

**NOTICE OF EXERCISE OF OPTION TO EXTEND
AGREEMENT FOR CONSULTANT SERVICES
BETWEEN
THE CITY OF SAN JOSE
AND
FAITH GROUP, LLC**

WHEREAS, on June 23, 2016, the CITY OF SAN JOSE (“City”) and FAITH GROUP, LLC (“Consultant”) entered into an AGREEMENT FOR CONSULTANT SERVICES (“Agreement”) which contains an option to extend the term for two (2) one-year periods (each an “Option Period”); and

WHEREAS, City has made the determination to extend the Agreement for the second one-year Option Period;

NOW, THEREFORE,

CITY HEREBY EXERCISES, pursuant to Section 2 of the Agreement, the second one-year option to extend the term of the Agreement for the period of July 5, 2022 through July 4, 2023. All of the terms and conditions of the Agreement shall remain in full force and effect during the Option Period.

“CITY”

APPROVED AS TO FORM:

CITY OF SAN JOSE, a municipal
corporation of the State of California

Jon Calegari

JON CALEGARI
Deputy City Attorney

Sarah Zarate

SARAH ZARATE
Director, City Manager’s Office



FAITGRO-01

ASEENER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/26/2021

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.

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.

Table with 2 main sections: PRODUCER (Smith McGehee) and INSURED (Faith Group, LLC). Includes CONTACT NAME (Ami Seener), PHONE (314) 732-4474, FAX (314) 394-1751, E-MAIL ADDRESS (aseener@smis.com), and a list of INSURER(S) AFFORDING COVERAGE (Hartford Casualty, Hartford Accident, Landmark American).

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.

Main table listing coverage details including INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, and LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, Professional Liab, and Cyber Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of San Jose, its officers, employees, agents and contractors are to be covered as additional insured as respects Liability arising out of activities performed by or on behalf of CONSULTANT; products and completed operations of CONSULTANT; premises owned, leased or used by CONSULTANT; and autos owned, leased, hired or borrowed by CONSULTANT; The coverage shall contain no special limitations on the scope of protection afforded to CITY, its officers, employees, agents and contractors. Waiver of subrogation in favor of the City of Jose, its officers, employees and contractors.

CERTIFICATE HOLDER

CANCELLATION

Table for Certificate Holder and Cancellation details. Certificate Holder: City of San Jose-Finance Dept Risk & Insurance, 200 E Santa Clara St, 14th FL, San Jose, CA 95113. 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. AUTHORIZED REPRESENTATIVE: [Signature]

BUSINESS TAX LOOKUP

Search: Faith Group

Business Name

FAITH GROUP, LLC

Business Address

3101 S HANLEY RD STE 100 SAINT LOUIS, MO 63143-3619

Business Owner

FAITH GROUP, LLC

Mailing Address

3101 S HANLEY RD STE 100 ST LOUIS, MO 63143

NAICS

541618-OTHER MANAGEMENT CONSULT SERV

Nature Of Business

CONSULTING

Account Id

3251999513

Status

ACTIVE

Start Date

07/05/2016

Expiration Date

07/15/2022

Employees

1



City of San José Contract/Agreement Transmittal Form

Route Order

Attached / Completed

Electronically Signed

TO: City Attorney
 City Manager
 City Clerk **OR** Return to
Dept. (circle one)

Insurance Certificates / Waivers Electronically Signed:
 Business Tax Certificate Audit Trail Attached (if applicable)
 Contacted Clerk re: Form 700 Scanned Signature Authorization
 Supplemental Memorandums (if applicable):

Type of Document: _____

Type of Contract: _____

REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # _____ 003

Contractor: _____

Address: _____

Phone: _____ Email: _____

Contract Description: _____

Term Start Date: _____ Term End Date: _____ Extension: _____

Method of Procurement: _____ RFB, RFP or RFQ No.: _____ Date Conducted: _____

Agenda Date (if applicable): _____ Agenda Item No.: _____

Resolution No.: _____ Ordinance No.: _____

Original Contract Amount: _____ Amount of Increase/Decrease: _____

Option #: ___ of ___ Option Amount: _____ NTE/Updated Contract Amount: _____

Fund/Appropriation: _____

Form 700 Required (Selection mandatory for processing): Business Revenue Agreement: _____

Tax Certificate No.: _____ Expiration Date: _____

Department: _____

Department Contact: _____ Customer (Finance Only): Á' _____

Notes: _____

Department Director Signature:  _____ March 14, 2022 _____
Date

Office of the City Manager Signature: Jessica Lowry _____ 3/18/22 _____
Date