

- First
- Second
- Third

Amendment to Standard City of San José Consultant Agreement
(Non-Capital Projects)

Consultant's Name: **RESOURCE DEVELOPMENT ASSOCIATES**


(Standard Agreement AC No#647233)

This Amendment is made and entered into this 12th day of July, 2022. The City and Consultant amend the above-reference agreement as set forth herein.


-
1. Capitalized words in this Amendment have the same meaning as in the Agreement.
 2. The provisions of this 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:** Subsection 2 is amended to extend the expiration date from May 31, 2022, to July 31, 2022.
 5. **Maximum Total Compensation:** Subsection__ is amended to Increase Decrease the Maximum Total Compensation from ___ to ___.
 6. **Agreement Section(s):** Section(s) ___ is/are amended to read as set forth in Attachment A of the Amendment.
 7. **Scope of Basic Services – Exhibit A:** The original First Revised Second Revised Exhibit A is amended to read as set forth in the attached First Second Third Revised Exhibit A, which is incorporated by reference into this Amendment.
 8. **Compensation – 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.
 9. **Additional Services:** The Consultant is authorized to perform the Additional Services set forth in the attached Additional Services Exhibit, which is incorporated by reference into this Amendment.
-

This Amendment is executed by the authorized representatives of the City and Consultant as follows:

City of San José

By  On behalf of Jon Cicirelli 7/12/2022
Name: Jon Cicirelli Date
Title: Director of Parks, Recreation, and Neighborhood Services

Consultant

By  June 14, 2022
Name: Patricia M. Bennett, PhD Date
Title: President and CEO

Approval as to Form (City Attorney):

Form Approved by the Office of the City Attorney.

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

Approved as to Form:

[Sr.] Deputy City Attorney Date

First

Second

Third

Revised Exhibit A: Scope of Basic Services

(Non-Capital Project)

This revised Exhibit A is an attachment to the First Second Third amendment to Agreement.

The tasks set forth in the original Exhibit A, or in any previous amendment to the original Exhibit A, are amended as follows:

The Consultant shall provide services and deliverables as set forth in this **Exhibit A**. The Consultant shall provide all services and deliverables required by this Exhibit A to the satisfaction of the Director.

General Description of Project: Consultant will develop a performance measurement framework for MGPTF (including BEST and YIS programs) that aligns with the preliminary theory of change developed by Social Policy Research Associates and considers local priorities, City audit recommendations, and program capacity for data collection. This multi-stage planning process will include the following activities.

Task No. 1: Facilitate Project Kick-Off Meeting

A. Services: Resource Development Associates will conduct a kick-off meeting to learn MGPTF's current measure practices, data collection process, and priorities for the MGPTF's performance measurement framework.

B. Deliverables:

- One (1) meeting with key MGPTF staff.
- One (1) document that includes project timeline and a description of each project component.

C. Completion Time: 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: February 28, 2022

On or before 90 Business Days from the start of the project

Task No. 2: Conducting Program Discovery

A. Services: Resource Development Associates will collect information about each Target Population category (at-risk, high-risk, gang impacted, and gang intentional) through a document review and interviews with program staff. Then, we will highlight any changes needed to the preliminary theory of change and share that with key MGPTF Staff.

B. Deliverables: One (1) document outlining a list of documents reviewed and individuals interviewed and suggestions to refine the TOC.

C. Completion Time: 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: April 30, 2022

On or before 90 Business Days from contract approval.

Task No. 3: Identifying Guiding Questions

- A. **Services:** Using the theory of change, Resource Development Associates will facilitate the selection of evaluation questions (i.e., what MGPTF and stakeholders hope to learn from program monitoring and evaluation).
- B. **Deliverables:** One (1) document containing the evaluation questions.
- C. **Completion Time:** 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: July 31, 2022
- On or before 90 Business Days from contract approval.

