

**FIRST AMENDMENT TO
SMALL CONCESSION AGREEMENT
BETWEEN
THE CITY OF SAN JOSE
AND
COMPASS GROUP USA, INC. DOING BUSINESS AS CANTEEN**

This FIRST AMENDMENT TO SMALL CONCESSION AGREEMENT is entered into this 25th day of March, 2022, by the CITY OF SAN JOSE, a chartered municipal corporation of the State of California (“City”), and Compass Group USA, Inc., doing business as Canteen, a Delaware corporation, authorized to do business in the State of California (“Concessionaire”).

RECITALS

WHEREAS, on December 19, 2019, City and Concessionaire entered into an agreement entitled “SMALL CONCESSION AGREEMENT BY AND BETWEEN THE CITY OF SAN JOSE AND COMPASS GROUP USA, INC. DOING BUSINESS AS CANTEEN” (“Agreement”); and

WHEREAS, City and Concessionaire desire to amend the Agreement to extend the term of the Agreement;

NOW, THEREFORE, the parties agree to amend the Agreement as follows:

SECTION 1. SECTION 1, “DEFINITIONS AND SUMMARY OF TERMS”, the following term is amended to read as follows:

““Expiration Date” shall mean the date April 30, 2025, subject to earlier termination as provided in this Agreement.”

SECTION 2. SECTION 19, “AMERICANS WITH DISABILITIES ACT” is hereby modified to add a new subsection 19.2 entitled “Disability Access Disclosure,” to read as follows:

“19.2 Disability Access Disclosure

Pursuant to California Civil Code Section 1938, City states that, as of the Effective Date of this First Amendment, the Concession Area has not undergone inspection by a Certified Access Specialist to determine whether the Concession Area meet all applicable construction-related accessibility standards under California Civil Code section 55.53. A Certified Access Specialist (CASp) can inspect the Concession Area and determine whether the Concession Area comply with all of the applicable construction-related accessibility standards under state law. Although state law does not require a CASp inspection of the Concession Area, the City may not prohibit the Concessionaire from obtaining a CASp inspection of the Concession Area for the occupancy or potential occupancy of the Concessionaire if requested by the Concessionaire. The parties shall mutually agree on the arrangements for the time and manner of the CASp inspection. The parties mutually agree that Concessionaire shall be responsible for the payment of any fees for the CASp inspection, and the cost of making any repairs necessary to correct violations of construction-related accessibility standards within the Concession Area.”

SECTION 3. SECTION 29, “MISCELLANEOUS,” subsection 6 entitled “Force Majeure” is hereby restated in its entirety to read as follows:

“29.6 Force Majeure.

If performance by a party of any portion of this Agreement is made impossible by any prevention, delay, or stoppage caused by: strikes; trade embargoes or sanctions; lockouts; labor disputes; acts of God; inability to obtain services, labor, or materials or reasonable substitutes for those items; government actions or inactions; civil commotions; terrorism; riots; war; enemy or hostile governmental action; judicial orders; fire or other casualty; delay, failure, or interruption of any utility service; or other causes beyond the reasonable control of the party obligated to perform, any such performance made

impossible for a period equal to the period of that prevention, delay or stoppage shall not constitute a default under this Agreement. However, Concessionaire's obligation to pay Concession Fees or any other fees and charges payable pursuant to this Agreement is not excused by this Section."

SECTION 4. SECTION 29, "MISCELLANEOUS," subsection 19 entitled "Counterparts" is hereby added to read as follows:

"29.19 Counterparts

This Agreement may be executed in any number of counterparts and by each party in separate counterparts, each of which when so executed and delivered shall be deemed to be an original and all of which taken together shall constitute one and the same instrument."

SECTION 5. SECTION 29, "MISCELLANEOUS," subsection 20 entitled "Use of Electronic Signatures" is hereby added to read as follows:

"29.20 Use of Electronic Signatures

Unless otherwise prohibited by law or CITY policy, the parties agree that an electronic copy of a signed contract, or an electronically signed contract, has the same force and legal effect as a contract executed with an original ink signature. The term "electronic copy of a signed contract" refers to a writing as set forth in Evidence Code Section 1550. The term "electronically signed contract" means a contract that is executed by applying an electronic signature using technology approved by the CITY."

SECTION 6. SECTION 40, "DISADVANTAGED BUSINESS ENTERPRISES" is hereby added to read as follows:

“40 DISADVANTAGED BUSINESS ENTERPRISES”

During the performance of this Agreement, the Concessionaire, for itself, its assignees, and successors in interest (hereinafter referred to as the “Contractor”), agrees as follows:

Contract Assurance (49 CFR Part 26 §26.13) - The contractor or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy, as the recipient deems appropriate.

