

SECOND AMENDATORY AGREEMENT

THIS AMENDATORY AGREEMENT is entered into between the **CITY AND COUNTY OF DENVER** (the "City"), a municipal corporation of the State of Colorado, and **STANLEY CONSULTANTS, INC.** (the "Design Consultant" or "Consultant"), an Iowa corporation registered to do business in Colorado, whose address is 8000 South Chester Street, Suite 500, Centennial, Colorado 80112.

RECITALS:

A. The Parties entered into an Agreement dated August 30, 2018 and a First Amendatory Agreement dated December 17, 2019 (collectively, the "Agreement") to provide professional design services described in the **Exhibit A Scope of Work**; and

B. The Parties wish to amend the Agreement to extend the term of the Agreement.

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

1. Section 4.01 of the Agreement, entitled "**Term**," is hereby deleted in its entirety and replaced with:

"4.01. Term.

This Agreement will commence on November 1, 2018, and expire on April 30, 2022, unless sooner terminated as provided in this Agreement."

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

3. This Second Amendatory 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.

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Contract Control Number: DOTI-202160653-02[201843158-02]
Contractor Name: STANLEY CONSULTANTS, INC.

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:

DOTI-202160653-02[201843158-02]
STANLEY CONSULTANTS, INC.

By: DocuSigned by:
sarah zarzecki
8AAA2F4280FF4AF...

Name: sarah zarzecki
(please print)

Title: Denver Transportation Department Manager
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)