internal Revenue Code unless otherwise d.	Form 1099-MISC proceeds)	(various	types	of i	ncome	, pri	zes,	awa	ards	or	gross
re developments. For the latest information about developments and to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (sto transactions by bro		tual fu	ind	sales a	nd (	certa	ain o	ther		
they were published, go to www.irs.gov/FormW9.	<ul> <li>Form 1099-S (pro</li> </ul>	ceeds fro	m re	al es	state tr	ansa	actio	ns)			
pose of Form	<ul> <li>Form 1099-K (me</li> </ul>	rchant ca	rd an	d th	ird par	ty n	etwo	ork t	rans	acti	ions)
dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home 1098-T (tuition)</li> </ul>			rest	1), 1098	8-E (	stud	lent	loan	int	erest).
fication number (TIN) which may be your social security number ), individual taxpayer identification number (ITIN), adoption	• Form 1099-C (car										
yer identification number (ATIN), or employer identification number	• Form 1099-A (acq										
to report on an information return the amount paid to you, or other untreportable on an information return. Examples of information as include, but are not limited to, the following.	Use Form W-9 or alien), to provide yo	our correc	t TIN								
rm 1099-INT (Interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding, See What is backup withholding,										

Certificate Type: TYPE 9

### SELLER'S/LESSOR'S COPY

New Mexico Taxation and Revenue Department PO Box 5557, Santa Fe, New Mexico 87502-5557

Date Issued: 10/23/2019

Certificate Number: B-1710541-09-00744

EXECUTED BY:				EXECUTED TO:	Enter same info	ormation into BUY	(ER's COPY below)
Buyer's NM Business Tax	ID #:	01-7	710541-00-2	Seller's ID #:		01-052	:6993
Company Name: SANTA FE CITY OF				Company Name: WEX INC			
Address: PO BOX 909 City: SANTA FE	State:	Country:	ZIP: 87504-0909	Address: PO BOX 639 City: PORTLAND	State:	Country:	ZIP: 04104-0639
Contract/Account Number	i.			Date Certificate Exe (Cannot be prior to dat		10/23/2019	
,				eduction from gross receipts u in the manner represented by			,
or the purchase of tangible persor nstruction projects. The following Governmental agencies, (7-9-54	may exec	y only and may	not be used for the purchas	TES MAY BE EXECUTE se of services, for the lease of prop		ase construction m	naterials for the use in
501(c)(3) organizations. (7-9-60	)						
Federal or state-chartered credit	t unions, (7	7-9-54 and 7-9-6	61.2), formerly Type 14;				
Indian tribes, nations or pueblos	when pur	chasing tangible	personal property for use	on Indian reservations or pueblo gr	ants. (7-9-54)."		
r the purchase of licenses to use	digital goo	ds for the purpo	se of loaning those digital g	goods to the public, the following m	ay execute Typ	e 9 NTTCs:	
Governmental agencies (7-9-54	)						
Indian tribes, nations or pueblos	(7-9-54)					**	
	y subjec	t the person	or business to a fine of	dulent use of certificates red f not more than ten thousan 7-1-72 NMSA 1978 and 7-1-7:	d dollars (10	,000) or impriso	
SERIES	1992	- NONTA	AXABLE TRAN	SACTION CERTIF	FICATE -	SERIES 1	992

# BUYER'S COPY

The information below MUST be entered into the New Mexico Taxation and Revenue Department's TAP web-site: https://tap.state.nm.us/ or you can send a copy of this form to the Department at the address below.