Prompt Payment (49 CFR Part 26 §26.29) - The prime contractor agrees to pay each subcontractor under this prime contract for satisfactory performance of its contract no later than ten (10) days from the receipt of each payment the prime contractor receives from City. The prime contractor agrees further to return retainage payments to each subcontractor within ten (10) days after the subcontractor's work is satisfactorily completed. Any delay or postponement of payment from the above referenced time frame may occur only for good cause following written approval of the City. This clause applies to both DBE and non-DBE subcontractors.”

SECTION 7. Exhibit J, “LABOR PEACE ASSURANCES AND EMPLOYEE WORK ENVIRONMENT REPORT”, is hereby replaced in its entirety with the attached REVISED EXHIBIT J.

SECTION 8. All of the terms and conditions of the Agreement not modified by this First Amendment shall remain in full force and effect.

[remainder of page intentionally left blank]

WITNESS THE EXECUTION HEREOF on the day and year first written above.

“CITY”

APPROVED AS TO FORM:

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



JON CALEGARI
Deputy City Attorney



JOHN AITKEN, A.A.E.
Director of Aviation

“CONCESSIONAIRE

Compass Group USA, Inc., doing business
as Canteen, a Delaware corporation,
authorized to do business in the State of
California



Signature

Marc Boman

Print Name

Division President

Title



Date

CORPORATE SECRETARY CERTIFICATE

This certificate shall be executed by the secretary or assistant secretary of the corporation.

I, Kristin Briotte certify that I
Name of Secretary or Assistant Secretary

am the Secretary or Assistant Secretary of the corporation named in the

attached agreement; that Marc Boman
Name of Person that Signed Agreement

signed the agreement on behalf of the corporation as the Division President - Canteen
Title of Person that Signed the Agreement

of the corporation; and that the agreement was duly signed for and on behalf of the corporation by authority of its Board of Directors, and is within the scope of its corporate powers.

Kristin Briotte

Signature of Secretary or Assistant Secretary

Corporate Seal

3/1/22
Date

REVISED EXHIBIT J

Labor Peace/Employee Work Environment Report

I, Marc Boman, an authorized representative of Canteen Vending,
(name of Airport Business)

attach a copy of the following existing or planned programs that demonstrate a good work environment that prevents the disruption in services due to disputes with employees.

Copy of Company Employee Handbook that includes information such as: terms of employment; performance appraisals; employee responsibilities; non-discrimination and anti-harassment policy; complaint resolution procedures; working hours and conditions; breaks; assignment of responsibilities; general rules of conduct; prohibited activities; disciplinary procedure; leaves of absence; drug and alcohol use; appearance, grooming and uniform policy; health and safety.

Joint Labor-Management Committee

Collective Bargaining Agreement

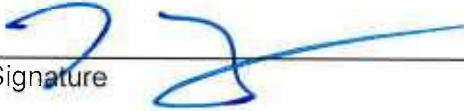
Labor Neutrality Provision

Card Check Provision

Any other information, plan, benefits or programs undertaken by Airport Business to attract and retain qualified employees and assist in providing uninterrupted service through the Airport Business's workplace conditions and practices.

The above listed benefits and complaint procedure(s) will be maintained during the period of time work is performed at the Norman Y. Mineta San José International Airport. It is the intent of Canteen Vending to ensure that essential services and labor for
(name of Airport Business)

which it has been contracted will be provided efficiently and without interruption.



Signature

Division President

Title

Canteen Vending
Name of Airport Business

3/11/22
Date

EMPLOYEE BASIC BENEFITS

1. Indicate the basic benefits your workers receive.

Years of Service	# of Vacation Days	# of Sick Days	# of Personal Days
After 1 year	5	6	4
After 5 years	10	6	4
After 10 years	15	6	4

Other: (Explain.)

Personal Days are 4 Floating Holidays as outlined in CBA
--

Indicate the paid holidays your workers receive by placing check mark to the left of each.

<input checked="" type="checkbox"/>	New Year's Day	<input checked="" type="checkbox"/>	Independence Day	<input checked="" type="checkbox"/>	Christmas
<input type="checkbox"/>	Martin Luther King Jr. Day	<input checked="" type="checkbox"/>	Labor Day	<input type="checkbox"/>	Floating Holiday
<input type="checkbox"/>	Washington's Birthday	<input type="checkbox"/>	Veterans' Day	<input checked="" type="checkbox"/>	Other: Fri. post TG
<input checked="" type="checkbox"/>	Memorial Day	<input checked="" type="checkbox"/>	Thanksgiving Day	<input type="checkbox"/>	Other:

2. Do you allow for unpaid leave? Yes, please briefly explain policy.
 No

Yes, union CBA allows for up to 12 months unpaid on a case by case basis

COMPLIANCE WITH STATE AND FEDERAL WORKPLACE STANDARDS

Have any of the following State or Federal Regulatory agencies obtained final orders or final judgments finding a violation by your company of State or Federal law relating to the treatment of your employees?

