

Purchase Order # 251929



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

Amendment No. 01 to

☒ **Independent Service Contract**
☐ **Master Contract**

This Amendment is entered into between the Mt. Diablo Unified School District (MDUSD) and Cal Interpreting & Translations (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on July 1, 2024 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).
Continued translation services are needed to meet the needs of MDUSD students

☐ 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 \$ 15,000.00 to original contract amount.

The amended contract ☒ amount ☐ rate is now \$ 115,000.00

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

By: _____
Budget Administrator/Principal

Date: _____

Mt. Diablo USD

By: _____
Superintendent or Designee

Date: _____

Contractor

By: _____

Date: 04/29/2025

Board Approval (if needed)

Docket Number: _____
Agenda Item Number

Date: _____