

**FIRST AMENDMENT TO AGREEMENT  
BETWEEN THE CITY AND COUNTY OF DENVER  
AND  
COMPSYCH EMPLOYEE ASSISTANCE PROGRAMS, INC.**

THIS FIRST AMENDMENT TO THE AGREEMENT (“**First Amendment**”) is entered into by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (“**City**”), and **COMPSYCH EMPLOYEE ASSISTANCE PROGRAMS, INC.**, whose address is 455 N. Cityfront Plaza Dr., 13<sup>th</sup> Floor, Chicago Illinois 60611 (“**Contractor**”), who shall be individually referred to herein as a “**Party**” and jointly as the “**Parties**”.

**RECITALS**

**WHEREAS**, the Parties previously entered into an agreement dated January 10, 2019 (Contract Control no. CSAHR-201845795-00), (the “**Original Agreement**”) for the Contractor to provide services described therein; and,

**WHEREAS**, the Parties desire to amend EXHIBIT A attached to the Agreement to increase the number of annual training hours, and to increase the per employee per month cost to \$1.21 PEPM (without an increase to the Maximum Contract Amount).

**NOW, THEREFORE**, in consideration of the premises and the mutual covenants and agreements contained in the Agreement and hereinafter set forth, the Parties agree as follows:

1. Modification of Scope of Work, Paragraph 1.b. Paragraph 1.b. in Exhibit A Scope of Work attached to the Agreement is hereby amended to state:

“100 annual training hours in each 2022 and 2023”

2. Increase to PEPM Charge in Exhibit B. Paragraph 1, on Exhibit B of the Agreement is hereby amended to state: “Fully integrated 6-session EAP, LegalConnect®, FinancialConnect®, FamilySource®, and GuidanceResources® Online for \$1.21 per employee per month (“PEPM”).”

3. Except as herein amended, the Agreement is affirmed and ratified in each and every particular.

**Contract Control Number:** CSAHR-202159677-01 [201845795-01]  
**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:**

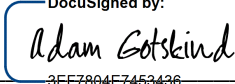
**ATTEST:** By: \_\_\_\_\_  
\_\_\_\_\_

**APPROVED AS TO FORM:** **REGISTERED AND COUNTERSIGNED:**  
Attorney for the City and County of Denver  
By: \_\_\_\_\_ By: \_\_\_\_\_

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

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

CSAHR-202159677-01 [201845795-01]  
Compsych Employee Assistance Programs, Inc.

By:  3EF7804E7453436...

Name: Adam Gotskind  
(please print)

Title: Counsel  
(please print)

ATTEST: [if required]

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

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

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