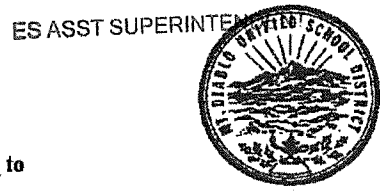


RECEIVED

JAN 17 2017

Purchase Order # 105004



Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519

Amendment No. _____ to

- Independent Service Contract
- Master Contract

This Amendment is entered into between the Mt. Diablo Unified School District (MDUSD) and _____ (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on _____, 20____ and the parties agree to amend that Agreement as follows.

1. **Services:** (Check and complete ONE of the options below).
- CONTRACTOR agrees to provide the following amended services. (Provide full description of expected final results, such as services, materials, products, and/or reports; attach additional pages as necessary).

The scope of work is attached as Exhibit A (incorporated by reference to the extent that it is subordinate to and not inconsistent with this Agreement).

The scope of work is unchanged. Date camp is changed to May 31-June 2, 2017

2. **Terms:** (Check and complete ONE of the options below).
- The contract term is extended by an additional _____ (days/weeks/months), and the amended expiration date is _____, 20____.

The contract term is unchanged.

3. **Compensation:** (Check and complete ONE of the options below. This provision may only be changed if there is also a change to the above Services OR Terms of the Contract).

The rate is amended by an increase of decrease of \$ _____ for _____ type of service

The contract amount is amended by an increase of decrease of \$ 10,240.50 to original contract amount. Increase students from 50 to 90.

The amended contract amount rate is now \$ _____

4. **Remaining Provisions:** All other provisions of the Agreement, and prior Amendment(s) if any, shall remain unchanged and in full force and effect as originally stated.

5. **Amendment History:** This contract has previously been amended as follows:

No.	Date	General Description of Reason for Amendment	Amount of Increase/Decrease
			\$
			\$
			\$

6. **Approval:** This Agreement is not effective and no payment shall be made to Contractor until it is approved. Approval requires signature by the Superintendent (or his designee).

Mt. Diablo USD
By: [Signature]
Budget Administrator/Principal

Mt. Diablo USD
By: [Signature]
Superintendent or Designee

Contractor/Camp Arroyo Board Approval (if needed)
By: [Signature] Docket Number: _____
Agenda Item Number

Date: _____

Date: 11/18/17

Date: 12/29/16 Date: _____