

<b>CONTRACT NO</b> 43361197	<b>AMENDMENT NO</b> 1	<b>AMENDMENT REASON</b> Revised costs and time	<b>CONTRACTOR</b> 1900719423	<b>ISSUING OFFICE</b> Bogota, Colombia
Agreement entered into between UNICEF and: (Hereinafter referred to as "The Contractor")		<b>NAME</b> HOSPITAL DEL SARARE	<b>CONTACT PERSON</b>	
<b>CURRENCY</b> COP	<b>ADDRESS</b> CALLE 30 19A 82 SARAVERENA, Colombia EMAIL: facturacionhospitaldelsarare@hotmail.com		<b>TELEPHONE</b> 8821152	<b>FAX NO.</b>
<p>The contract for the provision of the following services is hereby amended as per the detailed Amendment notes below. All other terms and conditions remain unchanged.</p> <p>Prestación de servicios de prevención y rehabilitación básica en salud mental a través de la prestación de los servicios de atención descritos en el ANEXO - FICHA DE SERVICIOS Y TARIFAS que hace parte del contrato, bajo la modalidad de EVENTO - PAQUETE CON TECHO PRESUPUESTAL</p> <p>Esta modalidad abarca un conjunto de actividades con tarifa individual definidas para la ruta de salud mental con un valor finito establecido en el contrato</p> <p>This agreement shall commence on <b>09 Nov 2022</b> and shall expire upon satisfactory completion of the services described below but not later than <b>09 Aug 2023</b> unless sooner terminated under the terms of the agreement.</p>				

Item	Service Description	Price
10	ESE Sarare P1.Salud Me Fact certif. ESEs	16,934,340.00
	ESE Sarare P1.Salud Me Fact certif. ESEs	3,659,388.00
	ESE Sarare P1.Salud Me Fact certif. ESEs	13,274,952.00
20	ESE Sarare P2.Salud Me Fact certif. ESEs	16,934,340.00
	ESE Sarare P3.Salud Me Fact certif. ESEs	16,934,340.00
30	ESE Sarare P3.Salud Me Fact certif. ESEs	16,934,340.00
	ESE Sarare P3.Salud Me Fact certif. ESEs	16,934,340.00
40	ESE Sarare P4.Salud Me Fact certif. ESEs	16,934,340.00
	ESE Sarare P4.Salud Me Fact certif. ESEs	16,934,340.00
50	ESE Sarare P5.Salud Me Fact certif. ESEs	16,934,340.00
	ESE Sarare P6.Salud Me Fact certif. ESEs	16,934,340.00
60	ESE Sarare P6.Salud Me Fact certif. ESEs	16,934,340.00
	ESE Sarare P5.Salud Me Fact certif. ESEs	16,934,340.00
70	ESE Sarare P6.Salud Me Fact certif. ESEs	16,934,340.00
	ESE Sarare P5.Salud Me Fact certif. ESEs	16,934,340.00
80	ESE Sarare AD1C1 P8.Salud Me Fac certif.	16,934,340.00
	ESE Sarare AD1C1 P9.Salud Me Fac certif.	16,934,340.00
90	ESE Sarare ADIC1 P9.Salud Me Fac certif.	16,934,340.00
	ESE Sarare AD1C1 P8.Salud Me Fac certif.	16,934,340.00
100	ESE Sarare ADIC1 P10Salud Me Fac certif.	16,934,340.00



ESE Sarare AD1C1 P10Salud Me Fac certif.

16,934,340.00

**Grand Total**

**169,343,400.00**

**AMENDMENT REASON:**

OTROSI 1. 14 de diciembre de 2022. Por solicitud de la supervisora se extiende el presente contrato hasta 9 de agosto de 2023 y se adiciona COP\$ 50.803.020 con las siguientes metas adicionales (pegar cuadro Excel).  
Se adicionan las líneas 80, 90 y 100.

Sarare

Descripción No. Actividades mes No. Actividades total

Consulta de primera vez por Psicología 100 300

Consulta de control y seguimiento por Psicología 85 255

Consulta de primera vez por Trabajo Social 85 255

Psicoterapia individual por Psicología 301 903

Psicoterapia familiar por Psicología 122 366

Subtotal 2,079

**CONTRACT ACKNOWLEDGEMENT AND ACCEPTANCE****IMPORTANT**

The contractor is required to sign the Contract Acknowledgement and Acceptance form through an authorised representative and return the form to UNICEF within five working days. Please note that UNICEF may cancel the contract without notice until it receives the signed contract Acknowledgement and Acceptance form.

Please ensure that your company information is updated including bank information, company name change, contact details etc. Failure to do so can lead to delays in processing payments.

**UNICEF CONTRACT TERMS AND CONDITIONS ACCEPTED****PREPARED BY**

SIGNATURE sm DATE 27.12.2022

NAME AND TITLE: SALUA MARCELA OSORIO MRAD,NUTRITION OF

I acknowledge that I have read and accepted the contents and conditions stipulated in this contract

**AUTHORIZED OFFICER**

SIGNATURE Victoria Colamarco por [Signature] DATE 29-dic-2022

NAME AND TITLE: TANYA CHAPUISAT, REPRESENTANTE  
On behalf of the United Nations Children's Fund

SIGNATURE OF

CONTRACTOR [Signature] DATE \_\_\_\_\_

NAME AND TITLE:

[Signature]