Task No. 4: Select Performance Metrics

- A. **Services:** Using the information gathered through program discovery, the theory of change, and the evaluation questions, Resource Development Associates will guide the project team in prioritizing and testing the feasibility of the outputs and outcomes in the theory of change for each program type. Common measures across programs as well as specific measures tailored to each program type will be included.
- B. **Deliverables:** One (1) document containing the performance metrics.
- C. **Completion Time:** 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: July 31, 2022
- On or before 90 Business Days from contract approval

Task No. 5: Recommend Data Collection Processes and Tools

- A. **Services:** Resource Development Associates (RDA) will recommend data collection for different program/service types (e.g., case management services, street outreach). RDA will most likely recommend both (1) data collection fields to include in the QuesGen system and (2) other online data collection processes.
- B. **Deliverables:** One (1) cohesive document containing the data collection plan recommendations.
- 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: July 31, 2022
- On or before 90 Business Days from contract approval

Task No. 6: Recommendation Memo

- A. **Services:** Resource Development Associates will document our recommendations regarding the performance metrics and data collection processes and tools in a memo which can be shared broadly with the MGPTF and City Council.
- B. **Deliverables:** One (1) written recommendation memo summarizing all project tasks.

C. Completion Time: 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: July 31, 2022
- On or before 90 Business Days from contract approval

Task No. 7: Project Management and Internal Planning Meetings

A. Services: Resource Development Associates will (1) hold regular client planning meetings and communications as needed through the six-month project; (2) collaborate with Social Policy Research Associates; and (3) internal project management and planning meetings.

B. Deliverables: Written call notes for each client meeting will be provided via email.

C. Completion Time: 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: July 31, 2022
- On or before 90 Business Days from contract approval

EXHIBIT C: INSURANCE REQUIREMENTS

CONSULTANT, at CONSULTANT's sole cost and expense, shall procure and maintain for the duration of this AGREEMENT insurance against claims for injuries to persons or damages to property which may arise from, in connection with, the performance of the services hereunder by CONSULTANT, its agents, representatives, employees or subcontractors.

A. Minimum Scope of Insurance

Coverage shall be at least as broad as:

1. The coverage provided by Insurance Services Office Commercial General Liability coverage ("occurrence") Form Number CG 0001; and
2. The coverage provided by Insurance Services Office Form Number CA 0001 covering Automobile Liability. Coverage shall be included for all owned, non-owned and hired automobiles; and
3. Workers' Compensation insurance as required by the California Labor Code and Employers Liability insurance; and
4. Professional Liability Errors & Omissions insurance for all Professional Services rendered including architecture, engineering, or design services.

There shall be no endorsement reducing the scope of coverage required above unless approved by the CITY's Risk Manager.

B. Minimum Limits of Insurance

CONSULTANT shall maintain limits no less than:

1. Commercial General Liability: \$1,000,000 per occurrence for bodily injury, personal injury, and property damage. If Commercial Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit; and
2. Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury and property damage; and
3. Workers' Compensation and Employers Liability: Workers' Compensation limits as required by the California Labor Code and Employers Liability limits of \$1,000,000 per accident; and
4. Professional Liability Errors and Omissions: \$1,000,000 per claim and \$1,000,000 aggregate, coverage to be maintained following completion of work on project for 3 years or, if policy is canceled, extended reporting period to equal the same.

C. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to, and approved by CITY's Risk Manager. At the option of CITY, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CITY, its officers, employees, agents and contractors; or CONSULTANT shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses in an amount specified by the CITY's Risk Manager.

D. Other Insurance Provisions

The policies are to contain, or be endorsed to contain, the following provisions:

1. Commercial General Liability and Automobile Liability Coverages
 - a. The City of San Jose, its officers, employees, agents and contractors are to be covered as additional insureds as respects: Liability arising out of activities performed by or on behalf of, CONSULTANT; products and completed operations of CONSULTANT; premises owned, leased or used by CONSULTANT; and automobiles owned, leased, hired or borrowed by CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to CITY, its officers, employees, agents and contractors.
 - b. CONSULTANT's insurance coverage shall be primary insurance as respects CITY, its officers, employees, agents and contractors. Any insurance or self-insurance maintained by CITY, its officers, employees, agents or contractors shall be excess of CONSULTANT's insurance and shall not contribute with it.
 - c. Any failure to comply with reporting provisions of the policies by CONSULTANT shall not affect coverage provided CITY, its officers, employees, agents, or contractors.
 - d. Coverage shall state that CONSULTANT's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
 - e. Coverage shall contain a waiver of subrogation in favor of the City, its officers, employees, agents and contractors.
2. Workers' Compensation and Employers' Liability

Coverage shall contain waiver of subrogation in favor of the City of San Jose, its officers, employees, agents and contractors.

