

ADAMS COUNTY, COLORADO
FIRST ADDENDUM TO
SERVICE AGREEMENT

THIS FIRST ADDENDUM TO SERVICE AGREEMENT ("First Addendum") is entered into this 8th day of August, 2012, by and between the Board of County Commissioners of Adams County, Colorado, located at 4430 South Adams County Parkway, Brighton, CO 80601, hereinafter referred to as the "County," acting in its capacity as the Adams County Board of Human Services, and Resource Center For High Risk Youth, located 655 Broadway #650, Denver, CO 80203, hereinafter referred to as the "Contractor."

RECITALS

WHEREAS, on June 1, 2011, the County entered into a Service Agreement with, Resource Center For High Risk Youth to provide Offense Specific Treatment and Evaluation Services to youth referred by Adams County Human Services Department (ACHSD)/ pursuant to the Colorado Family Preservation Act §§ 26-5-101, et seq., C.R.S. and in compliance with the state rules and County Plan, policies, and procedures and CDHS Volume VII 7.303, and,

WHEREAS, the term of the agreement expired on May 31, 2012, and,

WHEREAS, the County and the Contractor mutually desire to extend the Service Agreement through May 31, 2013 to facilitate the request for proposal process, and,

NOW, THEREFORE, for the consideration set forth herein, the sufficiency of which is mutually acknowledged by the parties, the County and the Contractor agree as follows:

1. The County shall reimburse the Contractor for the work provided under this First Addendum in accordance with **Section IV of the Service Agreement**. Beginning June 1, 2012 through May 31, 2013, Adams County will pay Resource Center For High Risk Youth a sum not to exceed \$80,000.
2. The term of the Service Agreement is extended through May 31, 2013.
3. The Service Agreement and this First Addendum contain the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by both parties. Any terms, conditions, or provisions of the Service Agreement that are not amended or modified by this First Addendum shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement and this First Addendum, the terms, conditions, and provisions of this First Addendum shall control.
4. The Recitals contained in this First Addendum are incorporated into the body hereof and accurately reflect the intent and agreement of the parties.
5. This First Addendum may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.
6. Nothing expressed or implied in this First Addendum is intended or shall be construed to confer upon or to give to, any person other than the parties, any right,

remedy, or claim under or by reason of this First Addendum or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in this First Addendum by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.

7. If any provision of this First Addendum is determined to be unenforceable or invalid for any reason, the remainder of the First Addendum shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.
8. Each party represents and warrants that it has the power and ability to enter into this First Addendum, to grant the rights granted herein, and to perform the duties and obligations herein described.

IN WITNESS WHEREOF, the County and the Contractor have caused their names to be affixed.

BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, COLORADO

W.P. Zinke
Chairman

8-29-12
Date

ATTEST:
KAREN LONG
CLERK AND RECORDER

Kisha Long
Deputy Clerk



Approved as to form:

Steve Miller
Adams County Attorney's Office

RESOURCE CENTER FOR HIGH RISK YOUTH

Sandra Johnson
Saundra Johnson, Executive Director

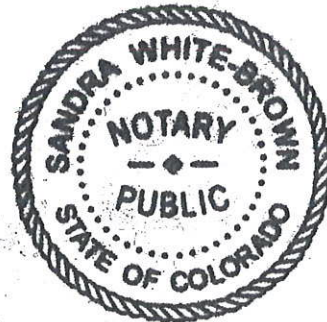
Aug 8, 2012
Date

Signed and sworn to before me on this 8th day of August, 2012 by

Saundra Johnson

Sandra White-Brown
Notary Public

My commission expires on: August 22, 2012



My Commission Expires 08/28/2012



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/16/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wells Fargo Ins Services USA, Inc. (CSF) 5755 Mark Dabbling Blvd. Colorado Springs CO 80919	CONTACT NAME: PHONE (A/C, No, Ext): (719) 592-1177 FAX (A/C, No): (719) 592-0799 E-MAIL: ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Resource Center for High Risk Youth 655 Broadway, Suite 650 Denver CO 80203 (303) 623-5771	INSURER A: Markel Insurance Company NAIC # 38970	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Cert ID 275629 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			3602SS358078-1	6/1/2012	6/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	SEE PAGE 2 OF CERTIFICATE						\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Adams County Human Services Department is included as additional insured.

CERTIFICATE HOLDER**CANCELLATION**

Adams County Human Services Department
 7401 North Broadway
 Denver CO 80221

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Signature

COPY

CERTIFICATE COVERAGES OVERFLOW

DATE (MM/DD/YYYY)
4/16/2012

PRODUCER Wells Fargo Ins Services USA, Inc. (CSP) 5755 Mark Dabling Blvd. Colorado Springs CO 80919	INSURED Resource Center for High Risk Youth 655 Broadway, Suite 650 Denver CO 80203
CONTACT NAME:	PHONE (A/C, No, Ext): (719) 592-1177
PHONE (A/C, No, Ext): (303) 623-5771	PHONE (A/C, No, Ext): (303) 623-5771

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in this policy. If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

ADDITIONAL COVERAGES

CERTIFICATE NUMBER: Cert ID 275629

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	Abuse/Molestation			3602SS358078-1	6/1/2012	6/1/2013	\$ 100,000
A	Professional Liability			3602SS358078-1	6/1/2012	6/1/2013	\$ 1,000,000
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ACCEPTANCE OF NOTICE
Mail to Adams County Purchasing
4430 South Adams County Parkway
Brighton, Colorado 80601
Attn: Contract Administrator

Receipt of the above NOTICE OF AWARD
is hereby acknowledged for

2012 CORE SERVICES PROVIDER

BY: Resource Center For High Risk Youth
Name of Company

this the 8th day
of August, 2012

BY Saundra Johnson

TITLE Executive Director

TELEPHONE 303.623.5771 ext. 201