

First **Second** **Third** **Revised Budget/Fiscal Attachment**

1. This Revised Budget/Fiscal Attachment is attached to the First Second Third amendment to Approved Service Order No. 5 issued pursuant to the Master Agreement having the above-referenced CPMS Contract No.
2. The Maximum Service Order Compensation set forth on Line 7.b. of Section 7 of the Approved Service Order cover page is:

Decreased from \$ 13,464.88 to \$ 1,945.26

Increased from \$ _____ to \$ _____

3. Section 7 of the Approved Service Order cover page is appended to read as follows:

a.	Current unencumbered amount in Master Agreement:	\$	2,711,191.67
b.	Service Order Compensation for this Approved Service Order Amendment:	\$	(11,519.62)
c.	New unencumbered balance in Master Agreement:	\$	2,722,711.29
d.	Appropriation Certification: I certify that an unexpended appropriation in the amount of the Maximum Service Order Compensation is available in the following funds(s) and that such fund(s) will be encumbered to pay for this Approved Service Order.		
	Fund: <u>512</u>	Appn: <u>4341</u>	RC: <u>179395</u> Amount: \$ <u>(11,519.62)</u>
	Fund: _____	Appn: _____	RC: _____ Amount: \$ _____
	Fund: _____	Appn: _____	RC: _____ Amount: \$ _____
	Fund: _____	Appn: _____	RC: _____ Amount: \$ _____
	Division Analyst Signature: <u>Mary Crippen</u>		Date: <u>May 5, 2022</u>
	Authorized Signature: <u>Harpal Singh</u>		Date: <u>May 5, 2022</u>

First **Second** **Third** **Revised Attachment C: Compensation Table**

This Revised Attachment C is an attachment to the First Second Third amendment to Approved Service Order No. 5 issued pursuant to the Master Agreement having the above-referenced CPMS Contract No.

Part 1 – Compensation for Services			
Column 1	Column 2	Column 3	Column 4
Task Nos.	Basis of Compensation	Invoice Period	Compensation
Task No. 1 – Special Inspection and Material Testing	<input checked="" type="checkbox"/> Time & Materials <input type="checkbox"/> Fixed Fee	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work	\$1,818.00
Task No. 2 – Project Management	<input checked="" type="checkbox"/> Time & Materials <input type="checkbox"/> Fixed Fee	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work	\$127.26
Part 2 – Reimbursable Expenses			
<input checked="" type="checkbox"/> No expenses are separately reimbursable. The amount(s) in Column 4 of Part 1 include(s) payment for all expenses.		<input type="checkbox"/> Expenses are separately reimbursable in the maximum amount of: \$	
Part 3 – Subconsultant Costs			
<input checked="" type="checkbox"/> Subconsultant costs are not separately compensable. The amount(s) in Column 4 of Part 1 include(s) sub-consultant costs.		<input type="checkbox"/> Subconsultant costs are separately compensable in the maximum amount of: \$	
		Maximum Service Order Compensation (sum of Parts 1 through 3): \$1,945.26	

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: Yes
 Business Tax Certificate Audit Trail Attached (if applicable)
 Contacted Clerk re: Form 700 Scanned Signature Authorization
 Supplemental Memorandums (if applicable): Select One

Type of Document: Amendment

Type of Contract: Consulting Services

REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # 663468 -012

Contractor: Consolidated Engineering Laboratories

Address: 2001 Crow Canyon Road, Suite 100, San Ramon, CA 94583

Phone: (925) 314-7148

Email: mmeier@ce-labs.com

Contract Description: First Amendment to Service Order 5 - M4 Switchgear Replacement and G3 & G3A Removal Project

Term Start Date: 05/03/2021 Term End Date: 10/31/2022 Extension: No

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

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

Resolution No.: _____ Ordinance No.: _____

Original Contract Amount: \$13,464.88 Amount of Increase/Decrease: (\$11,519.62)

Option #: ___ of ___ Option Amount: _____ NTE/Updated Contract Amount: \$1,945.26

Fund/Appropriation: _____

Form 700 Required (Selection mandatory for processing): Yes

Revenue Agreement: No

Tax Certificate No.: 6593211210

Expiration Date: 01/15/2023

Department: ESD (76)

Department Contact: Norm Mascarin / 635-4006

Customer (Finance Only): _____

Notes:



Department Director Signature: _____ Date

Office of the City Manager Signature: _____ Date