



## COMMUNITY-BASED ORGANIZATION MASTER CONTRACT AMENDMENT COVERSHEET

This Master Contract Amendment, effective as of **July 1, 2019**, is a part of the Community Based Organization Master Contract (No# \_\_\_\_\_) made and entered into by and between the County of Alameda ("County"), and **<NAME OF PROVIDER>**, hereinafter referred to as the ("Contractor").

The Master Contract is hereby amended by adding the following described exhibits, all of which are attached and incorporated into the Master Contract by this reference:

1. **Exhibit A** – Program Description and Performance Requirements;
2. **Exhibit B** – Terms of Payment;
3. **Exhibit C** – Insurance Requirements;
4. **Exhibit D** – Debarment and Suspension Certification;
5. **Exhibit E** – HIPAA Business Associate Agreement; and
6. **Exhibit F** – Audit Requirements.

The Exhibits A & B of this Amendment entered into between **Behavioral Health Care Services (ACBH) of County of Alameda** and Contractor replace and supersede any and all previous Exhibits A & B entered by both parties for this Master Contract. Except as herein amended, the Master Contract is continued in full force and effect.

The Term of this Amendment shall be from **July 1, 2019** through **June 30, 2020**. The compensation payable to Contractor hereunder shall not exceed **<\$CONTRACTED AMOUNT>** for the term of this Agreement.

Dept. Contact Network Office administration Phone (510) XXX-XXXX Email Contracts@acgov.org

The signatures below signify that attached Exhibits have been received, negotiated and finalized. The Contractor also signifies agreement with all provisions of the Master Contract.

**COUNTY OF ALAMEDA**

By \_\_\_\_\_ Date \_\_\_\_\_  
 Signature

Name Colleen Chawla

Title Director, Health Care Services Agency

**NAME OF CONTRACTOR**

By \_\_\_\_\_ Date \_\_\_\_\_  
 Signature

Name \_\_\_\_\_

Title \_\_\_\_\_

(Optional. Delete if not needed)

By \_\_\_\_\_ Date \_\_\_\_\_  
 Signature

Name \_\_\_\_\_

Title \_\_\_\_\_