

12/14/98 15:35 FAX 2122190256

SWANKE HAYDEN CONNELL

1002/003

SWANKE HAYDEN CONNELL ARCHITECTS

DATE: December 14, 1998

ADDITIONAL SERVICES AUTHORIZATION**PROJECT MANAGER:**

Joseph J. Aliotta

JOB:

5576C1

In accordance with the written Agreement dated as of Oct. 24, 1997, between the **Silverstein Properties, Inc.** and the Architect, **Swanke Hayden Connell & Partners LLP**, for the following Project:

Mayor's Office of Emergency Management (OEM)

Emergency Operations Center: 7 World Trade Center NY, NY

The Owner agrees and hereby authorizes Swanke Hayden Connell & Partners to

☒ Proceed with Additional Services☒ Proceed with revised Scope of Services☒ Incur Out-of-Pocket Expenses

As follows:

OEM/DCAS requests security scope revisions per the attached OEM fax dated 12/14/98 for architectural, electrical and security design services. Sketches can not be issued to the Port Authority until receipt of pending approval by the Port Authority of the most recent submission issued 12/11/98. The project shall be re-filed with the Port Authority. The initial fee and out-of-pocket expenses associated with this submission are included. Should additional submittals be required to the PA, they will be an additional service.

Compensation to the Architect shall be adjusted as follows:

Fee: \$ 4,950

Out-of Pocket Expenses: \$ 500 (Not-to-Exceed)

Time for performance shall be adjusted as follows:

N/A

Upon return of a fully executed authorization, this service shall become part of the Agreement identified above. In the event that, after transmittal of this Agreement to the Owner, payments to the Architect are made by the Owner after performance of any of the services called for herein, the Owner will be deemed to have accepted all terms of the Agreement not otherwise objected to.

SUBMITTED BY:**SWANKE HAYDEN CONNELL & PARTNERS LLP**

By: Carl R. Meinhardt

Title: Principal

Date: 10-08-98

Cc: J. Dominguez-DCAS/DRES; G. Pymonto-DCAS/DRES

APPROVED BY:**SILVERSTEIN PROPERTIES, INC.**

By: _____

Title: _____

Date: _____

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