Purchase Order # 231250

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

Amendment No. 1 **to**

☑ **Independent Service Contract**
☐ **Master Contract**

This Amendment is entered into between the Mt. Diablo Unified School District (MDUSD) and Life Lab Science Program (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on August 1, 20 22 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.

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 $ 13,200 to original contract amount.

   The amended contract ☑ amount ☐ rate is now $ 368,735.62

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: Jan 13, 2023

Board Approval (if needed)
Docket Number: _____
Agenda Item Number
Date: _____