

Purchase Order # 222412



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 _____ Events to the T (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on _____ April 1, 2022 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 \$ 32,150.00 to original contract amount.

The amended contract amount rate is now \$ 58,250.00

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: [Signature]
Budget Administrator/Principal
Date: 04/15/20

Mt. Diablo USD
By: _____
Superintendent or Designee
Date: _____

Contractor
By: [Signature]
Date: 4/16/22

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