

# EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM

## "AMENDMENT"

<b>Contract#</b> 32300144 CC02	<b>Vendor#</b> 19227
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**CONTRACTOR NAME:** Resource Development Associates RDA **Berkeley Business License # :** BLR 2024 - 00313

**Subject of Contract:** Specialized Care Unit and Bridge Service Evaluation

This contract package contains:	With Original Contract	Attached	Waiver Attached	Not Required
<b>2 Original Contracts (Vital Record and Vendor) in folder</b>				
<b>*The Vital Record contract MUST be in a folder. Vendor copy may be assembled with an Acco-fastener.</b>				
<b>* DocuSign Agreements only require 1 Original (Vital Record) copy.</b>				
1. Scope of Services and Term	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Payment Provisions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Oppressive States Disclosure <b>Contracts processed before 1/1/23</b> (Exception: Community-based, non-profit orgs.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Living Wage Certification (if not submitted with original contract) <b>LWO use current form on web*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Certification of Compliance with Equal Benefits Ordinance (if not submitted with original contract) <b>EBO use current form on web*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Federally Funded Project Requirement <b>ONLY:</b> Debarment status printout (\$25,000 and above) <u>SAM.gov</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Authorizing Council Resolution # <u>71,567-N.S.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HHOCCM2201-NONPERSONN-CONTRSERVI-MISC

**Requisition #** \_\_\_\_\_ (Hard copy attached) **Budget Code** 336-51-501-501-2075-000-451-612990- **Amt.** \$40,000.00

**Council Approved Amount \$** 290,000 **Amt.** \_\_\_\_\_

**Purchase Order #** \_\_\_\_\_ **Amt.** \_\_\_\_\_

\_\_\_\_\_ **Amt.** \_\_\_\_\_

**Was there any advance payment?** No  Yes  ..... **If Yes, Advanced Amount \$** \_\_\_\_\_

Original contract amount \$150,000.00 \_\_\_\_\_

Amount/s added by previous amendment/s (if applicable) \$ \$100,000.00 \_\_\_\_\_

Amount added by this amendment \$40,000.00 \_\_\_\_\_

Total/cumulative contract amount after amendment \$ \_\_\_\_\_

Contingency \$ \_\_\_\_\_

**TOTAL NOT TO EXCEED AMOUNT** \$ 290,000.00

### Routing and signatures:

All elements of the contract package, including information provided above and on Amendment Data Transmittal form (page 2), have been reviewed for completeness and accuracy and evidenced by the following signatures:

- |   |                   |                  |                  |
|---|-------------------|------------------|------------------|
| 1. Sasha Gayle-Schneider <u>Sasha Gayle-Schneider</u>                 | HHCS              |                  | December 3, 2024 |
| <b>Project Manager (PRINT NAME/SIGN)</b>                              | <b>Department</b> | <b>Phone No.</b> | <b>Date</b>      |
| 2. Ann Song <u>Ann Song</u>   |                   |                  | 12/4/2024        |
| <b>Department Administrative Officer/Accounting (PRINT NAME/SIGN)</b> |                   |                  | <b>Date</b>      |
| 3. Tanya Bustamante <u>Tanya J. Bustamante</u>                        |                   |                  | 12/4/24          |
| <b>Department Head (PRINT NAME/SIGN)</b>                              |                   |                  | <b>Date</b>      |
| 4. Henry Bykanmi <u>Henry Bykanmi</u>                                 |                   |                  | 12/12/2024       |
| <b>Contract Administrator (PRINT NAME/SIGN)</b>                       |                   |                  | <b>Date</b>      |
| 5. Sharon Friedrichsen <u>Sharon Friedrichsen</u>                     |                   |                  | 12/12/2024       |
| <b>Budget Manager (PRINT NAME/SIGN)</b>                               |                   |                  | <b>Date</b>      |

# EXECUTED

12/16/2024

DocuSigned by:  
Soorma, Roopreet

AB46C508ADCC43D

Routing continues to the following persons, who sign directly on the contract: (Will not sign unless all signatures and dates appear above)

- 6. **City Manager**
- 7. **City Clerk:** Destruct \_\_\_\_\_ Review \_\_\_\_\_

**EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM**

**"AMENDMENT"**

**City of Berkeley Contract Amendment Data Transmittal**

*(To be completed by Project Manager)*

Resource Development Associates

Contractor

300 Franklin Street, Suite 400

Address

Oakland, CA 94607

City/State/Zip

<b>Amended Contract Number:</b> <u>32300144</u>
--

**Contract Amendment Authority**

Resolution # 71,567-N.S Original Resolution # 70,641 N.S.

