

**AMENDMENT NO. 1 TO THE CONTRACT WITH  
FREED CENTER FOR INDEPENDENT LIVING, D/B/A FREED  
(RES. 25-350)**

**THIS AMENDMENT** is executed this January 13, 2026, by and between FREED CENTER FOR INDEPENDENT LIVING, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County”. Said Amendment will amend the prior Agreement between the parties entitled Professional Services Contract, executed on July 8, 2025, per Resolution 25-350; and

**WHEREAS**, the Contractor operates to promote independent living for people with disabilities, individuals with chronic health conditions, and older adults; and

**WHEREAS**, the parties desire to amend their Agreement to increase the contract price from \$100,000 to \$175,000 (an increase of \$75,000), and amend Exhibit “B” Schedule of Charges and Payments to reflect the increase in the maximum contract price.

**NOW, THEREFORE**, the parties hereto agree as follows:

1. That Amendment No. 1 shall be effective as of December 1, 2025.
2. That Maximum Contract Price shall be amended to the following:  
\$175,000.
3. That the Schedule of Charges and Payments, Exhibit “B”, is amended to the revised Exhibit “B” attached hereto and incorporated herein.
4. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

By: \_\_\_\_\_  
Chair of the Board of Supervisors

ATTEST:

By: \_\_\_\_\_  
Clerk of the Board

CONTRACTOR:

By: \_\_\_\_\_  
FREED Center For  
Independent Living  
435 Sutton Way  
Grass Valley, CA 959459

**EXHIBIT “B”**  
**SCHEDULE OF CHARGES AND PAYMENTS**  
**FREED FOR INDEPENDENT LIVING**

Subject to the satisfactory performance of services required of the Contractor pursuant to this Agreement, and the terms and conditions set forth in this Agreement, the County shall reimburse Contractor a maximum amount not to exceed \$175,000 for the entire contract term of July 1, 2025 through June 30, 2026.

Budget	Category	Expense	Narrative
Housing Program Manager	Personnel	\$10,339.00	0.11 FTE allocated at \$90,378 with benefits
Housing Coordinator	Personnel	\$11,438.00	0.25 FTE allocated at \$45,752 with Benefits
SOAR Counselor/ Disability Advocate	Personnel	\$56,248.00	1.0 FTE allocated at \$56,248 with Benefits
Housing Financial Assistance	Operating	\$74,832	Direct assistance per exhibit “A”
Housing Document Specialist	Personnel	\$6,235.00	0.10 FTE allocated at \$61,009 with Benefits
Administrative Indirect Cost Rate	Personal/ Operating	\$15,908	10% indirect cost rate and includes rent, utilities, communication, security, and legal fees.
<b>TOTAL EXPENSES</b>		<b>\$175, 000</b>	

Contract reimbursement will be based on actual salary/benefits of Contractor’s assigned staff and program expenses, but in no event shall exceed the salary/benefit amounts set forth in this Exhibit B.

Contractor may shift budget line items with prior written approval from the Director or designee.

Contract maximum is contingent and dependent upon the department’s receipt of anticipated grant funding for this program.

For administrative services and other program expenses, Contractor shall submit monthly invoices with an itemized breakdown by grant program listing:

- Date(s) and number(s) of hours of services performed,
- Operations, telecommunications, training, supplies, and travel expenses.
- Direct Housing Assistance Costs: rent, utilities, home setup, home modifications, and any

other direct housing expenses.

- Administrative costs calculated as 10% of the total of the month's expenses due for that month.

Contractor agrees to be responsible for the validity of all invoices and vouchers.

To expedite payment, Contractor shall reference on their invoice the Resolution Number that has been assigned to their approved contract.

County shall review the invoice and notify Contractor within fifteen (15) working days if an individual item or group of costs is questioned. Contractor has the option to remove the questioned cost(s) or delay the entire invoice pending resolution of the cost(s). Payment of approved invoices shall be made within thirty (30) days of receipt of a complete, correct, and approved invoice. Contractor shall submit invoices, reports and documentation, and lease reimbursement vouchers to:

Nevada County Health and Human Services Agency  
Attn: HCS Fiscal Staff  
950 Maidu Avenue  
Nevada City, California 95959

**BILLING AND PAYMENT EXCEPTION**

By the tenth of June each year, Contractor shall provide an invoice for services rendered for the month of May. An invoice of services provided for the month of June shall be provided no later than the tenth of July.