



The City of  
**OKLAHOMA CITY**  
Human Resources Department

Renewal No. 1

October 11, 2024

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

**APPROVED**

11-5-2024

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

**APPROVED**

11-5-2024

BY THE OCMFA  
*Amy K. Simpson* Secretary

Dear Vendor:

The City of Oklahoma City requests to renew Contract No. **D2416004-WORKERSASSISTANC**. The City of Oklahoma City would like to accept the first of four one-year optional renewals of the contract beginning 1/1/2025 with the Per Employee Per Month (PEPM) rate of \$2.71. All other terms and conditions remain the same. This renewal will not be effective until after Council approval.

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](mailto:jason.long@okc.gov)

Thank you,

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

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

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

Sign Here

× *Scott Terres*  
Signature of Individual

Vice President, Alliance Work Partners  
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

Workers Assistance Program, 2525 Wallingwood Dr., Bldg 5, Austin, Tx. 78746

Company Name and Address (Please Print)

Zip Code

512-328-8518

512-306-0431

Telephone Number and Fax Number

TO BE COMPLETED BY THE NOTARY:

State of \* TEXAS )

County of \* TRAVIS )

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



SS.

Signed and sworn to before me this 14 day of OCTOBER, 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