

FIRST AMENDMENT TO
PROFESSIONAL CONSULTANT SERVICES AGREEMENT

CARBON ACTIVATED CORPORATION

Granular Activated Carbon Testing (No. RPU-2018)

THIS FIRST AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES AGREEMENT ("First Amendment") is made and entered into this 20th day of April, 2022, by and between the CITY OF RIVERSIDE, a California charter city and municipal corporation ("City"), and CARBON ACTIVATED CORPORATION, a California corporation ("Consultant"), with respect to the following:

RECITALS

A. The City and Consultant entered into that certain Professional Consultant Services Agreement dated January 14, 2021 ("Agreement"), for Granular Activated Carbon Testing (No. RPU-2018), which expires on December 31, 2021.

B. The City and Consultant desire to extend the term of the Agreement by one (1) year, until December 31, 2022.

NOW, THEREFORE, incorporating the recitals set out above, the parties hereto mutually agree to the following amendment to the Agreement.

1. Section 2, Term, is hereby amended to extend the term of the Agreement by one (1) year, to December 31, 2022.

2. All other terms and conditions of the Agreement between the parties, which are not inconsistent with the terms of this First Amendment, shall remain in full force and effect as if fully set forth herein.

[SIGNATURES ON FOLLOWING PAGE.]

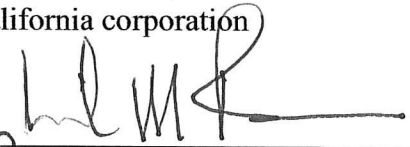
IN WITNESS WHEREOF, the parties hereto have caused this First Amendment to Professional Consultant Services Agreement to be duly executed the day and year first above written.

CITY OF RIVERSIDE,
a California charter city and municipal
corporation

By: 
City Manager

Attest: 
Donesia Gause
City Clerk

CARBON ACTIVATED
CORPORATION,
a California corporation


By: 
Its: PRESIDENT.

By: 
Its: Secretary

Certified as to Availability of Funds:

By: 
Chief Financial Officer

Approved as to Form:

By: 
Susan D. Wilson
Assistant City Attorney

DEPARTMENT HEAD APPROVAL FORM
Contracts/Agreements

DATE: 12/9/2021

①

②

PARTIES: Calgon Carbon Corporation and Carbon Activated Corporation

PROJECT DESCRIPTION: The analysis completed under this proposal will compare GAC to treat and reduce the amount of PFAS at RPU's point-of-compliance at 7th and Chicago.

SCOPE OF CONTRACT/SERVICE: Each Company shall provide and dispose of 20,000 lbs of virgin and reactivated GAC at up to two treatment facilities.

IF AN AMENDMENT, REASON FOR AMENDMENT (e.g., more time needed, additional scope added, extension permitted from original contract, etc.): extension from original contract.

DEPARTMENT: Public Utility- Water Operations

BUDGET ACCOUNT (GL Key and Object): 6210000-421000 *ag*

DEPT. HEAD APPROVAL: *Bill m. Cle*

PROCUREMENT:

Verification that procurement of goods, services, construction, etc., was done in conjunction with the City's purchasing policies and procedure:

(X) Formal Procurement (Bid #, RFP #, panel, etc.): RFP 2018

() Informal Procurement (Three quotes, single/sole source, under non-bidding threshold, etc.): _____

() Emergency Procurement (date, event, etc.): _____

() Requisition Number: TBD

(X) Date Approved by City Council/Board: ~~January 11, 2021~~ 2/24/2022

Purchasing Division Validation: *Jairo Cortez* Date: 1-25-2022

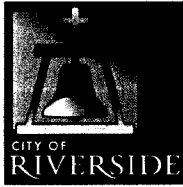
Per Purchasing Resolution 23812

PLEASE RETURN TO: Leslie Mitchell, City Clerk's Office, Ext. 4276, LMitchell@riversideca.gov
g:\dept\common\masters\agreements\Dept Head Approval Slip_122017

Effective: Extended to 12/31/22

NTE: \$116,000

YTD Available: \$677,878.56 as of 01/25/22



City of Arts & Innovation

BOARD OF PUBLIC UTILITIES DRAFT MINUTES

MONDAY, APRIL 11, 2022, 6:30 P.M.
PUBLIC COMMENT IN-PERSON/TELEPHONE
ART PICK COUNCIL CHAMBER
3900 MAIN STREET, RIVERSIDE, CA 92522

FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENTS - GRANULAR ACTIVATED CARBON TESTING

The Board of Public Utilities (1) approved the First Amendments to the Professional Services Agreements with Calgon Carbon Corporation and Carbon Activated Corporation for Granular Activated Carbon Testing to extend the terms to December 31, 2022; and (2) authorized the City Manager, or his designee, to execute the First Amendments to the Professional Services Agreements with Calgon Carbon Corporation and Carbon Activated Corporation including making minor and non-substantive changes and to sign all documents and instruments necessary to complete the transactions.

