SUBRECIPIENT AGREEMENT Amendment #4 21-AZDOHS-OPSG-210437-02

Between

The Arizona Department of Homeland Security And

Pinal County Sheriff's Office (UEI# GX4FM9VQD7W3)

WHEREAS, A.R.S. § 41-4254 charges the Arizona Department of Homeland Security (AZDOHS) with the responsibility of administering funds.

Pursuant to Section XII of the Subrecipient Agreement between the Arizona Department of Homeland Security and the Subrecipient the following section of the above referenced Subrecipient Agreement is hereby amended as follows:

II. PERIOD OF PERFORMANCE, TERMINATION AND AMENDMENTS

This Agreement shall become effective on March 1, 2022 and shall terminate on March 31, 2024.

SHALL BE CHANGED TO READ:

This Agreement shall become effective on March 1, 2022 and shall terminate on July 31, 2025.

All other terms of the original Subrecipient Agreement remain effective.

In Witness Whereof, the parties have set their hands to this AMENDMENT as of the day and year herein indicated and agree that all parties are obligated to follow all terms and conditions of the original Subrecipient Agreement and are liable for all funds received by the AZDOHS.

IN WITNESS WHEREOF

The parties hereto agree to execute this Amendment.

| FOR AND BEHALF OF THE | FOR AND BEHALF OF THE | |
|-------------------------------|---|--|
| Pinal County Sheriff's Office | Arizona Department of Homeland Security | |
| Authorized Signature | Susan Dzbanko, Deputy Director | |
| Print Name & Title | <u> </u> | |
| Date | Date | |

(Please be sure to complete and mail two original documents to the Arizona Department of Homeland Security.)

Any unauthorized changes to this document will result in termination of this award.

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SUBRECIPENT AGREEMENT OPERATION STONEGARDEN GRANT PROGRAM – EQUIPMENT

21-AZDOHS-OPSG-210437-02

Between

The Arizona Department of Homeland Security

And

Pinal County Sheriff's Office UEI# GX4FM9VQD7W3

| BOARD OF SUPERVISORS: | | |
|-------------------------------|-------|--|
| | DATE: | |
| Mike Goodman, Chairman | | |
| | | |
| ATTEST | | |
| | DATE: | |
| Natasha Kennedy, Clerk | | |
| | | |
| Approved as to Form: | | |
| | | |
| Deputy County Attorney | | |