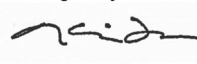



**STATE OF ALASKA
AMENDMENT TO PROFESSIONAL SERVICES CONTRACT**

1. Agency Contract Number 220000471	2. IRIS or DGS Solicitation Number (if used) RFP 220000007	3. Optional Renewal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2 OF 4
4. Amendment Number 02	5. PRCUID 2486613	6. Agency Unit and Appropriation Code AR 086631002 PGM: CDBGDRADMN PRD: CDBGDR SUB:DCRA TASK:R111
7. Department of COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT	Division COMMUNITY AND REGIONAL AFFAIRS	hereafter the State, and
8. Contractor TIDAL BASIN GOVERNMENT CONSULTING LLC		hereafter the Contractor
Mailing Address 126 BUSINESS PARK DRIVE UTICA NY 13502-6302	Street or P.O. Box	City State ZIP+4
9. Original period of performance FROM: 5/3/2022 TO: 6/30/2024	10. Amended period of performance FROM: 5/3/2022 TO: 6/30/2025	
11. Previous amount of contract to date: \$232,700.00	12. Amount of this amendment: \$0	13. This amended contract shall not exceed a total of: \$232,700.00
14. In accordance with the provisions of the above referenced contract, the parties to that contract agree that the services to be performed by the contractor under the contract are amended as follows: All other terms and conditions of the contract remain in effect.		
This amendment serves to exercise 1 year renewal option 2 of 4.		
IN WITNESS WHEREOF the parties hereto have executed this amendment.		
NOTICE! This amendment has no effect until signed by the head of the contracting agency, procurement officer or designee.		

15. CONTRACTOR			
TIDAL BASIN GOVERNMENT CONSULTING LLC	BILL SLATER CHIEF OPERATING OFFICER	DocuSigned by: William Slater	6/21/2024
Name of Firm	Typed or Printed Name and Title of Authorized Representative	Signature of Authorized Representative	Date

16. CONTRACTING AGENCY			
DCCED/DCRA	NICHOLE THAM DIVISION OPERATIONS MANAGER	DocuSigned by: 	6/24/2024
Department/Division	Name and Title of Project Director	Signature of Project Director	Date

CERTIFICATION: I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alternations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-.820. Other disciplinary action may be taken up to and including dismissal.

DCCED/ADMN	HANNAH LAGER DIRECTOR OF ADMINISTRATIVE SERVICES	DocuSigned by: 	6/24/2024
Department/Division	Name and Title of Head of Contracting Agency or Designee	Signature of Head of Contracting Agency or Designee	Date

AMENDMENT TO PROFESSIONAL SERVICE CONTRACT FOR ENTRY DEFINITIONS 1) Agency assigned contract number for tracking, reference, and billing. 2) IRIS or Department of Administration (DOA) number assigned by the OPPM Procurement Tracking System. 3) Optional renewal? Yes or no. Note the renewal option being exercised. 5) Amendment number. How many to date for this contract including this one? 6) Procurement Folder Number. 7) Financial coding assigned by the agency for billing purposes. 8) Department and Division 9) Contractor's name and address. 10) Original period of performance, including previous amendments. 11) Amended period of performance of this document. 12) Total date not including this amendment. 13) Amount of this amendment. 14) New total not to exceed including this amendment. This section must contain all material changes from the contract such as the new total not to exceed amount and the new period of performance. If no change is being made, write "same." This section also requests the number of years, months and days this contract is either increased or decreased by. 15) Contractor's name, signature, and title. 16) Your division project director's and authorizing official's names, dep/div, titles, and signatures.

Certificate Of Completion

Envelope Id: 263242FB871C42CCAC4D10845148B92C
Subject: Complete with DocuSign: CT 220000471_A02 RENEWAL 2 OF 4.pdf
Source Envelope:
Document Pages: 1
Certificate Pages: 4
AutoNav: Enabled
Enveloped Stamping: Disabled
Time Zone: (UTC-09:00) Alaska

Status: Completed
Envelope Originator:
Robert Roys
PO Box 110206
Juneau, AK 99811
robert.roys@alaska.gov
IP Address: 158.145.15.24

Record Tracking

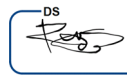
Status: Original
6/20/2024 12:13:26 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected
Holder: Robert Roys
robert.roys@alaska.gov
Pool: StateLocal
Pool: State of Alaska

Location: DocuSign
Location: DocuSign

Signer Events

Robert Roys
robert.roys@alaska.gov
DCCED PROC OFCR
DCCED-ADMIN
Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Uploaded Signature Image
Using IP Address: 10.7.201.38

Timestamp

Sent: 6/20/2024 12:15:41 PM
Viewed: 6/20/2024 12:15:50 PM
Signed: 6/20/2024 12:15:53 PM

Electronic Record and Signature Disclosure:

Accepted: 12/27/2021 4:00:33 PM
ID: c5fa4981-0491-425d-a399-e501b1b646f6
Company Name: State of Alaska

William Slater
bill.slater@tidalbasingroup.com
Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
Using IP Address: 71.43.218.106

Sent: 6/20/2024 12:15:55 PM
Viewed: 6/21/2024 4:48:04 AM
Signed: 6/21/2024 4:49:16 AM

