

**FIRST AMENDMENT TO  
GRANT AGREEMENT BETWEEN THE CITY OF FRESNO AND UNITED  
HEALTH CENTERS OF THE SAN JOAQUIN VALLEY, REGARDING COVID-19  
TESTING, TRACING, AND QUARANTINE SUPPORT**

THIS FIRST AMENDMENT TO GRANT AGREEMENT is effective as of \_\_\_\_\_, 2021, and amends the Grant Agreement between the CITY OF FRESNO, a municipal corporation (CITY), and UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY (GRANTEE).

**RECITALS**

- A. CITY and GRANTEE entered into the Grant Agreement effective December 3, 2020 (the Agreement), related to COVID-19 testing, tracing, and quarantine support.
- B. CITY and GRANTEE now desire to modify the Agreement by extending the timeline for performance as set forth below.

**AGREEMENT**

NOW, THEREFORE, in consideration of the above recitals, which recitals are contractual in nature, the mutual promises herein contained, and for other good and valuable consideration hereby acknowledged, the parties agree that the Agreement be amended as follows:

- 1. **Term.** The term of the Agreement shall be extended through June 30, 2021.
- 2. **Compensation.** As of the date of this First Amendment, GRANTEE has been paid in full for all services to be provided pursuant to the Agreement and this First Amendment, and GRANTEE shall be entitled to no additional compensation.
- 3. **Effect of Amendment.** Except as expressly modified by this First Amendment, the Agreement is hereby reaffirmed and ratified. In the event of any conflict between the Agreement and this First Amendment, this First Amendment shall control.

**[Signatures follow on the next page.]**

IN WITNESS WHEREOF, the parties have executed this First Amendment on the date set forth above.

CITY OF FRESNO,  
a California municipal corporation

By: \_\_\_\_\_  
Thomas C. Esqueda  
City Manager

APPROVED AS TO FORM:  
DOUGLAS T. SLOAN  
City Attorney

By: \_\_\_\_\_ Date \_\_\_\_\_  
Deputy City Attorney

ATTEST:  
YVONNE SPENCE, CRM MMC  
City Clerk

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

UNITED HEALTH CENTERS OF THE  
SAN JOAQUIN VALLEY,  
a California nonprofit corporation

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(If corporation or LLC., Board Chair,  
Pres. or Vice Pres.)

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(If corporation or LLC., CFO, Treasurer,  
Secretary or Assistant Secretary)