

II  
K-8

**AGENDA ITEM  
REQUEST/JUSTIFICATION FORM**  
*(To be completed by requesting Department)*  
Forward all requests to Sharon Bourke, LC2 Civic Center  
**DEADLINE SUBMITTAL IS 3:00 P.M. WEDNESDAY**  
**Before the Tuesday meeting**

Agenda item: APPROVAL

Date to be on agenda: AUGUST 2, 2016

Exact wording to be used for the agenda:

Approval of Amendment Two to the Agreement between the Refugee Empowerment Center fka Southern Sudan Community Association regarding Refugee Health Promotion and navigation. (\$18,266 budgeted.)

Action being requested by the County Board: APPROVAL

Amount requested: \$18,266.00 Grant Funded Object Code: \_\_\_\_\_

Is item in current year's budget? Yes x No \_\_\_\_\_

Does this item commit funds in future years? Yes \_\_\_\_\_ No x

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

If an agreement or contract, has the County Attorney reviewed and approved?  
Yes x No \_\_\_\_\_

Previous action taken on this item if any: Approved by Board of Health

Recommendations and rationale for action: n/a

Will anyone speak on behalf of this item, if so who? Health Director or Designee

If this is a rush agenda item, please explain why: n/a

Submitted by (Name & Department): Adi M. Pour, Ph. D., Health Director Ext: 7471  
Douglas County Health Department

Date Submitted: 07/26/2016

List Attachments: Resolution and 2 original contracts  
*(Attach resolution and all pertinent documentation, i.e., contract, agreement, memorandums, etc.)*

*Certified Resolution can be obtained at the County Clerks' website:  
<http://www.douglascountyclerk.org/county-board-records/search-for-resolutions>*

<i>Completed by receiving office</i>	Received in Administrative Office: Date: <u>7/27/16</u>	Time: _____
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**BOARD OF COUNTY COMMISSIONERS  
DOUGLAS COUNTY, NEBRASKA**

*Resolved*

**WHEREAS,** the Douglas County Board of Health met on July 20, 2016 to review and consider contracts and Agreements or Addendums, thereto, submitted in furtherance of the objectives of the Douglas County Health Department (DCHD); and,

**WHEREAS,** at said meeting the Board of Health voted to approve the following:

Amendment Two (2) to the Agreement with the Refugee Empowerment Center (fka Southern Sudan Community Association) regarding refugee health promotion and navigation for an increase in funds; and,

**WHEREAS,** said Agreement has been executed by the President of the Douglas County Board of Health and the Director of the Douglas County Health Department and is forwarded to this Board of Commissioners for review and consideration; and,

**WHEREAS,** this Board of Commissioners has reviewed and considered said Agreement as evidenced and desires to approve said Agreement.

**NOW THEREFORE BE IT RESOLVED BY THIS BOARD OF DOUGLAS COUNTY COMMISSIONERS** that the Agreement evidenced is hereby approved and the Chair of this Board is hereby authorized to sign the necessary documents to execute said Agreement.

**Dated** on this 2<sup>nd</sup> day of August, 2016.

**SECOND AMENDMENT TO AGREEMENT**  
**between the**  
**DOUGLAS COUNTY HEALTH DEPARTMENT**  
**and**  
**Refugee Empowerment Center**  
**(formerly known as) Southern Sudan Community Association**

This Agreement entered into on October 21, 2015 between Douglas County, Nebraska, on behalf of the Douglas County Health Department ("Department"), and Southern Sudan Community Association ("Contractor"), for the purpose of providing refugee health promotion navigation in Douglas County, Nebraska is hereby amended, effective July 20, 2016, as set forth here:

Any and all references to Southern Sudan Community Association shall henceforth be read and referred to as Refugee Empowerment Center.

Section II, Number 3A of the Agreement is hereby amended to delete the following clause:

**3. Compensation.** The Department shall reimburse the Contractor on a bi-monthly basis for actual, allowable, allocable, and reasonable direct costs in accordance with the approved budget. The amount of the payment for the terms of the agreement shall not exceed eight thousand two hundred and sixty six dollars (\$8,266). The payments are conditional based on the availability of funds and contingent upon submission of expenses and appropriate documentation.

- a. Reimbursement will not be made for any indirect costs. The Department will provide a bi-monthly payment up to one thousand three hundred seventy seven dollars and sixty-six cents (\$1,377.66). Any one bi-monthly billing will not exceed 120% of 1/6 of eight thousand two hundred and sixty six dollars (\$8,266) without prior written approval of the Department.

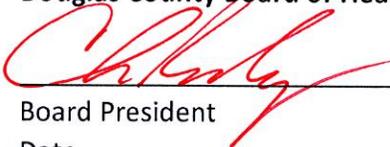
And replaces it with the following clause:

**3. Compensation.** The Department shall reimburse the Contractor on a bi-monthly basis for actual, allowable, allocable, and reasonable direct costs in accordance with the approved budget. The amount of the payment for the terms of the agreement shall not exceed eighteen thousand two hundred and sixty six dollars (\$18,266). The payments are conditional based on the availability of funds and contingent upon submission of expenses and appropriate documentation.

- b. Reimbursement will not be made for any indirect costs. The Department will provide a bi-monthly payment up to three thousand forty four dollars and

thirty four cents (\$3,044.34). Any one bi-monthly billing will not exceed 120% of 1/6 of eighteen thousand two hundred and sixty six dollars (\$18,266) without prior written approval of the Department.

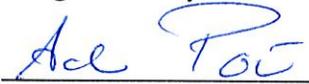
**Douglas County Board of Health**

  
Board President \_\_\_\_\_ Date 7/20/16  
Date

**Contractor**

\_\_\_\_\_  
AnnMarie Kudlacz, Executive Director (Date)

**Douglas County Health Department**

  
Adi M. Pour \_\_\_\_\_ Date 7/20/16  
Health Director

**Douglas County Board of Commissioners**

\_\_\_\_\_  
Mary Ann Borgeson, Chair Date

**Approved as to form:**

  
Deputy County Attorney \_\_\_\_\_ Date 7/20/16  
Douglas County Attorney's Office