

**Master City of San José Consultant Agreement
Approved Service Order
(Capital Projects)**

Cover Page

1a. CPMS Contract No.: 9048-C **1b.** AC Contract No.: 30806

2. Approved Service Order No. 4

3. Consultant's Name: David J Powers & Associates Inc

4. Project Name: Constraints Analysis for Bridge Housing Community Sites ("Project")

5. Project Location: Multiple Locations APN's: 092-08-016, 595-24-005, 595-31-001, 652-03-020, 464-28-011, 694-02-002, 567-25-006, 567-26-014, 567-30-015 and 477-12-003

6. The Consultant and the City will implement this Approved Service Order in accordance with the Master Agreement, this cover page and Attachments "A" (Tasks), "B" (Terms and Conditions) and "C" (Compensation Table), which are incorporated herein by references.

7. Budget/Fiscal:

a. Current unencumbered amount in Master Agreement:	\$	812,408
b. Maximum Service Order Compensation for this Approved Service Order:	\$	12,940
c. New unencumbered balance in Master Agreement (7.a – 7.b):	\$	799,468

d. **Appropriation Certification:** I certify that an unexpended appropriation in the amount of the Maximum Service Order Compensation is available in the following fund(s) and that such fund(s) will be encumbered to pay for this Approved Service Order.

Fund: 454 Appn: 209x RC: 212200 Amount: \$12,940

Fund: _____ Appn: _____ RC: _____ Amount: \$ _____

Authorized Signature: *Suzanne McPherson* Date: 08/01/2022

8. Division Analyst Approval: *[Signature]* Date: 7/29/2022

9. Consultant Approval: *Maria Kisyo* Date: 4/5/22

10. Approval as to Form (City Attorney):

Service Order Form Approved by the Office of the City Attorney
(Maximum Service Order Compensation is \$100,000 or less, and the provisions of the service order form are not altered.)

Approved as to Form: _____ Date: _____
(Sr.) Dept. City Attorney

11. City Director Approval: *Chris Mastrodicasa* Date: 7/29/22

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.

General Description of Project for which Consultant will Provide Services: In September 2016, the State of California passed Assembly Bill (AB) 2176, allowing the City of San José to declare a shelter crisis and create Emergency Bridge Housing Communities (BHCs). This law allows San José to develop communities of small sleeping cabins, along with common buildings, which could include meeting space, showers, and laundry facilities. The law also allows San José to adopt local standards in lieu of state and local building codes and requirements that may hinder or delay development of BHCs on these sites. Potential BHC sites must be either City-owned or leased. The sunset date of AB 2176 of January 2022 was extended by AB 1745 to January 2025, which extends the time these temporary BHCs can operate.

DJP&A will conduct a preliminary environmental review process detailing potential environmental constraints for each site. Our scope includes the following tasks:

- Preparation of Constraints Analysis Memorandum
 - Project management and contract administration
-

Task No. 1: Preparation of Constraints Analysis Memorandum

A. Services: After a review of the proposed BHC sites, each site will be screened for environmental constraints that could be factors in the City's site selection process. The following environmental constraints will be looked at as part of the preliminary environmental review process:

1. **Hazardous materials/contaminants:** Geotracker, Envirostor, and other hazardous materials databases will be utilized to determine if any of the sites or adjacent properties have active soil or groundwater contamination/remediation cases.
2. **Geohazards:** Using City's Geologic Hazards maps, DJP&A will determine if any sites are located in areas exposed to significant geologic hazards.
3. **Flooding:** Federal Emergency Management Act flood zone maps will be utilized to determine whether any sites are located in 100-year flood hazard zones.
4. **Habitat:** Using the Santa Clara Valley Habitat Plan web maps, DJP&A will identify each site's land cover designation, whether any special surveys are required, and likely land cover fees.
5. **Noise:** Using the City's General Plan noise contours, and for sites in vicinity of airports, using Airport Land Use Commission noise contour maps, DJP&A will identify sites exposed to substantial roadway and/or aircraft noise.
6. **Air quality:** For sites that are adjacent to freeways and major roadways, DJP&A will identify sites having elevated levels of air pollutant exposure.
7. **Historic:** If any of the sites contain existing structures, DJP&A will confirm whether they are listed on the City's Historic Resources Inventory, which could constrain their removal or influence placement of new structures elsewhere on site.

After identifying each site's environmental constraints, DJP&A will prepare a summary memo of the environmental constraints research findings.

B. Deliverable: Summary memo of Environmental Constraints

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: May 30, 2022.
- On or before ____ Business Days from _____.

Attachment B: Terms and Conditions

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

Name: Chris Mastrodicasa	Phone No.: 408-535-8416
Department: Public Works	E-mail: chris.mastrodicasa@sanjoseca.gov
Address: 200 East Santa Clara Street, San Jose, CA95113	

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>		
		Yes Already Filed (Date Filed)	Yes Need to File	No
<u>Consultant's Contract Manager</u>				
Name: Maria Kisyoova	Phone No.: (408) 454-3426		<u>x</u>	
Address: 1871 The Alameda, San Jose, Ca 95126	E-mail: mkisyova@davidjpowers.com			
<u>Other Staffing</u>				
<u>Name:</u>	<u>Assignment:</u>			
1.				
2.				
3.				

