SECOND AMENDMENT TO AGREEMENT

This Amendment of the Agreement, entered into this 1st day of March, 2016, by and between the CITY OF ALAMEDA, a municipal corporation (hereinafter "City") and SLR INTERNATIONAL CORPORATION, a Washington Corporation whose address is 110 11th Street, 2nd Floor, Oakland, CA 94607 (hereinafter "Consultant"), is made with reference to the following:

RECITALS:

- A. On the 10th day of January, 2015, an agreement was entered into by and between City and SLR International Corporation (hereinafter "Agreement").
- B. On the 25th day of July, 2015, a first amendment was entered into by and between City and SLR International Corporation (hereinafter "Amendment").
- C. City and Consultant desire to amend the Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, it is mutually agreed by and between and undersigned parties as follows:

- 1. Section 2 ("Services to be Performed") of the Agreement is amended to read as follows: "Consultant shall perform each and every service set forth in Exhibit A, Exhibit A-1, and Exhibit A-2, the Consultant's letter dated January 28, 2016, which is attached hereto and incorporated herein by this reference."
- 2. Section 3, first and third Paragraph ("Compensation to Consultant") of the Agreement are amended to read as follows:

"Consultant shall be compensated for services performed pursuant to this Agreement, as amended, in the amount set forth on Exhibit B, Exhibit B-1, and B-2, which are attached hereto and incorporated herein by this reference. Payment shall be made by checks drawn on the treasury of the City, to be taken from the Jean Sweeney Open Space Park CIP Fund 91309."

"Total compensation for work is \$363,610, including a 5 percent contingency in the amount of \$13,835 as based on the total amount set forth on Exhibit B-2. Use of contingency shall be for items of work outside the original scope and requires prior written authorization by the City."

3. Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect.

Signatures on next page

IN WITNESS WHEREOF, the parties hereto have caused this modification of Agreement to be executed on the day and year first above written.

By Str. 7 Jan. By	SLR INTERNATIONAL CORPORATION A Washington Corporation	CITY OF ALAMEDA A Municipal Corporation
RECOMMENDED FOR APPROVAL: By Title Intern Asst. City Manage APPROVED AS TO FORM: City Attorney By By MR	By Stu7 Your	Ву
Title Jecretary Measurer By Title Intern Asst. City Manage APPROVED AS TO FORM: City Attorney By By MR	Title President	Title
APPROVED AS TO FORM: City Attorney By R	By Gomandi	RECOMMENDED FOR APPROVAL:
City Attorney By	Title Secretary Mreasurer	By Title Intern Asst. City Manager
Title Sv. Assist. City Attorney		City Attorney
		Title Sr. Assist- City Attorney

EXHIBIT A - 2



January 28, 2016 P109

Ms. Amy Wooldridge Alameda Recreation and Parks Director 2226 Santa Clara Avenue Alameda, CA 94501.

Re: Additional Scope of Work for Jean Sweeney Open Space Park, Alameda Remediation

Dear Ms. Wooldridge:

Following up on three sets of comments by the Department of Toxic Substance Control (DTSC) on SLRs workplan for Site Investigation for Alameda's Recreation and Parks Department (ARPD) plan to create a new 25-acre park (Jean Sweeney Open Space Park)(Site), this update budget request presents costs reflecting DTSCs comments on the workplan.

BACKGROUND

In late August 2015, SLR submitted a workplan for limited site investigation at the Site to DTSC. In October 2015, DTSC provided several sets of comments in the redline form to the workplan. A detail response to comment letter is included as an attachment to this proposal. Also we've included a summary sampling and analysis plan associated with changes DTSC has requested.

