

**SECOND AMENDMENT  
TO AGREEMENT  
WITH  
COMPSYCH EMPLOYEE ASSISTANCE PROGRAMS, INC.**

THIS **SECOND AMENDMENT TO AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) and **COMPSYCH EMPLOYEE ASSISTANCE PROGRAMS, INC.**, an Illinois corporation, with an address of 455 N. Cityfront Plaza Drive, 13th Floor, Chicago, Illinois 60611 (the “Contractor”), who shall be individually referred to herein as a “Party” and jointly as the “Parties”.

**RECITALS:**

**A.** The Parties entered into an Agreement dated January 10, 2019, and a First Amendment to Agreement dated September 27, 2021 (collectively, the “Agreement”) to perform and complete all the services and produce all the deliverables set forth on Exhibit A, to the City’s satisfaction.

**B.** The Parties wish to amend the Agreement to increase the maximum contract amount, to amend Exhibit A scope of work to add services described herein and amend Exhibit B to add a new billing rate for on-site counseling services.

**NOW THEREFORE**, in consideration of the premises and the Parties’ mutual covenants and obligations, the Parties agree as follows:

1. Section 4 of the Agreement entitled “**COMPENSATION AND PAYMENT**” Sub-section d. (1) entitled “**Maximum Contract Amount:**” is hereby deleted in its entirety and replaced with:

“**d. Maximum Contract Amount:**

(1) Notwithstanding any other provision of the Agreement, the City’s maximum payment obligation will not exceed **ONE MILLION FOUR HUNDRED NINETY-FIVE THOUSAND DOLLARS AND NO CENTS (\$1,495,000.00)** (the “Maximum Contract Amount”). The City is not obligated to execute an Agreement or any amendments for any further services, including any services performed by Contractor beyond that specifically described in **Exhibit A**. Any services performed beyond those in **Exhibit A** are performed at Contractor’s risk and without authorization under the Agreement.”

2. Modification of Scope of Work. **Exhibit A** is hereby modified to add the following language:

“**2022 On-Site Counseling Services:** Beginning January 1, 2022, A Contractor provider shall be available on-site for forty (40) hours per calendar week. This provider will provide on-site counseling services to City employees. City will supply a workspace to Contractor’s on-site provider to allow such provider to conduct counseling safely and confidentially. Such workspace shall include, but not be limited to, a table, chairs, and an appropriate private physical space at City’s on-site location. City shall also allow Contractor’s on-site provider reasonable access to telephones and a copier for business use.

On-Site Services shall continue throughout the term of the Agreement unless City otherwise decides to eliminate the on-site services prior to the expiration of the term.”

3. Modification of Pricing. **Exhibit B**, Pricing, in the Agreement is hereby amended to add the following:

“City agrees to pay Contractor a fee of \$130.00 per hour for On-Site Counseling Services.”

4. As herein amended, the Agreement is affirmed and ratified in each and every particular.

5. This Second Amendment to Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]**

**Contract Control Number:** CSAHR-202159677-02 [201845795-02]  
**Contractor Name:** Compsych Employee Assistance Programs, Inc.

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of:

**SEAL**

**CITY AND COUNTY OF DENVER:**

**ATTEST:**

By:

\_\_\_\_\_

\_\_\_\_\_

**APPROVED AS TO FORM:**

**REGISTERED AND COUNTERSIGNED:**

Attorney for the City and County of Denver

By:

By:

\_\_\_\_\_


\_\_\_\_\_

By:

\_\_\_\_\_

**Contract Control Number:**  
**Contractor Name:**

CSAHR-202159677-02 [201845795-02]  
Compsych Employee Assistance Programs,  
Inc.

By:  \_\_\_\_\_  
3EF7804E7453436...

Adam Gotskind

Name: \_\_\_\_\_  
(please print)

Counsel

Title: \_\_\_\_\_  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)