3. All Coverages

Each insurance policy required by this AGREEMENT shall be endorsed to state that coverage shall not be suspended, voided, cancelled, or reduced in limits except after thirty (30) days' prior written notice has been given to CITY, except that ten (10) days' prior written notice shall apply in the event of cancellation for nonpayment of premium.

E. Acceptability of Insurers

Insurance is to be placed with insurers acceptable to CITY's Risk Manager.

F. Verification of Coverage

CONSULTANT shall furnish CITY with certificates of insurance and with original endorsements affecting coverage required by this AGREEMENT. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

Proof of insurance shall be either emailed in pdf format to: Riskmgmt@sanjoseca.gov, or mailed to the following postal address or any subsequent address as may be directed in writing by the Risk Manager:

City of San Jose—Finance
Risk Management
200 East Santa Clara Street, 14h Floor Tower
San Jose, CA 95113-1905

G. Subcontractors

CONSULTANT shall include all subcontractors as insureds under its policies or shall obtain separate certificates and endorsements for each subcontractor.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2021

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).

PRODUCER Brown & Brown Insurance Services of California, Inc 3697 Mt. Diablo Blvd, Ste 100 Lafayette CA 94549-3745		CONTACT NAME: Cristin Garcia PHONE (A/C, No, Ext): (800) 733-3131 E-MAIL ADDRESS: cgarcia@bbnca.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Sentinel Insurance Company, Ltd.	NAIC # 11000
		INSURER B: Beazley Insurance Company, Inc.	37540
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Resource Development Associate 2333 Harrison St Oakland CA 94612			

COVERAGES

CERTIFICATE NUMBER: 2022

REVISION NUMBER:

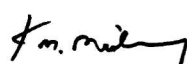
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			57SBAID4214	10/01/2021	10/01/2022	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			57SBAID4214	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Professional Liability			V13940200801	10/01/2020	10/01/2021	\$3,000,000 Per Occ	\$25,000 Retention
							\$3,000,000 Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of San Jose, its officers, employees, agents and contractors are named as additional insured as respects to services rendered by the named insured in regard to general liability subject to the policy terms, conditions and exclusions and per attached form SS 00 08 04 05. Policy Cancellation Exception: 10 days for non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

City of San Jose - Finance Dept 200 East Santa Clara Street 14th Floor Tower San Jose CA 95113-1905	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/25/2022

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).

PRODUCER Marsh Affinity a division of Marsh USA Inc. PO Box 14404 Des Moines, IA 50306-9686	CONTACT NAME: Marsh Affinity	
	PHONE (A/C, No, Ext): 866-237-4079	FAX (A/C, No):
	E-MAIL ADDRESS: ADPTotalSource@marsh.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: AIU Insurance Company	NAIC # 19399
	INSURER B:	
INSURED ADP TotalSource DE IV, Inc. 5800 Windward Parkway Alpharetta, GA 30005 L/C/F: Resource Development Associates Inc. 330 FRANKLIN STREET, SUITE 400 Oakland, CA 946070000	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	
	INSURER H:	

COVERAGES

CERTIFICATE NUMBER:

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 053241670 CA	07/01/2022	07/01/2023	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for RESOURCE DEVELOPMENT ASSOCIATES INC., paid under ADP TOTALSOURCE, INC's payroll, are covered under the above stated policy. WAIVER OF SUBROGATION IN FAVOR OF CITY OF SAN JOSE - FINANCE DEPARTMENT AND ITS OFFICIALS AND AGENTS AS RESPECTS OF JOB PERFORMED BY RESOURCE DEVELOPMENT ASSOCIATES INC. AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

City of San Jose - Finance Department Risk & Insurance 200 East Santa Clara St., 14th Floor San Jose, CA 95113	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 

ACORD 25 (2016/03)

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INSTRUCTIONS FOR INSURANCE APPROVAL:

Forward the following to: **RISK & INSURANCE**

200 E. Santa Clara Street 14th Floor

San Jose, CA 95113-1905

Riskmgmt@sanjoseca.gov

1. This form (149-7) completed;
2. Copy of face page of Contract;
3. Copy of insurance requirements included in contract.
4. Copy of Service Provider's certificate of insurance.

