

107. Consider recommendations relating to the Valley Healthcare Center, O'Connor Hospital (VHC OCH) MRI and Chiller Upgrade Project. (LA-1)

Possible action:

- a. Approve Request for Appropriation Modification No. 175 - \$300,000 transferring funds within the Facilities and Fleet Department budget relating to moving funds from the Backlog Holding Account to 263-CP23040 "VHC OCH MRI and Chiller Upgrade Project" relating to replacing the roof.
- b. Approve Contract Change Order No. 02 - VHC OCH MRI and Chiller Upgrade Project (Project No. 263-CP24030). Contractor - California Plus Engineering, Inc. Net increase of \$176,014 and an increase of 14 calendar days in contract time.

(ID# 24-5513)

**County Of Santa Clara**  
**Request For Appropriation Modification**  
**Fiscal Year = 2024**

**F - 85 # 175**

Line	Fund	Budget Unit	Cost Center	CI	Description	Job Code	Funded Program	CMB Revenues	CMB Expenditures
1	0050	0263	2516	5530200	Capital Projects Svs and Supplies - Ext.		P263BLHOLDG		(300,000.00)
2	0050	0263	2516	5530200	Capital Projects Svs and Supplies - Ext.		P263CP24030		300,000.00
<b>0050</b>					<b>Transfer (From) To Fund Balance:</b>				<b>0.00</b>
					<b>Grand Total:</b>			<b>0.00</b>	<b>0.00</b>

**Form ID# Included:**  
 39813,

**Approved: 04/16/2024**

# County of Santa Clara

## Facilities and Fleet Department

County Center at Charcot  
2310 North First Street, Suite 200  
San Jose, California 95131-1011  
(408) 993-4600



MRI

### CHANGE ORDER NO. 02

**PROJECT TITLE:** MRI 2 (Room 1408) Equipment & Chiller Replacement, Renovation  
**PROJECT NO.:** 263-CP24030 **CONTRACT NO.:**  
**CONTRACTOR:** California Plus Engineering Inc. **SHEET 1 OF 2**

**Proposed Change Order Numbers covered by this Change:** 002

#### TERMS AND CONDITIONS OF CHANGE:

The contractor is hereby directed to make changes set forth below. By its signature on this Change Order, Contractor agrees that the net change in the Contract Sum stipulated below shall constitute full compensation, accord and satisfaction, for all costs and requests for costs, associated with the changed work, including labor, material and equipment costs, rescheduling, overhead, profit and any other costs arising directly or indirectly from the changed work, including without limitation, delay and disruption. The contractor further agrees that the additional contract time allotted (if any) is sufficient, and that there shall be no further time extensions or delay claims resulting from this Change Order. Contractor certifies the net adjustment in Contract Sum reflects costs of labor, equipment and materials, including all markups, calculated in conformance with the contract documents. Payment of adjusted Contract Sum includes final and full compensation, accord and satisfaction, for all labor, equipment, materials, incidentals and mark-up to perform the work and claims resulting; therefore, no additional compensation will be allowed.

The undersigned Contractor approves the foregoing as to the changes, if any, and the Contract Sum specified for each item and as to the extension of time allowed, if any, for completion of the entire Work as stated herein, and agrees to furnish all labor, materials and service, and perform all work necessary to complete any additional work specified for the consideration stated herein. Submission of sums which have no basis in fact or which Contractor knows are false are at the sole risk of Contractor and may be a violation of the False Claims Act set forth under Government Code section 12650 *et seq.*

It is expressly understood that the value of the extra Work or changes expressly includes any and all of Contractor's costs, expenses, field overhead, home office overhead, and profit, both direct and indirect, resulting from additional time required on the Project or resulting from delay to the Project. Any costs, expenses, damages, or time extensions not included are deemed waived.

#### DESCRIPTION OF WORK TO BE PERFORMED:

CO#02 – Provide Tear off of existing roofing furnish and install 3500 sq feet of new Carlisle TPO roofing, sure weld, vapor barrier, underlayment dens deck/Insulation as per specifications new drawings and scope of work provided.

By reason of this change, the Contract completion time is hereby increased by 14 calendar days from the previous completion date.

The Contract Amount due to this Change Order is hereby increased by \$176,014.00.

