

**BOCC CONTRACT AMENDMENT**

AMENDMENT SUMMARY	
This amendment makes changes to the following terms:	
<input type="checkbox"/> Contract Amount <input type="checkbox"/> Contract Dates <input type="checkbox"/> Scope of Work	
Contract Identification from Original Contract	
Vendor Legal Name	Clinica Campesina / Family Health Services
Vendor Contact Name	Simon Smith, President and CEO
Vendor Contact Email	simon.smith@clinica.org
Office or Department	Housing and Human Services
Division /Program	Partnerships, Contracts, and Services Division
Oracle Contract Number	302771
Amendment Number	3
Contract Amount	
<b>Not to Exceed</b> Amount of current contract, including all amendments	\$ 959,000.00
Amendment Amount	\$ 678,770.00
New Cumulative <b>Not to Exceed</b> Amount	\$ 1,637,770.00
Contract Dates	
Amendment Effective Date	1/1/2024
New End Date	12/31/2024

Scope of Work	
Does this amendment remove any portion of the current scope of work?	No
Does this amendment add new requirements to the scope of work?	No
Are the fees and rates listed on the previous schedule changing?	No
<i>Changes to the scope of work require a insurance requirements review. Is an updated insurance review attached as Exhibit A?</i>	No
<b>Scope of Work Changes:</b> Describe the changes to scope of work in this box and, if needed, attach an Exhibit B with the details of the changes to the scope of work, including updated fee and rate sheets, if applicable: 3% increase to budget attached.	

Approved for use September 2023  
 All changes and modification request must be reviewed by the Boulder County Attorney's Office

Additional Contract Documents	
Check all that apply:	
<input type="checkbox"/> Exhibit A: Insurance Requirements <input checked="" type="checkbox"/> Exhibit B: Scope of Work and Fee Schedule <input checked="" type="checkbox"/> Exhibit C: Boulder County Data and Cyber Security Requirements (not required if previously included) <input type="checkbox"/> Exhibit D: _____ <input type="checkbox"/> Exhibit E: _____ <input type="checkbox"/> Exhibit F: _____	
County Internal Use Only	
Purchasing Details	
Project #	HHS Human Services Safety Net RFA
Does this amendment change the purchasing process the contract must follow due to an increase in amount or timeframe?	No
Bid Process Used	Bid Number Provided (award info attached in supporting documents)
Is a new bid waiver required on this contract?	No
Accounting Details	
112-45018-74000-1020-101272-H113	