



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 Speech Pathology Group Inc (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on August 4, 20 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.

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 \$ 10,000.00 to original contract amount.

The amended contract amount rate is now \$ 540,000.00

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: _____ <i>Budget Administrator/Principal</i>	By: _____ <i>Superintendent or Designee</i>	By: <u>[Signature]</u>	Docket Number: _____ <i>Agenda Item Number</i>
Date: _____	Date: _____	Date: <u>2.4.21</u>	Date: _____