

## GRANT CONTRACT AMENDMENT

This Amendment is entered into by and between COUNTY OF LANCASTER, NEBRASKA, a political subdivision, hereinafter referred to as "Sponsor", and FAMILIES INSPIRING FAMILIES, a nonprofit corporation, hereinafter referred to as "Grantee".

WHEREAS, the parties entered into a Grant Contract executed by the County on October 14, 2014, under County Contract No. C-14-0549 ("the Grant Contract"), amended on October 6, 2015, under County Contract No. C-15-0528 for the Truancy Prevention with Family Peer Support Program; and

WHEREAS, the Sponsor agreed to and has provided funding for the Grant Contract by expending Federal funds from U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention FY2013 Title II grant #2013-MU-FX-0026 (CFDA #16.540), passed through the Nebraska Commission on Law Enforcement and Criminal Justice Grant #13-JJ-05 ("the Grant"); and

WHEREAS, the Nebraska Commission on Law Enforcement and Criminal Justice has extended the end date of the Grant to March 31, 2017; and

WHEREAS, the Grantee has not obligated all of the funds under the Grant Contract desires to continue services; and

WHEREAS, the parties have mutually agreed that the Grant Contract shall be amended to change the ending date of the Grant Contract's term to March 31, 2017.

NOW THEREFORE, in consideration of the mutual covenants contained in the October 14, 2014, Grant Contract under County Contract Number C-14-0549, amended on October 6, 2015, under County Contract No. C-15-0528, and hereinafter, it is agreed by and between the parties that the following amendments to the Grant Contract be made:

1. Amend Paragraph 4 by substituting the following language:

4. Grant: In order to assist the Grantee in financing the cost of the project described in Paragraph 1 above for a period of thirty three (33) months from July 1, 2014, to March 31, 2017, the Sponsor shall make a Grant in the amount of \$66,413 (Sixty Six Thousand Four Hundred Thirteen Dollars) from the Grants Fund. In addition, the Grantee shall document \$46,065 of non-federal matching funds used on the program.

2. Amend Paragraph 18 by substituting the following language:

18. Term: The term of this Grant Contract shall be for a period of thirty three (33) months from July 1, 2014, to March 31, 2017. Any

unencumbered balance remaining on Project Account upon termination shall be returned to Sponsor.

All other terms of the Grant Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Sponsor and the Grantee do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns, and shall be effective upon execution by both parties.

EXECUTED by Grantee this 16 day of March, 2017.

FAMILIES INSPIRING FAMILIES,  
Grantee

By: Beth Oken  
Beth Oken, Board President  
Printed Name, Title

EXECUTED by Sponsor this \_\_\_ day of \_\_\_\_\_, 20\_\_.

LANCASTER COUNTY, NEBRASKA  
A Political Subdivision, Sponsor

Approved as to form this  
\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_  
for Joe Kelly  
Lancaster County Attorney

By: \_\_\_\_\_  
Todd Wiltgen, Chair  
Lancaster County Board of Commissioners




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/15/2017

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> Jack Morris Insurance Agency Inc. 810 West Reid P.O. Box 1008 North Platte, NE 69101-6582 	<b>CONTACT NAME:</b> Kristina Wardyn <b>PHONE (A/C No. Ext.):</b> 308-532-3500 <b>FAX (A/C No.):</b> 308-532-9796 <b>E-MAIL ADDRESS:</b> krls@jackmorris.biz													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: State Farm Fire and Casualty Company	25143	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Families Inspiring Families 1645 N St Ste A Lincoln, NE 68508														

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>	Y	97-CM-5482-6	10/23/2016	10/23/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 Fire damage \$
	<b>AUTOMOBILE LIABILITY</b> 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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTIONS:		97-BB-G533-3	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N	97-BB-Y516-9	10/23/2016	10/23/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE -EA EMPLOYEE \$ 100,000 E.L. DISEASE -POLICY LIMIT \$ 500,000

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

Lancaster County is named as an Additional Insured

**CERTIFICATE HOLDER****CANCELLATION**

Lancaster County  
 555 S 10th Street Suite 107  
 Lincoln, Ne 68508

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



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