ADDENDUM TO DATA SHARING AGREEMENT

This Addendum (“Addendum”) is in reference to the Data Sharing Agreement (“Agreement”), entered into on [DATE], by and between the Kent County Health Department located at 700 Fuller Ave NE, Grand Rapids, Michigan 49503 (“KCHD”), First Steps Kent located at 401 Hall Street SW, Suite 385, Grand Rapids, Michigan 49503 (“FSK”) and [SERVICE PROVIDER NAME] located at [SERVICE PROVIDER ADDRESS] (“Service Provider”).

WHEREAS, KCHD, FSK, and [SERVICE PROVIDER NAME] agree to include, as party to the Agreement and as contracted third-party program evaluator of the Ready by Five Early Childhood Millage (“Program”), Basis Policy Research, LLC, a Delaware limited liability company, whose legal address is 104R NC HWY 54 West, #304, Carrboro, NC 27510 (hereinafter referred to as the “Evaluator”); and

WHEREAS, for good and valuable consideration, the receipt and adequacy of which is acknowledged by the Parties, KCHD, FSK, Service Provider, and Evaluator mutually agree as follows:

1. **Modifications.** The Agreement is hereby modified so that:
2. Evaluator will serve as third-party evaluator of the Program and request both monthly and three years of historical data from KHCD to inform its third-party evaluation of said Program.
3. Evaluator will receive the requested data from KCHD in de-identified format exclusive of any personal and/or other sensitive confidential information as means to inform its third-party evaluation of the Program.
4. **All Other Terms and Conditions.** All other terms and conditions of the Agreement remain unchanged.
5. **Authorization.** The Parties each acknowledge and warrant that they have the right, power, and authority to enter into this Addendum to the Agreement. The Parties, and the individuals executing this Addendum to the Agreement for and on behalf of each named Party, further warrant and represent that the undersigned representative for each Party has the full right, power, and authority to execute and bind such entity to this Agreement and to the obligations set forth herein.

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| SERVICE PROVIDER  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Its: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRST STEPS KENT  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Its: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | KENT COUNTY HEALTH DEPARTMENT  By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Its: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |