



**AGENDA PLACEMENT FORM**

(Submission Deadline – Monday, 5:00 PM before Regular Court Meetings)

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

**Meeting Date:** 7/24/23

**Submitted By:** \_\_\_\_\_

**Department/Office:** CJO

**Signature of Director/Official:** \_\_\_\_\_

**Approved**

**Agenda Title:**

Consideration of American Rescue Plan Act (ARPA) Beneficiary Agreement  
Amendment 1 for HOPE Medical/Dental Clinic to use Unobligated Funds in the  
Amount of \$289.70 to Upgrade Security System

**Public Description** (Description should be 2-4 sentences explaining to the Court and the public what action is recommended and why it is necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(May attach additional sheets if necessary)

**Person to Present:** \_\_\_\_\_

(Presenter must be present for the item unless the item is on the Consent Agenda)

**Supporting Documentation:** (check one) PUBLIC  CONFIDENTIAL

(PUBLIC documentation may be made available to the public prior to the Meeting)

**Estimated Length of Presentation:** \_\_\_\_\_ minutes

**Session Requested:** Action (Action Item, Workshop, Consent, Executive)

**Check All Departments That Have Been Notified:**

County Attorney  IT  Purchasing  Auditor

Personnel  Public Works  Facilities Management

Other Department/Official (list) \_\_\_\_\_

**Please Inter-Office All Original Documents to County Judge’s Office Prior to Deadline  
& List All External Persons Who Need a Copy of Signed Documents  
In Your Submission Email**

## BENEFICIARY AGREEMENT AMENDMENT 1

### Contact Information

<b>Requestor Name:</b> Diane Westcott	<b>Requestor Email:</b> pdwestcott@hopecliniccleburne.com
<b>Requestor Organization:</b> HOPE Medical/Dental Clinic	<b>Date Submitted:</b> 4/25/2023

### Project Information

<b>Project Name:</b> ARPA Grant	<b>Total Amount Awarded:</b> \$20,000.00
<b>Current End Date:</b>	<b>Unobligated Amount:</b> \$289.70

### Request Information

#### Amendment Information

In the space below, please provide the following information for the Beneficiary Agreement Amendment 1:

Insert text for **Part** or **Section** that will be changing regarding **compensation, method of payment provisions, extensions, scope of work** (and what scope is being **added/removed**) in accordance with stated project deliverables and describe the revision to be added;

**FILL THIS IN:**

\_\_We are upgrading our security system for the clinic thru Secure Innovations. This initial cost is \$299.00 then 39.95 a month. We are hoping to use the unobligated amount of \$289.70 to cover this cost.

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**BENEFICIARY AGREEMENT AMENDMENT 1**

EFFECTIVE DATE: The 24th day of July , 2023.

**Johnson County**

By:   
Christopher Boedeker  
Johnson County Judge

**ATTEST:**

By:   
April Long  
Johnson County Clerk



**THE** Hope Medical/Dental Clinic

By: 