GRANT CONTRACT AMENDMENT

This Amendment is hereby entered into by and between COUNTY OF LANCASTER, NEBRASKA, a political subdivision, hereinafter referred to as "Sponsor", and the BOARD OF REGENTS on behalf of the UNIVERSITY OF NEBRASKA – LINCOLN referred to as "Grantee", for the purpose of amending the Grant Contract dated December 20, 2016, executed under County Contract No. C-16-0725 ("Contract"), for the Family Treatment Drug Court Track program, which Contract is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is October 1, 2016 through September 30, 2019; and

WHEREAS, the parties hereby extend the Contract's term for one (1) year beginning October 1, 2019 through September 30, 2020; and

WHEREAS, Sponsor shall not be liable for any costs incurred prior to the beginning, or after the conclusion, of the Term, as amended; and

WHEREAS, the parties hereby amend the Contract to reflect a price increase in the amount of \$13,933; and

WHEREAS, Grantee's allocation of the increase amount is provided for in Attachment A, attached hereto and incorporated by this reference; and

NOW THEREFORE, in consideration of the mutual covenants contained in the Contract, all amendments thereto, and as stated herein, the parties agree as follows:

- 1) The parties hereby extend the Contract's term for one year beginning October 1, 2019 through September 30, 2020.
- 2) Sponsor shall not be liable for any costs incurred prior to the beginning, or after the conclusion, of the Term, as amended.
- 3) The parties hereby amend the Contract to reflect a price increase in the amount of \$13,933.
- 4) Grantee's allocation of the increase amount is provided for in Attachment A.
- 5) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The parties 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 4th day of 5	September, 20_19
	BOARD OF REGENTS on behalf of the UNIVERSITY OF NEBRASKA – LINCOLN
	By:
	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 Pat Condon Lancaster County Attorney	By:

Funding Agency: Lancaster County

PI Name: Kelli Hauptman

Project Title: Lancaster Co SA Track Evaluation-Extension

Project Start Date: 10/1/2019 Project End Date: 9/30/2020

UNL Basic Request Budget						
	Person		, , , , , , , , , , , , , , , , , , ,			
	Months	Year 1	Total			
Senior Personnel	Yr1					
Matthew Carlson	0.35 1,92		1,929			
1	Total Senior Personnel					
Other Personnel	# of Ppl					
Post Docs	0	-	-			
Other Professionals	0	-	-			
Graduate Students	0.12	2,262	2,262			
Undergraduate Students	1	1,800	1,800			
Secretarial	1	1,371	1,371			
Other	0	-	-			
Total Other Po	5,433	5,433				
Fringe Benefits	2,634	2,634				
Total Salaries and	9,996	9,996				
Equipment		-	_			
Travel		-	-			
Supplies		105	105			
Subawards		-	-			
Other		1,406	1,406			
Total Other Dire	1,511	· · ·				
Total Dire	11,507	11,507				
F&A Base	MTDC	9,330	9,330			
F&A	26.0%	2,426	2,426			
Total	Request	13,933	13,933			

MTDC Exclusions	Year 1	Total	
Equipment	-		
Tuition Remission	905	905	
Subawards in excess of \$25K	-	_	
Participant Support Costs	-	_	
Rent	1,272	1,272	
Alterations and Renovations	-	_	
Total Exclusions	2,177	2,177	

		CERTIFICATE OF	INSURA	NCE		DATE	9/5/2019		
PRODUCER BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 3835 HOLDREGE LINCOLN NE 68583 THIS CERT ALTE CONS				THIS CE CERTIFI ALTER 1 CONSTI PRODU	IS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE RTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR TER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT NSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR ODUCER, AND THE CERTIFICATE HOLDER.				
INSUR	INSU			INSUI	URERS AFFORDING COVERAGE				
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA INSURE			RER A: Self Insured Trust Agreement						
3835	HOLD	DREGE			URER C:				
LINCO	DLN N	IE 68583		INSURE	R D:				
COVE	RAGI	ES		INSURE	₹ E:				
	TO ALI	TIFY THAT THE POLICIES OF INSURANCE LISTED BEL OF ANY CONTRACT OR OTHER DOCUMENT WITH I L THE TERMS, EXCLUSIONS AND CONDITIONS OF SI						REQUIREMENT, TERM SCRIBED HEREIN IS	
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NU	MBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)			
		GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000	
							DAMAGE TO RENTED	31,000,000	
Α	ļ	X COMMERCIAL GENERAL LIABILITY	SELF INSURED T	RUST	7/1/2019	6/30/2020	PREMISES (Ea occurrence)		
		CLAIMS MADE X OCCUR					MED EXP (Any one person)		
			1				PERSONAL & ADV INJURY		
		GEN'L AGGREGATE LIMIT APPLIES PER:	1				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$3,000,000	
		POLICY PROJECT LOC					THOODE 13 - COMPYOF AGG		
,		AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT		
Α		ANY AUTO X ALL OWNED AUTOS	SELF INSURED T	RUST	7/1/2019	6/30/2020	(Ea Occurrence)	\$1,000,000	
		SCHEDULED AUTOS					BODILY INJURY		
		X HIRED AUTOS					(per person)		
	į	X NON - OWNED AUTOS					BODILY INJURY (per accident)		
							PROPERTY DAMAGE	·	
	.,						(per accident)		
		GARAGE LIABILITY					Auto Only - Ea Accident		
		ANY AUTO					Other than Auto Only:		
							EA ACC AGG		
		EXCESS/UMBRELLA LIABILITY		·			EACH OCCURRENCE		
		OCCUR CLAIMS MADE		•			AGGREGATE		
ļ		DEDUCTIBLE RETENTION \$							
		WORKERS COMPENSATION AND							
		EMPLOYERS' LIABILITY	As required by		7/1/2019	6/30/2020	WC STATUTORY LIMITS	State required	
		ANY PROPRIETOR/PARTNER/EXECUTIVE	State of Nebraska		., _, _, _	0,50,2020	E. L. EACH ACCIDENT		
		OFFICER/MEMBER EXCLUDED?	statute.				E. L. DISEASE-EA EMPLOYEE		
Į		If yes, describe under SPECIAL PROVISIONS below					, , , , , , , , , , , , , , , , , , , ,		
		OTHER					E. L. DISEASE-POLICY LIMIT		
DESCRI	PTION	L OF OPERATIONS / LOCATIONS / VEHICLES / E	XCLUSIONS ADDE	D 8Y FNI	ORSEMENT / SPECIAL PE	ROVISIONS	·		
Evide	nce	of insurance for the Universit	y of Nebras	ka, Lin	coln in regards t	o agreement wi	th Lancaster County.	.,	
						•	·		
CERTI	FICAT	E HOLDER			CANCELLATION				
	l anc:	astar County			SHOULD ANY OF THE AB THEREOF, NOTICE WILL I	OVE DESCRIBED POLICI BE DELIVERED IN ACCOR	ES BE CANCELLED BEFORE THE E RDANCE WITH THE POLICY PROV	XPIRATION DATE	
Lancaster County 555 S 10th Street									
Suite 107									
`````				ALITHODIZED REDDESENTATIVE.					
			AUTHORIZED REPRESENTATIVE:						
Crise				Christopher J. Kabourek		Chris 1K	bount.		