

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

Cover Page

1a. Intentionally Omitted 1b. AC Contract No.: **AC 32423**

2. **Approved Service Order No. 3**

3. Consultant's Name: Second Renaissance Inc.

4. Project Name: **Azure Check Point Firewall Setup ("Project")**

5. Project Location: Remote Services

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), and Exhibit "D" (Schedule of Specific Services) which are incorporated herein by references.

7. Budget/Fiscal:

a. Current unencumbered amount in Master Agreement:	\$	519,979.66
b. Maximum Service Order Compensation for this Approved Service Order:	\$	17,358.70
c. New unencumbered balance in Master Agreement (7.a – 7.b):	\$	502,620.96

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: 001 500 Amount: \$17,358.70

Authorized Signature: *Devika Tandan*
 Email: devika.tandan@sanjoseca.gov Date: 06/16/2022 GMT-07:00

8. **CISO Approval:** *Marcelo Peredo*
 Email: marcelo.peredo@sanjoseca.gov Date: 06/15/2022 GMT-07:00

9. **Consultant Approval:** *Dan Barber*
 Email: dan.barber@secondrenaissanceinc.com Date: 06/14/2022 GMT-04:00

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: _____

11. **City Director Approval:** *Vickie Davis*
 Email: vickie.davis@sanjoseca.gov Date: 06/16/2022 GMT-07:00

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: Deploy Azure VMSS scale set.

Task No. 1: Gateway Installation

- A. Services:** Prepare for deployment through information gathering, architecture review, platform access verification, cloud configuration review, and documentation. Deploy instance #1 from Azure Marketplace, configure instances, verify connectivity, apply patches, establish licensing, setup network routing, establish monitoring, and inspect traffic. Install CME, configure datacenter objects, establish policy/NAT configuration. Close project by troubleshooting, knowledge transfer, and documentation update.
- B. Deliverable:** Testing and Communication Sign off
- C. Completion Time:** The Consultant must complete the services and deliverable for this task in accordance with whichever one of the following time is marked:
- On or before the following date: _____
- On or before 30 Business Days after Project Kickoff.

Attachment B: Terms and Conditions

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

Name: Marcelo Peredo	Phone No.: 202-669-1672
Department: ITD	E-mail:marcelo.peredo@sanjoseca.gov
Address:200 E Santa Clara Street	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: Dan Barber	Phone No.: 301-448-5424			X
Address: 6400 Carolina Beach Rd. Ste 8 #323 Wilmington, NC 28412	E-mail:dan.barber@secondrenaissanceinc.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. Check Point Professional Services	Firewall Installation
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
Task 1	<input type="checkbox"/> Time & Materials <input checked="" type="checkbox"/> Fixed Fee* *Calculated based on 170 Hours @ \$102.11 Per Hour	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input checked="" type="checkbox"/> Completion of Work	17,358.70
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 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):			\$ 17,358.70