AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Amendment to Provider Agreement; K. Melland

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Amendment to Provider Agreement; BOCC, Juvenile Services, Katherine Melland

Fiscal Impact:

Submitted by: Lauren Hibbard **Submitter's Email Address:** lhibbard@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 11/22/2019

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

Comments:
ok db 11/27/19

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 11/27/2019 Certificate of Insurance Required Yes (●) No ( )

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 12/5/2019

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

Agenda Date: 12/10/2019

Revised April 2015

AMENDMENT TO PROVIDER AGREEMENT

This Amendment to Provider Agreement made effective this 15th day of November, 2019, is by and between the Board of County Commissioners of the County of Gunnison, Colorado, whose address is 200 East Virigina Ave., Gunnison, Colorado, 81230 ("Gunnison County") and Katherine Melland ("Provider") and amends the "Provider Agreement" between Gunnison County and Provider, dated August 15, 2019 as follows:

Paragraph 1 Term.

1. The term is extended to and through January 31, 2020; and

Paragraph 3, Compensation, Bonus and Expenses.

2. The compensation, bonus and expenses are increased from a sum of "up to $5,000" for the term of Agreement to "up to $7,000" for the term of the Agreement.
3. In all other respects, the Agreement remains the same.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth below to be effective as of the date first written above.

BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF GUNNISON, COLORADO

Date: _____ By: _____
Jonathan Houck, Chairperson

Date: _____ Attest: _____
Deputy Clerk

Date: 11/22/19 Provider: _____
Katherine Melland