

# ADDENDUM MATERIAL

DATE 10-15-19 ITEM NO. ADD 9

## Contract / Award Information

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_  
☐ Expense Amount: \$\* \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

### \*Funding Source(s) required:

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_  
Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No  
If Yes, is the Contract to a vendor or subrecipient? \_\_\_\_\_  
Were insurance or indemnity clauses modified? ☐ Yes ☐ No  
If Yes, attach Risk's approval.  
Vendor is using a Social Security Number? ☐ Yes ☐ No  
If Yes, attach the required form per Administrative Procedure 22-73.

## Amendment / Revised Award Information

Document Type: CT Department Code: CS Contract Number (i.e., 15-123): 18-405  
Amendment No.: 3 AMS Version No.: 11  
Effective Date: 10/15/19 New Termination Date: \_\_\_\_\_  
Prior Contract No. (Synergen/CMS): \_\_\_\_\_  
☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 76,536.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_

### \*Funding Source(s) required: AZ Department of Housing - Housing Trust Fund

Funding from General Fund? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

## Grant/Amendment Information (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Grant Number (i.e., 15-123): \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_  
☐ Match Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

### \*All Funding Source(s) required:

\*Match funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

### \*Funding Source: \_\_\_\_\_

\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? \_\_\_\_\_

Contact: Rise Hart

Department: Community Services

Telephone: 724-5723

Department Director Signature/Date: \_\_\_\_\_

10-9-19

Deputy County Administrator Signature/Date: \_\_\_\_\_

6 October 2019

County Administrator Signature/Date: \_\_\_\_\_

C. J. Buttery 10/8/19

(Required for Board Agenda/Addendum Items)