Ordinance # \_\_\_\_\_ (if appropriate)

City Manager Authorization \_\_\_\_\_

**Description of Amendment/s**

Change of Services/Scope: see attached scope of work

Change of Dollars: Original Amount: 150,000.00 Amended Not to Exceed Amount: 290,000.00

**Change of Contract Term**

Change as of This Amendment or Extension:

From: \_\_\_\_\_ To: \_\_\_\_\_

Change as of Prior Amendment (if any):

From: \_\_\_\_\_ To: \_\_\_\_\_

Original Term: From: \_\_\_\_\_ To: \_\_\_\_\_

**Evidence of Insurance for Contract Amendment**

Insurance	Waiver	Amount	Expiration Date	TICKLER DATE <i>(City Clerk)</i>
Professional Liability	<input type="checkbox"/>	\$ _____	_____	_____
General Liability	<input type="checkbox"/>	\$ _____	_____	_____
Automobile	<input type="checkbox"/>	\$ _____	_____	_____
Workers Comp.	<input type="checkbox"/>	\$ _____	_____	_____
Bond	<input type="checkbox"/>	\$ _____	_____	_____

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Professional Liability	<input type="checkbox"/>	\$ _____	_____	_____
General Liability	<input type="checkbox"/>	\$ _____	_____	_____
Automobile	<input type="checkbox"/>	\$ _____	_____	_____
Workers Comp.	<input type="checkbox"/>	\$ _____	_____	_____
Bond	<input type="checkbox"/>	\$ _____	_____	_____



Internal

# HHCS CONTRACT ROUTING FORM

Last revised 8/24/23

Department of Health, Housing & Community Services

Date: 11-20-24

**UPDATED Approval Routing Workflow:**

Proj. Mgr → PM's Sup → Fiscal Analyst & HHCS Contracts Liaison → AFS Mgr → Dep Director

**The following reviewers will approve via EMAIL:**

- Project Mgr's Supervisor: \_\_\_\_\_ (N/A if Director or Deputy Dir is supervisor) Date: \_\_\_\_\_ N/A
- Division Manager: N/A for Office of the Director Date: \_\_\_\_\_ N/A
- Fiscal Analyst: Lorie Curtis *Lorie Curtis* Date: 12/2/24 N/A
- City Attorney Legal Review: Marc Shapp (date email sent: ) Date: \_\_\_\_\_ N/A

**The following reviewers will approve via email AND sign the City Review Form:**

- Project Manager: Sasha Gayle-Schneider Date: \_\_\_\_\_ N/A
- Admin/Fiscal Services Mgr.: Ann Song Date: \_\_\_\_\_ N/A
- Deputy Director: Tanya Bustamante Date: \_\_\_\_\_ N/A

Vendor: Resource Development Associates (RDA)

Subject of Contract: Special Care Unit (SCU) & SCU Bridge Services Evaluation

Tracking ID: 32300144 Term: 1/01/23 - 6/30/25 NTE: 290,000 Res #: 70,641 N.S. N/A

Will Protected Health Information be shared? *Not sure, email [HHCS-Contracts@Cityofberkeley.info](mailto:HHCS-Contracts@Cityofberkeley.info)*  Yes  No  
 Has the City been asked to complete a Business Associate Agreement by an outside agency?  Yes  No

If yes to either of the above, contact the HIPAA Privacy Officer and describe the Protected Health Information involved:

**Once executed:**

- Interoffice contract to (location): \_\_\_\_\_
- Notify staff member when it is ready to be picked-up (name): Sasha Gayle-Schneider

**Expenditure Contracts Only:** Add additional rows to table as needed. If budget per GL/string spans multiple fiscal years, list one line for each FY. Leave blank for Revenue/MOU/DUA

