

AMENDMENT TO AGENCY SUPPORTED FOSTER CARE CONTRACT

BETWEEN THE

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
AND**

Compass

AMENDMENT TWO SEPTEMBER 1, 2012

This contract is entered into by and between the Nebraska Department of Health and Human Services, DIVISION OF CHILDREN AND FAMILY SERVICES (hereinafter "DHHS"), and Compass, P O Box 996, Kearney, NE 68848 (hereinafter "Contractor").

The Contract between the parties dated July 1, 2011 is hereby amended as follows:

Article I. Term and Termination is amended to read:
This Contract is in effect through June 30, 2013.

Article II.A. Consideration is amended to read:
DHHS shall pay the Contractor a total amount not to exceed \$1,500,000.00 for the services specified herein.

All other terms and conditions remain in full force and effect.

IN WITNESS THEREOF, the parties have duly executed this Contract hereto, and each party acknowledges the receipt of a duly executed copy of this Contract with original signatures.

FOR DHHS:



Signature

Kerry T. Winterer, CEO
Department of Health and Human Services

DATE: 10/8/12

FOR Compass:



Signature

Compass *Ryan B. Stanton*
Executive Director

DATE: 8/20/12

49117-04

AGENCY SUPPORTED FOSTER CARE CONTRACT

BETWEEN THE

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
AND**

COMPASS

AMENDMENT ONE, APRIL 2012

This contract is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF CHILDREN AND FAMILY SERVICES** (hereinafter "DHHS"), and **Compass**, P O Box 996, Kearney, NE 68848, (hereinafter "Contractor").

The Contract between the parties dated July 1, 2011 is hereby amended as follows:

Article I. Term and Termination. A. Term is amended to read:

This contract is in effect from July 1, 2011 until August 31, 2012.

All other terms and conditions remain in full force and effect.

IN WITNESS THEREOF, the parties have duly executed this Contract hereto, and each party acknowledges the receipt of a duly executed copy of this Contract with original signatures.

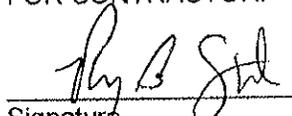
FOR DHHS:



Signature

Kerry T. Winterer, CEO
Department of Health and Human Services

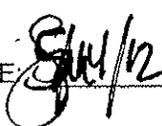
FOR CONTRACTOR:



Signature

Executive Director

Title
Compass

DATE: 

DATE: 