

## **CONSULTING SERVICES AGREEMENT**

*(To be used only for Architectural, Engineering or Land Surveying Services.)*

This consulting services agreement ("Agreement") is dated October 8, 2025, and is between the agency and the consultant identified below. The parties agree to each of the terms set forth below (the "Basic Terms") and to each of the terms set forth in the Attachments (as defined below).

1. Parties.

(a) Agency: *(check one)*

- ☒ Contra Costa County for its Department named below
- ☐ Contra Costa County Flood Control and Water Conservation District
- ☐ Contra Costa County Fire Protection District
- ☐ Housing Authority of the County of Contra Costa
- ☐ Contra Costa County Redevelopment Agency

(i) Department *(if applicable)*: Public Works

(ii) Department Head means the individual named below or his or her designee *(check one)*:

- ☐ Director of General Services
- ☒ Public Works Director/Chief Engineer
- ☐ Fire Chief
- ☐ Housing Authority Executive Director
- ☐ Director of Department of Conservation and Development

(iii) Agency Mailing Address: Transportation Engineering Division  
255 Glacier Drive  
Martinez, CA 94553  
Attn: Carl Roner

(b) Consultant's Name & Address: WSP USA Inc.  
3260 Lone Tree Way, Suite 104  
Antioch, CA 94509  
Attn: Bart Littell

(i) Type of Business Entity: Corporation  
(e.g., individual, corporation, sole proprietorship, partnership, limited liability company)

If corporation, add State of incorporation: New York

(ii) Federal Taxpayer I.D. or SSN: 11-1531569

(iii) License Number: 47543

2. Project Name, Number, & Location: Construction Management Services for the Vasco Road Safety Improvement Project  
Phase 2

3. Term. The effective date of this Agreement is October 8, 2025. It terminates on June 30, 2029 unless sooner terminated as provided herein.

4. Payment Limit. Payments under this Agreement cannot exceed: \$ 2,700,000.

- ☐ Health and Safety Code Section 13861 (*Fire Protection District*)  
☐ Health and Safety Code Section 34314 (*Housing Authority*)  
☐ Health and Safety Code Section 33125 (*Redevelopment Agency*)  
☐ Other (*Specify*)

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | General Conditions ( <i>always attached</i> )  |
| <input type="checkbox"/>            | Special Conditions ( <i>optional</i> )   |
| <input checked="" type="checkbox"/> | Appendix A: Scope of Services ( <i>always attached</i> )                                       |
| <input checked="" type="checkbox"/> | Appendix B: Payment Provisions, Project Personnel and Billing Rates ( <i>always attached</i> ) |

7. Signatures. The signatures set forth below attest the parties' agreement hereto:

**CONSULTANT**

**SIGNATURE A**

Consultant's Name:  
WSP USA Inc., a New York Corporation

By \_\_\_\_\_  
(Signature of individual or officer)  
,  
(Print name and title, if applicable)

**SIGNATURE B**

Consultant's Name:  
WSP USA Inc., a New York Corporation

By \_\_\_\_\_  
(Signature of individual or officer)  
  
(Print name and title, if applicable)

**Note to Consultant:** If Consultant is a corporation, two officers must sign the Agreement. The first signature (Signature A) must be that of the chairman of the board, president, or vice-president; the second signature (Signature B) must be that of the secretary, assistant secretary, chief financial officer, or assistant treasurer. (Civil Code Section 1190 and Corporations Code Section 313.) The acknowledgment below must be signed by a Notary Public.

## **ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA )  
 )  
COUNTY OF \_\_\_\_\_)

On \_\_\_\_\_ (Date),

before me, \_\_\_\_\_ (Name and Title of Officer),  
personally appeared, \_\_\_\_\_,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL

Signature of Notary Public

**AGENCY**

**(a) If Agreement is approved by Agency governing body (required if Payment Limit exceeds \$200,000):**

AGENCY,

ATTEST: Clerk of the Board of Supervisors

By \_\_\_\_\_  
Board Chair/Designee

By \_\_\_\_\_  
Deputy

**(b) If Agreement is approved by County Purchasing Agent:**

AGENCY,

By \_\_\_\_\_  
County Purchasing Agent or Designee

**COUNTY APPROVALS**

RECOMMENDED BY DEPARTMENT

FORM APPROVED BY COUNTY COUNSEL

By \_\_\_\_\_  
Designee

By \_\_\_\_\_  
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By \_\_\_\_\_  
Designee