

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

**Cover Page**

**1a.** Intentionally Omitted **1b.** AC Contract No.: **32168**

**2.** Approved Service Order No. **1**

**3.** Consultant's Name: **AECOM Technical Services, Inc.**

**4.** Project Name: **Historical Resources Evaluation of Four Buildings at 101-145 Keyes Street, San Jose, CA**  
("Project")

**5.** Project Location: **101-145 Keyes Street, San Jose, CA (APN 472-15-023)]**

**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 <b>unencumbered</b> amount in Master Agreement:	\$	100,000.00
b. <b>Maximum Service Order Compensation for this Approved Service Order:</b>	\$	5,050.00
c. New unencumbered balance in Master Agreement (7.a – 7.b):	\$	94,950.00

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: <u>375</u>	Appn: <u>404R</u>	RC: <u>192841</u>	Amount: \$ <u>5,050.00</u>
Fund: _____	Appn: _____	RC: _____	Amount: \$ _____
Fund: _____	Appn: _____	RC: _____	Amount: \$ _____

**Authorized Signature:**  Date: \_\_\_\_\_  
Julie Jennings (1/3/2022)  
 Email: julie.jennings@sanjoseca.gov


**8. Division Analyst Approval:**  Date: \_\_\_\_\_  
Kayla Do (12/21/2021)  
 Email: kayla.do@sanjoseca.gov

**9. Consultant Approval:**  Date: \_\_\_\_\_  
Rod Jeung  
 rod.jeung@aecom.com (12/20/2021)  
 Email: rod.jeung@aecom.com

**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.) Deputy City Attorney

**11. City Director Approval:**  Date: \_\_\_\_\_  
Chu Chang (1/3/2022)  
 Email: chu.chang@sanjoseca.gov



## Attachment B: Terms and Conditions

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

Name: Sara Sellers	Phone No.: 408-793-55258 or 541-579-5615
Department: Parks, Recreation and Neighborhood Services	E-mail:sara.sellers@sanjoseca.gov
Address: 200 E. Santa Clara Street, 9 <sup>th</sup> Floor, San Jose, CA 95113	

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>Consultant's Contract Manager</u>		<u>Required to File Form 700?</u>		
		Yes Already Filed (Date Filed)	Yes Need to File	No
Name: Rod Jeung	Phone No.: 415-547-2598			<u>X</u>
Address: 300 California Street, Suite 500 San Francisco, CA 94104	E-mail:rod.jeung@aecom.com			
<u>Other Staffing</u>				
<u>Name:</u>	<u>Assignment:</u>			
1.Trina Meiser	Senior Technician			X
2.Evan Mackall	Technician			X
3.Karin Beck	Project Professional			X
4.Ryan Haines	Staff Professional			X

**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 with 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 type="checkbox"/> Time & Materials <input checked="" type="checkbox"/> Fixed Fee	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work	\$1,100.00	
2	<input type="checkbox"/> Time & Materials <input checked="" type="checkbox"/> Fixed Fee	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work	\$3,950.00	
	<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 checked="" type="checkbox"/> Expenses are separately reimbursable in the maximum amount of: \$		
Part 3 – Subconsultant Costs				
<input checked="" 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 (sum of Parts 1 through 3):</b>		
		\$5,050.00		