

## GRANT CONTRACT AMENDMENT

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

WHEREAS, the parties entered into a Grant Contract executed by the County on November 8, 2016, under County Contract No. C-16-0658 ("the Grant Contract"), amended on January 24, 2017, for the Juvenile Diversion program; and

WHEREAS, the original source of funding for the Grant Contract award of \$10,000.00 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 \$10,000.00 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-EB-0602 in the amount of \$4,700; and Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grant #16-CB-0523 in the amount of \$5,300;

NOW THEREFORE, in consideration of the mutual covenants contained in the November 8, 2016, Grant Contract under County Contract Number C-16-0658, amended on January 24, 2017, 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 twelve (12) months from July 1, 2016 through June 30, 2017, the Sponsor shall make a total Grant of \$10,000.00 (Ten Thousand Dollars), from the Grants Fund, with \$4,700 coming from Nebraska Commission on Law Enforcement and Criminal Justice Community-based Juvenile Services Aid State Grant #15-EB-0602, and \$5,300 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 22 day of May, 2017.

CHILD GUIDANCE CENTER,  
Grantee

By: Kate McLeese Stephenson, MSW

KATE MCLEESE STEPHENSON, EXECUTIVE  
Printed Name, Title DIRECTOR

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)  
3/9/2017

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> UNICO Group, Inc. 1128 Lincoln Mall Suite 200 Lincoln NE 68508		<b>CONTACT NAME:</b> Cynthia Reinsch <b>PHONE (A/C No. Ext):</b> (402) 434-7200 <b>FAX (A/C No.):</b> (402) 434-7272 <b>E-MAIL ADDRESS:</b> creinsch@unicogroup.com	
<b>INSURED</b> Lincoln Lancaster County Child Guidance Center 2444 "O" Street Lincoln NE 68510		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity <b>INSURER B:</b> United Wisconsin <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 18058	

**COVERAGES**      **CERTIFICATE NUMBER:** 17/18 All Lines      **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		PHPK1621972	3/17/2017	3/17/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PROP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PHPK1621972	3/17/2017	3/17/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB575390	3/17/2017	3/17/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	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/A	0400157713	3/17/2017	3/17/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		PHPK1621972	3/17/2017	3/17/2018	Each Occurrence 1,000,000 Aggregate 3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Lancaster County is named as Additional Insured with respect to the General Liability policy.

<b>CERTIFICATE HOLDER</b> RGRyan@lancaster.ne.gov Lancaster County 555 South 10th Street Lincoln, NE 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 Shane Ideus/JD
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