**ERMA Contract Method:**  Encumbered  NTE (leave unchecked if unknown)

ERMA Project String	ERMA GL	Amount	Fiscal Year
HHOCCM2201-NONPERSONN-CONTRSERVI-MISC	336-51-501-501-2075-000-451-612990-	40,000	FY 25

Comments: FY25

Please return document(s) to:

Name: Claudia Allen

Dept/Division: Admin. and Fiscal Unit

Ext #: 5401

Contract # 32300144

AMENDMENT TO CONTRACT

THIS CONTRACT is entered into on November 19, 2024 between the CITY OF BERKELEY ("City"), a Charter City organized and existing under the laws of the State of California, and Resource Development Associates (RDA) ("Contractor") a company, doing business at 300 Franklin Street, Oakland, California 94607.

WHEREAS, City and Contractor previously entered into Contract Number 32300144, dated May 7, 2024, which Contract was authorized by the Berkeley City Council by the City Manager of the City of Berkeley.

WHEREAS, on November 19, 2024, by Resolution No. 71,567 -N.S., the Berkeley City Council authorized amendment of said Contract as set forth below.

THEREFORE, City and Contractor mutually agree to amend said Contract as follows:

1. Section 2 is amended to read as follows:

PAYMENT

For services referred to in Section 1, City will pay Contractor a total amount not to exceed \$ 290,000.00. City shall make payments to Contractor in accordance with provisions described in Exhibit B, which is attached to and made part of this Contract.

2. Section 3.a. is amended to read as follows:

TERM

This Contract shall begin on January 1, 2023 and end on June 30, 2025. The City Manager of the City may extend the term of this Contract by giving written notice.

3. Further, this Contract is amended to include the following language regarding the City's Sanctuary Contracting Ordinance:

SANCTUARY CITY CONTRACTING

Contractor hereby agrees to comply with the provisions of the Sanctuary City Contracting Ordinance, B.M.C. Chapter 13.105. In accordance with this Chapter, Contractor agrees not to provide the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security with any Data Broker or Extreme Vetting Services as defined herein:

- a. "Data Broker" means either of the following:
- i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
  - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services. Extreme Vetting does not include:
- i. The City's computer-network health and performance tools;
  - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer-based activity.

In all other respects, the Contract dated January 1, 2023 shall remain in full force and effect.

IN WITNESS WHEREOF, City and Contractor have executed this Contract as of the date written in the first paragraph of this Contract.

CITY OF BERKELEY

Signed by:  
By Paul Buddenhagen  
City Manager

THIS CONTRACT HAS BEEN APPROVED AS TO FORM BY THE CITY ATTORNEY FOR THE CITY OF BERKELEY 02/2022

Registered on behalf of the City Auditor by:  
DocuSigned by:  
Soorma, Roopret  
Finance Department

Attest:

Signed by:  
Mark Numainville, City Clerk  
Deputy City Clerk

CONTRACTOR

Amalia Egri Freedman

Name (Printed)

By Amalia Egri Freedman  
Signature and Title

## EXHIBIT A

### SCOPE OF SERVICES

#### **Berkeley HHCS: Specialized Care Unit Evaluation – Amendment Proposal**

#### **Summary of Amendment 3**

The following proposal seeks to amend Exhibit A Scope of Services in Contract # 32300144 by:

- Adding to and revising Phase 5: Retrospective Evaluation
  - Changing the task name of the existing data collection activity “Qualitative Data Collection” to “SCU Focus Groups”
  - Adding new data collection activities including: up to six (6) community services focus groups, a community survey, intercept interviews, and incentives
  - Increasing hours allotted to qualitative analysis
  - Increasing hours and expanding the scope of the final deliverable, and renaming the final deliverable “Retrospective Evaluation Report” accordingly
- Adding a new Phase 6: Financial Sustainability Planning, including proposed scope of work services narrative & budget/timeline
- Increasing the overall NTE of \$250,000 to \$290,000

The term of the contract remains the same (ends on June 30, 2025). The updated proposed scope of work for Phases 5 & 6 is detailed below.

#### **Amended Scope of Work**

The current contract includes five phases: 1) Project Launch and Evaluation; 2) CAD Assessment; 3) Data Systems Planning; 4) Client Communication and Ongoing Project Management; and 5) Retrospective Evaluation. Throughout this scope, RDA worked with HHCS to develop a preliminary evaluation plan, conduct an assessment of 911’s Computer Aided Dispatch (CAD) data, prepare a plan for using current and future data systems for program improvement and evaluation; and plan and conduct a retrospective evaluation of the first year of SCU implementation.