**IMPORTANT:** Contractor is required to sign this document and return one (1) copy to the Capital Programs office.

**Board of Supervisors:** Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian  
**County Executive:** James R. Williams

Approved: 04/16/2024

# County of Santa Clara

## Facilities and Fleet Department

County Center at Charcot  
2310 North First Street, Suite 200  
San Jose, California 95131-1011  
(408) 993-4600



MRI

### CHANGE ORDER NO. 02

**PROJECT TITLE:** MRI 2 (Room 1408) Equipment & Chiller Replacement, Renovation  
**PROJECT NO.:** 263-CP24030 **CONTRACT NO.:**  
**CONTRACTOR:** California Plus Engineering Inc. **SHEET 2 OF 2**

We the undersigned have considered all aspects of the change order proposed and hereby agree.

NAME AND TITLE OF SIGNER (Type or Print)	
Rey Fard, President	
CONTRACTOR	
DocuSigned by: <u>Rey Fard</u>	3/27/2024
(Signature of person authorized to sign)	Date Signed

NAME AND TITLE OF SIGNER (Type or Print)	
Roger Soohoo, Deputy Director, Facilities and Fleet	
COUNTY OF SANTA CLARA	
DocuSigned by: <u>Roger Soohoo</u>	3/27/2024
(Signature)	Date Signed

**REVIEWED AS TO FORM AND LEGALITY:**

DocuSigned by:  
John Castro  
John A. Castro, Deputy County Counsel

**COUNTY OF SANTA CLARA:**

Susan Ellenberg APR 16 2024  
Susan Ellenberg, President, Board of Supervisors Date

Signed and certified that a copy of this document has been delivered by electronic or other means to the President, Board of Supervisors

**ATTEST:**

Curtis Boone APR 16 2024  
Curtis Boone, Acting Clerk of the Board of Supervisors Date



**Levine Act Contractor Form:  
Identification of Subcontractors and Agents**

*Completed form submitted to the County of Santa Clara is a public record.*

<b><i>This Section to be completed by County Staff after Registration is Completed by Contractor:</i></b>	
Date of Board of Supervisors Meeting Considered: When Agreement/Amendment Will B	April 16, 2024
No.:	24-4868

**Instructions to Contractor for Completion of Form:**

For any contract or grant/sponsorship agreement (including amendments) with the County of Santa Clara (“Agreement”) that will be submitted to the County of Santa Clara Board of Supervisors for consideration, any party entering into the Agreement with the County (“Contractor”) must:

- 1) Fill out Sections A, B, C, and D of this form.
  - a. For Section B, list any subcontractors identified in Contractor’s solicitation/grant proposal and/or in Contractor’s Agreement with the County (“Subcontractor”).
- 2) Provide a separate Levine Act Subcontractor Form: Identification of Agents to each Subcontractor, if any, listed in Section B, and collect a completed form from each Subcontractor.
- 3) Provide this form and each completed Levine Act Subcontractor Form: Identification of Agents to the designated County of Santa Clara contract manager for this Agreement.

*NOTE: This form is for the identification of Contractor’s Subcontractors and agents only. If a Contractor, Subcontractor, or their agents have any campaign contributions they are required to disclose pursuant to the Levine Act, they must separately disclose those contributions. They may make such disclosures online at <https://www.sec.gov.org/levineact>.*

**SECTION A – CONTRACTOR AND AGREEMENT INFORMATION**

Contractor Legal Name (include d/b/a if applicable):	CALIFORNIA PLUS ENGINEERING, INC.
Title or Short Description of Agreement:	Contract: # 23-23 - Project Name: VMC-O’Connor Hospital MRI and Chi’ller Upgrade

**SECTION B – SUBCONTRACTORS FOR THIS AGREEMENT**

Provide list of Contractor’s Subcontractors for this Agreement:

	<b>Name of Subcontractor(s):</b>
1.	ADVANCED MEDICAL BUILDERS, INC.
2.	ALCAL SPECIALTY CONTRACTING, INC.
3.	AXIS MECHANICAL, INC.
4.	COMTEL, SYSTEMS TECHNOLOGY, INC.

If there are more than four Subcontractors, please submit a supplemental form. If attaching a supplemental form, check this box:

If no Subcontractors, check this box:

**(Continue to page 2)**



**Levine Act Contractor Form:  
Identification of Subcontractors and Agents**

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**SECTION C – CONTRACTOR’S AGENTS**

Provide list of Contractor’s Agents (as that term is defined under Government Code section 84308 and California Code of Regulations section 18438.3<sup>1)</sup> for this Agreement:

	<b>Name of Agent(s):</b>	<b>Name of Agent’s Firm (if applicable):</b>
1.		
2.		
3.		
4.		
5.		
6.		

If no Agents, check this box:

**SECTION D – CONTRACTOR SIGNATURE**

The undersigned declares that they are a representative of Contractor and are empowered to represent, bind, and execute contracts on behalf of the firm or individual. The undersigned declares that all statements in this Form are true and correct.