------CUT HERE------CUT HERE------CUT HERE-------

Certificate Type: TYPE 9 Certificate Number: B-1710541-09-00744 Date Issued: 10/23/2019

EXECUTED BY:

Buyer's NM Business Tax ID #: 01-710541-00-2

Company Name:
SANTA FE CITY OF

Address
PO BOX 909
City: State: Country: ZIP:
SANTA FE NM USA 87504-0909

Contract/Account Number:

**EXECUTED TO:** Seller's ID #: 01-0526993 Company Name: **WEX INC** Address **PO BOX 639** City: State: Country: ZIP: **PORTLAND** 04104-0639 ME USA **Date Certificate Executed** 10/23/2019 (Cannot be prior to date issued)

New Mexico Taxation and Revenue Department PO Box 5557, Santa Fe, New Mexico 87505-5557

BUYER'S COPY: NONTAXABLE TRANSACTION CERTIFICATE - SERIES 1992

#### Client#: 1623028 WEXINC2

### $oldsymbol{ACORD}_{\!\scriptscriptstyle oldsymbol{ iny}}$

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/27/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Elizabeth Creed						
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 617 330-1005 FAX (A/C, No):						
855 Boylston Street, 8th Floor	E-MAIL ADDRESS: elizabeth.creed@usi.com						
Boston, MA 02116	INSURER(S) AFFORDING COVERAGE	NAIC#					
617 330-1005	INSURER A: Zurich American Insurance Company	16535					
INSURED	INSURER B : American Guarantee & Liability Ins Co.	26247					
WEX Inc.	INSURER C : Maine Employers Mutual Ins Co	11149					
1 Hancock Street	INSURER D : AIG Specialty Insurance Company	26883					
Portland, ME 04101-2301	INSURER E : AXIS Insurance Company	37273					
v	INSURER F: American Zurich Insurance Company	40142					

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY		CPO861931200	06/01/2023	06/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,000,000 \$10,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- LOC				_	PRODUCTS - COMP/OP AGG	\$
F	OTHER: AUTOMOBILE LIABILITY	5	CPO861931200	06/04/2022	06/01/2024	COMBINED SINGLE LIMIT	\$ \$1,000,000
Г	X ANY AUTO		CPO601931200	00/01/2023	00/01/2024	(Ea accident) BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
				ļ		20 At	\$
В	X UMBRELLA LIAB X OCCUR		AUC861931300	06/01/2023	06/01/2024	EACH OCCURRENCE	\$4,000,000
	EXCESS LIAB CLAIMS-MADE	£.				AGGREGATE	\$4,000,000
С	DED RETENTION \$ WORKERS COMPENSATION	145.	5101800626	06/01/2023	06/01/2024	X PER OTH-	\$
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		0101000020	00/01/2020	00/01/2024	E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$1,000,000
D	Tech E&O / Cyber		015440835	10/01/2023	10/01/2024		
_						\$2,500,000 Retention	
<u>E</u>	Crime		P00100023513504	11/01/2023	11/01/2024	\$5,000,000 Agg. Lim	<u>it                                     </u>

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

\*\* Workers Comp Information \*\*

C 3102803409 Eff Date: 06/01/2023 Exp Date: 06/01/2024

WC Each Accident Limit: \$1,000,000

(See Attached Descriptions)
(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Evidence Of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Tool 1
·	

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DESCRIPTIONS (Continued from Page 1)
WC Policy Limit: \$1,000,000 WC Each Employee Limit: \$1,000,000
Certificate Holder, its subsidiaries, directors, officers, agents, representatives, employees and volunteers are additional insureds under WEX's automobile and general liability policies, on a primary, non contributory basis to the extent that they have a written contract and follow all other terms and conditions within the insurance contract. A waiver of subrogation is granted to the Certificate Holder where granted and delineated in a written contract and to the extent they follow all other terms and conditions within the insurance contract. The Umbrella policy follows the form of the underlying automobile and general liability policies.

### CITY OF SANTA FE PROCUREMENT CHECKLIST

A Le' Se San Kamcisco San Kamcisco San Kamcisco Serior Sister Sis	Contractor Name: _WEX BANK DBA WRIGHT EXPRESS FSC  Procurement/contract Title:Fuel Card with Related Vehicle Fuel Management, Transaction, and Payment Settlement /Processing Services  Procurement Method/Vehicle: □Sole Source □State Price Agreement/Existing ☒ Cooperative □Request For Proposals(RFP) □Invitation To Bid (ITB) □Exempt: 13-1-98  □Small Purchase (Contract Under \$60,000) □Other:
	□Small Purchase (Contract Under \$60,000) □Other:
1110 P7 S157	

