

EXHIBIT A

AMENDMENT TO AGREEMENT BETWEEN ARROWHEAD HEALTH ALLIANCE (AHA) AND THE CITY OF DULUTH FOR A PART-TIME CRISIS INTERVENTION TEAM COORDINATOR

The Service Agreement between the City of Duluth by and through its Police Department (hereinafter referred to as "Provider") and Arrowhead Health Alliance (hereinafter referred to as "AHA") to provide a part-time Coordinator for the Head of the Lakes Collaborative Crisis Intervention Team (CIT) is amended as set forth below.

WHEREAS, the City and AHA entered into the Agreement on or about May 30, 2018 (City Council Resolution #18-0428) (City Contract #23471);

WHEREAS, AHA is willing to reimburse Provider for the cost of engaging a Coordinator for an additional month;

WHEREAS, the City is willing to engage a Coordinator for an additional month;
and

WHEREAS, the parties desire to extend the time of performance by one additional month.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants and agreements hereinafter contained, the parties agree as follows:

In this Amendment, deleted terms will be ~~struck out~~ and added terms will be underlined.

1. The first paragraph of the Agreement is amended as follows:

THIS AGREEMENT is by and between ARROWHEAD HEALTH ALLIANCE, 221 West First Street, Duluth, MN 55802, (hereinafter referred to as "AHA") and the City of Duluth, by and through its Police Department, 2030 North Arlington Avenue, Duluth, MN 55811 (hereinafter referred to as "Provider"), for the period from June 1, 2018 through ~~May 31, 2019~~ June 30, 2019.

2. Except as specifically amended pursuant to this Amendment, the Agreement remains in full force and effect. In the event of a conflict between the provisions of this Amendment and the provisions of the Agreement, the provisions of this Amendment shall govern.

[Remainder of this page intentionally left blank. Signature page to follow.]

IN WITNESS WHEREOF, the parties have set their hands the day and date first shown below.

CITY OF DULUTH, MINNESOTA

ARROWHEAD HEALTH ALLIANCE

By _____
Mayor



By _____

ATTEST:

City Clerk

Its: ___ Director _____

Dated: _____

Date: ___ 06/13/19 _____

COUNTERSIGNED:

City Auditor

APPROVED AS TO FORM:

City Attorney