

APR 17 2015

Purchase Order # 96346

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

MDUSD



Amendment No. 1 to

- Independent Service Contract
- Master Contract

This Amendment is entered into between the Mt. Diablo Unified School District (MDUSD) and YMCA Camp Arroyo (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on MARCH 16-22, 20 15 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 \$ 4,623.- to original contract amount. Added 6 additional students + 4 additional chaperones.

The amended contract amount rate is now \$ 17,654.00

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: Mary Louie Herf
Budget Administrator/Principal

Date: 4/16/15

Mt. Diablo USD

By: [Signature]
Superintendent or Designee

Date: 4/20/15

Contractor

By: _____

Date: _____

Board Approval (if needed)

Docket Number: _____
Agenda Item Number

Date: 4/20/15

PO# 96346

APR Received

APR 08 2015 Invoice No. CA2015030

YMCA CAMP ARROYO
5536 Arroyo Road
Livermore, CA 94560
(926) 371-8401 ph. (926) 455-7977 fax

Fiscal Services

INVOICE

Customer			
Name	Meadow Homes		
Address	1371 Detroit Avenue		
City	Concord	State	CA ZIP 94520
Phone			

Misc	
Date	3/24/2015
Order No.	
Rep	
FOB	

Qty	Description	Unit Price	TOTAL
	Facility Fees for March 16 - 20, 2015		
106	Students @ \$276.00 per student	\$ 276.00	\$ 29,256.00
14	Teachers/Chaperones @ \$207 per person	\$ 207.00	\$ 2,898.00
	Total Camp Fee		\$ 32,154.00
-1	Regional Parks Foundation Scholarship	\$ 14,500.00	\$ 17,654.00
	Our Check Policy: Your checks are always welcome! If your check is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of \$25.00 or the maximum amount allowed by law. The check writer is also responsible for all other recovery costs, including attorney's fees and taxes.		\$ 17,654.00

Payment	Check
Comments	
Name	
CC #	
Expires	

Tax Rate(s)	
TOTAL	\$ 17,654.00

Office Use Only:
01-45-04-40845-000000

CAMP ARROYO is submitting this invoice for payment of Meadow Homes School Fees for their March 16 - 20, 2015 camp stay.
 *** Please make check payable to: YMCA Camp Arroyo ***
 Send checks to: YMCA Camp Arroyo, 5536 Arroyo Road, Livermore, CA 94560

OK to pay.
M. Payne

PO # 96346

The YMCA at Camp Arroyo
5535 Arroyo Road, Livermore, CA 94550
(925) 371-8401 ph (925) 455-7977 fax
email:camparroyo@ymcaeastbay.org

Facility Contract

Group Name: Meadow Homes
Primary Contact: Eve Lowenstein
Lowenstein@mdusd.org

Address: 1371 Detroit Avenue, Concord, CA 94520
Tel: 925.685.8760

Arrival: March 16, 2015 at 12:00 pm
Departure: March 20, 2015 at 1:00 pm

Qty	Description	Unit Price	Total
Fees for 5-Day Outdoor School Trip			
100	Students @ \$276.00 per person	\$ 276.00	\$ 27,600.00
10	Adults/Teachers @ \$207.00 per person (1:11 minimum ratio required) <i>Additional students/adults will be billed at the unit price.</i>	\$ 207.00	\$ 2,070.00
Total Trip Fee			\$ 29,670.00
-1	Adjustments Less Requested Parks Foundation Scholarship	\$ 14,500.00	\$ (14,500.00)
Amount Due			
<i>20% non-refundable deposit due on 3/16/15</i>			
<i>Remaining balance due on 3/20/15</i>			

Cancellation Policy & Guaranteed Minimum Fee:

If Group reserving camp terminates this agreement with less than 90 days advance notice without using the facilities as agreed, Group reserving camp agrees to pay the entire remaining balance of the Guaranteed Minimum Fee as liquidated damages. Group reserving camp will be released from payment of the Guaranteed Minimum Fee, but **not the non-refundable deposit**, provided written notice of the termination is received by Camp Arroyo no later than 90 days before the scheduled arrival date.

Guaranteed Minimum Fee: \$29,670.00

Based on Minimum Guaranteed Participants: 100

The Group reserving camp may not bring additional participants above the Maximum Participant Limit without approval from Camp Arroyo at least 4 weeks in advance of the scheduled trip.

Maximum Participant Limit: 100

Our Check Policy:

If your check or automatic draft is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of \$25.00 or the maximum amount allowed by law. The check writer is also responsible for all other recovery costs, including attorney's fees and taxes.

Please acknowledge your acceptance of this Facility Contract by signing and dating this form below and sending it with your deposit and the signed Use Agreement Standard Terms to Camp Arroyo Business Office at the address indicated above. Reservation is only guaranteed upon receipt of all Agreements and deposit. Please make checks payable to YMCA Camp Arroyo.

X _____
Authorized Signature

Date: _____

Name (printed) _____

Title _____