



**ARIZONA DEPARTMENT OF EDUCATION**

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

**CONTRACT/AGREEMENT AMENDMENT**

<b>1. AGREEMENT NO.:</b> 25-03-ED	<b>2. AMENDMENT NO.:</b> 1	<b>3. EFFECTIVE DATE:</b> September 30, 2025	<b>4. PROGRAM:</b> School Safety Social Wellness
<b>5. CONTRACTOR NAME:</b> Cochise County Education Services Agency (CCSEA) Email: <a href="mailto:cmeyers@cochise.az.gov">cmeyers@cochise.az.gov</a> & <a href="mailto:jclay@cochise.az.gov">jclay@cochise.az.gov</a>			
<b>6. AUTHORITY FOR AMENDMENT:</b> Paragraph 3, "Renewal of Agreement"			
<b>7. PURPOSE OF AMENDMENT:</b> Renewal			
<b>8. DESCRIPTION OF THE SERVICE:</b> Arizona Project Bright Futures			

**9. THE ABOVE REFERENCED AGREEMENT IS HEREBY AMENDED AS FOLLOWS:**

**9.1** Pursuant to the agreement Section 3, Renewal of Agreement, the agreement is hereby extended for the period of **September 30, 2025 to September 29, 2026.**

**9.2** Attachment B Price Sheet is revised and replaced.

**10. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.**

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

<u>CONTRACTOR</u>	<u>ARIZONA DEPARTMENT OF EDUCATION</u>
<i>(SIGNATURE OF AUTHORIZED INDIVIDUAL)</i>	<i>(SIGNATURE)</i>
<b>NAME (Typed/Printed):</b>	<b>NAME:</b> Braulio Garcia
<b>TITLE:</b>	<b>TITLE:</b> Chief Procurement Officer
<b>DATE:</b>	<b>DATE:</b>



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**Attachment B - Price Sheet**

ARIZONA DEPARTMENT OF EDUCATION INTERAGENCY SERVICE/INTERGOVERNMENTAL AGREEMENT BUDGET/ ESTIMATED NEEDS PAYMENT SCHEDULE FOR INSTITUTIONS OF HIGHER EDUCATION, STATE AGENCIES AND OTHER AGENCIES

**INSTRUCTIONS**

Submit original to ADE Contracts Management Unit as part of proposed Agreement/amendment. Final Agreement will contain instructions for submission of periodic/completion reports

A. AGREEMENT IDENTIFICATION FOR THE BUDGET PERIOD FROM : 9/30/25 TO: 9/29/26

1. Applicant Agency: Cochise County Education Service Agency	2. Contact Person: Phone No:	3. Agreement No.:  Index No.:
4. Funding Source (Chapter 1, etc.) BFPROJ100FAY24	5. Date submitted 10/11/2024	

6. Proposal Name (if any):  
Arizona Project Bright Futures

7. Check ONE  New  Renewal Application  
 Completion Report  Amendment  ADE Revision

B. AGREEMENT BUDGET	BUDGET	REQUEST	AMENDED	EXPENDITURE	BUDGET
*EXPENDITURE CATEGORIES	(1)	CHANGES	BUDGET	TO DATE	BALANCE
		(2)	(3)	(4)	(5)
8. Salaries – Instructional					
9. Salaries – Non-Instructional	\$68,000				
10. Employee Benefits	\$20,400				
11. Travel	\$26,070				
12. Supplies and Materials	\$30,654				
13. Purch Services/Consultant Fees	0				
14. Tuition	0				
15. Printing and Reproduction	0				
16. Utilities and Communications	0				
17. Other:	0				
18. SUBTOTAL	\$145,124				
19. Indirect Cost (0.61% of Line 18)	\$886				
20. Capital Outlay					
21. TOTAL	\$146,010				
22. Administrative Costs					
23. Cash Balance (For Completion Purposes)					

\*SEE INSTRUCTIONS ON REVERSE SIDE

C. COMPLETION REPORT SIGNATURE (Blue Ink Only)  
 I hereby certify that this is a reasonable statement of total expenditures for this contract.

