

MASTER ENABLING AGREEMENT (04/2021)

This AGREEMENT is made and entered into this **16** day of **June**, **2022** pursuant to the Public Contract Code 10700 *et seq.*, by and between the Trustees of The California State University on behalf of

Campus, hereafter referred to as Trustees, and The California State University, Office of the Chancellor	Amendment No.:	Agreement No.: 20-476	Project No.: Systemwide
Service Provider, hereafter referred to as Service Provider. Brailsford & Dunlavey, Inc.	Telephone No.: (949) 861-8340	CO Vendor ID No.:	License or DIR No.:

WITNESSETH: That the Service Provider in consideration of the statements and conditions herein contained, does hereby agree to furnish all labor, materials, and equipment and to perform all work necessary to complete, in a skillful manner, the following: **Real Estate** Financial Advisory Services.

Agreement No. 20-476, dated July 1, 2021 is hereby amended as follows:

1. This amendment exercises the option to extend the term for an additional three (3) years. The term of this agreement shall be from July 1, 2022 through June 30, 2025 with one (1) renewal option remaining.

Except as amended herein, all terms and conditions of the original Agreement remain unchanged.

The total amount to be expended under this agreement shall be determined by the overall usage by each participating campus an administrative office of the CSU. Payment shall be made in accordance with Rider D, attached to Agreement No. 20-476. The Service Provider shall not perform services in excess of the Agreement without prior written authorization to proceed from the University Contract Administrator of Trustees' Representative.

Service Provider shall report to Contract Administrator Francis Freire, Director Real Estate Development, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802, (562) 951-4204, ffeeire@calstate.edu or Elvyra F. San Juan, Assistant Vice Chancellor (562) 951-4090, esanjuan@calstate.edu.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto, upon date first above written.

Trustees of the California State University					Service Provider				
Campus California State University, 0	Firm Name Brailsford & Dunlayey, Inc.								
By (Trustees Juthorized Signature) Elvyra Sanjulas (1,112, 2022 17:21 PDT)					By (Authorized Signature)				
Printed Name and Title of Person Signing Elvyra F. San Juan, Assistant Vice Chancellor					Printed Name and Title of Person Signing Jeff Turner, Executive Vice President				
Address of Campus Project Administrator 401 Golden Shore, Long Beach, CA 90802				Address of Service Provider 535 Anton Boulevard, Suite 850, Costa Mesa, CA 92626					
Fund Name PS Account PS F TF - Capital Project Management					PS Dept. ID	PS Program	PS Class	PS Project/Grant	
Amount Encumbered \$0 I hereby certify upon my personal knowled expenditures stated above.					budgeted funds o	are available for t	the period and pu	rpose of the Kelly Cox (UVI 13, 2022 08:17 PDT)	
Amount of Increase \$0	Signature	Signature of Accounting Officer Date							
Amount of Decrease \$0		I hereby certify that I have examined the written Agreement and find the same to be in accordance with the requirements of California State University Contract Law. G. ANDREW JONES, General Counsel 07/25/2022							
Total Amount Encumbered \$0	By Attorney Ronnis Jomez Date								

This agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same Agreement. The exchange of copies of this Agreement and of signature pages by electron mail in "portable document format" (".pdf") form or by any other electronic means shall constitute effective execution and delivery of this Agreement and shall have the same effect as copies executed and delivered with original signatures.

JX)J_

Service Agreement 4/22/21



KSANCHEZ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/26/2022

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).

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PRODUCER	CONTACT NAME:					
Ames & Gough 8300 Greensboro Drive	PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No): (7		03) 827-2279			
Suite 980	E-MAIL ADDRESS: admin@amesgough.com					
McLean, VA 22102	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: RLI Insurance Company A+, XII		13056			
INSURED	INSURER B: Continental Insurance Company	A(XV)	35289			
Brailsford & Dunlavey	INSURER C : Admiral Insurance Company		24856			
1140 Connecticut Avenue NW Suite 400	INSURER D:					
Washington, DC 20036	INSURER E:					
	INSURER F:					

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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL S	UBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
Α	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PSB0003063	1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			PSA0001125	1/1/2022	1/1/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	9,000,000
		EXCESS LIAB CLAIMS-MADE			6045827331	1/1/2022	1/1/2023	AGGREGATE	\$	9,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		_
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		PSW0001703	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
		ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Pro	fessional Liab.			EO00000972-25	1/1/2022	1/1/2023	Per Claim/Aggregate		2,000,000
	1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Public Works SW Real Estate MEA Contract#20-476

State of California, the Trustees of the California State University, the University, (or CSU Auxiliary), their officers, employees, representatives, volunteers, and agents are included as additional insured with respect to General Liability, Automobile Liability and Umbrella Liability when required by written contract. General Liability includes Additional Insured coverage for On-Going & Completed Operations as required by written contract. General Liability, Automobile Liability and Umbrella Liability are primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and when required by written contract. General Liability, Automobile Liability, Umbrella Liability and Workers Compensation policies include a waiver SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
California State University Office of the Chancellor 401 Golden Shore	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2nd Floor	AUTHORIZED REPRESENTATIVE
Long Beach, CA 90802	Lones & Raday

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

POLICY NUMBER		NAMED INSURED Brailsford & Dunlavey 1140 Connecticut Avenue NW Suite 400 Washington, DC 20036	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance	

Description of Operations/Locations/Vehicles:

of subrogation in favor of the additional insureds where permissible by state law and when required by written contract. 30-day Notice of Cancellation will be issued for the General Liability, Automobile Liability, Umbrella Liability and Workers Compensation policies in accordance with policy terms and conditions.