

AMENDMENT NO. 3 TO THE
 INTERGOVERNMENTAL AGREEMENT
 BETWEEN
 MARICOPA COUNTY
 ADMINISTERED BY ITS
 HUMAN SERVICES DEPARTMENT
 AND
 THE CITY OF EL MIRAGE

I. Maricopa County (“County”), administered by its Human Services Department, entered into a financial Intergovernmental Agreement (“Agreement”) with The City of El Mirage (“Subrecipient”) on or about December 28, 2023. The purpose of the Agreement is to establish a collaboration between the Parties to reduce homelessness through the County’s “Hand in Hand” Program (the Program). The Program will provide outreach teams to assist individuals who are unsheltered transition into permanent housing, including coordination of case management; mental health service connections and substance use support. Under the Agreement, the City provides funds to the County for program service delivery. The City provided the County with \$30,000 for Fiscal Year 2026 for services under the Agreement. The Agreement term is July 1, 2025, through June 30, 2026. The City and the County collectively are referred to as the “Parties.”

II. The Parties agree to enter into this Amendment No. 3 to amend the Agreement as follows:

A. Extend the Agreement term identified on page 1 of the Agreement, in accordance with section 4.0 Amendments, from July 1, 2026, through June 30, 2027, Fiscal Year 2027.

B. 1. In Paragraph 5.0 Funding, revise Attachment A - Budget, incorporated into the Agreement, to provide the County funding for Fiscal Year 2027 in the amount of \$30,000.

2. In Paragraph 10.0 (Notices), update County point of contact for the Agreement as follows:

County:
 Name: Erin Cochran
 Title: Homeless Initiatives Program Supervisor
 Maricopa County Human Services Department
 234 N Central Avenue, Suite 3000
 Phoenix, AZ 85004
 Telephone: 602-372-0731
 Email: erin.cochran@maricopa.gov

3. Revise and replace Paragraph 15.0 (GENERAL LIABILITY INSURANCE EXCEPTION) with the following:

15.0 INSURANCE

15.1 Each Party is a Public entity and shall provide the other Party with a Certificate of Self-Insurance equal to the types and amounts specified below:

General Aggregate	\$3,000,000
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Each Occurrence Limit \$1,000,000

15.2 Within ten (10) calendar days following execution of this Agreement, the City shall furnish the County, to the persons listed in Paragraph 10.0 (Notices), with valid and complete Certificate(s) of Insurance, or formal endorsements as required in the form provided by the County, issued by the City, as evidence that policies providing the required coverage, conditions and limits as required by this Agreement are in full force and effect. Such certificates shall identify this Agreement number and title.

15.2.1 In addition to the above, the City shall provide a copy by mail to the following and Certificate holder shall be identified as:
 Mail COI to:
 Maricopa County
 c/o Risk Management
 301 W Jefferson St., Suite 910
 Phoenix, AZ 85003

15.3 Cancellation and Expiration Notice:

15.3.1 Applicable to all insurance policies required within the insurance requirements of this contract, City's insurance shall not be permitted to expire, be suspended, be canceled, without 30 days prior written notice to Maricopa County. Such notice shall be sent directly to Maricopa County Human Services Department, Workforce Development Division and shall be mailed, or hand delivered to 234 N. Central Avenue, Phoenix Suite 3000, AZ 85004, or emailed to the Human Services representative noted in the Contract.

III. Section II above contains all the changes made by this Amendment No. 3. The Agreement is amended to incorporate the changes contained in this Amendment No. 3. All other terms and conditions of the Agreement remain in full force and effect as executed by the Parties. This Amendment No. 3 is subject to and incorporates the provisions of A.R.S. § 38-511.

IV. The Parties have authorized the undersigned to execute this Amendment No. 3 on their behalf, and it shall be effective upon approval and signature by both Parties.

[Signatures contained on the following page]

IN WITNESS, the Parties have approved and signed Amendment No.1:

APPROVED BY:

APPROVED BY:

CITY OF EL MIRAGE

MARICOPA COUNTY

Alexis Hermosillo Date
Mayor

Kate Brophy McGee Date
Chair, Board of Supervisors

Attestation:

Attestation:

Jill A. Boltz Date
City Clerk

Juanita Garza Date
Clerk of Board

IN ACCORDANCE WITH A.R.S. §§ 9-240 and 11-952, THIS AMENDMENT NO. 3 HAS BEEN REVIEWED BY THE UNDERSIGNED ATTORNEY WHO HAS DETERMINED THIS AMENDMENT NO. 3 IS PROPER IN FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO THE CITY OF EL MIRAGE UNDER THE LAWS OF THE STATE OF ARIZONA.

IN ACCORDANCE WITH A.R.S. §§ 11-201, 11-251, AND 11-952, THIS AMENDMENT NO. 3 HAS BEEN REVIEWED BY THE UNDERSIGNED ATTORNEY WHO HAS DETERMINED THIS AMENDMENT NO. 3 IS PROPER IN FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO MARICOPA COUNTY UNDER THE LAWS OF THE STATE OF ARIZONA.

APPROVED AS TO FORM:

APPROVED AS TO FORM:

Justin Pierce, City Attorney Date

Deputy County Attorney Date

ATTACHMENT A: BUDGET

Fiscal Year 2027

HAND IN HAND- EL MIRAGE - ANNUAL BUDGET				
NUMBER OF POSTIONS	POSITION TITLE	SALARY PER POSITION	TOTAL SERVICE COST	CITY OF EL MIRAGE COST
5	Street Outreach Case Managers	\$59,690.20	\$298,451.00	\$30,000