REY FARD

PRESIDENT

Printed Name

Title

Contractor’s Authorized Representative Signature

Date

3/7/2024

California Code of Regulations section 18438.3 states:

- (a) A person is the ‘agent’ of a party to, or a participant in, a pending proceeding involving a license, permit or other entitlement for use only if the person represents that party or participant for compensation and appears before or otherwise communicates with the governmental agency for the purpose of influencing the pending proceeding.
- (b) If an individual acting as an agent is also acting as an employee or member of a law, architectural, engineering or consulting firm, or a similar entity or corporation, both the entity or corporation and the individual are “agents.”
- (c) “Communication with the governmental agency for the purpose of influencing the proceeding” does not include:
  - (1) Drawings or submissions of an architectural, engineering, or similar nature prepared by a person for a client to submit in a proceeding before the agency if:
    - (A) The work is performed pursuant to the person's profession; and
    - (B) The person does not make any contact with the agency other than contact with agency staff concerning the process or evaluation of the documents prepared by the official; or
  - (2) Purely technical data or analysis provided to an agency by a person who does not otherwise engage in direct communication for the purpose of influencing the proceeding.



**Levine Act Subcontractor Form:**  
**Identification of Agents**

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<b><i>This Section to be completed by County Staff after Form is completed by Subcontractor:</i></b>	
Date of Board of Supervisors Meeting When Agreement/Amendment Will Be Considered:	April 16, 2024
Legislative File No.:	24-4868

***Instructions to Subcontractor for Completion of Form:***

For any contract or grant/sponsorship agreement (including amendments) with the County of Santa Clara (“Agreement”) that will be submitted to the County of Santa Clara Board of Supervisors for consideration, this form must be separately filled out by any subcontractor identified in the solicitation/grant/sponsorship proposal or in the Agreement with the County (“Subcontractor”). Upon completion, return this form to the Agreement contractor or grant/sponsorship recipient (“Contractor”) for submission to the County.

*NOTE: This form is for the identification of Subcontractor’s agents only. If a Subcontractor or their agents have any campaign contributions they are required to disclose pursuant to the Levine Act, they must separately disclose those contributions. They may make such disclosures at <https://www.sccgov.org/levineact>.*

Subcontractor Legal Name  
(include d/b/a if applicable): Advanced Medical Builders, Inc.

Title or Short Description of Agreement: VMC-O'Connor Hospital MRI and Chiller Upgrade

Provide list of Subcontractor’s Agents (as that term is defined under [Government Code section 84308](#) and [California Code of Regulations section 18438.3<sup>1</sup>](#)) for this Agreement:

	Name of Agent(s):
1.	
2.	
3.	
4.	

If there are more than four Agents, please submit a supplemental form. If attaching a supplemental form, check this box:

If no Agents, check this box:

The undersigned declares that they are a representative of Subcontractor and are empowered to represent, bind, and execute contracts on behalf of the firm or individual. The undersigned declares that all statements in this Form are true and correct.

Mark Laube  
Printed Name

Construction Manager  
Title

*Mark Laube*  
Subcontractor’s Authorized Representative Signature

03/19/24  
Date



**Levine Act Subcontractor Form:**  
**Identification of Agents**

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(b) If an individual acting as an agent is also acting as an employee or member of a law, architectural, engineering or consulting firm, or a similar entity or corporation, both the entity or corporation and the individual are “agents.”

(c) “Communication with the governmental agency for the purpose of influencing the proceeding” does not include:

(1) Drawings or submissions of an architectural, engineering, or similar nature prepared by a person for a client to submit in a proceeding before the agency if:

(A) The work is performed pursuant to the person's profession; and

(B) The person does not make any contact with the agency other than contact with agency staff concerning the process or evaluation of the documents prepared by the official; or

(2) Purely technical data or analysis provided to an agency by a person who does not otherwise engage in direct communication for the purpose of influencing the proceeding.



## Levine Act Subcontractor Form:

### Identification of Agents

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***This Section to be completed by County Staff after Form is completed by Subcontractor:***

Date of Board of Supervisors Meeting When Agreement/Amendment Will Be Considered:	April 16, 2024
Legislative File No.:	24-4868

#### ***Instructions to Subcontractor for Completion of Form:***

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Subcontractor Legal Name  
(include d/b/a if applicable):

Alcal Specialty Contracting, Inc
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Title or Short Description of Agreement:

Re-roofing Contract
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Provide list of Subcontractor’s Agents (as that term is defined under [Government Code section 84308](#) and [California Code of Regulations section 18438.3<sup>1</sup>](#)) for this Agreement:

	Name of Agent(s):
1.	See attached prequal form for list of 5 Officers
2.	
3.	
4.	