\_\_\_\_\_ Date

Applicant Authorized Agent

D. SUMMARY OF AVAILABLE FUNDS INCLUDED IN BUDGET ABOVE

Prior FY C/O + FY State C/O + FY (New)+ Other = TOTAL FY


E. ESTIMATED NEEDS PAYMENT SCHEDULE				<input type="checkbox"/> Original	<input type="checkbox"/> Revised	Date:
FY _____ State C/O		FY _____		FY _____		
Jul: _	Jan: _	Jul: _	Jan: _	Jul: _	Jan: _	
Aug: _	Feb: _	Aug: _	Feb: _	Aug: _	Feb: _	
Sep: _	Mar: _	Sep: _	Mar: _	Sep: _	Mar: _	
Oct: _	Apr: _	Oct: _	Apr: _	Oct: _	Apr: _	
Nov: _	May: _	Nov: _	May: _	Nov: _	May: _	
Dec: _	Jun: _	Dec: _	Jun: _	Dec: _	Jun: _	
TOTAL		TOTAL		TOTAL		

**ARIZONA DEPARTMENT OF EDUCATION  
INSTRUCTIONS FOR COMPLETING ADE FORM 701d, AGREEMENT BUDGET REPORT:  
APPLICATION**

**Section A. AGREEMENT IDENTIFICATION FOR THE BUDGET PERIOD**

1. Enter the name of the agency applying for funds.
2. Enter the name and phone number of contact person
- 3-4. This area will be completed by ADE.
5. Enter date submitted to ADE.
6. Enter proposal name (if any).
7. Check appropriate place.

**Section B. AGREEMENT BUDGET BY LINE ITEM**

- 8-17. Enter budget amounts for each line item.
18. Enter budget subtotal.
19. Compute indirect costs. Each funding source has a limit on what per cent of the funds can be designated indirect costs. You will be unable to exceed that limit. You may choose to use more of the funds in the program and establish a smaller indirect cost than the limit.
20. Enter the capital outlay amount. (some Requests for Proposals may restrict capital outlay expenditures.)
21. Enter budget total.

**Section C. PAYMENT SCHEDULE**

Recommend the payment amount for each month that you estimate you will need. Refer to your budget justification, capital outlay justification pages or other reference pages before completing. If a payment schedule is not indicated by the applicant, ADE will complete.

Final payment schedule will be determined by ADE.

Sections D and E: for ADE use only

**ARIZONA DEPARTMENT OF EDUCATION  
 DETAILED INTERAGENCY SERVICE AGREEMENT BUDGET**

**(1) Applicant Name/Agency:** \_\_\_\_\_ **(2) Agreement No.** \_\_\_\_\_

<b>(3)</b> EXPENDITURE CATEGORY NUMBER	<b>(4)</b> AGREEMENT BUDGET LINE ITEM NAME	<b>(5)</b> NAME AND TITLE OF STAFF AND/OR BREAKDOWN OF INDIVIDUAL ITEMS INCLUDED IN AGREEMENT BUDGET LINE ITEM TOTAL	<b>(6)</b> 100% COST OF EACH ITEM LISTED COLUMN (3)	<b>(7)</b> % ASSIGNED TO THIS AGREEMENT	<b>(8)</b> AGREEMENT COST
				<b>TOTAL:</b>	\$

**INSTRUCTIONS FOR COMPLETION OF ADE FORM 701b, DETAILED EXPENDITURE BUDGETS**

- 1) Enter the full name of applicant agency.
- 2) Enter agreement number.
- 3) From budget page, use expenditure category line number.
- 4) From budget page, use expenditure category name.
- 5) Briefly detail names/titles or other specifics that describe the proposed expenditures. If more than one item is included within the proposed expenditure for a line item, detail the costs within that line. See example below for sample of detailed line items.
- 6) Enter the actual 100% cost for actual 100% agency contracted salary amounts, even if a proposed salary or item cost is not in 100% support of the demonstration site.
- 7) Enter the appropriate % that would be assigned to this agreement.
- 8) In relation to column 6, how much funding are you requesting in this application?

(3) EXPENDITURE CATEGORY NUMBER	(4) AGREEMENT BUDGET LINE ITEM NAME	(5) NAME AND TITLE OF STAFF AND/OR BREAKDOWN OF INDIVIDUAL ITEMS INCLUDED IN AGREEMENT BUDGET LINE ITEM TOTAL	(6) 100% COST OF EACH ITEM LISTED COLUMN (3)	(7) % ASSIGNED TO THIS AGREEMENT	(8) AGREEMENT COST
8	Salaries – Instructional	Instructor	\$10,000.00	50%	\$ 5,000.00
9	Salaries Non-Instructional	Counselor	\$20,000.00	100%	\$20,000.00
10	Benefits	Benefits for Instructor	\$ 2,500.00	50%	\$ 1,250.00
10	Benefits	Benefits for Counselor	\$ 5,000.00	100%	\$ 5,000.00
17	Other Expenses	Rent of Facilities	\$24,000.00	25%	\$ 6,000.00
20	Capital Outlay	Computer and Monitor	\$ 5,000.00	100%	\$ 5,000.00