AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Contract Amendment; The Colorado Trust; Incr

Action Requested: County Manager Signature

Parties to the Agreement: Colorado Trust

Term Begins: September 12, 2017 **Term Ends:** 11/30/2018 **Grant Contract #:** 170803590

Summary:

Contract amendment adds $5,000 to the existing contract over 2 years for a total of $30,000.

Fiscal Impact:

Submitted by: Margaret Wacker **Submitter's Email Address:** mwacker@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

Need original resigned to finalize amendment. No concerns, will request budget amendment if new dollars are spent in 2018. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 8/3/2018

County Attorney Review: (●) Required ( ) Not Required

Comments:

Reveiwed by: Discharge Date: 8/3/2018 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\emense Discharge Date: 8/3/2018

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 8/7/2018

Revised April 2015

THE COLORADO TRUST
A Health Equity Foundation

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DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS

July 31, 2018

Margaret Wacker
Gunnison County Health and Human Services
225 North Pine Street, Suite E
Gunnison, Colorado, 81230

Re: 1708-3590: Amendment, Gunnison County Health and Human Services

Dear Margaret:

This letter serves as an amendment to The Colorado Trust Contract Number 1708-3590 between The Colorado Trust ("The Trust") and Gunnison County Health and Human Services ("Grantee').

The Trust has approved an amendment to the Grant Contract executed on September 12, 2017, and amended on July 2, 2018, as follows:

1. Increase in grant funds: The Trust is amending the total grant amount from $25,000 to $30,000 (increase of $5,000).

2. The revised payment schedule will be amended as follows:

August 15, 2018 - $2,500

July 15, 2019 - $10,000

All other provisions of the contract shall remain in force.

IN WITNESS WHEREOF, the parties have executed this Contract.

THE COLORADO TRUST,
As Grantor

By: _____
TCT Officer

_____
Title

By: _____
TCT Staff Person

_____
Title

Gunnison County Health and Human Services,
As Grantee

By: _____
Authorized Officer (Signature)

By: _____
Authorized Officer (Print Name)

_____
Authorized Officer Title

_____

EFFECTIVE DATE: _____
(Date of signing by Grantor)