



**DEPARTMENT OF ECONOMIC SECURITY**  
*Your Partner For A Stronger Arizona*

**Intergovernmental Agreement  
CONTRACT AMENDMENT**

<b>1. CONTRACTOR (Name and address)</b>  <b>Gila County Division of Health and Community Services</b> <b>5515 S. Apache Ave., Suite 200</b> <b>Globe, Arizona 85501</b>	<b>2. CONTRACT ID NUMBER</b> <b>DE111073001</b>  <b>3. AMENDMENT NUMBER</b> <b>Five (5)</b>
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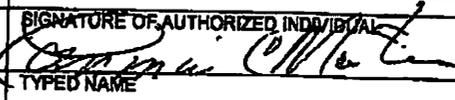
**4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT**

Pursuant to the Terms and Conditions, Amendments or Modifications section, the purpose of this amendment is to:

**Delete and Replace:**

Terms and Conditions, Fingerprinting section 32.1.1, delete and replace the original with the following:  
 Effective immediately, Contractor and subcontractor staff who are required or allowed to provide services directly to juveniles or vulnerable adults shall possess a fingerprint clearance card that meets Level One requirements as described in ARS 41-1758.07, OR, if waiting receipt of their clearance card, shall provide services under direct visual supervision and oversight of an employee who possess a level one fingerprint clearance card until they are issued a valid fingerprint clearance card that meets the Level One requirements. Contractor and subcontractor staff include current employees whether paid or not who transfer into a direct service position, volunteers, and new employees whether paid or not.

**5. EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTRACT.**

<b>6. ARIZONA DEPARTMENT OF ECONOMIC SECURITY</b>	<b>7. NAME OF CONTRACTOR</b> <b>Gila County Division of Health and Community Services</b>
SIGNATURE OF AUTHORIZED INDIVIDUAL 	SIGNATURE OF AUTHORIZED INDIVIDUAL 
TYPED NAME <b>Elizabeth G. Csaki, CPPB</b>	TYPED NAME <b>Tommie C. Martin</b>
TITLE <b>Contract Administration Procurement Manager</b>	TITLE <b>Chairman, Gila County Board of Supervisors</b>
DATE <b>8/28/10</b>	DATE <b>8/7/12</b>

IN ACCORDANCE WITH ARS §11-452 THIS CONTRACT AMENDMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAVE DETERMINED THAT THIS CONTRACT AMENDMENT IS IN APPROPRIATE FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO EACH RESPECTIVE PUBLIC BODY.

**ARIZONA ATTORNEY GENERAL'S OFFICE**

By: Barbara M. Behren  
 Assistant Attorney General

By: Bryan B. Chambers  
 Public Agency Legal Counsel  
 Bryan B. Chambers

Date: 8/24/12

Date: 8 2 2012