The City of Berkeley HHCS aims to inform the City’s strategic planning for future crisis services, including SCU expansion and sustainability. With this in mind, the City of Berkeley HHCS identified the need for additional data collection with community stakeholders to best fulfill the aims of the retrospective evaluation plan. The City of Berkeley HHCS also identified the need to plan for the financial sustainability of the SCU, such as identifying potential funding opportunities and administrative requirements.

The proposed timeline for this scope of work is tentative and will be adapted based on the City’s budgeting or planning needs as well as stakeholder capacity. Any changes to the timeline will be determined through collaborative planning between RDA and HHCS.

## Phase 5: Retrospective Evaluation

Phase 5 leverages the evaluation plan from Phase 1 and the lessons learned throughout the CAD analysis and data systems planning phases (Phase 2 and 3, respectively) to adapt an evaluation approach that best fits the current stage of implementation and program resources.

The retrospective evaluation will aim to understand the overall strengths and opportunities for improvement based on program implementation and client outcomes from the first year of the SCU program. The retrospective evaluation will also gather perspectives from other service providers and emergency response systems about how the SCU fits into the existing emergency ecosystem and continuum of care. Additionally, the retrospective evaluation will assess the level of awareness among community members about the SCU and identify opportunities to increase awareness and utilization; this effort will try to reach a broad swath of community members (through a survey) as well as populations of focus (through intercept interviews). The proposed mixed-method approach includes primary data collection and analysis from service providers and secondary data collection and analysis from SCU program data. These evaluation activities will support RDA and HHCS to collaboratively identify recommendations for future expansion and sustainability of the SCU.

Project activities in this phase include:

- **Revised Evaluation Plan:** includes revising evaluation questions from Phase 1 based on new evaluation scope and timeline. The revised evaluation plan will be adapted to best fit the scope and methods of the retrospective evaluation.
- **CCMU Grant Reports Review:** includes extracting data from monthly reports submitted by SCU to HHCS for compliance with CCMU grant reporting. The grant reports will be reviewed to assess program implementation over time with a focus on the reports' narrative sections.
- **SCU Focus Groups:** includes one (1) virtual Key Informant Interview with SCU leadership and two (2) virtual focus groups with SCU service providers of 60 to 90-minute meetings to assess program implementation and impacts; includes RDA's development of the data collection tools and facilitation with HHCS providing support for coordination and communication with SCU as needed.
- **Community Services Focus Groups:** includes up to six (6) virtual 90-minute focus groups with emergency responders and community-based service providers to understand how the SCU fits into the existing emergency response ecosystem and continuum of care; includes RDA's development of the data collection tools and facilitation, as well as RDA's coordination and scheduling with participants.
- **Community Survey:** includes the development of an online survey to be administered by the City of Berkeley through existing citywide communication channels, with up to one round of review by HHCS. HHCS will promote the survey and provide ongoing reminders and updates to community members.

- **Intercept Interviews:** includes the development of a data collection tool designed for populations of focus (e.g., community members seeking services with community providers, unhoused community members) that will allow for either a brief questionnaire or semi-structured interview protocol; includes incentives to support the interview data collection. RDA will conduct the field interviews and HHCS may support identifying the locations and facilitating connections to service providers, as needed.
- **Qualitative Analysis:** includes analysis of data from the interviews, focus groups, community survey, and intercept interviews, to inform retrospective findings.
- **Program Data Analysis:** includes the extraction and analysis of SCU's program data based on priorities in the evaluation plan; includes qualitative and quantitative analysis as appropriate. HHCS will facilitate the sharing of program data as needed.
- **Data Party:** includes up to one (1) two-hour virtual meeting with HHCS and/or Bonita House staff to review and refine analyses and collaboratively generate meaning, key findings, and recommendations.
- **Retrospective Evaluation Report:** includes presentation of the findings from the retrospective evaluation, presenting the evaluation plan, data collection methodologies, key findings, and recommendations; includes two rounds of client review and feedback.

