

Attachment P
Bidder's Security
Example Form Letter of Credit

[NAME OF BANK on Bank's letterhead] [address and telephone no.]

**IRREVOCABLE
STANDBY LETTER OF CREDIT**

**ALL DRAFTS MUST BE MARKED:
DRAWN UNDER [NAME OF BANK]
LETTER OF CREDIT
NO.:**

TO BENEFICIARY:
County of Fresno
Director of Community Health,
or his Designee
1221 Fulton Mall
Fresno, CA 93775

APPLICANT:
[Name of Bidder]
[Address of Bidder]

DATE OF ISSUANCE: _____

EXPIRATION DATE: _____
[must be a non-bank holiday weekday at least 180 days
from deadline for submitting proposals]

AMOUNT: Five hundred thousand dollars and no/100 (\$500,000.00)

LADIES AND GENTLEMEN:

THE [NAME OF BANK] HEREBY ESTABLISHES OUR IRREVOCABLE LETTER OF CREDIT IN YOUR FAVOR, AVAILABLE BY YOUR DRAFTS DRAWN AT SIGHT ON US AND ACCOMPANIED BY DOCUMENTS SPECIFIED BELOW:

1. A certificate purportedly executed by the beneficiary in the exact form of Exhibit "B"; and
2. This original irrevocable standby letter of credit.

See the following exhibits, attached hereto and incorporated herein:

Exhibit "A" - Conditions and Instructions for Making Drawing(s);
Exhibit "B" - Certificate of Beneficiary; and
Exhibit "C" - An exact copy of sample draft.

THE [NAME OF BANK] HEREBY ENGAGES WITH YOU THAT ALL DRAFTS DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS OF THIS IRREVOCABLE STANDBY LETTER OF CREDIT WILL BE DULY HONORED BY [NAME OF BANK] IF DRAWN AND PRESENTED FOR PAYMENT AT THE DRAWEE ON OR BEFORE THE EXPIRATION OF THIS IRREVOCABLE STANDBY LETTER OF CREDIT. THIS IRREVOCABLE STANDBY LETTER OF CREDIT IS SUBJECT TO THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS (1983 REVISIONS), INTERNATIONAL CHAMBER OF COMMERCE, PUBLICATION NO. 400.

AUTHORIZED SIGNATURE:

[Name and title of Authorized Representative]

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EXHIBIT "A"

CONDITIONS AND INSTRUCTIONS FOR MAKING DRAWING(S)

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER _____
ISSUED BY [NAME OF BANK]

A. The conditions for making the drawing(s) are as follows:

1. Partial drawings are permitted. In the case of partial drawings, [name of bank] will promptly return this irrevocable standby letter of credit to the beneficiary.
2. This irrevocable standby letter of credit sets forth in full the undertaking of [name of bank] hereunder, and such undertaking shall not in any way be modified, amended or altered without the written consent of the beneficiary and the applicant;
3. This irrevocable standby letter of credit and the undertaking of [name of bank] hereunder, shall not be assigned, transferred, alienated or delegated by [name of bank] without the written consent of the beneficiary and the applicant; and
4. Any and all payments shall be made by wire transfer via the following instructions:

Fresno Main Branch
For deposit to Treasurer of County of Fresno
Account Number _____
ABA Number _____

B. The instructions for making drawing(s) are as follows:

1. The County's Director of Community Health Department, or his designee, must present his or her draft and the documents identified on the first page of this irrevocable standby letter of credit to [name of bank] at its office at [must be an address in Fresno County] on or before 4:00 p.m. on the expiration date indicated on the first page of this irrevocable standby letter of credit.

C. The "Designee" of "Director of Community Health" of the County of Fresno shall mean either or both of the following persons:

1. Director, Health Services
Agency for the County
of Fresno
2. Emergency Medical Services
Division Manager for the
County of Fresno

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EXHIBIT "B"

CERTIFICATION OF BENEFICIARY

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER _____

ISSUED BY [NAME OF BANK]

To: [Name of bank]

The County of Fresno hereby certifies that:

1. [Name of bidder] failed to execute that certain agreement with the County of Fresno for the provision of emergency ambulance and advanced life support (ALS) paramedic ambulance service as required pursuant to the procurement process conducted by the EMS Agency.
2. By participating in the EMS Agency's procurement process, the [name of bidder] agreed that if the County draws on this irrevocable standby letter of credit, the County is not required to prove actual costs, expenses, damages or liability to the County due to the [name of bidder]'s failure to enter into the agreement. Therefore, the County is unconditionally entitled to payment pursuant to this irrevocable standby letter of credit.

COUNTY OF FRESNO:

By: _____

Director of Community Health
or his Designee*

*If a Designee, County will specify.

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EXHIBIT "C" SAMPLE DRAFT

Irrevocable standby letter of credit, number _____, issued by [name of bank]:

NO. _____, 19_____
Date

AT SIGHT PAY TO THE ORDER OF COUNTY OF FRESNO, THE SUM OF

_____ (In words, the dollar amount that the County is requesting),

\$_____ (In numerals, the dollar amount that the County is requesting),

DRAWN UNDER LETTER OF CREDIT NO. _____.

TO: [name of bank]
[address]

BY: COUNTY OF FRESNO, DIRECTOR
COMMUNITY HEALTH
OR HIS DESIGNEE*

Signature

THE SIGNER MUST ENDORSE THE REVERSE SIDE OF THE DRAFT VIA SIGNING HIS/HER NAME.

*If a Designee, County will specify.