

## SECOND AMENDMENT TO LEASE AGREEMENT

**THIS SECOND AMENDMENT TO LEASE AGREEMENT** ("Lease") is made and entered into by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the "City" or "Lessee") and **DENVER HEALTH AND HOSPITAL AUTHORITY**, a body corporate and political subdivision of the State of Colorado, whose address is 777 Bannock Street, Mail Code 0278, Denver, Colorado 80204 ("DHHA" or "Lessor") (collectively, "the Parties").

### WITNESSETH:

**WHEREAS**, the Parties entered into a Lease Agreement dated October 30, 2015, and an Amendment to Lease Agreement dated November 9, 2018 (collectively, the "Agreement") to lease a portion of the space, Lease Premises, to the City for use by the Medical Examiner to conduct autopsies, forensic analysis, and for office space; and

**WHEREAS**, the Parties wish to amend the Agreement to correct the total of the contract amount, and update paragraph 19-No Discrimination in Employment.

**NOW THEREFORE**, in consideration of the premises and the Parties' mutual covenants and obligations, the Parties agree as follows:

1. Article 3 of the Lease Agreement entitled "**RENT:**" is amended to read as follows:

**"3. RENT:** Rent shall be paid by the City monthly to DHHA as follows:

Monthly Rent years 1-2: \$102,747.21/month

Monthly Rent years 3-8: \$137,090.00/ month

Monthly Base Rent years 9-10: \$12,083.33/month calculated at \$5.00/square foot/year

**Total Contract Amount (includes Operating Expenses from 5/1/2018 through 12/31/2025) is \$14,454,711.63.**

Rent in years 1 through 8 includes payment for DHHA provided tenant improvements valued at \$13,938,540.00 amortized over 8 years at 2.5% interest. The tenant improvement costs are based on actual of the cost of constructing the tenant improvements amortized over 8 years at 2.5% interest less payments made to DHHA in preceding years totaling \$4,877,233.00. This Lease

Agreement will be amended to reflect rental payments based on actual cost of the tenant improvement. The City shall have the right to pre-pay remaining principal balance of the tenant improvement costs early in accordance with the amortization schedule attached as **Exhibit C-1**, in which case the Monthly Rent will be considered paid in full through the end of year **8**.”

2. Article 19 of the Agreement entitled “**NO DISCRIMINATION IN EMPLOYMENT**” is hereby deleted in its entirety and replaced with:

“**19. NO DISCRIMINATION IN EMPLOYMENT:** In connection with the performance of work under this Lease, DHHA agrees not to refuse to hire, discharge, promote, demote, or discriminate in matters of compensation against any person otherwise qualified, solely because of race, color, religion, national origin, ethnicity, citizenship, immigration status, gender, age, sexual orientation, gender identity, gender expression, marital status, source of income, military status, protective hairstyle, or disability; and further agrees to insert the foregoing provision in all subcontracts hereunder.”

3. As herein amended, the Agreement is affirmed and ratified in each and every particular.

4. This Second Amendment to Lease Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]**

**Contract Control Number:**

FINAN-202367452-02 (Alfresco 201524424-02)

**Contractor Name:**

DENVER HEALTH AND HOSPITAL AUTHORITY

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at  
Denver, Colorado as of:

**SEAL**

**CITY AND COUNTY OF DENVER:**

**ATTEST:**

By:

---

---

**APPROVED AS TO FORM:**

**REGISTERED AND COUNTERSIGNED:**

Attorney for the City and County of Denver

By:

By:

---

---

By:

---

**Contract Control Number:**  
**Contractor Name:**

FINAN-202367452-02 (Alfresco 201524424-02)  
DENVER HEALTH AND HOSPITAL AUTHORITY

By: Please see attached signature page

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)

**Contract Control Number:**  
**Contractor Name:**

FINAN-202367452-02 (Alfresco 201524424-02)  
DENVER HEALTH AND HOSPITAL AUTHORITY

By: Faraz Khan

Name: Faraz Khan  
(please print)

Title: CFO  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)