If there are more than four Agents, please submit a supplemental form. If attaching a supplemental form, check this box:

If no Agents, check this box:

The undersigned declares that they are a representative of Subcontractor and are empowered to represent, bind, and execute contracts on behalf of the firm or individual. The undersigned declares that all statements in this Form are true and correct.

Roger Sowers  
 \_\_\_\_\_  
 Printed Name

Chief Estimator  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Subcontractor’s Authorized Representative Signature      Date



## **Levine Act Subcontractor Form:**

### **Identification of Agents**

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**Parent Company:**  
**Legal Name of Firm: Address:**  
**Type of Business: Incorporated:**

Pacific Coast Building Services, Inc. (PCBS)  
 Alcal Specialty Contracting, Inc.  
 946 North Market Blvd., Sacramento, CA 95834  
 Roofing, Waterproofing, Insulation, Garage Door, Fire Stopping & Fireproofing  
 State of Nevada 3/28/2001  
 Began as dba of Pacific Coast Building Products, Inc., in 1971 – Incorporated & operated separately as Alcal Specialty Contracting, Inc. since 2002\*

**Tax & Other Registration ID's:**

FEIN 68-0526024			
WA	604-004-379	CA Sales	SR Z CHA 100-168147
AZ	20221712	CA Payroll	172-8898-6
UT	Pending	NV	1002328845
CO	20161783339	TX	0802599495
DIR	1000000315	SAM	128751281/54BM6
Parent Company of PCBS FEIN for W-9 Purposes Only: 94-6103555			

**Contractors Licenses:**

State	Number	Classification	Expiration	Trades
CA	815286	B, C2, C39, C61/D24, C61/D28, C35, C61/D34, C61/D21	11/30/2024	INSULATION, ROOFING, METAL PRODUCTS, GARAGE DOORS, LATHING & PLASTERING, PREFABRICATED EQUIPMENT, MACHINERY & PUMPS (DOCK LEVELERS)
NV	71451	C3D	7/31/2024	OVERHEAD DOORS
NV	55201	C15C	12/31/2024	INSULATION
NV	75616	C13	1/31/2025	USING SHEET METAL
AZ	ROC255025	K-40	4/30/2023	DUAL INSULATION
AZ	ROC255280	K-05	5/31/2023	DUAL GARAGE DOORS
AZ	ROC287220	L-45	10/31/2023	SHEET METAL (Commercial)
AZ	ROC288854	C-45	12/31/2023	SHEET METAL (Residential)
HI	C-24089	C42, C55, C01	9/30/2024	ROOFING, INSULATION
ID	RCE-42720	Registered Contractor Entity	8/15/2023	Registered Contractor Entity
OR	223630	General	11/29/2024	Commercial General Contractor, Level 2 Residential General Contractor
WA	ALCALSC844NZ	General	6/27/2024	General Contractor
UT	11549832-5501	\$270, \$220	11/30/2023	Drywall, Paint, and Plastering / Carpentry and Flooring Qualifier
CO		Contractor	4/30/2024	General Contractor (Town of Vail)
TX	21-000180	Builder (Commercial)	11/17/2023	General Contractor (City of Wilmer)
TX	21-000179	Builder (Residential)	11/17/2023	General Contractor (City of Wilmer)

**Officers:**

Tai Ai, President  
 Bob Colla, Vice President  
 Sonny Kooser, CFO & Secretary  
 Art Gardner, Executive Vice President  
 Bill Giordanengo, Vice President

946 N. Market Blvd. Sacramento, CA 95834  
 (916) 286 - 5700

**Bank References:** Bank of America  
 555 Capitol Mall, Ste 150, Sacramento, CA 95814  
**Rep:** Kim Preston (P) 916-326-3118 (F) 916-326-3177  
 All Credit Inquiries MUST be faxed

**Dunn & Bradstreet:** 12-875-1281; Rating 338Z  
**CAGE Code:** 54BM6

**Years in Business:** 52  
 Ever failed to complete any work awarded? NO  
 Minority, Woman or Small Business Enterprise? NO

**Historical Revenue:**

- Fiscal Year 2023: \$175,570,833
- Fiscal Year 2022: \$165,424,000
- Fiscal Year 2021: \$170,585,000
- Fiscal Year 2020: \$174,046,000
- Fiscal Year 2019: \$189,221,810

**Experience Modification Rating:**

**State of CA:** 2022: 0.88, 2021: 0.94, 2020: 0.87, 2019: 0.71, 2018: 0.84  
**All States:** 2022: 0.88, 2021: 0.95, 2020: 0.87, 2019: 0.77, 2018: 0.75