CHANGE ORDER AUTHORITY INCREASE FOR FISCAL YEAR 2021-22 COMMERCIAL LEASE AGREEMENT - CLEARWATER GENERATION FACILITY SHOP AND OFFICE SPACE - 1700 RAILROAD STREET, CORONA

The Board of Public Utilities approved a change order for the Fiscal Year 2021-22 Commercial Lease costs with Ronald L. Judd and Kathryn K. Judd, in the total amount of \$7,536.

ANNUAL INTEREST RATE OF 0.10 PERCENT TO BE PAID ON CUSTOMER DEPOSITS, AS PROVIDED BY RIVERSIDE PUBLIC UTILITIES' ELECTRIC AND WATER RULES

The Board of Public Utilities approved the annual interest rate of 0.10% for customer deposits.

DISCUSSION CALENDAR

SOUTHERN CALIFORNIA PUBLIC POWER AUTHORITY SEMI-ANNUAL EXPENDITURES REPORT

Following discussion, it was moved by Member Ocegüera and seconded by Member Goldware to (1) receive and order filed the Southern California Public Power Authority semi-annual expenditure report for July 2021 through December 2021; and (2) forward a recommendation to City Council to receive the Southern California Public Power Authority semi-annual expenditure report for July 2021 through December 2021. The motion carried unanimously.

CLOSED SESSION

The Board of Public Utilities adjourned to closed session pursuant to Government Code §54956.9(d)(1) to confer with and/or receive advice from legal counsel concerning City of Riverside v. Black & Decker (U.S), Inc., et al., LACSC Case No. BC 410878.

The Board of Public Utilities reconvened at 7:34 p.m. with Chair Crohn presiding and all Board Members present.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Tegrier-Miller Insurance Brokers 2001 Wilshire Blvd, Suite 101 Santa Monica CA 90403	CONTACT NAME: Jeremy Ervin PHONE (A/C, No, Ext): 310-526-1743 E-MAIL ADDRESS: insure@tmib.com	FAX (A/C, No):
INSURED Carbon Activated Corp. 2250 S. Central Ave. Compton CA 90220-5603	License#: 0K07568 CARBACT-01	INSURER(S) AFFORDING COVERAGE INSURER A: AIG Specialty Insurance Company INSURER B: AIG Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 26883 19402

COVERAGES**CERTIFICATE NUMBER:** 2079974090**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	EG23010373	10/31/2021	10/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution Legal \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EGU 23010374	10/31/2021	10/31/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Pollution Liability			EG23010373	10/31/2021	10/31/2022	Each Loss Claims Made 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Riverside, and its officers, employees and agents is additional insured with regards to General Liability per attached endorsements.

CERTIFICATE HOLDER**CANCELLATION**

City of Riverside 2911 Adams Street Riverside CA 92504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Newport Beach-Alliant Insurance Services, Inc. 1301 Dove St Ste 200 Newport Beach CA 92660	CONTACT NAME: Amanda Vezzani	
	PHONE (A/C, No, Ext): 949-660-5958	FAX (A/C, No):
INSURED Carbon Activated Corporation 2250 S Central Ave, 250 E. Manville St. & 172 E. Manville St. Compton CA 90220	E-MAIL ADDRESS: avezzani@alliant.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Federal Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 20281		

COVERAGES**CERTIFICATE NUMBER:** 1323209236**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			54309598	10/31/2021	10/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Riverside is named as an additional insured per the attached endorsements.

CERTIFICATE HOLDER**CANCELLATION**

City of Riverside 2911 Adams St. Riverside CA 92504	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 <i>Philip S. Arz</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Manale Insurance Services 817 W. Beverly Blvd. Suite 107 Montebello CA 90640	CONTACT NAME: Andy Manale PHONE (A/C, No, Ext): (323) 581-4846 FAX (A/C, No): (323) 581-4844 E-MAIL ADDRESS: certificates@manaleins.com														
INSURED Carbon Activated Corp. 2250 S. Central Ave. Compton CA 90220	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Insurance Company of the West</td><td>27847</td></tr><tr><td>INSURER B:</td><td></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: Insurance Company of the West	27847	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Insurance Company of the West	27847														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WSA 5061179 00	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Waiver of Subrogation applies to Worker's Compensation. 10 day notice will be given in the event of non-payment.

CERTIFICATE HOLDER

CANCELLATION

City of Riverside 2911 Adams Street Riverside, CA 92504	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 Andy Manale/VH <i>Andy Manale</i>
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