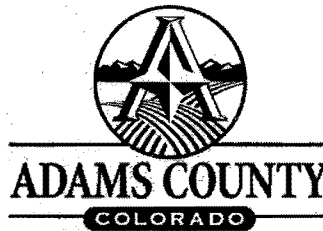


Richard C. Lemke  
DIRECTOR



Finance Department  
Telecommunications  
4430 South Adams County Parkway  
4th Floor, Suite C4000A  
Brighton, CO 80601-8212  
PHONE 720.523.6050  
FAX 720.523.6058  
[www.adcogov.org](http://www.adcogov.org)

April 18, 2014

Tri County Health  
Attn: Sue Bettermann  
6162 S. Willow Drive #100  
Greenwood Village, Colorado 80111

**Subject:** Executed Addendum for 2014.008 for providing Early Childhood Intervention Services

Dear Ms. Bettermann:

Attached is an **executed** copy of Service Agreement 2014.008 for providing Early Childhood Intervention Services for the Adams County Human Services Department.

The Service Agreement effective date is **April 17, 2014**. Please contact the Project Manager, Dee Dee Green, at 303.412.5382 regarding the notice to proceed (NTP).

Congratulations on your award and we look forward to working with you on this project.

Sincerely,

Bethany Bonasera, Purchasing Agent II  
Finance/Purchasing Department

BOARD OF COUNTY COMMISSIONERS

Eva J. Henry  
DISTRICT 1

Charles "Chaz" Tedesco  
DISTRICT 2

Erik Hansen  
DISTRICT 3

ADAMS COUNTY, COLORADO  
FIRST ADDENDUM TO  
SERVICE AGREEMENT 2014.008

THIS FIRST ADDENDUM TO SERVICE AGREEMENT ("First Addendum") is entered into this 17<sup>th</sup> day of April, 2014, 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," and The Tri-County Health Department, located at 6162 S. Willow Drive, # 100, Greenwood Village, Colorado, 80111, hereinafter referred to as the "Contractor."

RECITALS

WHEREAS, April 2013, the County entered into a Service Agreement with the Tri-County Health Department to provide Early Childhood Intervention Services for the Adams County Department of Human Services/Division of Children and Family Services; and,

WHEREAS, the County wishes to extend the agreement for one (1) additional eighteen (18) month term beginning January 1, 2014; and,

WHEREAS, the pricing of the agreement will increase from \$75,000 to \$150,000 for the 2014/2015 renewal; and,

WHEREAS, the County and the Contractor mutually desire to amend the Service Agreement to extend the term.

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 Service Agreement is hereby amended to extend the term of the Agreement from January 1, 2014 through June 30, 2015.
2. The fee schedule will be as follows:

YEAR	Child Welfare Block Grant-80%	Adams County-20%	Total Year Price
2014	\$80,000	\$20,000	\$100,000
2015	\$40,000	\$10,000	\$50,000
Not to exceed total contract price:			\$150,000


3. 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.
4. 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.

5. 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.
6. The County has appropriated sufficient funds for this Agreement for the current fiscal year. Payment pursuant to this Agreement, whether in full or in part, is subject to and contingent upon the continuing availability of County funds for the purposes hereof. In the event funds become unavailable, as determined by the County, the County may immediately terminate this Agreement.

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

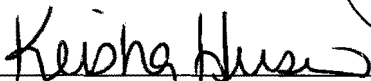
BOARD OF COUNTY COMMISSIONERS  
ADAMS COUNTY, COLORADO

  
Chairman


4-17-14  
Date

ATTEST:  
KAREN LONG  
CLERK AND RECORDER

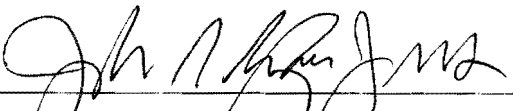


  
Deputy Clerk

Approved as to form:

  
Adams County Attorney's Office

Tri-County Health Department

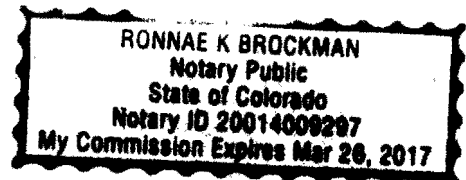
  
John M. Douglas, Jr., M.D.  
Executive Director

4/2/14  
Date

Signed and sworn to before me on this 2<sup>nd</sup> day of April, 2014 by John, M. Douglas, Jr., M.D.

  
Notary Public

My commission expires on: 3/26/2017



## CONTRACTOR'S CERTIFICATION OF COMPLIANCE

Pursuant to Colorado Revised Statute, § 8-17.5-101, et.seq., as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, et. seq. in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

CONTRACTOR:

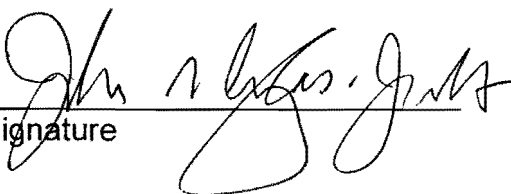
**Tri-County Health Department**  
**6162 S. Willow Drive, Suite 100**  
**Greenwood Village, CO 80111-5114**

Company Name

4/2/14  
Date

**John M. Douglas, Jr., M.D.**  
**Executive Director**

\_\_\_\_\_  
Name (Print or Type)

  
Signature

\_\_\_\_\_  
Title

Note: Registration for the E-Verify Program can be completed at: <https://www.vis-dhs.com/employerregistration>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering



October 14, 2013

To Whom It May Concern:

Pursuant to a resolution of the Board of Health of the Tri-County Health Department ("TCHD"), effective October 14, 2013, John M. Douglas, Jr., M.D., has been appointed the Public Health Director and Medical Officer of TCHD (collectively referred to as the "Executive Director"), pursuant to C.R.S. §25-1-508(5)(c) and C.R.S. §25-1-509, and is authorized to sign all Federal, State, County and other such contracts that may appear for or on behalf of TCHD. Such contracts may be of monetary or non-monetary value.

If you have any questions or concerns, please contact Ronnae Brockman, Executive Assistant, at (720) 200-1535 or via e-mail at [rbrockman@tchd.org](mailto:rbrockman@tchd.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Fawell, M.D.", with a stylized flourish at the end.

Thomas Fawell, M.D.  
President, Board of Health



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/27/2014

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).

<b>PRODUCER</b> Poms & Associates Insurance Brokers, Inc. 7935 E. Prentice Avenue Suite 110-W Greenwood Village CO 80111	<b>CONTACT NAME:</b> Ann Graham		
	<b>PHONE (A/C, No. Ext.):</b> (303) 799-9661	<b>FAX (A/C, No.):</b> (303) 790-1731	
	<b>E-MAIL ADDRESS:</b> agraham@pomsassoc.com		
<b>INSURED</b> Tri-County Health Department 6162 S Willow Dr., Suite 100 Greenwood Village CO 80111	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> The Continental Insurance		35289
	<b>INSURER B:</b> Continental Casualty Company		20443
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL142322721

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			5091232989	2/1/2014	2/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY			5091232944	2/1/2014	2/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			5088234449	2/1/2014	2/1/2015	Underinsured motorist \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Adams County, Board of County Commissione  
Early Childhood Intervention Services  
Attn: Bethany Bonasera  
4430 South Adams County Pkwy  
Brighton, CO 80601

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

James Graham/ANN