Requesting Department: \_\_\_\_\_ Finance \_\_\_\_ Staff Name: \_Raymond 'Scott' Gunter

**Procurement Requirements:** 

Procurement files shall be maintained for all purchases and contracts, regardless of the method of procurement. The procurement files shall contain the basis on which the awards are made, all submitted bids/proposals, all evaluation materials (bid tabs or Evaluation Committee Reports), scoresheets, quotations, and all other documentation related to or prepared in conjunction with evaluations, negotiations, and the award processes. The procurements shall contain written determinations from the Requesting Departments, signed by the Chief Procurement Officers (this document), setting forth the reasoning for the contract award decisions before submitting them to the Committees.

### REQUIRED DOCUMENTS FOR APPROVAL BY PURCHASING (CPD)

YES	N/A		YES	N/A						
$\boxtimes$		Written Determination (srvs)		$\boxtimes$	Quote(s) (3 Valid & Current	t for Over 20k)				
	$\boxtimes$	RFP - Confidential info to be provided to GB by CPD Buyer		$\boxtimes$	BAR					
		ITB (include bid tab)		X	FIR					
	$\boxtimes$	Other:	$\boxtimes$		Certificate of Insurance (srv	s)				
		Cooperative Agreements and GSAs and State	wide	Price	Agreements (include the cove	r page to show valid da				
		page, and items to be purchased)								
		Horizon Declination or Screenshot of horizon	sofne	wmex	ico.org/services.html (srvs)					
	$\boxtimes$	Summary of Contract (only on contracts)								
		Current Santa Fe Business Registration (or Ex	Current Santa Fe Business Registration (or Exemption if no tax)							
		Executed Contract or Price Agreement (legal and contractor must sign before purchasing approves)								
		Chief Procurement Officer (or designee) App	roval	for E	xempt from Procurement (use	e memo on our site)				
	$\boxtimes$	Evaluation Committee Report (RFPs only)								
		Signed Sole Source Determination, Vendor W	ritte	n Quo	te, SS Letter from Contractor	rs, and 30 Days Email				
		>20k = Memo addressed to City Manager (U	nder 1	50K)	Committees/City Council (Ov	ver 150K)				
	Ray	ymond 'Scott' Gunter			Procurement Manager					
Depa	rtment	Point of Contact			Title	Date				
	Em	ily K. Oster								
Depar	rtment	Director				Date				
	Tra	vis Dutton-Leyda								
Chief	Procu	rement Officer				Date				
TTT F	Represe	entative			Title	Date				
CoSF	P 50				Version 3 12	2.1.2023				
					. 5.51611 5 12					



# City of Santa Fe Summary of Contract, Agreement, Amendment & Lease

All applicable fields to be completed	by department (complete 1.b	only if you are processing an amend	ment):
1.a Munis Contract: TBD	Procurement # (RFF	P/ITB# If any):	
Contractor: WEX BANK D	BA WRIGHT EXPRESS FS	C - Vendor #4329	
Procurement Method/Vehicle: Small Purchase	RFP ITB Sole Source	330/3111111	SWPA/Existing
Description/Title: Fuel Card with R Settlement/Proce	elated Vehicle Fuel Management essing Services	t, Transaction and Payment Settlement	Payment
Contract: Agreement: 🔾	Lease/Rent: O Ame	endment: O	
Term Start Date: 3/22/2024	Term End Date: 9/7/2024	Total Contract Amount: 3,600	,000
Approved by Council	(If over the City Manager's approval threshold, you	ı must go through GB)	
Contract / Lease: Cooperative	Agreement Contract #08062	20-WEX with WEX Bank	
<b>1.b</b> Amendment #:	to the	e Original Contract/Lease #	
Increase/(Decrease) Amount \$:			
Extend Expiration Date to:			
Approved by Council	(If the original went through GB, all amendments GB regardless of the amendment reason)	must go through Date:	
Amendment is for:			<u> </u>
underway for several mounderway for this transition	nths. Due to a combination has heightened. The contr	iler Fuel Station to WEX cards hat of software and physical tank issumed act is set to conclude on 9/7/202 amount of \$3,600,000. Cont. on	sues, the 5 from the
3. Procurement History:			
Durchasing Officer D		Mar 22, 2024	
Purchasing Officer Ro	eview. ns:	Date:	
4. Funding Source: Multiple	110	Org / Object: TBD	
Andy Hopkins		Mar 22, 2024	
Budget Officer Appro	val:	Date:	
<b>'</b>			
·	oproval:	FOF 400 0040	
Staff Contact who Completed This I To be recorded by City Clerk:			
Clerk #	Email: <u>RSGunter@san</u>	tatenm.gov	
Date of Execution:			
ITT Representative (attesting that a	all information is reviewed)	Title	Date

