## FOURTH AMENDATORY AGREEMENT

This **FOURTH AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the "City") and **TRI-COUNTY HEALTH DEPARTMENT**, an entity of the State of Colorado, doing business at 6162 S. Willow Drive, Suite 100, Greenwood Village, Colorado 80111 (the "Consultant"), jointly ("the Parties").

#### **RECITALS:**

- A. The Parties entered into an Agreement dated January 23, 2019, an Amendatory Agreement dated January 15, 2020, a Second Amendatory Agreement dated November 13, 2020, and a Third Amendatory Agreement dated November 30, 2021 (collectively, the "Agreement") to provide the services described in the scope of work.
- **B.** The Parties wish to amend the Agreement to extend the term, increase the maximum contract amount, and amend the scope of work and budget.

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

- 1. Section 3 of the Agreement entitled "<u>**TERM**</u>" is hereby deleted in its entirety and replaced with:
- "3. TERM: The term of this Agreement shall commence on July 1, 2018, and shall terminate on December 31, 2022, unless extended in accordance with the terms of the Agreement (the "Term"). The term of this Agreement may be extended by the City up to and including five (5) years from the date of final execution under the same terms and conditions by a written amendment to this Agreement. Subject to the Executive Director's prior written authorization, the Consultant shall complete any work in progress as of the expiration date and the Term of the Agreement will extend until the work is completed or earlier terminated by the Executive Director."
- 2. Section 4 of the Agreement entitled "<u>COMPENSATION AND PAYMENT</u>" Subsection d. (1) entitled "<u>Maximum Contract Amount:</u>" 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 EIGHT HUNDRED SIXTY-NINE THOUSAND THREE HUNDRED EIGHTY-FIVE DOLLARS AND NO CENTS (\$869,385.00) (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 Consultant beyond that specifically described in Exhibit A. Any services performed beyond those in Exhibit A are performed at Consultant's risk and without authorization under the Agreement."

3. **Exhibit A, Exhibit A-1, Exhibit A-2, and Exhibit A-3** are hereby deleted in their entirety and replaced with **Exhibit A-4 Scope of Work and Budget**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit A, Exhibit A-1, Exhibit A-2, and Exhibit A-3** are changed to **Exhibit A-4**. As herein amended, the Agreement is affirmed and ratified in each and every particular.

4. This Fourth Amendatory 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.

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Contract Control Number: Contractor Name:	ENVHL-202264451-04 / ENVHL-201842560-04 TRI-COUNTY HEALTH DEPARTMENT		
IN WITNESS WHEREOF, the par Denver, Colorado as of:	rties have set their hands and affixed their seals at		
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:		
	Ву:		

# Contract Control Number: Contractor Name:

# ENVHL-202264451-04 / ENVHL-201842560-04 TRI-COUNTY HEALTH DEPARTMENT

,	DocuSigned by:
By:	John M. Douglas Jr. MD 6655023905AC43E
Бу	6E55D23905AC43E
	John M. Douglas Jr. MD
Name	
	(please print)
	Executive Director
Title:	
•	(please print)
	<b>u</b> ,
ATTF	ST: [if required]
71111	is 1. [ii required]
By:	
Бу	
N.T.	
Name	(1)
	(please print)
Title:	
	(please print)



# **EXHIBIT A-4**

## PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM

Contract Routing #

	Conti
Contractor Name	Tri-County Health Department
Budget Period	7/1/22 - 12/31/22
Project Name	Building Food Systems and Neighborhood Environments to Increase Equitable Access to Healthy, Affordable Foods (known publicly as Food in Communities)

#		
	Program Contact Name, Title,	Caitlin Matthews
	Phone and Email	Food Systems Coordinator
		cmatthews@tchd.org
		720-616-8161
	Fiscal Contact Name, Title, Phone	Breanna Paderewski-Vice
	and Email	Director of Administration and
		Finance
		bpaderewski@tchd.org
		720-200-1462

