

First Amendment of Agreement

THIS AMENDMENT (hereinafter "Amendment") is made and entered into this 12 day of August, 2016, by and between Shelby County Government on behalf of the Juvenile Court of Memphis and Shelby County (hereinafter "County") and Juvenile Intervention and Faith-Based Follow-Up, Inc. (hereinafter "Provider").

WHEREAS, the parties previously entered into an agreement, Shelby County Contract No. CA1616537 (hereinafter "Agreement") dated October 6, 2015, for the provision of professional services to provide juvenile case mentoring for the period ending June 30, 2016; and

WHEREAS, the Agreement did not include additional renewal periods; and

WHEREAS, the parties desire to enter into this Amendment to the Agreement to include the option to renew for four (4) additional one-year periods upon the mutual written agreement of both parties under the same contract terms; and

WHEREAS, the parties further desire to exercise the first of these four options to renew the Agreement, for the period beginning July 1, 2016, until June 30, 2017.

NOW, THEREFORE, for and in consideration of the mutual promises of the parties to this agreement and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereto do hereby agree as follows:

1. The Agreement is hereby amended to include the option to renew for four (4) additional one-year periods under the same contract terms upon the mutual written agreement of both parties.
2. The Agreement between the parties is hereby renewed for the first of the four additional renewal periods for the period beginning July 1, 2016, until June 30, 2017.
3. The total cost for this renewal period shall not exceed One Hundred Fifty Thousand and 00/100 (\$150,000.00) Dollars payable in accordance with the terms of the Agreement.
4. **Provider shall not be permitted or authorized to incur costs beyond the extent that purchase orders have been issued on approved contracts and/or purchases prior to the commencement date, during the term of the contract, and/or subsequent to the termination date of County contracts or purchases without prior, expressly written, appropriate authorization pursuant to County purchasing procedures and rules and regulations. County is not obligated to pay nor shall Provider be entitled to receive payments for contract fees and expenses incurred in violation of this provision.**

5. This Amendment shall be subject to and contingent upon adoption of the Fiscal Year 2016-2017 Operating Budget of Shelby County Government by the Board of County Commissioners and approval of the cost for this Amendment within said Operating Budget.
6. The terms and conditions of the original Agreement, except as amended herein, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the

_____ day of _____ 2016.

**JUVENILE COURT OF MEMPHIS
AND SHELBY COUNTY**

SHELBY COUNTY GOVERNMENT

Pamela Skelton
Chief Administrative Officer

Contract Administrator
Assistant County Attorney

**JUVENILE INTERVENTION AND
FAITH-BASED FOLLOW-UP, INC.**

SHELBY COUNTY GOVERNMENT



Richard Graham
Executive Director

Mark H. Luttrell, Jr.
Mayor

CORPORATE ACKNOWLEDGMENT

STATE OF TENNESSEE
COUNTY OF SHELBY

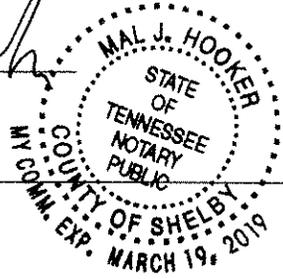
Before me, the undersigned Notary Public, in and for the State and County aforesaid, personally appeared Richard Graham with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged himself/herself to be president or other officer authorized by appropriate Corporate action and/or Resolution to execute the preceding instrument of the _____ the within named bargainor, a corporation, and that he as such _____, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself/herself as _____.

WITNESS my hand and official seal at office this 12th day of August, 2016.

Mal J. Hooker

Notary Public

My Commission Expires: _____



**SHELBY COUNTY GOVERNMENT
GRATUITY DISCLOSURE FORM**

INSTRUCTIONS: *This form is for all individuals receiving any Shelby County Government contract, subcontract, land use approval or financial grant of money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouse and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.*

1. NAME

JIFF, INC.

2. DATE OF GRATUITY

N/A

3. NATURE AND PURPOSE OF THE GRATUITY

N/A

4. NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY

N/A

5. NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

N/A

6. ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

N/A

7. DESCRIPTION OF THE GRATUITY

N/A

8. COST OF THE GRATUITY (If cost is unknown and not reasonably discernible by the person giving the gratuity, then the person giving the gratuity shall report a good faith estimate of the cost of the gratuity.)

N/A

9. The information contained in this Gratuity Disclosure Form, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief and I affirm that I have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including their spouse and immediate family members) that has not been disclosed and I affirm that I have not violated the provisions of the Shelby County Code of Ethics.

Richard Graham
Signature

8-12-2016
Date

Richard Graham
Print Name

A copy of your completed form will be placed on the Shelby County Internet website.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/22/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lipscomb & Pitts Insurance, LLC 2670 Union Ave. Ext. Suite 100 Memphis TN 38112	CONTACT NAME: Deb Carter, CIC, CWCS PHONE (A/C, No, Ext): 901-321-1000 E-MAIL ADDRESS: debbiec@lpinsurance.com	FAX (A/C, No): 901-321-1099
	INSURER(S) AFFORDING COVERAGE	
INSURED JIFF, Inc. 254 S. Lauderdale St. Memphis TN 38126	INSURER A: Philadelphia Indemnity Ins Co	NAIC # 18058
	INSURER B: Accident Fund Ins Co of America	NAIC # 10166
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 2123356903 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		PHPK1528754	7/25/2016	7/25/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PHPK1528754	7/25/2016	7/25/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		PHUB550414	7/25/2016	7/25/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A	WCV6094927	7/25/2016	7/25/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Social Services for Youth

CERTIFICATE HOLDER

CANCELLATION

Juvenile Court of Memphis and Shelby County Attn: Ms. Dini Malone 616 Adams Avenue Memphis TN 38105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Angie B. Feldt</i>
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.