**Phase 5 Deliverables:**

- Revised Evaluation Plan
- Retrospective Evaluation Report

**Phase 5 Direct Expenses**

- Intercept Interview Design: Community Incentives: \$600

**Phase 5 Cost: \$41,565 (increase of \$26,565)**

**Phase 6: Financial Sustainability Planning**

Phase 6 will aim to provide opportunities and recommendations for the City of Berkeley to sustain and expand the SCU. Through a series of policy research and benchmarking interviews, RDA will identify opportunities for the SCU to generate revenue through Medi-Cal billing and the braiding of other funding sources, as well as identify the investments needed to support claiming and reporting for new revenue sources. Phase 6 will also include financial projections and cost modeling while seeking to identify opportunities to decrease administrative costs. The proposed approach includes primary data collection and analysis and secondary research from across the healthcare sector. These evaluation activities will support RDA and HHCS to present a proposal and recommendations to assist the City of Berkeley in planning for how to sustain the SCU.

Project activities in this phase include:

- **Benchmarking Interviews:** includes developing an interview protocol tool, coordinating interviews and conducting up to seven (7) interviews with relevant stakeholders, including but not limited to HHCS, Bonita House, service provider organizations, managed care plans, and/or other government entities.
- **Secondary Research:** includes conducting secondary research on policies and regulations for Medi-Cal claiming and billing or other funding sources as well as requirements and best practices for data collection and reporting.
- **Cost modeling:** includes developing financial projections that may include but are not limited to: personnel costs of direct service providers and administrative costs, fringe benefits, program materials, Medi-Cal billing revenue, other braided funding revenue, and assumption adjusted for program scaling and expansion.
- **Financial Sustainability Plan:** Presents the findings from across data collection, including lessons and considerations from benchmarking interviews, opportunities for braiding funding, a cost model, and recommendations.

**Phase 6 Deliverables**

- Financial Sustainability Plan

**Phase 6 Cost: \$13,435**

<b>Amended Budget &amp; Timeline</b>	<b>Total Hrs.</b>	<b>Total Cost</b>
<b>Project Activities and Deliverables</b>		
<b>Phase 5. Retrospective Evaluation</b>		
Revised Evaluation Plan	8	\$1,440
CCMU Grant Reports Review	20	\$3,600
SCU Focus Groups	12	\$2,340
Community Services Focus Groups	28	\$4,654
Community Survey	14	\$2,750
Intercept Interview Design & TA	19	\$3,655
Qualitative Data Analysis	64	\$12,060
Program Data Analysis	18	\$3,240
Data Party	8	\$1,520
Retrospective Evaluation Report	35	\$6,475
Intercept Interview Design: Community Incentives	<i>n/a</i>	\$600
<i>Phase 5 budget Increase:</i>		\$26,565
<b>Phase 5 Subtotal:</b>	<b>226</b>	<b>\$41,565</b>
<b>Phase 6. Financial Sustainability Planning</b>		
Benchmarking Interviews	16	\$1,440
Secondary Research	16	\$3,600
Cost Modeling	12	\$2,340

Financial Sustainability Plan	26	\$4,654
<b>Phase 6 Subtotal:</b>	<b>70</b>	<b>\$13,435</b>
<b>Proposed Total Budget Increase:</b>		<b>\$40,000</b>
<i>Current Contract Budget:</i>		<i>\$250,000</i>
<b>Total NTE Budget:</b>		<b>\$290,000</b>

Deliverable	Project Month											
	2024						2025					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
<b>Phase 5: Retrospective Evaluation</b>												
Revised Evaluation Plan	■	■										
CCMU Grant Reports Review			■	■	■							
SCU Focus Groups				■	■							
Community Services Focus Groups				■	■							
Community Survey			■	■	■							
Intercept Interview Design & TA			■	■	■							
Qualitative Data Analysis					■	■	■					
Program Data Analysis						■	■					
Data Party							■					
Retrospective Evaluation Report								■	■	■		
<b>Phase 6: Financial Sustainability Planning</b>												
Benchmarking Interviews			■			■						
Secondary Research			■	■	■	■						
Cost Modeling							■	■				
Financial Sustainability Plan								■				

**EXHIBIT B**

**PAYMENT**

**GENERAL:** Contract Amendment is \$ 40,000.00 for a new Not to Exceed (NTE) amount of \$ 290,000.00.

**BILLING:** Contractor will submit invoices for services rendered, monthly.

**INVOICES:** Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. **Email invoices to Accounts Payable and cc' Project Manager email;** SGayle-Schneider@berkeleyca.gov (List on invoice, Attn: Sasha Gayle-Schneider, HHCS Office of the Director) and reference contract number 32300144.