**Financial Statements:** CPA Firm: Moss Adams, LLP  
**CPA:** Mary M. Short (916) 784-7800

**Bonding Agency:** USI Insurance Services

**Agent:** David Weise (916) 883-0577

**Bonding Credit Limit:** \$25,000,000

**Bond Rate:** \$5.50/\$1,000

**Insurance Broker:** Willis Insurance Services of CA, Inc.

**General Liability Insurance:** Liberty Surplus Insurance of CA, Inc.

**Auto Liability Ins. Companies:** Safety National Casualty Corp.

**Workman's Compensation Insurance Company:** Safety National Casualty Corp.

**General Liability:** \$1,000,000/occurrence, \$2,000,000/aggregate

**Union Affiliations:**

- Northern California Carpenters Regional Council
- Southwest Regional Council of Carpenters – So Cal & Nevada
- United Union of Roofers, Waterproofers and Allied Workers – No Cal Roofers (Locals 40, 81 & 95)
- United Union of Roofers, Waterproofers and Allied Workers – So Cal Roofers (Locals 36 & 220)
- United Union of Roofers, Waterproofers and Allied Workers – Hawaii Roofers (Local 221)
- Operative Plasterers' and Cement Masons' International Association of the United States and Canada, AFL-CIO (Local 300)

**Trade References:**

Beacon Roofing Supply Company: Michele Biehl, 1588 Doolittle Drive, San Leandro, CA 94577 – (510-568-9670)

Fax Inquiries OR email MBiehl@Beacn.Com

Owens Corning: Samir Baroudi, One Owens Corning Parkway, Toledo, OH 43659 – (419) 248-7833 Fax Inquiries,

please email: [CreditRef@owenscorning.com](mailto:CreditRef@owenscorning.com)

Clorox: Steve Briones, 1500 National Drive, Ste E, Sacramento, CA 95834 – (916) 200-6149

**General Contractor References:**

DPR Construction: Ray Trebino, 945 Front Street, San Francisco, CA 94111 – (415) 782 - 3700

Roebbelen Construction: Rob McLean, 1241 Hawks Flight Ct., El Dorado Hills, CA 95762 – (916) 939-4000

Lathrop Construction: Anthony D' Amante, 4001 Park Road, Benicia, CA 94510 – (707) 746-8000



Alcal is a specialty contractor that has successfully operated in multiple states since 1971. We are proud to be part of the Pacific Coast Building Product family of companies founded by Fred Anderson in 1953 as a lumber yard.

We are proud to be chosen to work on a wide range of job sites for local, regional and national contractors. Commercial projects range from the newest high tech headquarters, to universities, hospitals, corporate campuses, sports stadiums and entertainment venues. Residential projects focus on comfort and energy efficiency for custom and tract homebuilders, existing building retrofit projects for government agencies, and energy upgrades for older homes.

Alcal sells and installs the highest quality products in the construction industry. We have strong relationships with leading suppliers and our teams are committed to doing the job right the first time.

**Alcal Locations**

**Arizona**

**LIC#ROC255025,  
ROC254568, ROC255280,  
ROC287220, ROC288854**

1246 E Broadway Rd  
Phoenix, AZ 85040  
P: (480) 606-1500  
F: (480) 705-0048

**California**  
**LIC#815286**

42950 Osgood Rd.  
Fremont, CA 94539  
P: (510) 477-9380  
F: (510) 477-9786

2647 N. Weber Ave.  
Fresno, CA 93705  
P: (559) 233-1274  
F: (559) 233-1744

6205 Engle Way  
Gilroy, CA 95020  
P: (831) 393-2888

4201 Sierra Point Dr.  
Sacramento, CA 95834  
P: (916)929-3100  
F: (916) 929-4080

879 N. Wright Rd.  
Santa Rosa, CA 95407  
P: (707)544-4270  
F: (707) 579-2557

3965 N. Wilcox Rd.  
Stockton, CA 95215  
P: (209) 931-6815  
F: (209) 931 5473

4587-89 Firestone  
Blvd. South Gate, CA 90280  
P: (323) 923-3420  
F: (562) 445-4147

**Colorado**

**LIC# 223630**

5952 North Broadway St  
Denver, CO 80216  
P: (719) 439-0442

**Hawaii**

**LIC#C-24089**

91-446 Komohana St., Bldg  
B,Units A, B, C & D Kapolei  
HI, 96707  
P: (808) 682-5222  
F: (808) 682-5064