	Expenditu	ire Categories				
	Personal Servi					
	Salaried Emplo	yees				
Position Title/Employee Name	Description of Work	Corresponding Activity in Project Work/ Implementation Plan	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from CDPHE
Food Systems Coordinator	Food Systems Coordinator will serve as the program manager for the food policy work including developing and managing work plans, facilitating program meetings, conducting program research, compiling reports.  This position will support the development of a food policy council, neighborhood assessments, pilot project implementation, policy change intiaitives, and grant administration		\$39,028.08	\$ 13,660	100%	\$52,688
Food Systems Coordinator - PTO Payout	Compensation for up to six weeks of PTO at the time that TCHD dissolves.		\$9,000.00			\$9,000
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0 \$0
	Personal Servi					ŞL
	Hourly Employ					
Position Title/Employee Name	Description of Work	Corresponding Activity in Project Work/ Implementation Plan	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from CDPHE
						\$0
						\$0
						\$0
						\$0

### PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM

Contract Routing # Contractor Name Tri-County Health Department Program Contact Name, Title, Caitlin Matthews **Food Systems Coordinator Phone and Email** cmatthews@tchd.org 720-616-8161 7/1/22 - 12/31/22 **Budget Period** Fiscal Contact Name, Title, Phone Breanna Paderewski-Vice and Email Director of Administration and Finance bpaderewski@tchd.org 720-200-1462 Building Food Systems and Neighborhood Environments to **Project Name** Increase Equitable Access to Healthy, Affordable Foods (known publicly as Food in Communities) \$0 \$0 \$0 \$0 \$0 **Total Personal Services** \$61,688 (including fringe benefits) **Supplies & Operating Expenses** Description of Item Corresponding Item Rate Quantity **Total Amount** Activity in Requested from Project Work/ CDPHE Implementati on Plan Meeting Costs Costs associated with convening community coalition and stakeholder meetings 200.00 \$600 including: facilitation, space rental, local and/or culturally important food, language interpretation/translation, and childcare. (\$65/hr for interpretation; \$40/hour childcare; local food costs; etc.) General supplies for one project staff 100.00 \$100 Office supplies Cell phone monthly service 45.00 Equipment \$270 Software Virtual meeting software 200.00 \$200 \$0 \$0 \$1,170 **Total Supplies** & Operating Expenses **Travel** Item **Description of Item** Corresponding Rate Quantity **Total Amount** Activity in Requested from Project Work/ **CDPHE** Implementati on Plan Mileage Mileage or transit fees for travel to meetings for Food Policy, required trainings, 0.625 300 \$188 and professional development activities related to the work for the project staff Travel for professional Training for project staff to strengthen knowledge and skills to perform the work. 1168 \$1,168 development Approximately one multi-day training and 1 single-day training. registration (\$500) lodging (2 nights@\$220=440) per diem (3 days@\$76each = \$228)

### PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM

Contract Routing # Program Contact Name, Title, Contractor Name Tri-County Health Department Caitlin Matthews **Food Systems Coordinator Phone and Email** cmatthews@tchd.org 720-616-8161 7/1/22 - 12/31/22 **Budget Period** Fiscal Contact Name, Title, Phone Breanna Paderewski-Vice and Email Director of Administration and Finance bpaderewski@tchd.org 720-200-1462 Building Food Systems and Neighborhood Environments to **Project Name** Increase Equitable Access to Healthy, Affordable Foods (known publicly as Food in Communities) \$0 \$0 \$0 \$0 \$0 \$0 \$1,356 **Total Travel Contractual** Quantity **Subcontractor Name Description of Item** Corresponding Rate **Total Amount** Requested from Activity in Project Work/ CDPHE Implementati on Plan \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 **Total Contractual SUB-TOTAL BEFORE INDIRECT** \$64,213 Indirect **Description of Item Total Amount** Item Requested from CDPHE **Negotiated Indirect cost** CDPHE Negotiated Rate for 2021: 30.93% of total costs minus items identified as contractual; contractual items incur a 10% rate. \$19,861 rate (Federal, State, or CDPHE) Indirect rate (other): Indirect (modified or additional base) \$19,861 **Total Indirect** \$84,075 **TOTAL** 

# PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM

Contract Routing #

Contractor Name	Tri-County Health Department
Budget Period	7/1/22 - 12/31/22
Project Name	Building Food Systems and Neighborhood Environments to Increase Equitable Access to Healthy, Affordable Foods (known publicly as Food in Communities)

#	
Program Contact Name, Title,	Caitlin Matthews
Phone and Email	Food Systems Coordinator
	cmatthews@tchd.org
	720-616-8161
Fiscal Contact Name, Title, Phone	Breanna Paderewski-Vice
and Email	Director of Administration and
	Finance
	bpaderewski@tchd.org
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