### **GUNTER, RAYMOND S.**

From: Matt Loehman <mloehman@horizonsofnewmexico.org>

Sent: Monday, February 26, 2024 11:05 AM

To: GUNTER, RAYMOND S.

Subject: Re: HORIZONS - Fuel Card with Related Vehicle Fuel Management, Transaction, and

Payment Settlement /Processing Services

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning Scott,

I hope you are doing well, too!

I'm very pleased with our relationship with the City of Santa Fe, thanks to you and Travis! I am very appreciative.

We'll decline this opportunity.

Kind regards,

Matt

Matt Loehman
Executive Director

Horizons of New Mexico

6121 Indian School Rd. NE, Suite 102 Albuquerque, NM 87110

office phone: (505) 345-1540

email: mloehman@horizonsofnewmexico.org

web: www.horizonsofnewmexico.org

The State Use Act helps people with disabilities become gainfully employed, and it saves you valuable time and resources otherwise used during the procurement process.

On Mon, Feb 26, 2024 at 7:25 AM GUNTER, RAYMOND S. <a href="mailto:santafenm.gov">santafenm.gov</a> wrote:

Matt,

Good morning. I hope things are going well down the hill. It appears that things are running smoother with determinations from the City. I know Travis has been working hard to create a logical flow at the City.

Anyway, I have one for you. Please see below.

Thanks,

-Scott

### Raymond 'Scott' Gunter, CPO

Procurement Manager

Finance Department

Central Purchasing Division

City of Santa Fe

c. 505-469-8949

RSGunter@santafenm.gov

From: DUTTON-LEYDA, TRAVIS K. <tkduttonleyda@santafenm.gov>

Sent: Monday, February 19, 2024 4:32 PM

To: GUNTER, RAYMOND S. <rsgunter@santafenm.gov>; Purchasing DET \_purchasing det@santafenm.gov>

Cc: DURAN, DESTINY C. <dcduran@santafenm.gov>; TAPIA, ERMINIA M. <emtapia@santafenm.gov>

Subject: RE: SOW - Fuel Card with Related Vehicle Fuel Management, Transaction, and Payment Settlement

/Processing Services

### Greetings,

The scope of work as written would be General Services. This determination relates only to that question and is no comment on whether the scope of work or procurement method meet all legal standards. I reserve the right to change this determination if the scope of work differs from the scope of work submitted for the original determination. This procurement must be conducted using the processes and procedures set forth by the City of Santa Fe, Central Purchasing, the Procurement Manual, and state statutes.