**Nevada**

**LIC#55201, 71451, 75616**

3555 West Oquendo Rd.  
Las Vegas, NV 89118  
P: (702) 382-8457  
F: (702) 382-8459

650 Spice Island Drive  
Sparks, NV 89431  
P: (775) 356-9112  
F: (775) 356-4857

**Washington**

**LIC#ALCALSC844NZ**

8531 S. 222nd St.  
Kent, WA 98031  
P: (206) 209-2858



## Levine Act Subcontractor Form:

### Identification of Agents

*Completed form submitted to the County of Santa Clara is a public record.*

***This Section to be completed by County Staff after Form is completed by Subcontractor:***

Date of Board of Supervisors Meeting When Agreement/Amendment Will Be Considered:	April 16, 2024
Legislative File No.:	24-4868

***Instructions to Subcontractor for Completion of Form:***

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Subcontractor Legal Name (include d/b/a if applicable): Axis Mechanical Inc.

Title or Short Description of Agreement: O'connor Hospital MRI #2 upgrade

Provide list of Subcontractor’s Agents (as that term is defined under [Government Code section 84308](#) and [California Code of Regulations section 18438.3<sup>1</sup>](#)) for this Agreement:

	Name of Agent(s):
1.	Mike Herrera
2.	Jonathan Diaz
3.	Tom Best
4.	

If there are more than four Agents, please submit a supplemental form. If attaching a supplemental form, check this box:

If no Agents, check this box:

The undersigned declares that they are a representative of Subcontractor and are empowered to represent, bind, and execute contracts on behalf of the firm or individual. The undersigned declares that all statements in this Form are true and correct.

Tom Best  
 \_\_\_\_\_  
 Printed Name

CFO  
 \_\_\_\_\_  
 Title

**Tom Best** Digitally signed by Tom Best  
 DN: C=US, E=tomb@axismechanicalinc.com, O=Axis  
 Mechanical Inc., OU=HVAC contractor, CN=Tom Best  
 Date: 2024.03.19 16:10:05-0700  
 \_\_\_\_\_  
 Subcontractor’s Authorized Representative Signature

3/19/2024  
 \_\_\_\_\_  
 Date



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(1) Drawings or submissions of an architectural, engineering, or similar nature prepared by a person for a client to submit in a proceeding before the agency if:

(A) The work is performed pursuant to the person's profession; and

(B) The person does not make any contact with the agency other than contact with agency staff concerning the process or evaluation of the documents prepared by the official; or

(2) Purely technical data or analysis provided to an agency by a person who does not otherwise engage in direct communication for the purpose of influencing the proceeding.



## Levine Act Subcontractor Form: Identification of Agents

*Completed form submitted to the County of Santa Clara is a public record.*

<b><i>This Section to be completed by County Staff after Form is completed by Subcontractor:</i></b>	
Date of Board of Supervisors Meeting When Agreement/Amendment Will Be Considered:	April 16 2024
Legislative File No.:	24-4868

***Instructions to Subcontractor for Completion of Form:***

For any contract or grant/sponsorship agreement (including amendments) with the County of Santa Clara (“Agreement”) that will be submitted to the County of Santa Clara Board of Supervisors for consideration, this form must be separately filled out by any subcontractor identified in the solicitation/grant/sponsorship proposal or in the Agreement with the County (“Subcontractor”). Upon completion, return this form to the Agreement contractor or grant/sponsorship recipient (“Contractor”) for submission to the County.

*NOTE: This form is for the identification of Subcontractor’s agents only. If a Subcontractor or their agents have any campaign contributions they are required to disclose pursuant to the Levine Act, they must separately disclose those contributions. They may make such disclosures at <https://www.sccgov.org/levineact>.*

Subcontractor Legal Name  
(include d/b/a if applicable): Comtel Systems Technology, Inc.

Title or Short Description of Agreement: Low Voltage Electrical: Nurse Call System

Provide list of Subcontractor’s Agents (as that term is defined under [Government Code section 84308](#) and [California Code of Regulations section 18438.31](#)) for this Agreement:

	Name of Agent(s):
1.	David Hoppe - Western Regional General Manager
2.	Ted Klenk - Western Regional Operations Manager
3.	Mike Wagner - Project Manager
4.	Eloisa Bernal - Project Accountant

If there are more than four Agents, please submit a supplemental form. If attaching a supplemental form, check this box:

If no Agents, check this box:

The undersigned declares that they are a representative of Subcontractor and are empowered to represent, bind, and execute contracts on behalf of the firm or individual. The undersigned declares that all statements in this Form are true and correct.

