

**STATE FINANCIAL ASSISTANCE AGREEMENT
DEP AGREEMENT NO. LP44030
CITY OF KEY WEST
AMENDMENT NO. 1**

THIS AGREEMENT as entered into on the 16TH day of March, 2015, between the FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION (hereinafter referred to as the "Department") and the CITY OF KEY WEST (hereinafter referred to as the "Grantee") is hereby amended. Collectively, the Department and the Grantee shall be referred to as "Parties" or individually as a "Party".

WHEREAS, the Grantee has requested an end date that extends beyond the current authorized funding period.

NOW, THEREFORE, the parties hereto agree as follows:

1. Sections 2. and 3A. of the Agreement are hereby revised to change the completion date of the Agreement from September 30, 2016, to September 30, 2017.
2. Section 3B. of the Agreement is hereby revised to change the final Disbursement Request Package submittal date from September 30, 2016, to September 30, 2017.
3. **Attachment A**, Project Work Plan, is hereby deleted in its entirety and replaced with **Attachment A-1**, Revised Project Work Plan, attached hereto and made a part of the Agreement. All references in the Agreement to **Attachment A** shall hereinafter refer to **Attachment A-1**, Revised Project Work Plan.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

This Amendment 1 to State Financial Assistance Agreement LP44030 shall be executed in two or more counterparts, either of which shall be regarded as an original and all of which constitute but one and the same instrument.

IN WITNESS WHEREOF, the Department has caused this amendment to the State Financial Assistance Agreement LP44030 to be executed on its behalf by the Secretary or Designee of the Department and the Grantee has caused this amendment to be executed on its behalf by its Authorized Representative. The effective date of this amendment shall be as set forth below by the Department.

CITY OF KEY WEST

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

By: _____
City Manager

By: _____
Secretary or Designee

Date: _____

Date: _____

FEID No.: _____

Tim Banks, DEP Grant Manager

DEP QC Reviewer

List of attachments/exhibits included as part of this Agreement:

Specify Type	Letter/ Number	Description (include number of pages)
Attachment	A-1	Revised Project Work Plan (2 Pages)