



- Independent Service Contract
- Master Contract

Amendment No. 1 to

This Amendment is entered into between the Mt. Diablo Unified School District (MDUSD) and Delta Bay Impact (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on November 08, 20 24 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).
Adding one extra day a week of service

- 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.

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 \$ 12,000.00 to original contract amount.

The amended contract amount rate is now \$ 52,000.00

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 Mt. Diablo USD Contractor Board Approval (if needed)

By: [Signature] By: [Signature] Tiffany Francis Docket Number: _____
 Budget Administrator/Principal Superintendent or Designee _____
 Agenda Item Number

Date: 11/8/2024 Date: 11/12/24 Date: 12/06/2024 Date: _____