

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

**Cover Page**

- 1a.** Intentionally Omitted **1b.** AC Contract No.: OC-000740
- 2.** Approved Service Order No. 2
- 3.** Consultant's Name: True North Research, Inc.

- 4.** Project Name: City of San José Community Survey ("Project")
- 5.** Project Location: city-wide
- 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 <b>unencumbered</b> amount in Master Agreement:                    | \$ | 253,000 |
| b. <b>Maximum Service Order Compensation for this Approved Service Order:</b> | \$ | 38,900  |
| c. New unencumbered balance in Master Agreement (7.a – 7.b):                  | \$ | 214,100 |

**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>3079</u>	RC: _____	Amount: \$ <u>79,000</u>
Fund: _____	Appn: _____	RC: _____	Amount: \$ _____
Fund: _____	Appn: _____	RC: _____	Amount: \$ _____

**Authorized Signature:** *Tresha Grant* Date: \_\_\_\_\_  
Email: tresha.grant@sanjoseca.gov

- 8. Division Analyst Approval:** *Tresha Grant* Date: \_\_\_\_\_  
Email: tresha.grant@sanjoseca.gov
- 9. Consultant Approval:** *mclarney@tn-research.com* Date: \_\_\_\_\_  
Email: mclarney@tn-research.com
- 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:** *Jim Shannon* Date: \_\_\_\_\_  
Email: jim.shannon@sanjoseca.gov

## 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:** The consultant will design and administer the community satisfaction survey of City services, the results of which are included in the City Auditor's Annual Report on City Services and the annual Proposed and Adopted Operating Budget documents.

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**Task No. 1:** Community satisfaction survey results

- A. **Services:** The consultant will refine the existing survey, will conduct the survey via phone and web-based interviews, and will tabulate results and submit the results to the City Manager's Office and the Auditor's Office for inclusion in each office's annual reporting documents.
- B. **Deliverable:** Survey Results Report
- 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: 12/31/2021

On or before \_\_\_ Business Days from \_\_\_\_\_.

[Fill in the second box if completion time for the task is contingent on completion of the prior task or an event.]

## Attachment B: Terms and Conditions

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

Name: Tresha Grant	Phone No.: 408-535-8131
Department: CMO - Budget	E-mail: tresha.grant@sanjoseca.gov
Address: 200 E. Santa Clara St, 17 <sup>th</sup> Fl 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."***

<b><u>Consultant's Contract Manager</u></b>		<b><u>Required to File Form 700?</u></b>		
		<b>Yes Already Filed (Date Filed)</b>	<b>Yes Need to File</b>	<b>No</b>
Name: Timothy McLarney, Ph.D.	Phone No.: 760.632.9900			<b>X</b>
Address: 1592 N Coast Highway 101 Encintas CA 92024	E-mail: mclarney@tn- research.com			
<b><u>Other Staffing</u></b>				
<b><u>Name:</u></b>	<b><u>Assignment:</u></b>			
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.	
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 with 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 No. 1	<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	\$38,900
	<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 <b>not</b> 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> \$	