



## Attachment A: Tasks

The Consultant shall provide the services and deliverables set forth in this **Attachment A**. The Consultant shall provide all services and deliverables required by this **Attachment A** to the satisfaction of the City's contract manager.

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**General Description of Project for which Consultant will Provide Services:** Consultant is to support the Airport's air service development initiatives as directed by staff through strategic planning, formulation of business cases and specific route forecasts, preparation and participation, and other activities as required.

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### Task No. 1: Development of research and market evaluations

- A. **Services:** At direction of staff, prepare specific research materials, analysis, competitive benchmarking, air service related exhibits, city-city business relations, other analysis as required.
- B. **Deliverable:** Specific market research materials, analysis, exhibits, data as directed by staff
- C. **Completion Time:** The Consultant must complete the services and deliverables for this task in accordance with whichever one of the following time is marked:
  - On or before the following date: June 30, 2023.
  - On or before \_\_\_\_ Business Days from \_\_\_\_\_.

### Task No. 2: Route forecasts, analytics, airline materials, participation and presentations

- A. **Services:** Route forecasts/market outlooks and airline meetings
- B. **Deliverable:** Formal route forecasts, presentations, and related back-up materials, participation in headquarters and conference meetings as required and as directed by staff.
- C. **Completion Time:** The Consultant must complete the services and deliverables for this task in accordance with whichever one of the following time is marked:
  - On or before the following date: June 30, 2023.
  - On or before \_\_\_\_ Business Days from \_\_\_\_\_. [Fill in the second box if completion time for the task is contingent on completion of the prior task or an event.]

### Task No. 3: Ad hoc advisory and strategic support services

- A. **Services:** Ongoing strategic support and air service advisory consultation
- B. **Deliverable:** Market development strategic evaluations, schedules and booking data, on site meetings, professional advisory support to Airport's air service initiatives as directed by staff
- C. **Completion Time:** The Consultant must complete the services and deliverables for this task in accordance with whichever one of the following time is marked:
  - On or before the following date: June 30, 2023.
  - On or before \_\_\_\_ Business Days from \_\_\_\_\_.[Fill in the second box if completion time for the task is contingent on completion of the prior task or an event.]

## Attachment B: Terms and Conditions

1. **City's Contract Manager:** The City's contract manager for this Approved Service Order is:

Name: Mark Kiehl	Phone No.: 408.392-3624
Department: Aviation	E-mail: mkiehl@sjc.org
Address: 1701 Airport Blvd, Suite B-1130	San Jose, CA 95110

2. **Consultant's Contract Manager and Other Staffing:** Identified below are the following: (a) the Consultant's contract manager for this Approved Service Order, and (b) the Consultant(s) and/or employee(s) of the Consultant who will be principally responsible for providing the services and deliverables. ***If an individual identified below does not have a current Form 700 on file with the City Clerk for a separate agreement with the City, and is required to file a Form 700, the Consultant must comply with the requirements of Subsection 17.2 of the Master Agreement, entitled "Filing Form 700."***

		<u>Required to File Form 700?</u>		
		<b>Yes Already Filed (Date Filed)</b>	<b>Yes Need to File</b>	<b>No</b>
<b><u>Consultant's Contract Manager</u></b>				
Name: Chris Warren	Phone No.: 949.558-1098			X
Address: 1983 Marcus Ave. Suite 250 Lake Success, New York 11042	Email: Chris.warrenASM@pasg1.com			
<b><u>Other Staffing</u></b>				
<u>Name:</u>	<u>Assignment:</u>			
1. Lee Lipton	Tasks 1, 2, 3			X
2. Ilona Cambron	Tasks 1, 2, 3			X

3.				
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3. **Subconsultants:** Whichever of the following is marked applies to this Approved Service Order:

- The Consultant can **not** use any subconsultants.
- The Consultant can use the following subconsultants to assist in providing the required services and deliverables:

<u>Subconsultant's Name</u>	<u>Area of Work</u>
1.	
2.	
3.	

