

**First**

## Amendment to Master City of San José Consultant Agreement

(Non-Capital Projects)

**Second**

Consultants Name: David J. Powers & Associates, Inc.

**Third**

**(Master Agreement AC No. [Insert AC No.]**

This Amendment to the Master Agreement is made and entered into this 2nd day of March, 2022. The City and the Consultant amend the above-referenced agreement as set forth herein.

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1. Capitalized words in this Amendment have the same meaning as in the Master Agreement.
  2. The provisions of this Master Agreement (including any previous amendments) not modified by this Amendment remain in full force and effect.
  3. The provisions of this Amendment are effective upon execution of the Amendment by both parties.
  4.  **Agreement Term:** Section 2 is amended to extend the expiration date from June 30, 2022 to June 30, 2023.
  5.  **Maximum Total Compensation:** Subsection 10.1 is amended to  Increase  Decrease the Maximum Total Compensation from \$100,000 to \$320,000.
  6.  **Agreement Section(s):** Section(s) \_\_\_\_\_ is/are amended to read as set forth in Attachment A of the Amendment.
  7.  **Schedule of Rates and Charges – Exhibit B:** The  original  First Revised  Second Revised  Exhibit B is amended to read as set forth in the attached  First  Second  Third Revised Exhibit B, which is incorporated by reference into this Amendment.
  8.  **Schedule of Specific Services – Exhibit D:** The  original  First Revised  Second Revised  Exhibit D is amended to read as set forth in the attached  First  Second  Third Revised Exhibit D, which is incorporated by reference into this Amendment.
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**This Amendment is executed by the authorized representatives of the City and Consultant as follows:**

**City of San José**

By *Sarah Zarate* 3/2/22  
Sarah Zarate **Date**  
Director

**Consultant**

By *Akoni Danielsen* 2/8/2022  
Akoni Danielsen **Date**  
President

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

**Form Approved by the Office of the City Attorney.**

(The Maximum Total Compensation, as amended, is \$100,000 or less, and the provisions of the form are not altered.)

**Approved as to Form:**

*[Signature]* Feb 11, 2022  
Shasta Greene (Feb 11, 2022 09:50 PST)  
[Sr.] Deputy City Attorney **Date**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2021

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).

<b>PRODUCER</b> (HD) Heffernan Insurance Brokers 1350 Carlbak Avenue Walnut Creek CA 94596	<b>CONTACT NAME:</b> Elizabeth Lee	
	<b>PHONE (A/C, No, Ext):</b> 925-934-8500	<b>FAX (A/C, No):</b> 925-934-8278
<b>E-MAIL ADDRESS:</b> elizabethl@heffins.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Travelers Property Casualty Company of America		25674
<b>INSURER B:</b> The Hanover American Insurance Company		36064
<b>INSURER C:</b> Continental Casualty Company		20443
<b>INSURER D:</b> The Travelers Indemnity Company of Connecticut		25682
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** DAVIJP0-01  
 David J. Powers & Associates, Inc.  
 1871 The Alameda, Suite 200  
 San Jose CA 95126

**COVERAGES** **CERTIFICATE NUMBER:** 48236617 **REVISION NUMBER:**

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.

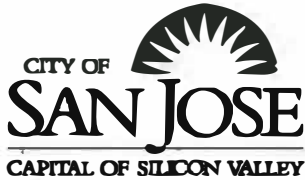
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6809N8316252047	12/3/2020	12/3/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 S
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA2R124741	12/3/2020	12/3/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUP9N8319262047	12/3/2020	12/3/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 S
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WH3981630008	1/13/2021	1/13/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<input type="checkbox"/> Professional Liability <input type="checkbox"/> Pollution Incident Liability			EEH288347490	3/26/2021	3/26/2022	PER CLAIM \$ 2,000,000 AGGREGATE \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 As per contract on file with Insured.

**CERTIFICATE HOLDER** **CANCELLATION**

Proof of Coverage	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 

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- FOR YOUR ELECTRONIC SIGNATURE
- FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: Garrett Stanton  
STAFF EMAIL: Garrett.Stanton@sanjoseca.gov

## SCANNED SIGNATURE AUTHORIZATION

DATE: February 11, 2022 TOTAL PAGES: 5  
(INCLUDING THIS PAGE)

CONSULTANT NAME: Akoni Danielsen  
EMAIL: adanielsen@davidjpowers.com  
PHONE: 408-454-3406

I agree to use electronic signatures

SIGNATURE OF CONSULTANT: *Akoni Danielsen*

### 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 IN **COLOR** TOGETHER WITH THIS COVER PAGE
4. EMAIL THE ENTIRE DOCUMENT TO (CITY STAFF EMAIL ADDRESS):  
**GARRETT.STANTON@SANJOSECA.GOV**

### 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: Amendment

Type of Contract: Consulting Services

### REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # 667071-004

Contractor: David J Powers & Associates, Inc.

Address: 1871 The Alameda, Suite 200 San Jose, CA 95126

Phone: 408-454-3406

Email: ADanielsen@davidjpowers.com

Contract Description: Amendment #1 to Master Consultant Agreement increasing the compensation by \$220,000 from \$100,000 to \$320,000.

Term Start Date: Execution Term End Date: 06-30-22 Extension: No

Method of Procurement: RFQ RFB, RFP or RFQ No.: CSJ HSG Date Conducted: 01-04-21

Agenda Date (if applicable): N/A

Agenda Item No.: \_\_\_\_\_

Resolution No.: \_\_\_\_\_

Ordinance No.: \_\_\_\_\_

Original Contract Amount: \$100,000

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.: 2830921210

Expiration Date: 07/15/22

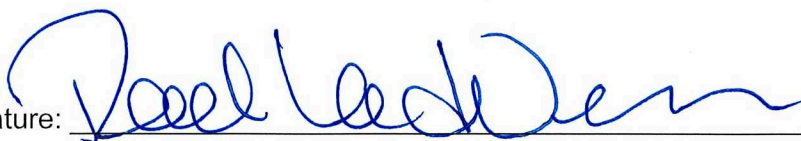
Department: Housing (56)

Department Contact: Mark Gerhardt 408-535-8242

Customer (Finance Only): \_\_\_\_\_

Notes:

Department Director Signature: \_\_\_\_\_



2/28/22  
Date

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

Date