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
	<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	\$12,940
	<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	\$
	<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	\$
	<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 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 <i>not</i> 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:			\$
Maximum Service Order Compensation (sum of Parts 1 through 3):						\$12,940

PUBLIC WORKS - DIRECTOR'S OFFICE TRANSMITTAL

After Division Manager approves, forward transmittal and documents to the "Submit To" person specified on the Public Works Approval Matrix. The matrix can be found on the PW intranet web page.

Name	Your Location & Division	Phone No.
Prepared by:		
Subject or Proj ID/Name		
City Attorney (for signature)		
Deliver to:		
City Attorney _____	Matter # _____	Approved _____ Date _____
(if applicable, otherwise check appropriate box below)		

Council Memo	Council Date _____	Date Due to Director's Office _____
Draft reviewed by: (provide name)		
<input type="checkbox"/> Attorney _____	To be completed by Council Liaison: Approved: _____ Approved: _____ Approved: _____	
<input type="checkbox"/> Budget Office _____		
<input type="checkbox"/> Client Dept(s) _____		
Attachments:		
<input type="checkbox"/> Memo <input type="checkbox"/> Map <input type="checkbox"/> CEQA Clearance <input type="checkbox"/> Budget Worksheets <input type="checkbox"/> Other _____		

Correspondence <input type="checkbox"/> Info Memo <input type="checkbox"/> Committee Memo Committee _____ Committee Date _____ Date Due to CMO _____ <input type="checkbox"/> Director Award Memo <input type="checkbox"/> Memo <input type="checkbox"/> Letter <input type="checkbox"/> Travel Request or Statement <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Reviewed by Travel Coordinator : _____ Initials Date </div> <input type="checkbox"/> CMO Transmittal <input type="checkbox"/> Other _____	Contracts & Agreements Council Award <input type="checkbox"/> Construction Contract \$1,000,000 <input type="checkbox"/> Consultant Agreement >\$290,000 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Utility >\$100,000 Manager Award <input type="checkbox"/> Construction Contract >\$1,000,000 <input type="checkbox"/> Consultant Agreement ≤\$290,000 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Parkland Agreement Director Award <input type="checkbox"/> Director Award, Minor <\$100,000 <input type="checkbox"/> Director Award, Major <\$1,000,000 <input type="checkbox"/> Construction Contract ≤\$1,000,000 <input type="checkbox"/> Parkland Agreement <input type="checkbox"/> Utility Agreement ≤\$100,000 Other _____	Change Orders / Service Orders Council Approval <input type="checkbox"/> Original contract ≤ \$100,000; single CCO >\$10,000 <input type="checkbox"/> Original contract > \$100,000; single CCO >\$100,000 <input type="checkbox"/> Sum of all CCOs exceed contingency amount: Contingency \$ _____ Total CCOs \$ _____ Director Approval <input type="checkbox"/> CCO >\$20,000 & ≤ \$100,000 <input type="checkbox"/> SO > \$20,000 & ≤ Agrmt amount
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SECTION MANAGER/ SUPERVISOR:		Date	
	Signature	Print name here	Date
DIVISION ANALYST (if applicable)	Signature	Print name here	Date
	N/A		7/29/2022
DIVISION MANAGER	Signature	Print name here	Date
ADMINISTRATION		Suzanne McPherson	Date
	Signature	Print name here	Date
DEPUTY DIRECTOR	Signature	Print name here	Date
ASSISTANT DIRECTOR	Signature	Print name here	Date
	Signature	Print name here	Date

Comments:



- FOR YOUR ELECTRONIC SIGNATURE
 FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: _____
STAFF EMAIL: _____

SCANNED SIGNATURE AUTHORIZATION

DATE: 4/5/22 TOTAL PAGES: _____
(INCLUDING THIS PAGE) 6

CONSULTANT NAME: David J. Powers & Associates, Inc. – Maria Kisyova
EMAIL: mkisyova@davidjpowers.com
PHONE: 408-454-3426

I agree to use electronic signatures

SIGNATURE OF CONSULTANT: *Maria Kisyova*

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):

To BE COMPLETED BY CITY STAFF:

ALTERNATIVE METHODS OF VERIFICATION:

- USE OF A PASSWORD PROTECTED WEBSITE
 CONFIRMED BY A KNOWN TELEPHONE NUMBER
 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: Select one
 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: Service Order

Type of Contract: Professional Services

REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # 665280 -004

Contractor: David J. Powers and Associates

Address: 1871 The Alameda, San Jose, Ca 95126

Phone: 408-454-3426

Email: mkisyova@davidjpowers.com

Contract Description: Service Order #4 for Constraints Analysis for Bridge Housing Community Sites

Term Start Date: 10/29/2019 Term End Date: 12/31/2024 Extension: No

Method of Procurement: RFQ RFB, RFP or RFQ No.: 9048-C Date Conducted: _____

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

Resolution No.: _____ Ordinance No.: _____

Original Contract Amount: 3,000,000 Amount of Increase/Decrease: _____

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

Fund/Appropriation: 454-012170

Form 700 Required (Selection mandatory for processing): Yes Revenue Agreement: No

Tax Certificate No.: 1631112400 Expiration Date: 12/31/24

Department: Public Works (57)

Department Contact: Chris Mastrodicasa Customer (Finance Only): _____

Notes:

Department Director Signature: Chris Mastrodicasa 7/29/22
Date

Office of the City Manager Signature: _____
Date