



INTRLOC_00 WSDOT

File Location

Vendor Name

Document Type: Interlocal Amendment

Vendor Name: WSDOT

PO# Location: INTRLOC-001

Effect Date: 12/31/2014

Term Date: 12/31/2015

CR#: 53862

Related CR#: 46711

Ordinance: _____

Resolution: _____

Leg Date: _____

Vendor #: 34166

Description: AMD#1 2010-2015 COOPERATIVE AGREEMENT GCA 6494 PROJECT
COORDINATOR FOR SR 520 MEDINA TO SR 202
PO 1050411-001 X-REF 46711

WSDOT
12/31/2015

INTRLOC_00
INTRLOCAL AGREEMENTS
12/31/2015

9001 747 24

Notes:

GCA 6494, AMENDMENT NO. 1

**Washington State Department of Transportation
and the City of Bellevue**

**COOPERATIVE AGREEMENT
For the City of Bellevue Project Coordinator
for the SR 520 MEDINA TO SR 202: EASTSIDE TRANSIT AND HOV PROJECT**

This Amendment No. 1 is entered into by the City of Bellevue, a municipal corporation (City) and the State of Washington Department of Transportation acting by and through the Secretary of the Department of Transportation (State), collectively referred to as either the "Parties" or individually referred to as the "Party."

WHEREAS, the Parties entered into the original Agreement, on October 10, 2010; and

WHEREAS, the provisions of Section 11, Amendments, allow for changes to the Agreement, provided they are mutually agreed upon by the Parties in writing; and

WHEREAS, *there is a continuing need for the city to coordinate on matters related to the PROJECT*, and

WHEREAS, the Parties currently estimate the need for City participation shall be needed through December 31, 2015, and

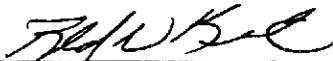
NOW, THEREFORE, pursuant to RCW 47.28.140, and in consideration of the terms, conditions, covenants, and performances contained herein, or attached and incorporated and made a part hereof, IT IS MUTUALLY AGREED AS FOLLOWS:

1. **Scope of Work**, Section 5.2 is hereby deleted and replaced with the following:
 - 5.2 The City Project Coordinator shall represent the City in design-build task force meetings and ongoing informal reviews during the design and construction of the Project, which is estimated to be between December 2010 and December 2015. The City Project Coordinator shall be responsible for informing the appropriate City staff of discussions and decisions made at task force meetings.
2. All other terms and conditions of the original Agreement shall remain in full force and effect, except as modified by this Amendment No. 1.
3. The signatories below represent that they have the authority to bind their respective agencies to this Amendment No 1.

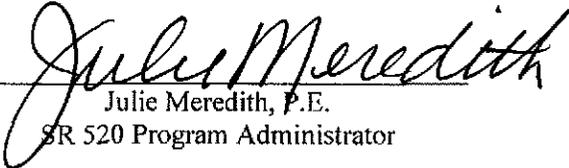
IN WITNESS WHEREOF, the PARTIES hereto have executed this Amendment No. 5 as of the PARTY's date last signed below.

CITY OF BELLEVUE

STATE OF WASHINGTON
DEPARTMENT OF TRANSPORTATION



for David Berg, P.E.
Transportation Department Director



Julie Meredith, P.E.
SR 520 Program Administrator

7/23/15

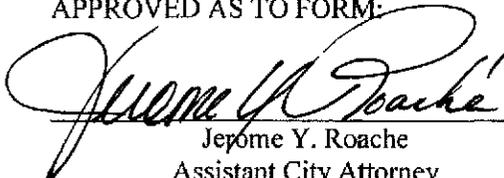
Date

7/23/15

Date

APPROVED AS TO FORM:

APPROVED AS TO FORM:



Jerome Y. Roache
Assistant City Attorney



Deborah L. Cade
Assistant Attorney General

7/23/15

Date

6/4/15

Date

CR# 53862 Date: 8-12-15 PO # & Loc: 1050411-001



City of Bellevue
Finance Department - Procurement Services
450 110th Ave. NE. Bellevue, WA 98004

Contract Routing Form

Current Contract Information:

Contract Title: GCA 6494, Amendment No. 1
Contract Description: Cooperative Agreement GCA 6494 Project Coordinator for SR 502 Medina to SR 202 - Amendment No.1
Total Contract Value:
This Amendment Value:
Department: Transportation - 647
Contract Manager: Rick Logwood
Contract Type: Interlocal Agreement (ILA)
Contract Form: Vendor contract document
Budget Expenditure: Revenue
Maximo User:

Vendor Information:

