

## GRANT CONTRACT AMENDMENT

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

WHEREAS, the parties entered into a Grant Contract executed by the County on February 14, 2017, under County Contract No. C-17-0111 ("the Grant Contract"), for the Sports League Shield program; and

WHEREAS, the Sponsor agreed to and has provided funding for the Grant Contract by expending State grant funds from the Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grant #16-CB-0523; and

WHEREAS, the original source of funding for the Grant Contract award of \$36,404.00 was solely Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grant #16-CB-0523; and

WHEREAS, the Sponsor desires to modify the source of funding for the Grant Contract award of \$36,404.00 to include two Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grants as follows: Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grant #15-CB-0506 in the amount of \$10,246.88; and Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grant #16-CB-0523 in the amount of \$26,157.12;

NOW THEREFORE, in consideration of the mutual covenants contained in the February 14, 2017, Grant Contract under County Contract Number C-17-0111 and hereinafter, it is agreed by and between the parties that the following amendment to the Grant Contract be made:

Amend Paragraph 4 of the Grant Contract by substituting the following language:

**Grant:** In order to assist the Grantee in financing the cost of the project described in Paragraph 1 above for a period of twelve (12) months from July 1, 2016 through June 30, 2017, the Sponsor shall make a total Grant of \$36,404.00 (Thirty Six Thousand Four Hundred Four Dollars), from the Grants Fund, with \$10,246.88 coming from Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grant #15-CB-0506, and \$26,157.12 coming from Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grant #16-CB-0523.

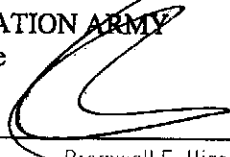
All other terms of the Grant Contract, not in conflict with this Amendment, shall

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 23<sup>rd</sup> day of March, 20 17.

SALVATION ARMY  
Grantee

By:   
Bramwell E. Higgins  
Secretary  
Printed Name, Title

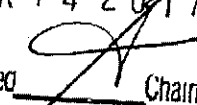
EXECUTED by Sponsor this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_.

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

LANCASTER COUNTY, NEBRASKA  
A Political Subdivision, Sponsor

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

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

WESTERN DIVISION  
FINANCE BOARD  
MAR 14 2017  
Approved  Chairman



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/07/2017

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> CHESTERFIELD INSURANCE AGENCY, INC. P.O. BOX 237 GREEN, OH 44232-0237		<b>CONTACT NAME:</b> Deanna Cipriano	
		<b>PHONE (A/C. No. Ext):</b> 866-896-8123	<b>FAX (A/C. No):</b> 330-896-6548
		<b>E-MAIL ADDRESS:</b> Deanna.Cipriano@tpa4tsa.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> ZURICH AMERICAN INSURANCE COMPANY	<b>NAIC #</b> 16535
		<b>INSURER B:</b> THE SALVATION ARMY LIABILITY RISK TRUST	N/A
		<b>INSURER C:</b> THE SALVATION ARMY, AN ILLINOIS CORP.	N/A
		<b>INSURER D:</b> AMERICAN ZURICH INSURANCE COMPANY	40142
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 14216	<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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	SELF INSURED RETENTION	01/01/17	01/01/18	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAP 8978529-21	01/01/17	01/01/18	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 500,000	X	TRUST # 19578500	01/01/17	01/01/18	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nt) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC 8978534-21	01/01/17	01/01/18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>AUTO LIABILITY EXCESS</b>		SELF INSURED RETENTION	01/01/17	01/01/18	\$400,000 XS OF \$100,000

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

COVERAGE APPLIES TO 2625 POTTER ST LINCOLN, NE 68503 LANCASTER COUNTY IS AN ADDITIONAL INSURED ON GENERAL LIABILITY AS PER CONTRACT AS RESPECTS THE SUDANESE ADVOCACY PROGRAM SPORTS WITH POLICE PROGRAM LOCATION # 209-140-010

<b>CERTIFICATE HOLDER</b> LANCASTER COUNTY/RHONDA RYAN 555 S. 10TH STREET STE 109 LINCOLN, NEBRASKA 68508	<b>CANCELLATION</b> 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 <i>Deanna M Cipriano</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/14/2016

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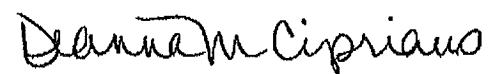
<b>PRODUCER</b> CHESTERFIELD INSURANCE AGENCY, INC P O BOX 237 GREEN, OH 44232-0237		<b>CONTACT NAME:</b> LANETTE DORSEY <b>PHONE (A/C, No, Ext):</b> 847-294-2056 <b>FAX (A/C, No):</b> 847-294-2297 <b>E-MAIL ADDRESS:</b> lanette_dorsey@usc.salvationarmy.org	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> ZURICH AMERICAN INSURANCE COMPANY	NAIC # 16535
		<b>INSURER B:</b> THE SALVATION ARMY LIABILITY RISK TRUST	N/A
		<b>INSURER C:</b> THE SALVATION ARMY, AN ILLINOIS CORP	N/A
		<b>INSURER D:</b> AMERICAN ZURICH INSURANCE COMPANY	40142
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER: 13476</b>	<b>REVISION NUMBER:</b>
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C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		SELF INSURED RETENTION	01/01/16	01/01/17	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP 8978529-20	01/01/16	01/01/17	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 500,000	X		TRUST # 19578500	01/01/16	01/01/17	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WC 8978534-20	01/01/16	01/01/17	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	AUTO LIABILITY EXCESS			SELF INSURED RETENTION	01/01/16	01/01/17	\$400,000 XS OF \$100,000

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