

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

Cover Page

1a. Intentionally Omitted 1b. AC Contract No.: 665785

2. Approved Service Order No. 1

3. Consultant's Name: Koff & Associates (Kaneko & Krammer Corp)

4. Project Name: New Classification Development – Construction Inspector Series (“Project”)

5. Project Location: City Of San Jose

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: \$ 320,000

b. Maximum Service Order Compensation for this Approved Service Order: \$ 13,225

c. New unencumbered balance in Master Agreement (7.a – 7.b): \$ 306,775

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. (DOT \$6,612.5)465-51-155060-4052/541-51-165000-4052 (PW \$6,612.5) 001-57-000110-4052

(50%) Fund: 001 Appn: PW RC: 000110 Amount: \$ 6,612.5

(25%) Fund: 465 Appn: DOT RC: 155060 Amount: \$ \$3,306.25

(25%) Fund: 541 App: --- RC: --- Amount: \$ \$3,306.25

(DOT) Authorized Signature: Carolyn Landon-Ramirez (1/3/2022) Date: _____
Carolyn Landon-Ramirez (1/3/2022)
Email: carolyn.landon-ramirez@sanjose.gov

(PW) Authorized Signature: Steve McCollum Date: _____
Steve McCollum (1/3/2022)
Email: Steve.McCollum@sanjose.gov

8. Division Analyst Approval: Marcela Bolanos Date: _____
Marcela Bolanos (6/24/2022)
Email: marcela.bolanos@sanjoseca.gov

9. Consultant Approval: [Signature] Date: 12-21-21

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: [Signature] Date: 1/7/2022

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: The purpose of the project is to determine whether the Construction Inspector classification series should be modified to include an entry level classification, and if so, how would minimum qualifications be established.

Currently, there is a journey level classification of Associate Construction Inspector whose minimum qualifications are completion of the 12th grade and "four years of sub-professional engineering work, including two years of experience in materials sampling and testing; drafting and reviewing plans and specifications; construction or infrastructure inspections; traffic engineering; or surveying." The Transportation Department finds that the current minimum qualifications for the Associate Construction Inspector do not provide a sufficient applicant pool; they wish to explore whether an entry level such as an Assistant Construction Inspector would bring in applicants with lesser experience who could then meet the minimum qualifications for the journey level with on-the-job experience; this would also serve as a career path for internal staff for the same purpose.

The distribution of positions for the Associate Construction Inspector classification is:

1. Transportation - 19
2. Public Works - 21
3. Environmental Services - 1

Task No. 1: Consultant will meet with each department to understand the classification.

- A. **Services:** Conduct separate meetings with Human Resources, and management of three departments (Transportation, Public Works and Environmental Services) to obtain a thorough understanding of how the classification is used within each department. This task would comprise 4 remote meetings.
- B. **Deliverable:** The consultant will assess (i) the impact of an entry level classification in the series on each department's operations; (ii) whether the current minimum qualifications are impacting the applicant pool for Associate Construction Inspectors; (iii) which classifications currently serve as an entry point into the Construction Inspector series in each department; and (iv) how each department is overcoming any recruitment challenges; (v) whether each department would benefit from the addition of an entry level classification into the series.
- 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: _____.
 - On or before 20 Business Days (4 weeks) from _____ Start of project February 1, 2022.

Task No. 2: Conduct a review of practices in thirteen (13) other large public organizations.

- A. **Services:** Review the classification specification for the Associate Construction Inspector which details the frequency of tasks, competencies and minimum qualifications; conduct a review of practices in thirteen (13) other large public organization to determine:
- i. Minimum qualifications for the entry level into the Construction Inspector series
 - ii. Minimum qualifications for the journey level in the Construction Inspector series
 - iii. Substitution patterns should also be included in the review
- B. **Deliverable:** Conduct a comparison of the market practices of these organizations with those in the City of San Jose and identify predominant trends on minimum qualifications for entry and journey level construction inspectors.
- 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: _____.
- On or before 20 Business Days (4 weeks) from End of task 1.

Task No. 3: Submit a final Classification report.

