

**AMENDMENT NO. 1
to the
SOCIAL SERVICES PROVIDER AGREEMENT**

This Amendment No. 1 to the Social Services Provider Agreement is made as of the date of the last signatory noted below, between the **CITY OF COLUMBIA** (“CITY”), and **Columbia Interfaith Resource Center (dba Columbia Alliance to Combat Homelessness)**, (“Provider”).

RECITALS

- A. WHEREAS, on October 18, 2017, CITY and Provider entered into an Agreement (“Agreement”) for emergency shelter services; and
- B. WHEREAS, the Parties hereto desire to formally amend the Agreement with this Amendment (hereinafter “Amendment”) and desire to be bound by the terms contained in the Agreement as amended by this Amendment to the Agreement.

AMENDMENT

NOW, THEREFORE, in consideration of the mutual benefit to be derived by the parties, it is agreed to amend the Agreement, as follows:

- 1. The last sentence of Section 1 of the Agreement shall be removed and replaced with the following: “The total allowable compensation for the Program Services under this agreement shall not exceed forty-nine thousand, seven hundred dollars (\$49,700.00) per year.”
- 2. The Unit of Service Rate listed in Exhibit A of the Agreement shall be increased from seventeen dollars and twelve cents (\$17.12) to twenty-one dollars and forty-three cents (\$21.43).
- 3. All other terms of the Agreement shall remain unchanged and in full force and effect.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have duly executed this Amendment No. 1 to the Agreement, on the day and year last written below.

CITY OF COLUMBIA, MISSOURI

By: _____
Mike Matthes, City Manager

Date: _____

ATTEST:

By: _____
Sheela Amin, City Clerk

APPROVED AS TO FORM:

By: _____
Nancy Thompson, City Counselor/rw *rw*

CERTIFICATION: I, hereby certify that this contract is within the purpose of the appropriation to which it is to be charged, Account Number 11004540-504990 and that there is an unencumbered balance to the credit of such appropriation sufficient to pay therefor.

By: _____
Michele Nix, Finance Director

PROVIDER

By: _____

Name and Title:

Date: _____

ATTEST:

By: _____

Name and Title