Michael Wagner  
\_\_\_\_\_  
Printed Name

Project Manager  
\_\_\_\_\_  
Title

Digitally signed by Michael Wagner  
DN: C=US, E=mikew@comtelsys.com, O=Comtel  
Systems Technology, Inc., OU=Project Manager,  
CN=Michael Wagner  
Date: 2024.03.19 14:14:15-0700'  
\_\_\_\_\_  
Subcontractor’s Authorized Representative Signature

March 19, 2024  
\_\_\_\_\_  
Date



**Levine Act Subcontractor Form:**  
**Identification of Agents**

*Completed form submitted to the County of Santa Clara is a public record.*

<sup>1</sup> California Code of Regulations section 18438.3 states:

(a) A person is the ‘agent’ of a party to, or a participant in, a pending proceeding involving a license, permit or other entitlement for use only if the person represents that party or participant for compensation and appears before or otherwise communicates with the governmental agency for the purpose of influencing the pending proceeding.

(b) If an individual acting as an agent is also acting as an employee or member of a law, architectural, engineering or consulting firm, or a similar entity or corporation, both the entity or corporation and the individual are “agents.”

(c) “Communication with the governmental agency for the purpose of influencing the proceeding” does not include:

(1) Drawings or submissions of an architectural, engineering, or similar nature prepared by a person for a client to submit in a proceeding before the agency if:

(A) The work is performed pursuant to the person's profession; and

(B) The person does not make any contact with the agency other than contact with agency staff concerning the process or evaluation of the documents prepared by the official; or

(2) Purely technical data or analysis provided to an agency by a person who does not otherwise engage in direct communication for the purpose of influencing the proceeding.

# County of Santa Clara

## Facilities and Fleet Department

County Center at Charcot  
2310 North First Street, Suite 200  
San Jose, California 95131-1011  
(408) 993-4600



MRI

## CHANGE ORDER NO. 02

**PROJECT TITLE:** MRI 2 (Room 1408) Equipment & Chiller Replacement, Renovation  
**PROJECT NO.:** 263-CP24030 **CONTRACT NO.:**  
**CONTRACTOR:** California Plus Engineering Inc. **SHEET 1 OF 2**

**Proposed Change Order Numbers covered by this Change:** 002

### TERMS AND CONDITIONS OF CHANGE:

The contractor is hereby directed to make changes set forth below. By its signature on this Change Order, Contractor agrees that the net change in the Contract Sum stipulated below shall constitute full compensation, accord and satisfaction, for all costs and requests for costs, associated with the changed work, including labor, material and equipment costs, rescheduling, overhead, profit and any other costs arising directly or indirectly from the changed work, including without limitation, delay and disruption. The contractor further agrees that the additional contract time allotted (if any) is sufficient, and that there shall be no further time extensions or delay claims resulting from this Change Order. Contractor certifies the net adjustment in Contract Sum reflects costs of labor, equipment and materials, including all markups, calculated in conformance with the contract documents. Payment of adjusted Contract Sum includes final and full compensation, accord and satisfaction, for all labor, equipment, materials, incidentals and mark-up to perform the work and claims resulting; therefore, no additional compensation will be allowed.

The undersigned Contractor approves the foregoing as to the changes, if any, and the Contract Sum specified for each item and as to the extension of time allowed, if any, for completion of the entire Work as stated herein, and agrees to furnish all labor, materials and service, and perform all work necessary to complete any additional work specified for the consideration stated herein. Submission of sums which have no basis in fact or which Contractor knows are false are at the sole risk of Contractor and may be a violation of the False Claims Act set forth under Government Code section 12650 *et seq.*

It is expressly understood that the value of the extra Work or changes expressly includes any and all of Contractor's costs, expenses, field overhead, home office overhead, and profit, both direct and indirect, resulting from additional time required on the Project or resulting from delay to the Project. Any costs, expenses, damages, or time extensions not included are deemed waived.

### DESCRIPTION OF WORK TO BE PERFORMED:

CO#02 – Provide Tear off of existing roofing furnish and install 3500 sq feet of new Carlisle TPO roofing, sure weld, vapor barrier, underlayment dens deck/Insulation as per specifications new drawings and scope of work provided.

By reason of this change, the Contract completion time is hereby increased by 14 calendar days from the previous completion date.

The Contract Amount due to this Change Order is hereby increased by \$176,014.00.