### Please note:

- Save this email as a PDF and upload it into the corresponding Munis records.
- Check with WorkQuest dba Horizons of New Mexico (vendor # 8673) (mloehman@horizonsofnewmexico.org) if this service appears on their approved list.
- If your request includes anything that needs to be reviewed and preapproved by another city Department/Division, please send your SOW to the corresponding email address, and provide their response to this office when you submit your procurement request for processing.
  - IT components <u>creview@santafenm.gov</u>
  - Vehicles <u>dmjaramillo@santafenm.gov</u>
  - Grants cajames@santafenm.gov
  - Facilities, Furniture, Fixture, Equipment <u>isburnett@santafenm.gov</u>
- Ensure that the appropriate templates and forms are used <a href="https://intranet.santafenm.gov/finance\_1">https://intranet.santafenm.gov/finance\_1</a> and documented <a href="procedures/laws/rules">procedures/laws/rules</a> are followed.
- > \$20k per year, when processing this procurement, please ensure the procurement number issued by Munis and the procurement name are used in the appropriate documents and the subject of emails.
- If you are processing a procurement where the forecasted amount is =/> \$60k, per NMSA 1978, Section 13-1-102, the procurement method must be ITB (if you choose not to use a cooperative or an existing contract). If you feel you need to process an RFP, you must get an Authorization and Plan approved before you process.
- < \$20k per year, one quote is acceptable.
- From \$20k to \$60k per year, if you aren't using a cooperative or existing contract, you'll need to provide 3 quotes in your req. Must use the Munis Bid Module after 12/21/2023.
- Please keep this as part of the procurement file for future reference.
- Figure out your funding source and **inform Purchasing**. To ensure that the proper documents and language are used, it is important to identify the funding source for the subsequent contract. For instance, if federal funds are involved, the procurement request and subsequent contract must include the necessary federal language. Therefore, it is crucial to determine the funding source beforehand.
- Please review the pages linked below to determine whether any of the existing contracts/price agreements or cooperative agreements are applicable to this request. You might be able to use an existing price agreement to save time and money.

- o <a href="https://www.gencralservices.state.nm.us/state-purchasing/statewide-price-agreements/">https://www.gencralservices.state.nm.us/state-purchasing/statewide-price-agreements/</a> (if you choose to use a Statewide, you do not need to ask Horizons if they can do the work. State Purchasing must offer the SOW to Horizons prior to placing the award on their website.)
- o https://naspovaluepoint.org/categories/
- o https://www.omniapartners.com/publicsector/contracts
- o https://www.buyboard.com/home.aspx
- o https://www.h-gac.com/Home
- o https://www.gsaelibrary.gsa.gov/
- o https://www.sourcewell-mn.gov/contract-search
- Submit or send your request to the appropriate MS Teams channel or email address:
  - o RFPs requests to

https://teams.microsoft.com/l/channel/19%3ad63b9c8b586d424fa5eed34177146ac5%40thread.tacv2/RFP%2520Requests?groupId=a367d8c2-992f-4c74-8e7d-0ccb6950c9a1&tenantId=77b69f5a-55ed-4363-8616-4867b0bc707f

o ITBs requests to

https://teams.microsoft.com/l/channel/19%3a48e1e4588c0440a09cfbd9b907ed42d4%40thread.tacv2/ITB%2520Requests?groupId=a367d8c2-992f-4c74-8e7d-0ccb6950c9a1&tenantId=77b69f5a-55ed-4363-8616-4867b0bc707f

- o Determination requests to purchasing det@santafenm.gov
- o And all other requests to <u>purchasing@santafenm.gov</u>

Thank you for submitting this scope of work for my review.

Regards,

Travis Dutton-Leyda

Chief Procurement Officer

City of Santa Fe

200 Lincoln Avenue

Santa Fe, NM 87501

505-629-8351

tkduttonleyda@santafenm.gov

https://santafenm.gov/finance-2/purchasing-1

Vision without action is merely a dream. Action without vision passes the time. Vision with action can change the world. ~ Joel A. Barker From: GUNTER, RAYMOND S. < rsgunter@santafenm.gov> Sent: Monday, February 19, 2024 3:03 PM To: Purchasing DET <purchasing det@santafenm.gov> Cc: DURAN, DESTINY C. <a href="mailto:santafenm.gov">dcduran@santafenm.gov</a>; TAPIA, ERMINIA M. <a href="mailto:semtapia@santafenm.gov">emtapia@santafenm.gov</a>> Subject: SOW - Fuel Card with Related Vehicle Fuel Management, Transaction, and Payment Settlement /Processing Services Determination Requested. Fuel Card with Related Vehicle Fuel Management, Transaction, and Payment Settlement / Processing Services. Refer to the Sourcewell Contract #080620-WEX Dated 10/10/23. Thanks, -Scott Raymond 'Scott' Gunter, CPO Procurement Manager Finance Department Central Purchasing Division City of Santa Fe

c. 505-469-8949

RSGunter@santafenm.gov