

53834



## FIRST AMENDMENT TO DONATION AND PROFESSIONAL SERVICES AGREEMENT

This First Amendment to Donation and Professional Services Agreement (this "Amendment") is made as of 1/24/2023, by and between CITY OF PITTSBURGH, a municipal corporation of the Commonwealth of Pennsylvania, hereinafter called "CITY", PITTSBURGH LAND BANK, a Pennsylvania land bank created pursuant to the Pennsylvania Land Bank Act, 68 Pa. C.S.A. §§ 2101 et. seq. and located at 412 Boulevard of the Allies, Suite 901, Pittsburgh, Pennsylvania 15219, hereinafter called "PLB", and GRB LAW, a Pennsylvania Professional Corporation located at 525 William Penn Place, Suite 3110, Pittsburgh, PA 15219, hereinafter called "GRB".

WHEREAS, pursuant to that certain Donation and Professional Services Agreement dated as of December 3, 2021 between CITY, PLB, and GRB (the "Agreement"), PLB agreed to donate certain legal services to CITY, and GRB agreed to perform such legal services, upon and subject to the terms and conditions contained in the Agreement; and

WHEREAS, in accordance with Section 4 of the Agreement, CITY, PLB, and GRB desire to amend the Agreement on the terms and conditions hereinafter set forth and have executed and delivered this Amendment for such purpose.

NOW, THEREFORE, in consideration of the foregoing mutual covenants expressed herein and intending to be legally bound hereby, CITY, PLB, and GRB hereby agree as follows:

1. Defined Terms. All capitalized terms not otherwise defined herein shall be deemed to have the meanings ascribed to them in the Agreement.
2. Term of Agreement. The term of the Agreement is extended through December 31, 2023.
3. Section 30 of the Agreement, "Authorizing Resolution," is hereby amended to read as follows:

**AUTHORIZING RESOLUTION:** This Agreement is entered into by the City of Pittsburgh pursuant to Resolution No. 724 of 2021, effective November 1, 2021, and Resolution No. 756 of 2022, effective January 4, 2023.

4. Ratification of Agreement. Except as herein modified and amended, the Agreement has not been otherwise modified or amended, either orally or in writing. As modified by this Amendment, the Agreement and all of the covenants, agreements, terms, provisions and conditions thereof are hereby ratified and confirmed by CITY, PLB, and GRB in all respects. If and to the extent of any conflict or inconsistency between the terms of the Agreement and this Amendment, the terms of this Amendment shall prevail.

5. Governing Law. This Amendment shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania.

6. Successors. This Amendment shall be binding on the legal successors or representatives of GRB, PLB, and CITY.

7. Captions. The titles or captions of the provisions of this Amendment are merely descriptive and are not representations of matters included or excluded from such provisions.

8. Counterparts and Electronic Signatures. This Amendment may be executed in one or more counterparts and each of such counterparts shall, for all purposes, be deemed to be an original, but all such counterparts shall, when taken together, constitute one and the same instrument. This Amendment may be executed by electronic signatures and such signatures shall, for all purposes, be deemed to be an original.

[Remainder of Page Intentionally Blank]

IN WITNESS WHEREOF, the parties hereto, intending to be legally bound hereby, have signed this First Amendment to Donation and Professional Services Agreement as of the date first above written.

**CITY OF PITTSBURGH**

DocuSigned by:  
By: Ed Gainery  
Name: Ed Gainery  
Title: Mayor

DocuSigned by:  
By: [Signature]  
Name: [Name]  
Title: Director of the Department of Finance

**GRB LAW**

DocuSigned by:  
By: Michael G. McCabe  
Name: Michael G McCabe  
Title: Vice President

**PITTSBURGH LAND BANK**

DocuSigned by:  
By: Sushela Nemani-Stanger  
Name: Sushela Nemani-Stanger  
Title: Deputy Executive Director

**APPROVED AS TO LEGAL FORM**

DocuSigned by:  
By: Matt Sanders  
Name: Matt Sanders  
Title: Attorney, Pittsburgh Land Bank

DocuSigned by:  
**EXAMINED BY:** Kristen Erickson  
Name: Kristen Erickson  
Title: Associate City Solicitor

DocuSigned by:  
**APPROVED AS TO FORM:** Krycia Kubiak  
Name: Krycia Kubiak  
Title: City Solicitor

DocuSigned by:  
**COUNTERSIGNED:** Michael E. Larm  
Name: Michael E. Larm  
Title: City Controller

## Updated Certificates of Insurance



GOEHRUT-02

PJGILLESPIE

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
2/24/2022

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).


