

AMENDMENT COVER SHEET

(Minn. Stat. §§ 16C.05, subd. 2(c), 16C.08, subd. 2 and 3)

Instructions:

1. Complete this form for contract amendments that extend the end date of a contract, add/reduce work and money, or change any other term or condition of the contract.
2. Attach this form to the amendment when sending to the Department of Administration for approval. **Please always include copies of the original certification form, solicitation document, single source justification, the original contract, and any previous amendments as these are used for reference.**
3. Admin will retain this cover sheet for its files.

Agency: MN DOC **Name of Contractor:** Dakota County Juvenile Services

Current Contract Term: 9/9/2020-8/31-2023 **Project Identification:** 182990

Amendments to contracts must entail tasks that are substantially similar to those in the original contract or involve tasks that are so closely related to the original contract that it would be impracticable for a different contractor to perform the work. The commissioner or an agency official to whom the commissioner has delegated contracting authority under Minn. Stat. § 16C.03, subd. 16, must determine that an amendment would serve the interest of the state better than a new contract and would cost no more. An amendment should be in effect before the contract expires.

What changes are being made to the to the contract? Complete appropriate box(es) for the amendment submitted.

1. **Amendment to the Expiration Date of the contract**
 - a. Proposed New Expiration Date:
 - b. Why is it necessary to amend the Expiration Date?
2. **Amend Duties and Cost** **Amend Duties Only**
 - a. Describe the amendment:
 - b. If cost is amended, insert the amount of the original contract AND amount of each amendment below:
 - i. Original per diem rate was \$295
 - ii. New per diem rate is \$340
3. **Amendment to change other terms and conditions of the contract:**
 - a. Describe the changes that are being made:

Amendment 1 to SWIFT Contract No. 182990

Contract Effective Date:	9/9/2020_____	Total Contract Amount:	\$295,000_____
Original Contract Expiration Date:	8/31/2023_____	Original Contract:	\$295,000_____
Current Contract Expiration Date:	8/31/2023_____	Previous Amendment(s) Total:	_____
Requested Contract Expiration Date:	8/31/2023_____	This Amendment:	_____

This amendment is by and between the State of Minnesota, acting through its Commissioner of Department of Corrections ("State") and Dakota County Juvenile Services whose designated business address is 1600 Hwy 55, Hastings, MN 55033 ("Contractor"). State and Contractor may be referred to jointly as "Parties."

Recitals

1. The State has a contract with the Contractor identified as SWIFT Contract Number 182990 ("Original Contract") to provide secure placement, gender specific services, necessary assessment and programming for any juvenile female ("resident") they agree to accept. Dakota County Juvenile Services has complete discretion whether it will accept a particular resident, which will depend on its existing security, health, order and safety needs of its facility at the time a particular request by the State is made.
2. The Original Contract is being amended due to the Contractor's per diem rate increasing.
3. The State and the Contractor are willing to amend the Original Contract as stated below.

Contract Amendment

In this Amendment, changes to pre-existing Contract language will use ~~strike through~~ for deletions and underlining for insertions.

REVISION 1. Clause 1. "**Consideration of Payment**" is amended as follows:

1. Payment

- 1.1 State of Minnesota, Department of Corrections will be billed for services at the daily rate of ~~\$295~~ \$340. The total obligation of the State under this agreement will not exceed \$150,000 per youth. The State's total obligation will not exceed \$295,000.

The Original Contract and any previous amendments are incorporated into this amendment by reference. Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.

1. State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05

SWIFT Contract No. 182990 3-128211 _____

Print Name: _____

Signature: _____

Title: _____ Date: _____

2. Contractor

The Contractor certifies that the appropriate person has executed the Contract on behalf of the Contractor as required by applicable articles, bylaws, resolutions, or ordinances.

Print Name: _____

Signature: _____

Title: _____ Date: _____

Approved as to Form:

Assistant County Attorney/Date
KS-2020-00410-001

3. State Agency

With delegated authority

Print Name: _____

Signature: _____

Title: _____ Date: _____

4. Commissioner of Administration

As delegated to The Office of State Procurement

Print Name: _____

Signature: _____

Title: _____ Date: _____

Admin ID: _____