

Agreed to and executed by authorized officials as of the day and date indicated below.

Contractor's Full Legal Name:	Sunrise Community for Recovery & Wellness, Inc.
Authorized Signature:	Sue Polston <i>S Polston</i>
Printed Name:	<i>SUE POLSTON</i>
Title of Person Signing:	Executive Director
Date:	<i>SEPT. 3, 2021</i>

Department Directors are authorized to sign amendments where the new contract amount of the agreement is less than \$30,000. Agreements that are \$30,000 or greater, the Department Director by Written Approval conveys that this agreement has been reviewed and presented for approval by the City of Asheville's City Manager.

Department Director

DATE _____

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Chief Financial Officer

DATE _____

Account code	Amount added to contract	Total amount of contract
22000412 - 521001 - U2100	\$311,568	\$643,409

	<i>City of Asheville City Manager</i>
Authorized Signature:	
Date:	