New Vendor?
Vendor Name: WSDOT
JDE Vendor Number:
Independent Contractor? Yes
Tax ID#:
COB License #:
UBI #:
Contractor's Lic. #:

Contract Term:

Original Effective Date: 09/20/2010
End Date: 12/31/2015
Subject To:

Council Approval:

Does this contract require council approval? No

Route:

	<u>In</u>	<u>Out</u>
Procurement Services: <u>J. Robinson</u>	<u>7/23</u>	<u>7/23</u>
Information Technology: <u>Not Required</u>		
Legal: <u>J. McCracken</u>		
Insurance Reviewed By: <u>NA</u>	<u>7/23</u>	<u>7/23</u>
Department Director: <u>B. White</u>	<u>7/23</u>	<u>7/23</u>
Procurement Services: <u>J. Robinson</u>	<u>7/23</u>	<u>7/23</u>
Return To: <u>Rick Logwood</u>		
City Clerk's Office: <u>M-Tomow</u>	<u>8-12-15</u>	<u>8-12-15</u>

CONTRACT REVIEW CRITERIA

- | Dept. | PS | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Contract Routing/Approval Form and Contract have consistent information? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Contract Type and template appropriate for the services performed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the contract values (i.e aggregate values, yearly budget totals, taxable amounts, acct. numbers, etc.) accurate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the JDE vendor name and number accurate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Company have a Bellevue Business License? If not, date Tax Office was notified? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | If the Company's Tax ID# appears to be a SS#, or if we are paying an individual, make a copy of the Routing Form and interoffice to Gail Davila in HR. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the Contract Start/End Dates comply with current policies (maximum 4 years unless exception noted)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this an amendment or renewal? If so, are the original contract #'s and values indicated? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the Selection Method been explained in Additional Comments? Are results attached? |
| <input type="checkbox"/> | <input type="checkbox"/> | If there is an ordinance/resolution/motion for this contract, are the date and # noted and a copy attached? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the contractor meet requirements of the Independent Contractor Threshold question? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is Attachment "A" (Scope of Work and/or Services) attached? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is Attachment "B" (Insurance Requirements) attached? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any additional riders required? If so, which one's? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does Insurer have a Best rating of A- or better? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Contractor identified as the insured? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Contractor have Commercial General Liability, Commercial Auto Liability, Worker's Compensation, and Employer's Liability/Stop Gap and special coverages as required? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the policy expiration date(s) on the Certificate of Insurance current? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Contractor have a self-insured retention? Is it above \$50,000? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the City listed as the Certificate Holder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Certificate signed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the City of Bellevue (& contracting partners) listed as an additional insured on the Certificate of Insurance? Is the additional insured status primary and non-contributory? |
| <input type="checkbox"/> | <input type="checkbox"/> | If this contract requires the payment of Prevailing Wages, are current Wage Rates referenced in Attachment "C"? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Contractor have an open account with the Washington State Department of Revenue? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the Contractor's worker's compensation premiums current? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Vendor have an active Professional/Contractor License with the Washington State Department of Licensing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Vendor on the Federal Debarred Suspended List? |

RISK MANAGEMENT:

- Are the Insurance Requirements (Attachment B) appropriate for Scope of Work?
- Does the Contractor's Certificate of Insurance comply with the requirements?
- Are there any Limitations of Liability clauses or other risk transfer language problems that shift risk back to the City?
- Does the Hold Harmless clause include language referencing Title 51 releases?



CONTRACT FACE SHEET

- Document Type:**
- | | |
|--|--|
| <input type="checkbox"/> Contract | <input type="checkbox"/> Franchise Agreement |
| <input type="checkbox"/> MOU | <input type="checkbox"/> Right of Way Use Agreement |
| <input checked="" type="checkbox"/> Interlocal Agreement | <input type="checkbox"/> Lien |
| <input type="checkbox"/> Notice of Acceptance | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> Retainage | <input type="checkbox"/> Collective Bargaining Agreement |

- Status:**
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Cancellation |
| <input type="checkbox"/> Change Order | |

***Vendor Name:** WSDOT

***JDE PO Number:** 1050411 - 001

***Effective Date:** 09/20/2010

***Termination Date:** 12/31/2015

Amendment Effective Date: 2014-12-31T00:00:00

***Clerk's Receiving Number:** _____

Related Receiving Number: _____

Bid/RFP/RFQ/ITQ Number: _____

Ordinance Number: _____

Resolution Number: _____

CIP Number: _____

Project Name: GCA 6494, Amendment No. 1

Site Name: _____

Vendor Number: _____

File Location: _____

*Denotes mandatory fields. If referring to Retainage, please indicate the Termination Date same as the Contract Termination Date

Face Sheet Date: _____
Scan Date: _____
Index Date: _____