

Effective the latter of June 1, 2023, or the last date of the signatories, this amends the above referenced **Grant Agreement as follows:**

1. This contract is extended through September 30, 2023.
2. The highlighted portions below amend **D-2**, last addressed in Amendment 1. The non-highlighted parts of the table are for illustrative purposes only and the original contract, as previously amended remains the official text of the non-highlighted parts.

The Grantee shall provide Program **services during** the life of this Grant Agreement to the service targets for each Program Year specified in **Table 2**.

Table 2 - Service Targets					
Target Group	Individual Youths Served	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Youth Served	Annual Target Number	25	60	65	150

3. The yellow highlighted portion of the table below amends **F-1.2, Table 3**. The non-yellow highlighted parts of the table are for illustrative purposes only and are unaffected by this amendment.

Table 3. Schedule of Payments		
Months of Services	Invoice Due Date	Fixed Payment Amount
7/1/20 – 9/30/20	10/15/20	\$100,000
10/1/20 – 12/31/20	01/15/21	\$100,000
1/1/21- 3/31/21	04/15/21	\$100,000
4/1/21 – 6/30/21	07/15/21	\$100,000
Program Year 1 Total:		\$400,000
7/1/21 – 9/30/21	10/15/21	\$100,000
10/1/21 – 12/31/21	01/15/22	\$100,000
1/1/22 - 3/31/22	04/15/22	\$100,000
4/1/22 – 6/30/22	07/15/22	\$100,000
Program Year 2 Total:		\$400,000
7/1/22 – 9/30/22	10/15/22	\$100,000
10/1/22 – 12/31/22	01/15/23	\$0
1/1/23 - 3/31/23	04/15/23	\$0
4/1/23 – 9/30/23	11/30/23	\$0
Program Year 3 Total:		\$100,000
Total Program Amount:		\$900,000.00

- 4. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

IN WITNESS THEREOF, the parties cause this amendment to be executed by their duly authorized officials.

PROVIDER

DEPARTMENT

SIGNED

SIGNED

BY: _____

BY: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

APPROVED AS TO FORM

By: Cody J. Ward
 Office of the County Attorney