



The City of
OKLAHOMA CITY
Human Resources Department

Amendment No. 1

November 20, 2024

Alliance Work Partners
2525 Wallingwood Drive, Building 5
Austin, Texas 78746

Dear Vendor:

The Oklahoma City Municipal Facilities Authority (OCMFA) and The City of Oklahoma City request to amend Administrative Services Agreement No. D2416004 – providing employee assistance program (EAP) services for eligible employees. The OCMFA and The City would like to amend the Agreement to add eligibility for EAP services to part-time employees of the City and participating Trusts effective January 1, 2025, through December 31, 2025, pending approval by the OCMFA and concurrence by the City Council. The Per Employee Per Month (PEPM) rate will remain \$2.71.

Please indicate your concurrence or non-concurrence by completing the requested information, including signature and return to me. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document. This document will be attached to your contract as an amendment.

If you have any questions, please contact me at (405) 297-3372 or jason.long@okc.gov

Thank you,

Jason Long, Interim Benefits Manager
Human Resources Department – Total Rewards Division

☒ Yes, I agree to the contract amendment per the above mentioned.

☐ No, I do not agree to amend the contract.

Sign Here

x

Scott Terres

Vice President, Alliance Work Partners

Signature of Individual

Title

Note: If individual signing is not the owner or an officer of the business or corporation a letter of authorization is to be included. For instance, if a Salesperson or Manager signs this form, a letter

of authorization is to be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

Scott Terres

Printed Name of Individual

2525 Wallingwood Drive Building 5, Austin, Tx.

78746

Company Name and Address (Please Print)

Zip Code

888-327-4636 ext 334

512-306-0431

Telephone Number and Fax Number

TO BE COMPLETED BY THE NOTARY:

State of * TEXAS)

County of * TRAVIS)

SS.

[*State and County where notarized must be written in.]

Signed and sworn to before me this 20 day of NOVEMBER, 2024 by

SCOTT TERRES

[Printed Name of Individual who signed above]

My Commission Number: 131603530 My Commission Expires: 6/13/26

Scott Shipman

Notary Public Printed Name

[Signature]

Notary Public Signature



APPROVED by the Council and **SIGNED** by the Mayor of The City of Oklahoma City
this ^{17TH} day of ^{DECEMBER}, 2024.

ATTEST: (Seal)

Amy K. Simpson
CITY CLERK



THE CITY OF OKLAHOMA CITY

David Holt

MAYOR

APPROVED by the Trustees and **SIGNED** by the Chairman of the Oklahoma
Municipal Facilities Authority this ^{17TH} day of ^{DECEMBER}, 2024.

ATTEST: (Seal)

Amy K. Simpson
SECRETARY



**OKLAHOMA CITY MUNICIPAL FACILITIES
AUTHORITY**

David Holt

**SEAL
CHAIRMAN**

REVIEWED for form and legality

Richard E. Mahoney
ASSISTANT MUNICIPAL COUNSELOR