

## Intergovernmental Agreement

### CONTRACT AMENDMENT

<b>1. CONTRACTOR (Name and address)</b>  Cochise County Board of Supervisors 1415 W. Melody Lane Bisbee, AZ 85603	<b>2. CONTRACT ID NUMBER</b>  DE111004001
<b>3. AMENDMENT NUMBER</b> 12	
<b>4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT</b>  Pursuant to Section 6.0 MANNER OF FINANCING, Paragraph 6.2, Compensation, the following allocation of funds by Program and Fiscal Year are added:  PY12 WIA section 503 incentive funds \$59,182.00 (CFDA#17.267)  The above funds are to be reported separately and expire on 12/31/2014.  Final expenditure report for these funds must be submitted by 1/31/2015.  The reimbursement ceiling is increased from \$3,839,477.00 to \$3,898,659.00	
<b>5. In accordance with A.R.S. § 35-393.06, the Contractor certifies that the Contractor does not have scrutinized business operations in Iran.</b>  <b>In accordance with A.R.S. § 35-391.06, the Contractor certifies that the Contractor does not have scrutinized business operations in Sudan.</b>	
<b>6. 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>	
<b>7. ARIZONA DEPARTMENT OF ECONOMIC SECURITY</b>	<b>8. NAME OF CONTRACTOR</b> <b>COCHISE COUNTY BOARD OF SUPERVISORS</b>
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE OF AUTHORIZED INDIVIDUAL
TYPED NAME <b>Francine Whittington</b>	TYPED NAME Ann English
TITLE <b>Procurement Manager</b>	TITLE Chairman, Board of Supervisors
DATE	DATE September 10, 2013
IN ACCORDANCE WITH ARS §11-952 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: \_\_\_\_\_  
Assistant Attorney General

By: \_\_\_\_\_  
Public Agency Legal Counsel

Date: \_\_\_\_\_

Date: \_\_\_\_\_