

AVIATION SUPPORT AND MAINTENANCE SERVICES Order Summary

169 SW Coast	City of Newport 169 SW Coast Highway Newport, OR 97365 Serviced Customer: (physical address) Newport Municipal Airport (ONP) 135 SE 84th Newport, OR 97365				
	of this Agreement is Man		20 . from the Effective Date.		
Services (check as appli					
Periodic/Pre-Season					
■ Equipment Restorated B NADIN DataLink S					
☐ Other Data Services					
La offici Data Scrvice.	•		3:-		
Equipment	Manufacturer/Model	Equipment	Manufacturer/Model		
□ VOR		☐ RWIS Runway			
☐ DME		☐ ATIS			
□ LOC		□ NDB			
□ GS		☐ Control Tower			
■ AWOS		☐ Markers			

Fees		Contract Total: \$6,818.00
Annual Fee	\$ 6,818.00	Invoiced Annually
Unplanned Outage Fee	\$ 1,500.00	per day (ex. lightning strike, bird strike)
Facility Visit Fee	\$ N/A	per day (ex. flight check)
Holiday Fee	\$ 500.00	Additional to Unplanned Outage Fee
Cancellation/Delay Fee	\$ 500.00	per day

□ Other

□ RVR

^{*}Definitions om Terms and Conditions

Airport Manager: Lance Vanderbeck Email Address: I.vanderbeck@newportorea Phone Number: <u>541/867-7422</u>

Statement of Work and Addit	ional	Terms
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Attachment 1: Aviation Support and Maintenance Services General Terms and Conditions, Rev.1 Attachment 2: Statement of Work

Pricing Year 1: 6.818.00

Pricing Year 2: **Pricing Year 3:**

This Order Summary is part of the DBT Support and Maintenance Services Agreement ("Service Agreement") between DBT and Customer. The Service Agreement consists of this Summary and each listed attachment. By signing this Order Summary, the parties signify that they have read, understand, and agree to be bound by all the terms and conditions of the Service Agreement.

DBT Transportation S	Services
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Title: Sales Manager

Barbara a Baca By: Allel

Title: City Manager

12/2020

Date: 02/21/20 Date: 02/12/2020



AUTHORIZATION FOR AGREEMENTS, MOUS, OR OTHER DOCUMENTS OBLIGATING THE CITY

All contracts, agreements, grant agreements, memoranda of understanding, or any document obligating the city (with the exception of purchase orders), requires the completion of this form. The City Manager will sign these documents after all other required information and signatures are obtained.

Document: DBT	- AWOS	Mpin	Newby	ve e	Date	: 2-	14-2020
Statement of Purpose	e: AWOS	Mar	tena	me	Agr	ecnot	
		al-			/		
Department Head Sig	gnature:		>	/			
Remarks, if any:	75%		Re	NENE	-/		
City Attorney Review		22.380		•			Date:
Other Signatures as I							
——————————————————————————————————————	V. 30000	tile Oity	Atton			Name/	Position
Budget Confirmed:	Signature Yes ≰	No		N/A			
Certificate of Insuran	ce Attached:	Yes		No		N/A	~
City Council Approva	ıl Needed:	Yes		No	Ø	Date:	
	al document City Manager	to the C	City Ma	inager f	or sign	ature. No signature	tained, return this form, o documents should be of this document.
City Manager Signati	JI 6/_//-	5-9200	7.5.5		- 0	Date.	
with the original, fully	executed agr and all proje	reement ect fund	, MOU ling do	, or othe	r docur	nent to th	urn this document, along the City Recorder. A copy warded to the Finance
City Recorder Signat	ure: M	aux	<u>e</u>			Date:	2/24/2020
Date posted on webs	2/0	8/2	10				. , ,