

PIERCE COUNTY COMMUNITY CONNECTIONS
CONTRACT COVER SHEET

CONTRACTOR: Lakewood Senior Center

Contract Number: 77708	Amendment Number: 1
Period of Performance:	From: <u>January 1, 2010</u> To: <u>December 31, 2011,</u>
Amended Period	From: <u>January 1, 2011</u> To: <u>December 31, 2011</u>
Previous Period	From: <u>January 1, 2010</u> To: <u>December 31, 2011</u>
Contract Amount:	<u>\$14,597.00</u>
Amount for this Amendment	<u>-973.00</u>
Previous Amount	<u>\$15,570.00</u>
Bond Amount:	<u>\$1,950</u>
<p>Summary: EXCEPT FOR THOSE PROVISIONS INCLUSIVE TO THIS AMENDMENT, ALL THE TERMS AND CONDITIONS OF THE ABOVE REFERENCED CONTRACT REMAIN IN EFFECT. IN ACCORDANCE WITH THE PROVISIONS OF THE CONTRACT, THE PARTIES TO THE CONTRACT AGREE THAT THE SERVICES TO BE PERFORMED ARE AMENDED AS FOLLOWS:</p> <p style="margin-top: 20px;">Appendix B is amended to adjust funding.</p>	

APPENDIX B
Between Pierce County and City of Lakewood Senior Activity Center
Regarding: Contractor Reimbursement

SECTION I: MAXIMUM CONSIDERATION

A. During the period January 1, 2010 through December 31, 2011, Pierce County agrees to reimburse the Contractor for costs incurred in providing services and activities as identified in Appendix A. Maximum consideration shall not exceed Seven Thousand, Seven Hundred Eighty-Five dollars (\$7,785) for 2010, and ~~Seven-Six Thousand, Seven-Eight Hundred Eighty-Five~~ Twelve dollars (~~\$6,8127,785~~) for 2011, or ~~Fifteen-Fourteen Thousand, Five Hundred Ninety-Seven~~ Seventy dollars (~~\$14,59715,570~~) for the two year contract period.

B. SAID MONIES TO BE REIMBURSED AS FOLLOWS:

Senior Center Services

Pierce County General Fund \$ 7,785
County Code: 001.134.0134.55500.49.0084

TOTAL SENIOR CENTER FUNDS 1/1/10 – 12/31/10 \$ 7,785

Senior Center Services

Pierce County General Fund \$ 6,8127,785
County Code: 001.134.0134.55500.49.0084

TOTAL SENIOR CENTER FUNDS 1/1/11 – 12/31/11 \$ 6,8127,785

SECTION II: SENIOR CENTER SERVICES METHOD OF PAYMENT

A. Payment under this contract for Pierce County General Fund Senior Center Services shall be based on actual costs as reported on ALTC monthly expenditure report forms according to the Contractor's annual budget as approved by ALTC. Reimbursement requests must include:

1. Amounts awarded,
2. Expenditures for the month,
3. Expenditures year-to-date, and
4. Fund balance.

B. Pierce County General Fund payment requests shall be for basic need operating expenses, as specified in the Contractor's Senior Center Proposal as submitted November 2009.

C. Requests for reimbursement of Pierce County General Fund Senior Center Services may be submitted monthly, or at a minimum, on a quarterly basis.

D. The Contractor shall maintain detailed records identifying both the source and application of all funds received by fund source (e.g. federal, state, County, fund raising, etc.). Revenues and expenditures must be reconcilable to each other at all account levels.

E. In the event Pierce County General Funds are decreased, it may be necessary to revise this contract accordingly. If sufficient funds are not appropriated to Pierce County Community Connections, ALTC

shall not be obligated to make payment for services.

SECTION III: SCHEDULE OF ALLOCATIONS

TITLE / SUBCATEGORY	1/1/10-12/31/11 Totals	AMENDMENT 1	1/1/10-12/31/11 Totals
Senior Center Services			
Pierce County General Fund	\$ 15,570.00	\$ (973.00)	\$ 14,597.00
GRAND TOTAL	\$15,570.00	-\$973.00	\$14,597.00

PIERCE COUNTY

CONTRACT SIGNATURE PAGE

Contract #77708-1

IN WITNESS WHEREOF, the parties have executed this Agreement this 20th day of April, 2011.

CONTRACTOR:

[Signature] 3.22.11
Contractor Signature Date

Authorized Signatory: Andrew Neiditz, City Manager
Approved as to Form: Heidi Ann Wachter Heidi Ann Wachter
City Attorney

Name: ATTEST: [Signature]
City Clerk 3-28-11
City of Lakewood Senior Activity Center

Address:
9112 Lakewood Drive SW

Lakewood, WA 98499

Mailing Address:
6000 Main Street SW

Lakewood, WA 98499

Contact Name: Elizabeth Scheid, Center Director

Contact Phone: (253) 798-4090

Federal Tax ID: 91-1698185

or
Social Security No: _____

Federal Filing Status (complete only one):

Sole Proprietor:

Business Owner's Name

dba Business or Trade Name (if applicable)

Partnership: _____
Name of Partnership

Corporation: _____
Name of Corporation

Governmental Entity: City of Lakewood
Name of Governmental Entity

PIERCE COUNTY:

[Signature] 03/02/11
Prosecuting Attorney (as to form only) Date

[Signature] 4/27/11
Acting Director, Helen P. Howell Date

[Signature] 4-20
Budget and Finance Date

County Executive, Pat McCarthy Date
(If over \$250,000)

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