# Master City of San José Consultant Agreement Approved Service Order

(Capital Projects)

#### **Cover Page**

1a.	CPMS Contract No.: 667525		1b.	AC Contract No.:			
2.	Approved Service Order No. 1						
3.	Consultant's Name: Yorke Eng	neering, LLC ("Consu	ltant")				
4.	Project Name: Industrial Hygier	ne Abatement Assessi	ment ("P	roject")			
5.	Project Location: A1839 and A	1841					
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 amo	ount in Master Agreem	nent:		\$	150,000.00	
	b. Maximum Service Order Co	empensation for this	Approv	ed Service Order:	\$	14,800.00	
	c. New unencumbered balance	in Master Agreement	(7.a – 7.	b):	\$	135,200.00	
	d. <b>Appropriation Certification</b> : 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:527 App	on: <u>4035</u>	RC: _(	088015 Amoun	ıt: \$_	14,800.00	
	Fund: App	on:	RC: _	Amoun	ıt: \$_	·····	
	Fund: App	on:	RC: _	Amoun	ıt: \$_		
	Division Analyst Approval:	Email: aliciam.castillo@sanjoseca.gov Date: 03/20/2024 PDT  Alicia Castillo (Robles	,	Robles)			
8.	Deputy Director of Facilities Approval:	Email: gene.frazier@sanjoseca.gov Date: 03/20/2024 PDT	Zi	~			
9.	Consultant Approval:	Gene Frazier  Brian  Email: contracts@yorkeengr.com Date: 03/20/2024 PDT  Brian A. Yorke	York	ie			

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10.	Approval as to Form (City Att	corney):
		ved by the Office of the City Attorney sation is \$100,000 or less, and the provisions of the service order form are not altered.)
	Approved as to Form:	
11.	City Director Approval:	Email: judy.ross@sanjoseca.gov Date: 03/20/2024 PDT
		Judy Ross

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CPMS Contract No. 667525 Service Order No. 1 Consultant: Yorke Engineering, LLC

#### 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: Consultant will collect and evaluate air and surface samples of affected areas for contamination of Bacteroides and mold spores. Following their assessment, Consultant will develop an abatement protocol and perform post abatement evaluation to confirm clearance of contamination. Task No. 1: Evaluation of Affected Area A. Services: Visually assess affected area and collect surface and air samples to test for presence of mold spores and bacteria. B. Deliverable: The Consultant will provide the following to the City's Contract Manager: Written report detailing testing procedures and interpretation of results. 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: XOn or before 10 Business Days from Receiving of Approved Service Order 1. Task No. 2: Develop Site-Specific Abatement Protocol A. Services: Develop a written abatement protocol B. Deliverable: The Consultant will provide the following to the City's Contract Manager: A written abatement protocol. 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:  $\boxtimes$ On or before 10 Business Days from Completion of Task No. 1 . Task No. 3: Clearance Evaluation

A. Services: Conduct on-site post abatement assessment and collect air and surface samples to

B. Deliverable: The Consultant will provide the following to the City's Contract Manager: A final

C. Completion Time: The Consultant must complete the services and deliverables for this task in

On or before 10 Business Days from Notification of Completed Remediation Work .

accordance with whichever one of the following time is marked:

On or before the following date:

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test for confirmation of clearance.

Service Order - Attachment A: Tasks Form/File No.: 1349563\_3/T-32026

clearance report.

 $\boxtimes$ 

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### **Attachment B: Terms and Conditions**

1. <u>City's Contract Manager</u>: The City's contract manager for this Approved Service Order is:

Name: Meihah Nguyen	Phone No.: 408.392.6729
Department: Airport	Email: mnguyen@sjc.org
Address: 1404 Airport Blvd., San Jose, CA 95110	

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."