Electronic Record and Signature Disclosure:

Accepted: 6/21/2024 4:48:04 AM
ID: 86116c27-2174-4075-b519-1a4d578e435e
Company Name: State of Alaska

Nichole Tham
nichole.tham@alaska.gov
Division Operations Manager
State of Alaska
Security Level: Email, Account Authentication (None)

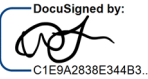


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Signed: 6/24/2024 6:13:45 AM

Electronic Record and Signature Disclosure:

Accepted: 11/1/2021 5:01:02 PM
ID: 110444fe-401d-4d76-8a00-3b59d630483c
Company Name: State of Alaska

Signer Events	Signature	Timestamp
Hannah Lager hannah.lager@alaska.gov Administrative Services Director State of Alaska Security Level: Email, Account Authentication (None)	 <p>Signature Adoption: Drawn on Device Using IP Address: 97.113.92.139</p>	<p>Sent: 6/24/2024 6:13:47 AM Viewed: 6/24/2024 1:31:10 PM Signed: 6/24/2024 1:31:20 PM</p>

Electronic Record and Signature Disclosure:
Accepted: 9/19/2023 3:56:23 PM
ID: 9af02706-3cde-4372-bf22-7aeb57a5125c
Company Name: State of Alaska

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Greenshields, Coleen M (CED) coleen.greenshields@alaska.gov Administrative Officer State of Alaska Security Level: Email, Account Authentication (None)	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	Sent: 6/24/2024 1:31:21 PM
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Electronic Record and Signature Disclosure:
Accepted: 10/13/2023 4:23:03 PM
ID: c75129b7-12eb-4463-83af-d8d8108cd63e
Company Name: State of Alaska

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	6/24/2024 1:31:10 PM
Signing Complete	Security Checked	6/24/2024 1:31:20 PM
Completed	Security Checked	6/24/2024 1:31:21 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read this Electronic Records and Signature Disclosure (ERSD). It concerns your rights regarding electronically undertaking, and the conditions under which you and the State of Alaska agree to electronically undertake, the transaction to which it relates (the “TRANSACTION”).

Consent to Electronically Undertake the TRANSACTION

You can electronically undertake the TRANSACTION only if you confirm that you meet the following requirements by selecting the box next to “I agree to use electronic records and signature” (the “AGREE BOX”):

1. you can fully access and have read this ERSD;
2. you can fully access all of the information in the other TRANSACTION records;
3. you can retain all of the TRANSACTION records in a form that you will be able to fully access for later reference;
4. you consent to undertake the TRANSACTION electronically; and
5. you are authorized to undertake the TRANSACTION. (Please note that falsely undertaking the TRANSACTION may subject you to civil liabilities and penalties and/or to criminal penalties.)

If you cannot or are not willing to confirm each of these five things, do not select the AGREE BOX.

Withdrawing Consent

If you select the AGREE BOX, you can withdraw your consent to electronically undertake the TRANSACTION at any time before you complete the TRANSACTION: simply do not finalize it. The only consequence of withdrawing your consent is that you will not finalize the TRANSACTION.

If you select the AGREE BOX, your consent will apply only to this TRANSACTION. You must separately consent to electronically undertake any other transaction with the State of Alaska.

Paper Option for Undertaking the TRANSACTION

You may undertake the TRANSACTION with the State of Alaska using paper records. (State of Alaska employees who want to undertake the TRANSACTION in paper should contact the agency responsible for the TRANSACTION.) Print the paper records on the website of the State of Alaska agency responsible for the TRANSACTION, or request them from the agency. The State of Alaska homepage is at <http://alaska.gov/>.

Copies of TRANSACTION Records

After completing the TRANSACTION but before closing your web browser, you should download the TRANSACTION records. Or you can download the records within 30 days after

completing the TRANSACTION using the link in the DocuSign email sent to the email address you used to complete the TRANSACTION. The State of Alaska will not provide a paper copy of the TRANSACTION records as part of the TRANSACTION. Under the Alaska Public Records Act (APRA), AS 40.25.100–.295, you can request a copy from the agency responsible for the TRANSACTION, but if too much time has passed, the agency may no longer have the records when you make your request. If required under the APRA, the agency will charge a fee.

Required Hardware and Software

For the minimum system requirements to electronically undertake the TRANSACTION, including accessing and thereby retaining the TRANSACTION records, visit <https://support.docusign.com/guides/signer-guide-signing-system-requirements>. These requirements may change. In addition, you need access to an email account.

How to Contact the State of Alaska

To ask a question on this ERSD or the DocuSign document generated after you complete the TRANSACTION or on using DocuSign to electronically undertake the TRANSACTION, contact the Alaska Department of Administration at either of the following addresses:

State of Alaska
Department of Administration
550 West 7th Avenue
Suite 1970
Anchorage, AK 99501
Reference: DocuSign

doa.commissioner@alaska.gov
Subject: DocuSign

To ask any other question on the TRANSACTION records or to update the information for contacting you electronically, contact the State of Alaska agency responsible for the TRANSACTION using the contact information in the TRANSACTION records or, if those records contain no contact information, using the contact information on the agency's website. Again, the State of Alaska homepage is at <http://alaska.gov/>.