**IMPORTANT:** Contractor is required to sign this document and return one (1) copy to the Capital Programs office.

**Board of Supervisors:** Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian  
**County Executive:** James R. Williams

# County of Santa Clara

## Facilities and Fleet Department

County Center at Charcot  
2310 North First Street, Suite 200  
San Jose, California 95131-1011  
(408) 993-4600



MRI

### CHANGE ORDER NO. 02

**PROJECT TITLE:** MRI 2 (Room 1408) Equipment & Chiller Replacement, Renovation  
**PROJECT NO.:** 263-CP24030 **CONTRACT NO.:**  
**CONTRACTOR:** California Plus Engineering Inc. **SHEET 2 OF 2**

We the undersigned have considered all aspects of the change order proposed and hereby agree.

NAME AND TITLE OF SIGNER (Type or Print)	
Rey Fard, President	
CONTRACTOR	
DocuSigned by:	3/27/2024
(Signature of person authorized to sign)	Date Signed

NAME AND TITLE OF SIGNER (Type or Print)	
Roger Soohoo, Deputy Director, Facilities and Fleet	
COUNTY OF SANTA CLARA	
DocuSigned by:	3/27/2024
(Signature)	Date Signed

**REVIEWED AS TO FORM AND LEGALITY:**

DocuSigned by:
John A. Castro, Deputy County Counsel

COUNTY OF SANTA CLARA:

\_\_\_\_\_  
Susan Ellenberg, President, Date  
Board of Supervisors

Signed and certified that a copy of this document has been delivered by electronic or other means to the President, Board of Supervisors

ATTEST:

\_\_\_\_\_  
Curtis Boone, Acting Clerk Date  
of the Board of Supervisors



24-5513

**DATE:** April 16, 2024

**TO:** Board of Supervisors

**FROM:** Jeff Draper, Director, Facilities and Fleet Department

**SUBJECT:** Appropriation Modification and Change Order for VHC OCH MRI and Chiller Upgrade Project

**RECOMMENDED ACTION**

Consider recommendations relating to the Valley Healthcare Center, O’Connor Hospital (VHC OCH) MRI and Chiller Upgrade Project. (LA-1)

Possible action:

- a. Approve Request for Appropriation Modification No. 175 - \$300,000 transferring funds within the Facilities and Fleet Department budget relating to moving funds from the Backlog Holding Account to 263-CP23040 “VHC OCH MRI and Chiller Upgrade Project” relating to replacing the roof.
- b. Approve Contract Change Order No. 02 - VHC OCH MRI and Chiller Upgrade Project (Project No. 263-CP24030). Contractor - California Plus Engineering, Inc. Net increase of \$176,014 and an increase of 14 calendar days in contract time.

**FISCAL IMPLICATIONS**

Funds required for the project augmentation are available in 263-BLHOLD “Backlog Holding Account.”

**REASONS FOR RECOMMENDATION AND BACKGROUND**

Appropriation Modification

An appropriation modification of \$300,000 is needed to complete the work described below.

Change Order

The roof system on the 3<sup>rd</sup>-floor roof mezzanine at 2105 Forest Ave., O’Connor Hospital, Building 1981, needs to be replaced; due to multiple deficiencies in the current roof obtaining a manufacturer’s warranty is not possible unless a completely new one is installed. The project involves putting in a concrete pad, a new chiller unit, and integrating it with the existing roof. The Administration therefore recommends approving the change order to facilitate the work.

Approved: 04/16/2024

## Background

The VHC OCH MRI and Chiller Upgrade Project encompasses the replacement and upgrade of medical equipment within Room 1408 (MRI-2), Control Room 1406, and Equipment Room 1420. The scope of work involves upgrading or replacing several components, including the MRI magnetic cover, magnetic body coil, patient table, existing radio frequency-filter panel components, electronic cabinet with components, storage enclosure processor cabinet with components, and computer monitoring equipment associated with the imaging equipment upgrade. Additionally, new equipment and utility infrastructure will be installed on the 3rd-floor roof mezzanine, including an air-cooled chiller, glycol feed station, air separator, and an expansion tank to support the imaging equipment.

## CHILD IMPACT

The recommended action would have a positive impact on children and youth through the **Safe and Stable Families** indicator as improvements to the hospital will benefit pediatric patients.

## SENIOR IMPACT

The recommended action would have a positive impact on seniors as improvements to the hospital will benefit senior patients.

## SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

## CONSEQUENCES OF NEGATIVE ACTION

The appropriation modification will not be approved at this time.

## STEPS FOLLOWING APPROVAL

Notify Aman Grewal, Gerry Zimmerman, Sherry Ferguson, Tony Martino, and Andy Walker of FAF upon approval.

## ATTACHMENTS:

- F85 #175
- Change Order No. 2
- GC Levine Act Form
- Alcal Levine Form
- AMB Levine Form
- Axis Levine Form
- Comtel Levine Form