

## GRANT CONTRACT AMENDMENT

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

WHEREAS, the parties entered into a Grant Contract executed by the County on April 4, 2017, under County Contract No. C-17-0254 ("the Grant Contract"), for the Youth Thrive Training program; and

WHEREAS, the Sponsor provided funding for the Grant Contract by expending 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 parties have mutually agreed add 2 additional trainings lasting 2.5 days each for an additional \$4,150.

NOW THEREFORE, in consideration of the mutual covenants contained in the April 4, 2017, Grant Contract under County Contract Number C-17-0254 and hereinafter, it is agreed by and between the parties that the following amendment to the Grant Contract be made:

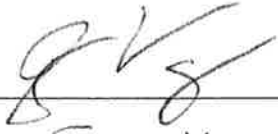
1. Amend Paragraph 4 by substituting the following language:  
Grant: In order to assist the Grantee in financing the cost of the project described in Paragraph 1 above for a period of five (5) months from February 1, 2017 through June 30, 2017, the Sponsor shall make a Grant in the amount of \$9,500 (Nine Thousand Five Hundred Dollars), from the Grants Fund.
2. Amend the Grant Contract by replacing Attachment B to the Grant Contract with Attachment B to this Amendment, which Attachment is attached hereto and incorporated herein by this reference.

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 15 day of May, 2017.

HUMAN SERVICES FEDERATION,  
Grantee

By:   
Jason Varga, Executive Director  
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, Board Chair,  
Lancaster County Board of Commissioners

**SCOPE OF SERVICES**

Specific services provided through this funding include:

- Provide 4 separate trainings; each training to last 2.5 days.
- Allow for 20 youth service workers to attend each training (total of 80 people trained).
- Coordinate registration for both trainings.
- Program personnel funded through Community Aid will have first priority for training.
- Provide for space for trainings.
- Provide all training materials.
- Provide for trainers of Youth Thrive for trainings.
- Provide onsite coordination and registration during all training sessions.
- Provide quarterly reports to Project Director within 10 days of end of each quarter (due dates are April 10, 2017, and June 10, 2017)
- Notify Project Director of any changes in the project.

**BUDGET:**

Human Services Federation - \$75 per hour x 66.66 hours	\$ 5,000
Presenter fees - 2 presenters x 2 trainings x \$125 per training	500
Facility rental for first 2 trainings	1,300
Facility usage for second 2 trainings	750
Educational Materials for 80 people	1,950
Total	\$ 9,500



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>
Lancaster County
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Liability** is amended as follows:

**A.** The following is added to Paragraph **C. Who Is An Insured**:

- 3.** Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

However:

- a.** The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b.** If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1.** Required by the contract or agreement; or
  - 2.** Available under the applicable Limits Of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

ACORD™

Client#: 55778

LINCO110

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
08/10/2016

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> INSPRO Insurance P.O. Box 6847 Lincoln, NE 68506 402 483-4500	<b>CONTACT NAME:</b> Katie Brooks <b>PHONE (A/C No. Ext):</b> 402-483-4500 <b>FAX (A/C No.):</b> 402-483-7877 <b>E-MAIL ADDRESS:</b> kbrooks@insproins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Lincoln/Lancaster County Human Services Federation 1645 N Street, Suite A Lincoln, NE 68508-1824	<b>INSURER A:</b> Columbia National Insurance Gro	<b>NAIC #</b> 18640
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

**CERTIFICATE NUMBER:**

**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	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		BOPNE11189	07/01/2016	07/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$		BOPNE11189	07/01/2016	07/01/2017	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WCPNE11189	07/01/2016	07/01/2017	<input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Lancaster County is listed as additional insured.

**CERTIFICATE HOLDER**

**CANCELLATION**

Lancaster County 555 S 10th St Lincoln, NE 68508-2803	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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