

**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. 12

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

4. Project Name: 9449-Hammer Theater Chiller Replacement Project

5. Project Location: 101 Paseo de San Antonio, San Jose, CA 95110

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:	\$	861,245.00
b. Maximum Service Order Compensation for this Approved Service Order:	\$	1480.00
c. New unencumbered balance in Master Agreement (7.a – 7.b):	\$	859,765.00

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>001</u>	Appn: <u>402U</u>	RC: <u>190675</u>	Amount: <u>\$1480.00</u>
Fund: _____	Appn: _____	RC: _____	Amount: \$ _____
Fund: _____	Appn: _____	RC: _____	Amount: \$ _____

Authorized Signature: *Suzanne McPherson* Date: 03/28/2022

8. Division Analyst Approval: *[Signature]* Date: 3/23/2022

9. Consultant Approval: *[Signature]* Date: 03/02/2022

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: *[Signature]* Date: 3/15/2022

## 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.

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### General Description of Project for which Consultant will Provide Services:

Special Inspection Services for Hammer Theater Boiler Replacement Project

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### Task No. 1:

A. **Services:** The Consultant team will provide Special Inspection Services:

1. Welding Inspection

B. **Deliverable:**

1. Field Reports submitted to the City Project Inspector within 24 hours of Inspection. If compliance is not achieved, the Field Report and or written notice must identify the corrective action is needed, the Consultant shall perform and or testing within 2 working days of being notified by the City of Project contractor such corrective action was taken;
2. Weekly Reports submitted to the City Project Manager; and
3. Final report/Affidavit submitted to the City Project Manager within 5 working days of completion of the observations in pdf via e-mail. The Final Report/Affidavits shall include affidavits of completion of inspections, describe work inspected and period of inspection performed.

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: December 31, 2023.
- 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: Juan Paulo Pausanos	Phone No.: 408-795-1675
Department: Public Works	E-mail: JuanPaulo.Pausanos@sanjoseca.gov
Address: 1661 Senter Td., San Jose, CA 95112	

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
<b><u>Consultant's Contract Manager</u></b>				
Name: Victor Hernandezgaytan	Phone No.: 909-253-5321			X
Address: 380 Tenant Ave., STE 3 Morgan Hill, CA 95037	E-mail: victor.hernandezgaytan@intertek.com			
<b><u>Other Staffing</u></b>				
<u>Name:</u>	<u>Assignment:</u>			
1.				X
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 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	\$ <u>1480.00</u>
	<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:	\$
<b>Maximum Service Order Compensation (sum of Parts 1 through 3):</b>			<b>\$ <u>1480.00</u></b>

## 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.

<b>Name</b>	<b>Your Location &amp; Division</b>	<b>Phone No.</b>
<b>Prepared by:</b> JP Pausanos	CSY/Facilities	795-1675
<b>Subject or Proj ID/Name</b> 9449-Hammer Theater Chiller Replacement - SO # 12		
<b>City Attorney</b> <i>(for signature)</i>		
Deliver to: City Attorney _____ Matter # _____ Approved _____ Date _____ <small>(if applicable, otherwise check appropriate box below)</small>		
<b>Council Memo</b> Council Date _____ Date Due to Director's Office _____		
Draft reviewed by: <i>(provide name)</i>		<i>To be completed by Council Liaison:</i> Approved: _____ Approved: _____ Approved: _____
<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 _____		
<b>Correspondence</b> <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;"> <i>Reviewed by Travel Coordinator:</i>            _____            Initials _____ Date _____         </div> <input type="checkbox"/> CMO Transmittal <input type="checkbox"/> Other _____	<b>Contracts &amp; Agreements</b> <b>Council Award</b> <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 <b>Manager Award</b> <input type="checkbox"/> Construction Contract >\$1,000,000 <input type="checkbox"/> Consultant Agreement ≤\$290,000 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Parkland Agreement <b>Director Award</b> <input checked="" type="checkbox"/> Director Award, Minor <\$620,000 <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 <b>Other</b> _____	<b>Change Orders / Service Orders</b> <b>Council Approval</b> <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 \$ _____ <b>Director Approval</b> <input type="checkbox"/> CCO >\$20,000 & ≤ \$100,000 <input type="checkbox"/> SO > \$20,000 & ≤ Agrmt amount

SECTION MANAGER/  
SUPERVISOR:

*for JP Pausanos*  
Signature

Juan Paulo Pausanos

Date 3/8/22

DIVISION ANALYST  
(if applicable)

*Thao Vo*  
Signature

Print name here

Thao Vo

Date 3/23/2022

DIVISION MANAGER

*Jili Estessan*  
Signature

Print name here

Print name here

Date 3/15/2022

ADMINISTRATION

*Suzanne McPherson*  
Signature

Print name here

Print name here

Date 03/28/2022

DEPUTY DIRECTOR

*Jili Estessan*  
Signature

Print name here

Date 3/15/2022

ASSISTANT DIRECTOR

Signature

Print name here

Date

**Comments:**



- FOR YOUR ELECTRONIC SIGNATURE
- FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: Juan Paulo Pausanos  
STAFF EMAIL: juanpaulo.pausanos@sanjoseca.gov

## SCANNED SIGNATURE AUTHORIZATION

DATE: 03/03/2022 TOTAL PAGES: (INCLUDING THIS PAGE) 1

CONTRACTOR NAME: Victor H. Hernandezgaytan (Intertek-PSI)  
EMAIL: [Victor.hernandezgaytan@intertek.com](mailto:Victor.hernandezgaytan@intertek.com)  
PHONE: 909-253-5321

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

Type of Document:

Type of Contract:

### REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # \_\_\_\_\_ -012

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contract Description:

9449-Hammer Theater Chiller Replacement - SO# 12

Term Start Date: \_\_\_\_\_ Term End Date: \_\_\_\_\_ Extension: \_\_\_\_\_

Method of Procurement: \_\_\_\_\_ 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): Business Revenue Agreement: \_\_\_\_\_

Tax Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Department:

Department Contact: \_\_\_\_\_ Customer (Finance Only): Á' \_\_\_\_\_

Notes:

Department Director Signature:  3/15/2022  
Date

Office of the City Manager Signature: \_\_\_\_\_  
Date