

**Intergovernmental Agreement
CONTRACT AMENDMENT**

1. CONTRACTOR (Name and address) Pima County One-Stop Center 130 W. Congress Tucson, AZ 85701	2. CONTRACT ID NUMBER DE14064665
	3. AMENDMENT NUMBER One (1)

4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT

Pursuant to Intergovernmental Agreement, ADES Terms and Conditions, Amendments or Modifications section, the purpose of this amendment is to:

ADD

Funding

- Per Alert issued February 28, 2014, the contract reimbursement ceiling for the period March 4, 2014 through June 30, 2014, has been revised from \$43,891.00 to \$46,544.84.

The cumulative reimbursement ceiling for the period beginning March 4, 2014 through June 30, 2015 is revised from \$43,891.00 to \$46,544.84.

Therefore, the Contract Operating Budget for the period beginning March 4, 2014 through June 30, 2014 is revised and attached.

5. EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTRACT.

6. ARIZONA DEPARTMENT OF ECONOMIC SECURITY	7. NAME OF CONTRACTOR
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE OF AUTHORIZED INDIVIDUAL
TYPED NAME Francine Whittington	TYPED NAME
TITLE Contract Administration Unit Manager	TITLE
DATE	DATE

IN ACCORDANCE WITH ARS §11-952 THIS CONTRACT AMENDMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAVE DETERMINED THAT THIS CONTRACT AMENDMENT IS IN APPROPRIATE FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO EACH RESPECTIVE PUBLIC BODY.

ARIZONA ATTORNEY GENERAL'S OFFICE

By: _____
Assistant Attorney General

By: _____
Public Agency Legal Counsel

Date: _____

Date: _____

Validation Worksheet

Organization

Contract No.

Period

Amendment No.

Pima County

ADES14-064665

3/14/14 - 6/30/2014

1

ALERT/COB VALIDATION

		(a)	(b)	(c)	(d) = (b) + (c)	(e) = (d) - (a)
LN	Fund Source	COB Total	Alert Level	Estimated Carryover	Award	Diff
1	SCSEP	46,544.84	46,544.84		46,544.84	-

Note: Section above validates that Alert Levels plus adjustments equal the COB Total submitted by Provider

Required Match \$ 5,171