



## CONTRACT AMENDMENT

1. NAME OF CONTRACTOR City of Olympia	2. CONTRACT NUMBER <b>DOH Contract #DWL23454</b>
1a. ADDRESS OF CONTRACTOR (STREET) P.O. Box 1967 Engineering Coordinator	2a. AMENDMENT NUMBER  <b>1</b>
1b. CITY, STATE, ZIP CODE Olympia, WA 98507-4511	
3. <input checked="" type="checkbox"/> <b>THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS.</b> The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in Item 5 below by mutual consent of all parties hereto.	
4. <input type="checkbox"/> <b>THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS.</b> The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in Item 5 below pursuant to that changes and modifications clause as contained therein.	
5. <b><u>DESCRIPTION OF AMENDMENT:</u></b> The purpose of this amendment is to extend the notice to proceed date to September 1, 2020 and to correct the Time of Performance on the Declarations page from 24 months to 48 months from Contract start date (date of last signature) to Project Completion Date.  5a. <b><u>Declaration Page:</u></b> Revised and attached hereto and incorporated herein.  5b. <b><u>Period of Performance:</u></b> remains unchanged through 10/01/2038.  5c. <b><u>The Effective Date of this Amendment:</u></b> is the <b>Date of Execution</b> .	
6. All other terms and conditions of the original contract and any subsequent amendments thereto remain in full force and effect.	
7. <input type="checkbox"/> This is a unilateral amendment. Signature of contractor is not required below. <input checked="" type="checkbox"/> Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.	
8. CONTRACTOR SIGNATURE (also, please print/type your name)	DATE
9. DOH CONTRACTING OFFICER SIGNATURE	DATE

This document has been approved as to form only by the Assistant Attorney General.

**APPROVED AS TO FORM:**

**CITY ATTORNEY**

## 3. DECLARATIONS

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### 3.1. BORROWER INFORMATION

Legal Name: City of Olympia  
Loan Number: DWL23454  
Award Year: 2016  
State Wide Vendor Number: 0008653

### 3.2. PROJECT INFORMATION (PROJECT)

Project Title: Elliot Reservoir Seismic Upgrades  
Project Location (City or County): Thurston County  
Project State: Washington  
Project Zip Code: 98507

Project Scope of Work (PROJECT): Attachment I, attached hereto and incorporated by reference.

### 3.3. CONTRACT COMMUNICATION

Communications regarding Contract performance is delegated by each party to its Contract Manager. Either party may change its Contract Manager by express notice to the other party. Either party may identify on an as needed basis an alternate Contract Manager to serve during the stated temporary absence of its primary Contract Manager. Notices between the parties regarding Contract performance must be provided by written communication to the other party's Contract Manager. Written communication includes email but not voice mail. Notices are presumed received by the other party's Contract Manager upon evidence of delivery between the hours of 8:00 am to 5:00 pm except for state holidays and weekends.

### 3.4. LOAN INFORMATION

Loan Amount: **\$1,515,000.00**  
Loan Fee (Included in loan amount if applicable): **\$15,000.00**  
Principal Loan Forgiveness %: **0%**  
Loan Term: 20 years  
Interest Rate: 1.5%  
Payment Month(s): **October 1<sup>st</sup> Annually**  
Earliest Date for Construction Reimbursement: One year nine months prior to contract execution  
Time of Performance: **48 months from Contract start date (date of last signature) to Project Completion date.**

Notice to Proceed: 18 months from Contract start date (date of last signature)

### 3.5. FUNDING INFORMATION

Total Funds from BORROWER: To be determined  
Source(s) of Funds from Borrower, with assigned amounts per source: To be determined  
Total State Funds: To be determined  
Total Amount of Federal Award (as applicable): To be determined  
Total Amount of Loan: **\$1,515,000.00**  
Federal Award Date: To be determined  
Federal Award ID # (FAIN): To be determined  
Amount of Federal Funds Obligated by this Action: To be determined

### 3.6. SPECIAL TERMS AND CONDITIONS

N/A