- A. **Services:** Prepare a draft report presenting the market findings and recommendations on the introduction of an entry level classification into the Construction Inspector series and identify the minimum qualifications; meet with Human Resources and department management for feedback and comments. This task would comprise 4 remote meetings.
- B. **Deliverable:** After researching any comments, questions and feedback, prepare and submit a final report.
- 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: _____.
- On or before 20 Business Days (4 weeks) from End of task 2.

Attachment B: Terms and Conditions

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

| | |
|---|--|
| Name: Marcela Bolanos | Phone No.: |
| Department: Human Resources | E-mail: marcela.bolanos@sanjoseca.gov |
| Address: 200 E. Santa Clara Street, 4 th 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>Required to File Form 700?</u> | | |
|---|---|---|------------------------|----------|
| | | Yes Already Filed (Date Filed) | Yes Need to File | No |
| <u>Consultant's Contract Manager</u> | | | | |
| Name: Debbie Owen | Phone No.: 510-398-2454 | | | <u>X</u> |
| Address: | E-mail: dowen@koffassociates.com | | | |
| <u>Other Staffing</u> | | | | |
| <u>Name:</u> | <u>Assignment:</u> | | | |
| 1. Sarah Nunes | 510-398-1129 snunes@koffassociates.com | | | <u>X</u> |
| 2. Lindsay Christopher | 510-695-2121 lchristopher@koffassociates.com | | | <u>X</u> |
| 3. Jamie Inderbitzen | 510-619-9692 jinderbitzen@koffassociates.com | | | <u>X</u> |

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:

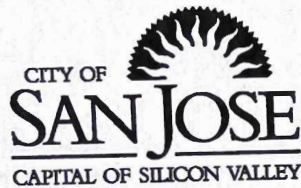
| <u>Additional Reimbursable Expense(s)</u> | <u>Mark-up</u> |
|---|----------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

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 |
| Classification Study Tasks 1-3 | <input type="checkbox"/> Time & Materials <input checked="" type="checkbox"/> Fixed Fee | <input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input checked="" type="checkbox"/> Completion of Work | \$13,225 |
| | <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: \$0 | |
| 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) subconsultant costs. | | <input type="checkbox"/> Subconsultant costs are separately compensable in the maximum amount of: \$0 | |
| | | Maximum Service Order Compensation (sum of Parts 1 through 3): | |
| | | \$13,225 | |



- FOR YOUR ELECTRONIC SIGNATURE
- FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: Marcela Bolanos
STAFF EMAIL: marcela.bolanos@sanjoseca.gov

SCANNED SIGNATURE AUTHORIZATION

DATE: 12-21-2021 TOTAL PAGES: (INCLUDING THIS PAGE) 1

CONSULTANT NAME: Koff & Associates (Kaneko & Krammer Corp)
EMAIL: gkrammer@koffassociates.com
PHONE: 510-274-2760

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):

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: 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: Service Order

Type of Contract: Consulting Services

REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # 665785-003

Contractor: Koff & Associates

Address: 2835 Seventh Street, Berkeley, CA 94710

Phone: 510-398-2454

Email: downen@koffassociates.com

Contract Description: SO1: New Classification Development - Construction Inspector Series

Term Start Date: February 1, 2022 Term End Date: April 29, 2022 Extension: No

Method of Procurement: N/A RFB, RFP or RFQ No.: n/a Date Conducted: n/a

Agenda Date (if applicable): n/a Agenda Item No.: n/a

Resolution No.: n/a Ordinance No.: n/a

Original Contract Amount: 320,000 Amount of Increase/Decrease: 13,225

Option #: ___ of ___ Option Amount: _____ NTE/Updated Contract Amount: 306,775

Fund/Appropriation: 465-51-155060-4052/541-51-165000-4052/001-57-00011

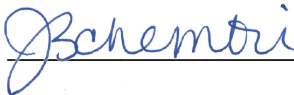
Form 700 Required (Selection mandatory for processing): No Revenue Agreement: Select one

Tax Certificate No.: N/A Expiration Date: _____

Department: HR (48)

Department Contact: Carrie Rank Customer (Finance Only): _____

Notes:

Department Director Signature:  1/7/2022
Date

Office of the City Manager Signature: _____ Date