

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

Cover Page

1a. CPMS Contract No.: 9468-C **1b.** AC Contract No.: 31681

2. Approved Service Order No. 4

3. Consultant's Name: Professional Service Industries, Inc. (Intertek-PSI)

4. Project Name: 9399-Minor Public Work – PTCO Employee Breakroom Renovation Project

5. Project Location: 50 North 4th Street, San Jose, CA

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:	\$	949,498
b. Maximum Service Order Compensation for this Approved Service Order:	\$	1,601
c. New unencumbered balance in Master Agreement (7.a – 7.b):	\$	947,897

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>559</u>	Appn: <u>5992</u>	RC: <u>201925</u>	Amount: <u>\$1,601.</u>
Fund: _____	Appn: _____	RC: _____	Amount: \$ _____
Fund: _____	Appn: _____	RC: _____	Amount: \$ _____

Authorized Signature: *Suzanne McPherson* Date: 08/09/2021

8. ^{for} **Division Analyst Approval:** *[Signature]* Date: 8/6/2021

9. **Consultant Approval:** *[Signature]* Date: 7/20/21

10. **Approval as to Form (City Attorney):**

Service Order Form Approved by the Office of the City Attorney¹
(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:** *[Signature]* Date: 8/6/2021

¹ Approval is only as to the Service Order being on the correct form, not as to the scope of work or content.

CON666637-005

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: Special inspection services for 9399 –Minor Public Work-PTCO Employee Breakroom Remodel Project

Task No. 1: Special Inspections for structural engineering scope of work shown in plans prepared by The City of San Jose Staff, and as noted below/

- A. Services:** Consultant to provide required testing and inspections per the Structural Tests and Inspection Schedule short form provided to the consultant by e-mail on June 24/2021, and also to include the following Per the Plans for the Project;
- a.** Pull tests on expansion anchors used for the hanging ceiling guy wires.
 - b.** Pull tests on expansion anchors used for bolting down the ice maker using the manufacturer provided earthquake kit if needed.
 - c.** Welds for the base cabinet hold downs if needed.
- B. Deliverable:** Testing and inspection reports to be provided in pdf format via e-mail.
- 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 5 Business Days from date of inspection request.

Attachment B: Terms and Conditions

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

Name: Laura Wada	Phone No.: 408-535-8369
Department: Public Works	E-mail: Laura.wada@sanjoseca.gov
Address: 200 E. Santa Clara St., San Jose, 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: Trent Anderson	Phone No.: 915-345-0803	3/5/21	X	
Address:	E-mail: trent.anderson@intertek.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. <u>Trip charges</u>	<u>0%</u>
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 checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Completion of Task(s)	<input type="checkbox"/> Completion of Work	\$1,601.00
	<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	
	<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:			
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:			\$
Maximum Service Order Compensation (sum of Parts 1 through 3):						\$1,601.00

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: Laura Wada	6th floor- CFAS	408-218-5110

Subject or Proj ID/Name 9468-C-Special inspections service order #4

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: <i>(provide name)</i> <input type="checkbox"/> Attorney _____ <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 _____	To be completed by Council Liaison: Approved: _____ Approved: _____ Approved: _____
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Correspondence

 Info Memo
 Committee Memo
 Committee _____
 Committee Date _____
 Date Due to CMO _____
 Director Award Memo
 Memo
 Letter
 Travel Request or Statement

Reviewed by Travel Coordinator:

 Initials Date

 CMO Transmittal
 Other _____

Contracts & Agreements

Council Award

 Construction Contract \$1,000,000
 Consultant Agreement >\$290,000
 Amendment # _____
 Utility >\$100,000

Manager Award

 Construction Contract >\$1,000,000
 Consultant Agreement ≤\$290,000
 Amendment # _____
 Parkland Agreement

Director Award

 Director Award, Minor <\$100,000
 Director Award, Major <\$1,000,000
 Construction Contract ≤\$1,000,000
 Parkland Agreement
 Utility Agreement ≤\$100,000

Other Service order under 100K. _____


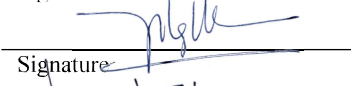
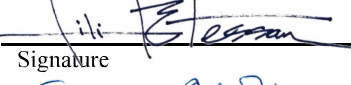
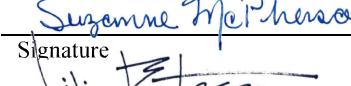
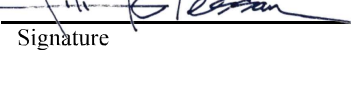
Change Orders / Service Orders

Council Approval

 Original contract ≤ \$100,000; single CCO >\$10,000
 Original contract > \$100,000; single CCO >\$100,000
 Sum of all CCOs exceed contingency amount:
 Contingency \$ _____
 Total CCOs \$ _____

Director Approval

 CCO >\$20,000 & ≤ \$100,000
 SO > \$20,000 & ≤ Agrmt amount

SECTION MANAGER/ SUPERVISOR:		Lili Etessam Print name here	Date <u>8/6/2021</u>
DIVISION ANALYST (if applicable)		for My Nyugen Print name here	Date <u>8/6/2021</u>
DIVISION MANAGER		Rodney Rapson Print name here	Date <u>8/6/2021</u>
ADMINISTRATION		Suzanne McPherson Print name here	Date <u>08/09/2021</u>
DEPUTY DIRECTOR		Katherine Brown Print name here	Date <u>8/6/2021</u>
ASSISTANT DIRECTOR	_____	Matt Loesch Print name here	Date _____

Comments:



- FOR YOUR ELECTRONIC SIGNATURE
 FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: _____
STAFF EMAIL: _____

SCANNED SIGNATURE AUTHORIZATION

DATE: 11/18/2020 TOTAL PAGES: _____
(INCLUDING THIS PAGE) 7

CONSULTANT NAME: Professional Services Industries (Intertek-PSI)
EMAIL: trent.anderson@intertek.com
PHONE: 915-345-0803

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 / 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: Yes
 Business Tax Certificate Audit Trail Attached (if applicable)
 Contacted Clerk re: Form 700 Scanned Signature Authorization
 Supplemental Memorandums (if applicable): Sole Source

Type of Document: Service Order

Type of Contract: Consulting Services

REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # 666637 -005

Contractor: Professional Services Industries

Address: 380 Tenant Avenue, Morgan Hill, CA 95037

Phone: 915-345-0803

Email: trent.anderson@intertek.com

Contract Description: Service Order #04
9468-C_ Intertek-PSI special inspections service order #4 for the 9399_PTCO
kitchenette project for \$1,601.

Term Start Date: 1/26/21 Term End Date: 12/31/23 Extension: No

Method of Procurement: RFP RFB, RFP or RFQ No.: 9468-C Date Conducted: 12/31/2020

Agenda Date (if applicable): 1/26/2021

Agenda Item No.: 2.14

Resolution No.: _____

Ordinance No.: _____

Original Contract Amount: \$1,000,000.00

Amount of Increase/Decrease: _____

Option #: ___ of ___ Option Amount: _____

NTE/Updated Contract Amount: _____

Fund/Appropriation: _____

Form 700 Required (Selection mandatory for processing): No

Revenue Agreement: No

Tax Certificate No.: 8978232210

Expiration Date: 8/15/2022

Department: Public Works (57)

Department Contact: Laura Wada- 535-8369

Customer (Finance Only): _____

Notes:

Department Director Signature: _____

8/6/2021

Date

Office of the City Manager Signature: _____

Date