

GRANT CONTRACT AMENDMENT

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

WHEREAS, the parties entered into a Grant Contract executed by the County on May 2, 2017, under County Contract No. C-17-0301 ("the Grant Contract"), for the Victim/Youth Conferences 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 Sponsor desires to increase the services provided and the amount of funding for the Grant Contract award to \$21,461.00.

NOW THEREFORE, in consideration of the mutual covenants contained in the May 2, 2017, Grant Contract under County Contract Number C-17-0301, and hereinafter, it is agreed by and between the parties that the following amendment to the Grant Contract be made:

Amend Paragraph 5 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 during the Term, the Sponsor shall make a total Grant of \$21,461.00 (Twenty One Thousand Four Hundred Sixty One Dollars), from the Outside Grant.

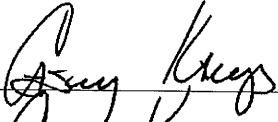
Amend Attachment B to the Grant Contract by substituting Attachment C, which Attachment is attached to this Amendment and incorporated herein by this reference.

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 29 day of August, 2017.

MEDIATION CENTER
Grantee

By: 
Casey Krog, Executive Director
Printed Name, Title

EXECUTED by Sponsor this 29 day of August, 2017.

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

ATTACHMENT C

SCOPE OF SERVICES and APPROVED BUDGET

Grantee shall perform the following services:

Provide trained mediators for youth referred through Juvenile Diversion.

Process intakes and all scheduling for Restorative Justice Victim/Offender Dialogues

Provide personnel to train and educate victim surrogates who participate in a Restorative Justice Victim/Offender Dialogue when a victim requests someone attend the process or the actual victim is not able.

Supervise and provide quality assurance over all mediators and the Restorative Justice mediation program.

Communicate with Lincoln/Lancaster Human Services on a weekly basis concerning progress in the Restorative Justice Victim/Offender Dialogue process.

Submit the final agreement reached in the Restorative Justice Victim/Offender Dialogue to Lincoln/Lancaster Human Services.

| Category | Amount |
|-------------------------------------|--------------|
| Personnel | |
| Payroll expenses -Trained mediators | \$21,461.00 |
| | |
| | |
| Personnel Total | \$21,461.00 |
| Consultants/Contracts | |
| | |
| | |
| | |
| Consultant/Contracts Total | \$ 0.00 |
| Travel | |
| | |
| | |
| | |
| Travel Total | \$ 0.00 |
| Operating Expenses | |
| | |
| | |
| | |
| Operating Expenses Total | \$ 0.00 |
| TOTAL | \$ 21,461.00 |

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/20/2017

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).

PRODUCER: INSPRO Insurance, P.O. Box 6847, Lincoln, NE 68506, 402 483-4500. CONTACT NAME: Rebecca Kempston, PHONE: 402-483-4500, FAX: 402-483-7977, E-MAIL ADDRESS: rkempston@insproins.com. INSURED: Mediation Center, 610 "J" Street, Suite 100, Lincoln, NE 68508. INSURER A: Nationwide Insurance, NAIC #: 00035.

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 CERTIFICATION 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

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 per a contract with the insured. Loc# 1 - 610 J Street Suite 100; Lincoln, NE Building # 1 Office Location.

CERTIFICATE HOLDER: Lancaster County, 555 S 10th St, Lincoln, NE 68508-2803. CANCELLATION: 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 D. Mitchell.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – MUNICIPALITIES OR PUBLIC
AGENCY – INSURED PROVIDING PROFESSIONAL
SERVICES**

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

The following is added to Section II, WHO IS AN INSURED:

The municipality and/or public agency designated in the Schedule of this endorsement is also an 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 connection with your operations, other than the rendering of or the failure to render

professional services, advice of instruction, subject to the following additional exclusion:

This insurance, including any duty we have to defend "suits", does not apply to "bodily injury", "property damage" or "personal and advertising injury" that arises out of, in whole or in part, or is a result of, in whole or in part, the active or primary negligence of the municipality and/or public agency designated in the Schedule of this endorsement, whether or not such negligence has been assumed by you in a contract or agreement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

**Municipality and/or Public Agency:
LANCASTER COUNTY**

**555 S 10TH ST
LINCOLN NE 685082803**