4. **Reimbursable Expenses:** If the Compensation Table set forth in **Attachment C** of this Approved Service Order states that the City will reimburse the Consultant for expenses, then only the expenses identified in Subsection 10.5.3 of the Master Agreement are Reimbursable Expenses unless the following box is marked and additional reimbursable expenses are set forth:

- In addition to the expenses identified in Subsection 10.5.3 of the Master Agreement, the following expenses are Reimbursable Expenses:

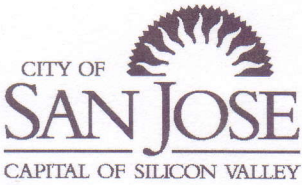
<u>Additional Reimbursable Expense(s)</u>	<u>Mark-up</u>
1. _____	_____
2. _____	_____
3. _____	_____

**Notwithstanding the foregoing, any additional reimbursable expense(s) set forth in the above table will be disregarded if the Compensation Table states that the City will *not* reimburse the Consultant for any expenses.**

## Attachment C: Compensation Table

The City will compensate the Consultant for providing the services and deliverables set forth in **Attachment A** in accordance this Compensation Table. This Compensation Table is subject to the terms and conditions set forth in the Master Agreement, including without limitation Section 10 of the Master Agreement.

Part 1 – Compensation for Services and Deliverables			
Column 1	Column 2	Column 3	Column 4
Task Nos. from Attachment A	Basis of Compensation	Invoice Period	Compensation
1	<input checked="" type="checkbox"/> Time & Materials <input type="checkbox"/> Fixed Fee	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input checked="" type="checkbox"/> Completion of Work	\$20,000
2	<input checked="" type="checkbox"/> Time & Materials <input type="checkbox"/> Fixed Fee	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input checked="" type="checkbox"/> Completion of Work	\$20,000
3	<input checked="" type="checkbox"/> Time & Materials <input type="checkbox"/> Fixed Fee	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input checked="" type="checkbox"/> Completion of Work	\$20,000
	<input type="checkbox"/> Time & Materials <input type="checkbox"/> Fixed Fee	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work	\$
Part 2 – Reimbursable Expenses			
<input type="checkbox"/> No expenses are separately reimbursable. The amount(s) in Column 4 of Part 1 include(s) payment for all expenses.		<input checked="" type="checkbox"/> Expenses are separately reimbursable in the maximum amount of:	\$000
Part 3 – Subconsultant Costs			
<input type="checkbox"/> Subconsultant costs are <b>not</b> separately compensable. The amount(s) in Column 4 of Part 1 include(s) subconsultant costs.		<input type="checkbox"/> Subconsultant costs are separately compensable in the maximum amount of:	\$
<b>Maximum Service Order Compensation</b> (sum of Parts 1 through 3):			<b>\$60,000</b>



- FOR YOUR ELECTRONIC SIGNATURE
- FULLY EXECUTED COPY TO FOLLOW


CITY STAFF: Mark Kiehl  
STAFF EMAIL: MKiehl@sjc.org

### SCANNED SIGNATURE AUTHORIZATION

DATE: 8/7/2022 TOTAL PAGES: 1  
(INCLUDING THIS PAGE)

CONSULTANT NAME: Martin Kammerman  
EMAIL: Martin.kammerman@informa.com  
PHONE: 773-808-3534

I agree to use electronic signatures

SIGNATURE OF CONSULTANT: 

#### DIRECTIONS:

REVIEW THE ENCLOSED DOCUMENT, IF IT IS ACCEPTABLE:

1. SIGN THE DOCUMENT
2. CHECK THE BOX BELOW YOUR NAME AND SIGN AGREEING TO THE USE OF ELECTRONIC SIGNATURES
3. SCAN YOUR EXECUTED DOCUMENT TOGETHER WITH THIS COVER PAGE **IN BLUE INK**
4. EMAIL THE ENTIRE DOCUMENT TO (CITY STAFF EMAIL ADDRESS): **MKIEHL@SJC.ORG**

#### TO BE COMPLETED BY CITY STAFF:

ALTERNATIVE METHODS OF VERIFICATION:

- USE OF A PASSWORD PROTECTED WEBSITE
- CONFIRMED BY A KNOWN TELEPHONE NUMBER / EMAIL
- PERSONALLY KNOWN TO CITY STAFF

# 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 # 665046-004

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:  \_\_\_\_\_ Date \_\_\_\_\_

Office of the City Manager Signature: \_\_\_\_\_ Date \_\_\_\_\_