SCOPE OF WORK

The July scope of work included the following:

- Complete 25 direct-push soil borings on the Site, to approximately 7 feet below grade (fbg). Three soil samples will be collected from each boring at approximately the following depths:
 - surface 0.5 fbg,
 - 2.0 2.5 fbg, and
 - 5.0 7 fbg.
- 2. Perform utility clearance in sampling locations
- 3. Survey sampling locations
- 4. Perform laboratory analytical testing for polynuclear aromatic hydrocarbons (PAHs), pesticides and herbicides on the upper two soil samples, hold the 3rd sample for analysis only if the upper two exceed regulatory thresholds.
- 5. Dispose of drilling debris.
- 6. Tabulate Data in table format

The additional scope of work is due to the DTSC comments on the draft workplan submitted in September 2015. DTSC provided redline response. Additional scope of work carries the following elements.

- 1. Map the railroad ballast onsite. Modify the sampling program to include testing for lead and arsenic for soil below the ballast area and also characterize the ballast.
- 2. Develop an accurate measurement of the soil stockpiles to allow for development of a proper sampling grid.
- 3. Perform geophysical survey on the following areas:
 - a. Maintenance areas to find the 3rd maintenance pit and pinpoint the location and footprint of the two known pits.
 - b. Verify presence of suspected UST near the Yard House
 - c. Locate backfilled excavation cavity from the spill response in 2007. The report did not survey the location of the backfill and did not provide a scaled map and DTSC is requesting additional characterization due to presence of COCs in sidewall samples above the regulatory limits. Once the extent is identified the analytical program will commence.
- 4. Building perimeter sampling in accordance with DTSC guidelines associated with
 - a. Burned down maintenance building; DTSC is requesting Dioxin, lead and asbestos sampling
 - b. Yard House
 - c. Wood Street Building Foundation
- 5. Additional Field Investigation Consisting resulting in increase of number of borings from 25 to 71 either hand augered or direct push borings of:
 - a. Identified Surficial Staining Throughout the Site
 - b. Sampling of the soil stockpiles
 - c. Sampling of the soil potentially impacted by Railroad Ties
 - d. Soil and groundwater characterization in the maintenance Area
 - e. Soil and groundwater characterization in the above ground AST Area
 - f. Soil in the Eastern Lead Impacted Area
 - g. Soil and groundwater in the Spill excavation area
 - h. Biased and smaller grid in the site wide sampling
 - i. Additional testing of ballast material for presence of lead and TPH.
 - j. Additional testing of surface soils in 28 borings for presence of VOCs PCBs, (selective CAM 17 metals), TPH Diesel and Gasoline.
- 6. In addition, we have included costs for preparation of the site investigation report, data interpretation and preparation of a DRAFT and Final Remedial Action Workplan.
- 7. We have also provided costs for providing field activities associated with assisting the City with bid development and bid walks; oversight during site remediation which includes activities such as field confirmation sampling, dust monitoring, regulatory interaction; and preparation of Remedial Action Completion Report (RACR) which documents all the field activities and placement of contaminated soil along with results of confirmation testing.

SCHEDULE AND AUTHORIZATION

SLR is prepared to begin working on this project as soon as written authorization is received.

SLR appreciates the opportunity to provide consulting services to the City of Alameda's Recreation and Parks Department (ARPD). Please call (510) 451-1761 ext. 201 if you have any questions.

Sincerely,

SLR International Corporation

Ahm Buppin

Mohammad Bazargani P.E.

Managing Principal

Enc: Exhibit 1:.DTSC Response Letter

Exhibit 2: Sampling and Analysis Plan with DTSC Comments

EXHIBIT B-2

ESTIMATED COST

The following tasks will be performed by SLR to complete the scope of work defined above. Majority of the costs are associated with analytical costs (nearly 60K), drillers (13K) and ground penetrating radar (8k).

Task	Description	Cost
1	Site Investigation Workplan And Permitting	\$9,500
2	Site Investigation and Data Tabulation	\$122,200
3	Preparation of RAW/Site Investigation Report	\$45,000
4	Field Oversight, Regulatory Interaction During Implementation, Confirmation Sampling and Preparation of RACR	\$100,000
ТОТА	AL	\$276,700

ASSUMPTIONS

This cost estimate is based on the following assumptions:

- 1. Costs are based on sampling the borings at surface and 2.5 feet. If the data shows that the deeper samples also need to be analyzed costs will increase.
- Costs are based on analytical program for constituents identified in the workplan. At this point we don't anticipate DTSC requiring additional investigation beyond what is provided here or adding additional constituents to the sampling program.
- 3. Costs are not to exceed based on our current understanding of the project barring any unforeseen conditions, such as discovery of underground storage tanks, or items and findings during task 2 that may trigger additional site testing and investigation.