1. California Department of Fair Employment and Housing (DFEH).

NO, our company has not had any final judgment or administrative order.

YES, our company has had final judgment(s) or administrative order(s).

Date of entry of final judgment or order: _____

Agency that obtained the order: _____

Attach a description of the nature of violation.

2. California Department of Industrial Relations (Cal OSHA).

NO, our company has not had any final judgment(s) or administrative order(s).

YES, our company has had final judgment(s) or administrative order(s).

Date of entry of final judgment or order: _____

Agency that obtained the order: _____

Attach a description of the nature of violation.

3. California Department of Industrial Relations (Minimum Wage, hours or working conditions) Labor Board

NO, our company has not had any final judgment(s) or administrative order(s).

YES, our company has had final judgment(s) or administrative order(s).

Date of entry of final judgment or order: _____

Agency that obtained the order: _____

Attach a description of the nature of violation.



- FOR YOUR ELECTRONIC SIGNATURE
- FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: Rebekah Bray
 STAFF EMAIL: RBray@sjc.org

SCANNED SIGNATURE AUTHORIZATION

DATE: 7/15/22 TOTAL PAGES: (INCLUDING THIS PAGE) 10

COMPANY NAME: CanTeen
 EMAIL: Marc.Bonham@Compass-USA.COM
 PHONE: 916-719-1888

I agree to use electronic signatures

SIGNATURE OF COMPANY: 

DIRECTIONS:

REVIEW THE ENCLOSED DOCUMENT, IF IT IS ACCEPTABLE:

1. SIGN THE DOCUMENT IN **BLUE** INK
2. IN **BLUE** INK COMPLETE THE SCANNED SIGNATURE AUTHORIZATION FORM AND CHECK THE BOX BELOW YOUR NAME AND SIGN AGREEING TO THE USE OF ELECTRONIC SIGNATURES
3. SCAN YOUR SIGNED DOCUMENT TOGETHER WITH THIS COVER PAGE IN **COLOR**
4. EMAIL THE ENTIRE DOCUMENT TO (CITY STAFF EMAIL ADDRESS): HTRUONG@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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/25/2022

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326	CONTACT NAME: Randi K. Nowell, CPCU, ARM
	PHONE (A/C No. Ext): 404-995-3102 FAX (A/C No.):
E-MAIL ADDRESS: Compasscerts@Marsh.com	INSURER(S) AFFORDING COVERAGE
CN102832071-Compa-UMB10-21- CANTE CANTV	INSURER A : National Union Fire Ins Co. of Pittsburgh PA NAIC # 19445
INSURED Compass Group USA, Inc. dba Canteen Vending Services 2400 Yorkmont Ave Charlotte, NC 28217	INSURER B : AIU insurance Co 19399
	INSURER C : ACE Property And Casualty Ins Co 20699
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** ATL-005134953-07 **REVISION NUMBER:** 1

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$1,000,000 <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL 6547187	09/30/2021	09/30/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY			CA 7030998 (AOS)	09/30/2021	09/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			CA 7031001 (VA)	09/30/2021	09/30/2022	BODILY INJURY (Per person) \$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS			CA 7030999 (MA)	09/30/2021	09/30/2022	BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA7031003 (Garage Liability)	09/30/2021	09/30/2022	PROPERTY DAMAGE (Per accident) \$
				Self Insured for Physical Damage			\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			XOO G27738631	09/30/2021	09/30/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 016393375 (AOS)	09/30/2021	09/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC 016393377 (CA)	09/30/2021	09/30/2022	E.L. EACH ACCIDENT \$ 2,000,000
B	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 016393380 (NY)	09/30/2021	09/30/2022	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
				See Acord 101			E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Liquor Liability			GL6547185	09/30/2021	09/30/2022	Each Common Cause \$ 1,000,000
				SIR: \$1,000,000			Aggregate \$ 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of San Jose Attn: Risk Management 200 East Santa Clara St, 14th Floor - Wing San Jose, CA 951131905	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 <i>Marsh USA Inc.</i>

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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED Compass Group USA, Inc. dba Canteen Vending Services 2400 Yorkmont Ave Charlotte, NC 28217	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued:

Workers Compensation Policy #WC016393375 (AOS POLICY) Covers ALL States except: CA, NY, OH and WI

Carrier: New Hampshire Insurance Company

Policy Number: WC 016393378

Effective Date: 09/30/2021

Expiration Date: 09/30/2022

Policy Covers States of: WI

Stop Gap Coverage: ND, OH, WA, WY.