City of Berkeley  
Accounts Payable  
P.O. Box 700  
Berkeley, CA 94710-700  
Email: [AccountsPayable@berkeleyca.gov](mailto:AccountsPayable@berkeleyca.gov)  
Phone: 510-981-7310

**PAYMENTS:** The City will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/30/2024

**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> Edgewood Partners Insurance Center Main Street West 10877 White Rock Rd Rancho Cordova CA 95670	<b>CONTACT NAME:</b> Main Street <b>PHONE (A/C, No., Ext.):</b> (877) 222-0000 <b>FAX (A/C, No.):</b> <b>E-MAIL ADDRESS:</b> msmcertswest@epicbrokers.com														
<b>INSURED</b> RDA Consulting, SPC  330 Franklin St Suite 400 Oakland CA 94607	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: HARTFORD UNDERWRITERS INSURANC</td> <td style="text-align: center;">30104</td> </tr> <tr> <td>INSURER B: BEAZLEY INSURANCE COMPANY INC</td> <td style="text-align: center;">37540</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: HARTFORD UNDERWRITERS INSURANC	30104	INSURER B: BEAZLEY INSURANCE COMPANY INC	37540	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: BEAZLEY INSURANCE COMPANY INC	37540														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**      **HS**      **CERTIFICATE NUMBER:** Cert ID 35926      (12)      **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														
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B	Prof Liab - Cyber Liab			V13940241201	10/01/2024	07/01/2025	Limit      \$ 3,000,000														
B	Prof Liab - Cyber Liab			V13940241201	10/01/2024	07/01/2025	Retention      \$ 25,000														

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Job: All California operations

As respects to the general liability, subject to the policy terms, conditions and exclusions and per attached form SS 41 70 06 11. Policy Cancellation 30 days - Exception: 10 days for non-payment of premium.

Additional Insured - Owners, Lessees Or Contractors -Scheduled Person or Organization - Form #SS 41 70 06 11

<b>CERTIFICATE HOLDER</b>  City of Berkeley  2180 Milvia Street  Berkeley CA 94704	<b>CANCELLATION</b>  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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<b>DESCRIPTION OF OPERATIONS SECTION CONTINUED</b>		DATE 09/30/2024
<b>CERTIFICATE HOLDER:</b> City of Berkeley  2180 Milvia Street  Berkeley CA 94704	<b>INSURED:</b> RDA Consulting, SPC  330 Franklin St Oakland CA 94607	
<b>DESCRIPTION OF OPERATIONS CONTINUED:</b> Notice of Cancellation to Certificate Holder(s) -Form #SL 90 13 10 18		

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**



## **NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)**

This policy is subject to the following additional Conditions:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B. If this policy is cancelled by the company for non-payment of premium, or by the insured, notice of such cancellation will be provided within ten (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

**POLICY NUMBER:** 57SBABE5G38



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

**BUSINESS LIABILITY COVERAGE FORM**

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	<b>Location(s) Of Covered Operations</b>
The City of Berkeley, its officers, agents, employees, and volunteers	2180 Milvia Street Berkeley CA 94704

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section C. – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/07/2024

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>  Marsh Affinity a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686	CONTACT NAME: Marsh Affinity PHONE (A/C, No, Ext): 800-743-8130      FAX (A/C, No): E-MAIL ADDRESS: ADPTotalSource@marsh.com INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A: AIU Insurance Company      19399 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b>  ADP TotalSource DE IV, Inc 5800 Windward Parkway Alpharetta, GA 30005 L/C/F: RDA Consulting, SPC  330 Franklin Street, Suite 400 Oakland, CA 94607	

**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.

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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 All worksite employees working for RDA Consulting, SPC paid under ADP TOTALSOURCE, INC 's payroll, are covered under the above stated policy. WAIVER OF SUBROGATION IN FAVOR OF The City of Berkeley Its Officers, Agents, Employees, and Volunteers AS RESPECTS OF JOB PERFORMED BY RDA Consulting, SPC AS REQUIRED BY WRITTEN CONTRACT