SLRINTER

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:			
Kibble & Prentice, a USI Co	PHONE (A/C, No, Ext): 206 441-6300	FAX (A/C, No): 61		
601 Union Street, Suite 1000 Seattle, WA 98101	E-MAIL ADDRESS: CL.CertRequest@usi.biz			
	INSURER(S) AFFORDING COVERAGE		NAIC#	
	INSURER A: Aspen Specialty Insuran	10717		
SLR International Corporation 1800 Blankenship Road, Suite 440 West Linn, OR 97068	INSURER B : Alaska National Insurance	38733		
	INSURER C : Old Republic Insurance Company		24147	
	INSURER D : Continental Casualty Company		20443	
	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION	ON NUMBER:		

ISR TR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
`	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC		ERAFWK015			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$1,000,000 \$25,000 \$1,000,000 \$2,000,000 \$2,000,000 \$2,000,000
	X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X AUTOS X AUTOS X AUTOS X AUTOS		STY OF ALAME Risk Management		12/01/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$ WORKERS COMPENSATION	Lucr	etia Akii, City Risk M		12/01/2016	EACH OCCURRENCE AGGREGATE X WC STATU- TORY LIMITS ER	s s
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	MWC30577500 WA Stop Gap	and the second second		E.L. DISEASE - POLICY LIMIT	s1,000,000
A	Professional Liab Claims-Made		ERAFWK015	12/01/2015	12/01/2016	1,000,000 Each Clai 2,000,000 Aggregate	m

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The General Liability and Automobile Liability policies include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, its City Council, boards and commissions, officers, employees and volunteers, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured. The General Liability and Automobile Liability policies provide a Blanket Waiver of Subrogation when required by written contract, except as prohibited by law. 30 Written notice of cancellation if required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Alameda 2226 Santa Clara Avenue Alameda, CA 94501-0000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – V PRIMARY AND NON-CONTRIBUTORY

It is hereby agreed that the Policy is amended as follows solely as respects Coverage Section 1., Coverage 1A (Bodily Injury and Property Damage) and Coverage 1B (Personal and Advertising Injury):

SCHEDULE

Name of Person or Organization:

Blanket where required by written contract

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The persons or organizations shown in the Schedule above are insureds under § III. WHO IS AN INSURED, paragraph F. of this Policy subject to all the terms and conditions of that paragraph.

With respect to the persons or organizations shown in the Schedule above, this Policy shall be primary and non-contributory with any other valid and collectible insurance available to such persons or organizations.

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All other terms and conditions of this Policy remain unchanged.

ASPER219 0313

Page 1 of 1



POLICY NUMBER: 5099135179

COMMERCIAL AUTO CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 12/01/2015	Countersigned By:
Named Insured: SLR International Corporation	
	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

ANY PERSON OR ORGANIZATION THAT THE NAMED INSURED IS OBLIGATED TO PROVIDE INSURANCE WHERE REQUIRED BY A WRITTEN CONTRACT OR AGREEMENT IS AN INSURED, BUT ONLY WITH RESPECT TO LEGAL RESPONSIBILITY FOR ACTS OR OMISSIONS OF A PERSON OR ORGANIZATION FOR WHOM LIABILITY COVERAGE IS AFFORDED UNDER THIS POLICY.

FALAMEDA

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. WAIVER OF TRANSFER OF RIGHTS OF RECOVERY

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)			
Blanket where required	by written contract		

It is hereby agreed that "any person or organization" referred to in the waiver of rights of recovery contained in the last sentence of Section VI. CONDITIONS, paragraph O., Subrogation, includes the person or organization listed in the above Schedule.