Limit:

E.L. Each Accident: \$2,000,000

E.L. Disease-Policy: \$2,000,000

E.L. Disease Each Employee: \$2,000,000

Workers Compensation Continued:

Carrier: National Union Fire Ins. Co. of PA

Policy Number: XW 1647296

Effective Date: 09/30/2021

Expiration Date: 09/30/2022

Policy Covers States of: OH (Excess WC)

Limit:

E.L. Each Accident: \$2,000,000

E.L. Disease-Policy: \$2,000,000

E.L. Disease Each Employee: \$2,000,000

ADDITIONAL INFORMATION

Umbrella is follow form of primary Commercial General Liability, Automobile Liability, Liquor Liability and Employers Liability policies subject to policy terms, conditions and exclusions

The City, its officials, employees, agents and contractors are included as Additional Insureds as respects General Liability and Auto Liability where required by written contract. It is further agreed that coverage under the General Liability and Auto Liability shall be Primary and Non-Contributory with any other Insurance in force for or which may be purchased by Additional Insured where required by written contract. Waiver of Subrogation in favor of Additional Insureds as respects to General Liability, Auto Liability, and Worker's Compensation policies where required by written contract and permitted by law. The General liability policy includes additional insured status for the certificate holder/specific entities. as per the following forms that are on the policy. Additional Insured - Owners, Lessees or Contractors CG 20 10 applying on a blanket basis in regard to the performance of the ongoing operations of the insured when the Property Owner, Landlord or Building Manager require additional insured status in order for insured to enter any premises they own or manage so that insured may conduct business with tenants of said premises. Additional Insured - Owners, Lessees or Contractors - Completed Operations CG 20 37 applying on a blanket basis in regard to the products-completed operations hazard of the insured when the Property Owner, Landlord or Building Manager require additional insured status in order for insured to enter any premises they own or manage so that insured may conduct business with tenants of said premises.

BUSINESS TAX LOOKUP

Search: 2196290210

Business Name

CANTEEN CORPORATION

Business Address

3870 CHARTER PARK DR SAN JOSE, CA 95136

Business Owner

CANTEEN CORP DIV TW SVCS INC

Mailing Address

3870 CHARTER PARK DR SAN JOSE, CA 95136

NAICS

454210-VENDING MACHINE OPERATORS

Nature Of Business

FOOD/VENDING SVC

Account Id

2196290210

Status

ACTIVE

Start Date

09/24/1963

Expiration Date

01/15/2023

Employees

50

 **How may I help you?** ×

[Click Here](#)



Shirley N. Weber, Ph.D.
California Secretary of State

Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Monday, March 28, 2022. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

C1967263 COMPASS GROUP USA, INC.

Registration Date: 04/25/1996
Jurisdiction: DELAWARE
Entity Type: FOREIGN STOCK
Status: ACTIVE
Agent for Service of Process: **CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERVICE (C1592199)**

To find the most current California registered Corporate Agent for Service of Process address and authorized employee(s) information, click the link above and then select the most current 1505 Certificate.

Entity Address: ATTN TAX DEPT 2400 YORKMONT ROAD
CHARLOTTE NC 28217
Entity Mailing Address: ATTN TAX DEPT 2400 YORKMONT ROAD
CHARLOTTE NC 28217

 [Certificate of Status](#)

A Statement of Information is due EVERY year beginning five months before and through the end of April.

Document Type	↕	File Date	↕	PDF
SI-COMPLETE		04/21/2021		
SI-COMPLETE		03/04/2020		
AMENDED REGISTRATION		07/01/2011		
REGISTRATION		04/25/1996		

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image is not available online, for information on ordering a copy refer to [Information Requests](#).

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: New Contract

Type of Contract: Revenue Agreement

REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # 665506-001

Contractor: Compass Group USA, Inc. dba Canteen

Address: 3870 Charter Park Drive, San Jose, CA 95136

Phone: 408-979-8170

Email: bill.joering@compass-usa.com

Contract Description: First amendment to extend term for Compass Group USA, Inc. dba Canteen Doc. No. 10645-CA-19-1 an additional three years, through April 30, 2025.

Term Start Date: Upon Execution Term End Date: April 30, 2025 Extension: No

Method of Procurement: N/A 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): N/A

Revenue Agreement: Yes

Tax Certificate No.: 2196290210

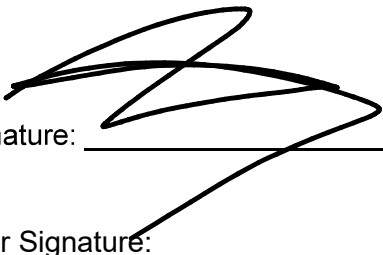
Expiration Date: 1/15/2023

Department: Airport (80)

Department Contact: Holly Truong - 408-392-3659

Customer (Finance Only): _____

Notes:

Department Director Signature:  _____ Date March 25, 2022

Office of the City Manager Signature: _____ Date _____