**CERTIFICATE HOLDER**

**CANCELLATION**

The City of Berkeley Its Officers, Agents, Employees, and Volunteers 2180 Milvia Street Berkeley, CA 94704	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 <div style="text-align: right; font-family: cursive; font-size: 1.2em;">Jo Phillips</div>
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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be \_\_\_% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

**WAIVER OF SUBROGATION IN FAVOR OF The City of Berkeley Its Officers, Agents, Employees, and Volunteers AS RESPECTS OF JOB PERFORMED BY RDA Consulting, SPC AS REQUIRED BY WRITTEN CONTRACT.**

**Person or Organization**

The City of Berkeley  
Its Officers, Agents, Employees, and Volunteers  
2180 Milvia Street  
Berkeley, CA 94704

**Job Description**

**Notes:**

- 1 This endorsement may be used to waive the company's right of subrogation against named third parties who may be responsible for an injury.
- 2 The sentence in ( ) is optional with the company. It limits the endorsement to apply to specific jobs of the insured, and only to the extent that the insured is required to obtain this waiver.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 07/01/2024

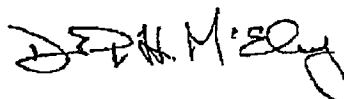
Policy No. WC 088410379 CA Endorsement No.

Insured

Insurance Company AIU Insurance Company

ADP TotalSource DE IV, Inc.  
5800 Windward Parkway  
Alpharetta, GA 30005  
L/C/F:  
RDA Consulting, SPC

330 Franklin Street, Suite 400  
Oakland, CA 94607



Countersigned by \_\_\_\_\_

***City of Berkeley, California* 2024 BUSINESS LICENSE**

This license must be conspicuously posted. Business owner is responsible for renewing this business license by the 28th of February each year.

Business Type: PROFESSIONAL CONSULTING SERVIC  
Location: 0 VARIOUS

License Number

BL-003113

Expires On

12/31/24

RDA CONSULTING SPC  
RDA CONSULTING EMPLOYEE OWNERSHIP TRUST  
330 FRANKLIN ST STE 400  
OAKLAND, CA 94607-4670

Nbr of Tags

0

This license is issued without verification that the license is subject to an exemption from licensing by the State. It shall not be construed as authorizing the conduct or continuance of any illegal or unlawful business nor does it constitute conformity with Zoning, Toxic Code, Fire, Building Permit and/or Health requirements. - Compliance with BMC 9.04 only

RESOLUTION NO. 71,567-N.S.

CONTRACT NO. 32300144 AMENDMENT: RESOURCE DEVELOPMENT ASSOCIATES FOR SPECIALIZED CARE UNIT PROGRAM EVALUATION

WHEREAS, Contract #32300144 was awarded to Resource Development Associates (RDA) to design and implement an evaluation for program effectiveness of the Specialized Care Unit (SCU); and

WHEREAS, through Contract #32300144 RDA has been creating an evaluation plan for the SCU in collaboration with the City and key stakeholders and conducting initial data evaluation to evaluate program effectiveness in Berkeley; and

WHEREAS, \$40,000 was allocated to add community engagement and feedback to the retrospective evaluation to enhance the analysis of SCU program effectiveness; and

WHEREAS, RDA is the most qualified consultant to receive the additional funding to add this scope to their evaluation design.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or his designee is authorized to amend the SCU evaluation Contract No. 32300144 with RDA by adding \$40,000 for a not-to-exceed amount of \$290,000. Funding will be made available in the FY2025 budget in the One-Time Grant Fund (Fund 336) and General Fund 011 via the Annual Appropriations Ordinance process.

The foregoing Resolution was adopted by the Berkeley City Council on November 19, 2024 by the following vote:

Ayes: Bartlett, Hahn, Humbert, Kesarwani, Lunaparra, Taplin, Tregub, Wengraf, and Arreguin.

Noes: None.

Absent: None.

  
\_\_\_\_\_  
Jesse Arreguin, Mayor

Attest:   
\_\_\_\_\_  
Mark Numainville, City Clerk