All other terms and conditions of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: SLR International Corporation

Endorsement Effective Date: 12/01/2015

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

ANY PERSON OR ORGANIZATION FOR WHOM OR WHICH YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER FROM US. YOU MUST AGREE TO THAT REQUIREMENT PRIOR TO LOSS.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

CITY OF ALAMEDA

Lucretia Akil, City Risk Manager

CA 04 44 03 10



Business Auto

Endorsement Declaration

POLICY NUMBER

COVERAGE PROVIDED BY

PROM - POLICY PERIOD - TO

C 5099135179 CONTINENTAL CASUALTY COMPANY

333 S. WABASH

CHICAGO, IL. 60604

12/01/2015 12/01/2016

INSURED NAME AND ADDRESS

SLR INTERNATIONAL CORPORATION

1800 BLANKENSHIP RD

SUITE 4

WEST LINN, OR 97068-4172

AGENCY NUMBER

074894

AGENCY NAME AND ADDRESS

KIBBLE & PRENTICE 601 UNION ST, STE 10

PO BOX 370 (98111) SEATTLE, WA 98101

Phone Number: (206)441-6300

BRANCH NUMBER

050

BRANCH NAME AND ADDRESS

SEATTLE BRANCH

999 THIRD AVENUE, STE 2500

SEATTLE, WA 98104

Phone Number: (206)587-2600

This endorsement changes your policy. Please read it carefully.

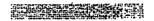
This endorsement results in no change in premium .

Audit Period is Not Auditable



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POLICY NUMBER C 5099135179 INSURED NAME AND ADDRESS
SLR INTERNATIONAL CORPORATION
1800 BLANKENSHIP RD
SUITE 4
WEST LINN, OR 97068-4172



POLICY NUMBER c 5099135179

INSURED NAME AND ADDRESS SLR INTERNATIONAL CORPORATION 1800 BLANKENSHIP RD SUITE 4

WEST LINN, OR 97068-4172

FORMS AND ENDORSEMENTS SCHEDULE

The following forms have been added to this policy .

FORM NUMBER

FORM TITLE

G56015B

11/1991

ENDORSEMENT EFFECTIVE 12/01/2015

CNA68021XX

02/2013 Notice of Cancellation to Certificate Holders



countersignature

3 of Page

POLICY NUMBER C 5099135179

INSURRED NAME AND ADDRESS SLR INTERNATIONAL CORPORATION 1800 BLANKENSHIP RD SUITE 4

SUITE 4 WEST LINN, OR 97068-4172

MED.

POLICY CHANGES

ENDORSEMENT EFFECTIVE 12/01/2015

This Change Endorsement changes the Policy. Please read it carefully. This Change Endorsement is a part of your Policy and takes effect on the effective date of your Policy, unless another effective date is shown.

NOTICE OF CANCELLATION TO CERTIFICATEHOLDERS

It is understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificateholders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificateholder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

Chairman of the Board

Josephan Komiton

NOTICE OF CANCELLATION TO CERTIFICATEHOLDERS

Itis understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificateholders at least 30 days inadvance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificateholder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability crobligation upon us or the Agent of Record.



Insured: SLR International

Policy: 15LWS09966

EXTENDED NOTICE OF CANCELATION

This endorsement modifies insurance provided under the Workers Compensation and Employers Liability Insurance policy.

PART SIX – Conditions, D. Cancelation, or any amendment thereto, is increased to require the number of days shown in the Schedule herein as advance notice for any statutorily permitted reason for cancelation other than nonpayment of premium, fraud or misrepresentation.

Any advance notice period for cancelation stipulated in PART SIX – Conditions, D. Cancelation, or any amendment thereto, that requires a number of days advance notice greater than shown in the Schedule herein is not changed by this endorsement.

SCHEDULE

Number of days notice: 30

This endorsement changes the policy to which it is attached and, unless otherwise stated, is effective on the date issued at 12:01 A.M. standard time at your mailing address shown in the policy. The information below is required only when this endorsement is issued subsequent to commencement of the policy.

Endorsement Effective	Policy No.		
Insured		Endorsement No.	24
Countersigned By			