



**Washington State
Department of Transportation**

Transportation Building
310 Maple Park Avenue S.E.
P.O. Box 47300
Olympia, WA 98504-7300
360-705-7000
TTY: 1-800-833-6388
www.wsdot.wa.gov

November 8, 2018

RECEIVED

NOV 15 2018

CITY OF REDMOND
Public Works Administration

Mr. Mike Paul
Assistant Public Works Director
City of Redmond
PO Box 97010
Redmond, Washington 98073-9710

**City of Redmond
Community Facilities District
Improvements (Redmond)
HLP-CNWA(006)
2015-17 Connecting Washington**

Dear Mr. Paul:

Enclosed for your information and file is a copy of Supplement Number 3 to Local Programs State Funding Agreement LA-8964 for the above project between WSDOT and your agency.

This supplement modifies the funding for this project to the amounts shown below:

| PHASE | TOTAL | STATE SHARE |
|--------------|-------------|-------------|
| Construction | \$1,552,006 | \$1,552,006 |

All costs exceeding those shown on this agreement are the sole responsibility of your agency.

All future correspondence relating to the project is to be submitted to your Region Local Programs Engineer, Mehrdad Moini.

Original: M. Hart
Copies: M. Paul
G. Huiskamp
P. Dane
J. Mark

Sincerely,

Stephanie Tax
Manager, Program Management
Local Programs

ST:jg:ml
Enclosure

cc: Mehrdad Moini, Northwest Region Local Programs Engineer, MS NB82-121

AGENCY



**Washington State
Department of Transportation**

**Supplement - Local Programs
State Funding Agreement**

| | | |
|---------------------------------|-----------------------------|-------------------|
| Agency City of Redmond | | Supplement Number |
| Project Number HLP-CNWA(006) | Agreement Number LA-8964 | 3 |

This supplemental agreement is made and entered into
All provisions in the AGREEMENT identified above remain in effect except as expressly modified by this supplement.
The changes to the agreement are described as follows:

Project Description No Change

Name City of Redmond Community Facilities District

Location Overlake community facilities district area

Description of Work No Change

Reason for Supplement

Revise state funding agreement per actual construction award cost.

| Type of Work | Estimate of Funding | | | | |
|---|-------------------------------------|-------------------|---|----------------------------------|---------------------------------|
| | (1) Previous Agreement/Suppl. | (2) Supplement | (3) Estimated Total Project Funds | (4) Estimated Agency Funds | (5) Estimated State Funds |
| PE a. Agency | \$ 198,454.00 | | \$ 198,454.00 | | \$ 198,454.00 |
| b. Other Consultant | \$ 798,822.00 | | \$ 798,822.00 | | \$ 798,822.00 |
| c. Other | | | | | |
| d. State | \$ 26,461.00 | | \$ 26,461.00 | | \$ 26,461.00 |
| e. Total PE Cost Estimate (a+b+c+d) | \$ 1,023,737.00 | \$ 0.00 | \$ 1,023,737.00 | \$ 0.00 | \$ 1,023,737.00 |
| RW f. Agency | | | | | |
| g. Other | | | | | |
| h. Other | | | | | |
| i. State | | | | | |
| j. Total R/W Cost Estimate (f+g+h+i) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| CN k. Contract | \$ 1,106,082.00 | \$ 48,709.00 | \$ 1,154,791.00 | | \$ 1,154,791.00 |
| l. Other CN mgmt consultant | \$ 86,177.00 | | \$ 86,177.00 | | \$ 86,177.00 |
| m. Other Consultant Inspection | \$ 108,000.00 | | \$ 108,000.00 | | \$ 108,000.00 |
| n. Other | | | | | |
| o. Agency | \$ 139,478.00 | | \$ 139,478.00 | | \$ 139,478.00 |
| p. State | \$ 63,560.00 | | \$ 63,560.00 | | \$ 63,560.00 |
| q. Total CN Cost Estimate (k+l+m+n+o+p) | \$ 1,503,297.00 | \$ 48,709.00 | \$ 1,552,006.00 | \$ 0.00 | \$ 1,552,006.00 |
| r. Total Project Cost Estimate (e+j+q) | \$ 2,527,034.00 | \$ 48,709.00 | \$ 2,575,743.00 | \$ 0.00 | \$ 2,575,743.00 |

AGENCY BY: [Signature]
 Title: FINANCE DIRECTOR
 Date: 10/17/18

STATE BY: [Signature]
 Director, Local Programs
 Date: NOV 02 2018

City Agreement Routing Form

The Project Administrator should complete the top section of this form, once Department Head/Designee signature has been obtained, attach the specified number of agreement originals to this form (have the contractor/supplier sign all original copies before routing) and forward the documents to the City Clerk for internal city routing. The City Clerk will route the agreement to the Risk Manager for approval of insurance and indemnification requirements, to the City Attorney for approval as to legal form and to the Mayor for signature. The City Clerk will then attest/authenticate the Mayor's signature and will forward this form and remaining agreement(s) to Project Administrator.

Project Title: Eastbound 520 40th/51st Ramp Split : Construction Funding Agreement Supplement
Type of Service: Grant, WSDOT Connecting Washington

Supplier/Contractor Name: WSDOT

Contract/Agreement Amount, Original: \$5,000,000 Amended Amount: \$1,552,006 - subobligation of the \$5million

Council Approval Date: July 19, 2016 Nature of Funding: WSDOT Connecting Washington


Project Administrator: Peter Dane MailStop: 4 SPL Phone: 2816

Anticipated Agreement Start Date: 11/9/18 Estimated Completion Date: _____

Does this contract contain the purchase of technology related items/services? YES NO
If Yes, route to: I.S. Manager (3SFN)

I.S. Signature: _____ Date: _____

Will federal funds be used to pay for all or part of contract? YES NO
If Yes, check for debarment at www.sam.gov
(print results and keep a copy in project file)

Department Head/
Designee Signature:  Date: 10/11/18

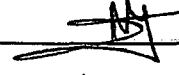
Comments:

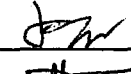
Account Numbers/
Distribution

NIGP/Commodity Code: _____

ROUTING PROCESS: (2 copies)


To: City Clerk _____ Date _____
(for routing and tracking)

Risk Manager  Date 10/16/18
(Signature or initials)

City Attorney  Date 10/16/18
(Signature or initials)

(Note: If contract exceeds Mayor's authorized signing limits, route to City Clerk (3NFN) for council approval)

Mayor _____ Date _____
(Signature or initials)

City Clerk  Date 10/18/18
(Signature or initials)

NOTE: The agreement becomes fully executable once the Mayor has signed it. The Project Administrator may then forward one set of originals to the Contractor/Consultant and work may begin. The City's original will be retained by the City Clerk. Once all signatures have been obtained, forward a copy of this form to Accounts Payable, with payment instructions.

Finance use ONLY Supplier Id Date Received Agreement # 8025-3



**Washington State
Department of Transportation**

**Supplement - Local Programs
State Funding Agreement**

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AGENCY BY: [Signature]
 Title: FINANCE DIRECTOR
 Date: 10/17/18

STATE BY: _____
 Director, Local Programs
 Date: _____