

**AMENDMENT NO. 4  
TO SENIOR CENTER CONGREGATE MEAL PROGRAM SERVICE AGREEMENT  
BETWEEN THE CITY OF EL MIRAGE AND BANNER HEALTH  
(Banner Health Contract Number: 0436-03-71711)**

THIS AMENDMENT NO.4 to the Congregate Meal Program service agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by and between the City of El Mirage, an Arizona municipal corporation (“City”), and Banner Health, an Arizona nonprofit corporation, on behalf of itself and as agent for its consolidated affiliated, d/b/a Banner Home Care (“Contractor”).

**RECITALS**

- A. WHEREAS, City of El Mirage entered into an agreement with Banner Health commencing on February 12, 2019, for the City’s Congregate Meal Program Service (“Agreement”) for an initial contract period of twelve (12) months, until February 11, 2020.
- B. WHEREAS, the Agreement provides for four (4) additional one (1)-year extension periods in accordance with Section 3.2, TERM AND EXTENSION of the Agreement.
- C. WHEREAS, City desires to exercise the third additional one (1)-year period to extend the Agreement until February 11, 2023.
- D. The City of El Mirage is authorized and empowered by provisions of the City Code to execute agreements for professional services by and through its City Manager;

**AGREEMENT**

NOW, THEREFORE, in consideration of the mutual promises and obligations set forth herein, the parties hereto agree as follows:

- 1. In accordance with Section 3.2, TERM AND EXTENSION of the Agreement, the term of the Agreement shall be extended an additional one (1) year through February 11, 2023.
- 2. All terms, conditions and provisions of the Agreement shall remain unchanged and apply during the renewal period unless otherwise amended.

**IN WITNESS WHEREOF**, the parties have executed this Amendment as of the date and year first set forth above.

[SIGNATURES ON NEXT PAGE]

CITY OF EL MIRAGE,  
an Arizona municipal corporation

CONTRACTOR: Banner Health, an  
Arizona nonprofit corporation, on behalf  
of itself and as agent for its consolidated  
affiliates, d/b/a Banner Home Care

\_\_\_\_\_  
By: J. Crystal Dyches  
Its: City Manager

By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
City Clerk

By: \_\_\_\_\_

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

Its: \_\_\_\_\_  
Title

APPROVED AS TO FORM:

\_\_\_\_\_  
City Attorney