PRODUCER <b>Henderson Brothers Inc</b> 920 Ft. Duquesne Blvd. Pittsburgh, PA 15222	CONTACT NAME:
	PHONE (A/C, No, Ext): <b>(412) 261-1842</b> FAX (A/C, No): <b>(412) 261-4149</b> E-MAIL ADDRESS: <b>mailroom@hendersonbrothers.com</b>
INSURED  <b>Goehring, Rutter &amp; Boehm</b> 525 William Penn Place Suite 3110 Pittsburgh, PA 15219	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : <b>Travelers Indemnity Company of America</b> <b>25666</b>
	INSURER B : <b>Travelers Property Casualty Company of America</b> <b>25674</b>
	INSURER C : <b>Farmington Casualty Company</b> <b>41483</b>
	INSURER D :
	INSURER E :

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		680-8187H156-22-42	2/28/2022	2/28/2023	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		680-8187H156-22-42	2/28/2022	2/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>5,000</b>			CUP-3152Y148-22-42	2/28/2022	2/28/2023	EACH OCCURRENCE \$ <b>10,000,000</b>
							AGGREGATE \$ <b>10,000,000</b>
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB-3K55694A-22-42-G	2/28/2022	2/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
A	Crime			680-8187H156-22-42	2/28/2022	2/28/2023	Employee Dishonesty \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The City of Pittsburgh is included as an additional insured on the General Liability and Auto Liability when required by written contract. A 30 day notice of cancellation has been requested.

<b>CERTIFICATE HOLDER</b>  City of Pittsburgh Department of Finance ATTN: Director 414 Grant Street Pittsburgh, PA 15219	<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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Client#: 1288237

GOEHRRUT

**ACORD**<sup>TM</sup>

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/09/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Ins Svcs LLC -Prof Lawyer 1007 N. Orange Street, Suite 1115 Wilmington, DE 19801	CONTACT NAME: PHONE (A/C, No, Ext): - j FAX (A/C, No):
	E-MAIL ADDRESS: Jessica.Cyrul@usi.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Allied World Insurance Company	NAIC # 22730
INSURER B : Midvale Indemnity Company	27138
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**INSURED**  
 Goehring, Rutter & Boehm  
 1424 Frick Building  
 437 Grant Street  
 Pittsburgh, PA 15219

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
<b>A</b>	<b>Prof Liab -</b>			<b>03100953</b>	<b>04/17/2022</b>	<b>04/17/2023</b>	<b>\$5,000,000/\$5,000,000</b>	
<b>B</b>	<b>Excess Liab-</b>			<b>LLX4877482900</b>	<b>04/17/2022</b>	<b>04/17/2023</b>	<b>\$5,000,000/\$5,000,000</b> <b>\$25,000 Agg Deductible</b>	

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

This Certificate is issued for insured operations usual to a law firm

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Pittsburgh Department of Finance; Attn: Director 414 Grant Street Pittsburgh, PA 15219	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>Laura J. Z...</i>
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### CERTIFICATION OF DEBARMENT

I, Michael G. McCabe, the undersigned and duly authorized representative, hereby certify that to the best of my actual knowledge, information or belief, neither GRB Law nor any affiliated individual is prohibited from entering a bid or participating in a City of Pittsburgh contract by reason of disqualification as set forth in Pittsburgh Code §161.22(b).

DocuSigned by:  
Michael G. McCabe  
Signature

Vice President

Title

1/16/2023

Date