

AGREEMENT NUMBER	AM. NO.		
SFB0032-RA027	1		
TAXPAYERS FEDERAL EMPLOYER IDENTIFICATION NO.			
94-6000403			

STANDARD AGREEMENT

(RA 3/2018)

THIS AGREEMENT, made and entered into	o this ^{17th} day o	August	, 2023	in the State of California, by and
between the San Francisco Bay Restoration		al public entity, thro	ugh its duly appo	inted
TITLE OF OFFICER ACTING FOR PUBLIC ENTITY	PUBLIC ENTITY			
Executive Officer	San Francisco H	Bay Restoration	Authority	, hereafter called the Authority, and
GRANTEE'S NAME	•			
City of Richmond				, hereafter called the Grantee.

The Grantee and the Authority hereby agree as follows:

The San Francisco Bay Restoration Authority ("the SFBRA") and City of Richmond ("the grantee") agree to amend their existing Agreement No. SFB0032-RA027 as follows:

The amount of this agreement is increased to \$4,600,000 (four million six hundred thousand dollars).

All other terms of the existing agreement shall remain in effect.

The provisions on the following pages constitute a part of this agreement. IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.					
GRANTOR		GRANTEE			
AGENCY		GRANTEE (If other than an individual, state whether a corporation, partnership, etc.)			
San Francisco Bay Restoration Aut	hority	City of Richmond			
BY (Authorizesigniousture)		BY (Authorizagh Signature)			
& Any Hutzel		es Raht (m)			
PRINTED NAME OF PERSON SIGNING	~	PRINTED SHOPF OF PERSON SIGNING			
Amy Hutzel, Interim Executive Officer		Daniel Chavarria, Public Works Director			
ADDRESS & PHONE NUMBER		ADDRESS			
1515 Clay Street, 10 th Floor		450 Civic Center Plaza			
Oakland, CA 94612		Richmond, CA 94804			
Phone: (510) 286-1015		Phone: (510) 620-6530			
AMOUNT ENCUMBERED BY THIS DOCUMENT	PROGRAM/CATEGORY (CODE AN	ID TITLE)			
\$2,300,000.00	Measure AA				
PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT	WORK ITEM NUMBER				
\$2,300,000.00	441-1784-19-5850				
TOTAL AMOUNT ENCUMBERED TO DATE	PROJECT NAME				
\$4,600,000.00	Terminal Four Wharf Removal Project				
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.					
PRINTED NAME AND TITLE OF PERSON SIGNING	SIGNATURE	JocuSigned by:	DATE		
Suzanne Bode Accounting Mgr 🖉 Suzanne Bode 8/18/2023					

GRANTEE	ACCOUNTING	PROJECT MANAGER	AGREEMENT FILE