NOTIFICATION OF CONTRACT BEING PROCESSED

DATE: 05/16/2022

Service Provider:	Resource Development Associates	Phone No.	510-488-4344
330 Franklin Street #400, Oakland CA 94607			
Project:	Performance Measurement Tool		
		Project Amount:	\$50,275
Estimated Start Date	Upon Execution	Estimated Completion Date	07/31/2022
Scope of Work: Consultant will develop a performance measurement framework for MGPTF (including BEST and YIS programs) that aligns with the preliminary theory of change developed by Social Policy Research Associates and considers local priorities, City audit recommendations, and program capacity for data collection. This multi-stage planning process will include the following activities.			
Department	PRNS	Division	ASD
Department Contact	Martin Cruz	Ph./Ext:	408-535-5636
		Fax:	

COMPLIANCE WITH INSURANCE REQUIREMENTS

Comments:	_____
Signature:	_____
	<i>Martin Cruz</i>
	Risk & Insurance
	Date: 6/14/2022

FOR RISK & INSURANCE USE ONLY
Date Forwarded to City Clerk:

COMPLIANCE WITH BOND REQUIREMENTS

Signature:	_____	Date:	_____
	City Clerk		



- FOR YOUR ELECTRONIC SIGNATURE
- FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: Martin Cruz
EMAIL: Martin.Cruz@sanjoseca.gov

SCANNED SIGNATURE AUTHORIZATION

DATE: June 14, 2022 TOTAL PAGES: (INCLUDING THIS PAGE) 3

TO: Patricia M. Bennett, PhD TO: _____
EMAIL: pbennett@rdaconsulting.com; EMAIL: _____
contracts@rdaconsulting.com PHONE: _____
PHONE: 510-488-4345

I agree to use electronic signatures

I agree to use electronic signatures

BY: *Patricia M. Bennett PhD*

BY: _____

DIRECTIONS:

REVIEW THE ENCLOSED DOCUMENT, IF IT IS ACCEPTABLE:

1. SIGN THE DOCUMENT **IN BLUE INK**
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 COLOR**
4. EMAIL THE ENTIRE DOCUMENT TO

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 # 667323-001

Contractor: Resource Development Associates, Inc.

Address: 330 Franklin Street #400, Oakland CA 94607

Phone: 510-488-4344

Email: pbennett@rdaconsulting.org

Contract Description: Consultant will develop a performance measurement framework for MGPTF (including BEST and YIS programs) that aligns with the preliminary theory of change developed by Social Policy Research Associates and considers local priorities.

Term Start Date: Upon Execution

Term End Date: 07/31/2022

Extension: No

Method of Procurement: RFQ

RFB, RFP or RFQ No.: N/A

Date Conducted: 10/24/2016

Agenda Date (if applicable): 06/22/2021

Agenda Item No.: 2.18

Resolution No.: 80104

Ordinance No.: N/A

Original Contract Amount: \$50,275

Amount of Increase/Decrease: N/A

Option #: ___ of ___ Option Amount: N/A

NTE/Updated Contract Amount: \$50,275

Fund/Appropriation: 001/2778

Form 700 Required (Selection mandatory for processing): Yes

Revenue Agreement: No

Tax Certificate No.: 7588260098

Expiration Date: 09/15/2022

Department: PRNS (64)

Department Contact: Martin Cruz/408-535-5636

Customer (Finance Only): _____

Notes: DB#647233

Department Director Signature: _____



On behalf of Jon Cicirelli

7/12/2022

Date

Office of the City Manager Signature: _____

Date