		Required to File Form 700?			
<u>Consultant's</u>		Yes Already Filed (Date Filed)	Yes Need to File	No	
Name: Camilla Westberg	Phone No.: 562.343.1919				<u>x</u>
Address: 31726 Rancho Viejo Rd., San Juan Capistrano, CA 92675	Email: cwesrberg@yorkeengr.com				
<u>Oth</u>	er Staffing				
<u>Name</u> :	<u>Assignment</u> :	Email:			
1.					
2.					
3.					

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Service Order - Attachment B: Terms and Conditions

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CPMS Contract No. 667525 Service Order No. 1 Consultant: Yorke Engineering, LLC

<u>Subconsultants</u> : Whichever of the following is marked applies to this Approved Service C							
	The Consultant can <i>not</i> use any subconsultants.						
$\boxtimes$	The Consultant can use the following subconsultants to assist in providing the required service and deliverables:						
	Subconsultant's Name		Area of Work				
	1.EMSL/LA Testing Lab	Sample	Testing				
	2.						
	3.						
<u>Rei</u> m	bursable Expenses: If the Compensation Table	set forth in Atta	achment C of this Approve	ed			
Service identi	ce Order states that the City will reimburse the Co ified in Subsection 10.5.3 of the Master Agreemen ving box is marked and additional reimbursable ex	nsultant for exp t are Reimburs penses are set	enses, then only the expe able Expenses unless the forth:	ense			
Service identi	ce Order states that the City will reimburse the Co ified in Subsection 10.5.3 of the Master Agreemen	nsultant for exp t are Reimburs penses are set ction 10.5.3 of tl	enses, then only the expe able Expenses unless the forth:	ense			
Service identi	ce Order states that the City will reimburse the Co ified in Subsection 10.5.3 of the Master Agreemen ving box is marked and additional reimbursable ex In addition to the expenses identified in Subsec	nsultant for exp t are Reimburs penses are set tion 10.5.3 of the s:	enses, then only the expe able Expenses unless the forth:	ense			
Service identi	ce Order states that the City will reimburse the Co ified in Subsection 10.5.3 of the Master Agreemen ving box is marked and additional reimbursable ex In addition to the expenses identified in Subsec following expenses are Reimbursable Expense	nsultant for exp t are Reimburs penses are set ction 10.5.3 of the s:	penses, then only the experable Expenses unless the forth:  The Master Agreement, the	ense			
Service identi	ce Order states that the City will reimburse the Co ified in Subsection 10.5.3 of the Master Agreemen ving box is marked and additional reimbursable ex In addition to the expenses identified in Subsection following expenses are Reimbursable Expenses  Additional Reimbursable Expenses	nsultant for exp t are Reimburs penses are set ation 10.5.3 of the s:	penses, then only the experable Expenses unless the forth:  The Master Agreement, the	ense			

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.

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CPMS Contract No.: 667525

Service Order No. 1

Consultant: Yorke Engineering, LLC

## **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	n 1 Column 2			Column 3				
Task Nos. from Attachment A	Basis of Compensation Invoice Period				Compensation			
1	☐ Time & Materials	☐ Fixed Fee		☐ Completion of Task(s)	☐ Completion of Work	\$6,490.00		
2	☐ Time & Materials	☐ Fixed Fee		☐ Completion of Task(s)	☐ Completion of Work	\$2,475.00		
3	☐ Time & Materials	☐ Fixed Fee		☐ Completion of Task(s)	☐ Completion of Work	\$5,335.00		
	☐ Time & Materials	☐ Fixed Fee	☐ Monthly	☐ Completion of Task(s)	☐ Completion of Work	\$		
Part 2 – Reimbursable Expenses								
	are separately reimbursable. T Part 1 include(s) payment for all					\$500.00		
Part 3 – Subconsultant Costs								
Subconsultant costs are <i>not</i> separately compensable. The amount(s) in Column 4 of Part 1 include(s) subconsultant costs. □ Subconsultant costs are separately compensable in the maximum amount of:				ensable in the maximum	\$			
Maximum Service Order Compensation (sum of Parts 1 through 3):								

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