

AMENDING AGREEMENT #3

THIS AGREEMENT made this _____ day of December 2025.

BETWEEN:

HIS MAJESTY THE KING, in Right of the Province of New Brunswick as represented by the Minister of Public Safety (hereafter called the "Minister")

- and -

THE CITY OF MONCTON, having offices at 655 Main Street, Moncton, New Brunswick (hereafter called "the Supplier") (collectively called "the Parties")

WHEREAS

- (a) The Parties entered a five (5) year Agreement, signed on May 26, 2014 (Purchase Order #1075001E15), (called the "**Original Agreement**") by which the Parties agreed to operate a Public Safety Answering Point.
- (b) The Parties agreed by mutual consent to extend the Original Agreement for one (1) additional term of five (5) years.
- (c) The Parties entered into an extension agreement, signed February 13, 2025, to remain effective until a new agreement superseded.
- (d) The Parties agreed to amend the 2024-25 Service Fee Structure and Payment Breakdown.
- (e) The Parties wish to amend the Original Agreement. In consideration of the mutual covenants hereunder, the Parties agree as follows:
 - 1. The Original Agreement shall be read with the amended terms stated below. With respect to all other terms, the Parties confirm the Original Agreement.

2. The Compensation for the 2024-2025 Fiscal Period is amended to be increased by \$203,248.73 and the new Payment Limit will be \$1,032,524.40, as per the below Table 1.

Table 1

	Codiac
2015 Call Volumes	49,932
2023-24 Base Rate	
	\$ 770,459.14
Capital/Transition Costs	\$ 30,000.00
24-25 Transitional Costs 700K	\$ 196,186.04
Subtotal	\$ 996,645.18
2023 CPI Increase	\$ 35,879.23
Total 911 Service Costs	\$1,032,524.40
New Quarterly Payments	
	\$ 258,131.10

IN WITNESS WHEREOF the Parties hereto have executed this Amending Agreement #3 as of the day and year first above written.

[Signature page follows]

**HIS MAJESTY THE KING IN RIGHT
OF THE PROVINCE OF NEW
BRUNSWICK**

Gail Hamilton
Director, NB 9-1-1
Date: _____

CITY OF MONCTON

Name:
Title: Mayor
Date: _____

Name:
Title: City Clerk
Date: _____

CITY OF DIEPPE

Name:
Title: Mayor
Date: _____

Name:
Title: City Clerk
Date: _____

TOWN OF RIVERVIEW

Name:

Title: Mayor

Date: _____

Name:

Title: City Clerk

Date: _____