DEPARTMENT OF STATE HEALTH SERVICES

Contract 2016-001108

Amendment Summary

The Department of State Health Services (DSHS) and Wise County (Contractor) agree to amend Contract 2016-001108 in accordance with this Amendment 02: CPS - Cities Readiness Initiative

Amendment effective date: 07/01/2016

Purpose for the amendment:

This amendment will amend certain contractual language as set forth below, extend contract term and revise budget.

Change No: 1	**Contractual Changes**
Current: Section 4. Term of the Contract. This Contract begins on 07/01/2015 and ends on 06/30/2016.	Revised: Section 4. Term of the Contract. This Contract begins on 07/01/2015 and ends on 06/30/2017.
Change No: 2	**Contractual Changes**
Current: Section 2. The total amount of this Contract is $36,381.00	Revised: Section 2. The Total amount of this Contract will not exceed $72,762.00.
Change No: 3	**Contractual Changes**
Current: Section 7. STATEMENT OF WORK: A. Contractor will perform activities in support of the Public Health Emergency Preparedness Cooperative Agreement (Funding Opportunity Number CDC-RFA-TP12-120104CONT15) from the Centers for Disease Control and Prevention (CDC) and further Strategic National Stockpile (SNS) program to comply with the Public Health Emergency Preparedness (PHEP) cooperative agreement's capabilities-based approach, the Cities Readiness Initiative (CRI) requirements support the Medical Countermeasure Dispensing and Medical Materiel Management and Distribution capabilities. The CRI supports medical countermeasure distribution and dispensing for all-hazards events. Contractor will perform the activities required under this Program Attachment in the Service Area designated in the most recent eGrants version of this contract.	Revised: Section 7. STATEMENT OF WORK: A. Contractor will perform activities in support of the Public Health Emergency Preparedness Cooperative Agreement (Funding Opportunity Number CDC-RFA-TP12-120104CONT15 and CDC-RFA-TP12-120104CONT16) from the Centers for Disease Control and Prevention (CDC) and further Strategic National Stockpile (SNS) program to comply with the Public Health Emergency Preparedness (PHEP) cooperative agreement's capabilities-based approach, the Cities Readiness Initiative (CRI) requirements support the Medical Countermeasure Dispensing and Medical Materiel Management and Distribution capabilities. The CRI supports medical countermeasure distribution and dispensing for all-hazards events. Contractor will perform the activities required under this Program Attachment in the Service Area designated in the most recent eGrants version of this contract.
Change No: 4	**Contractual Changes**
Current: ADDITION	Revised: Section 7. A The total allocation amount for FY16 (07/01/2015 through 06/30/2016) is $36,381.00.

	The total allocation amount for FY17 (07/01/2016 through 06/30/2017) is $36,381.00.
Change No: 5	**Contractual Changes**
Current: Section 7. B. In Budget Period 4 (BP4)/FY16, CDC will implement a method of evaluating state and local medical countermeasure operational readiness. This assessment tool is intended to identify medical countermeasure response operational capabilities as well as gaps that may require more targeted technical assistance.	Revised: Section 7. B. In Budget Period 4 (BP4)/FY16 and Budget Period 5 (BP5)/FY17, CDC will implement a method of evaluating state and local medical countermeasure operational readiness. This assessment tool is intended to identify medical countermeasure response operational capabilities as well as gaps that may require more targeted technical assistance.
Change No: 6	**Contractual Changes**
Current: Section 7. K. The Contractor is required to provide matching funds for this Contract not less than ten-percent of the allocation amount. Cash match is defined as an expenditure of cash by the contractor on allowable costs of this Contract that are borne by the contractor. In-kind match is defined as the dollar value of non-cash contributions by a third party given in goods, commodities, or services that are used in activities that benefit this Contract's project and that are contributed by non-federal third parties without charge to the contractor. The criteria for match must: 1. Be an allowable cost under the applicable federal cost principle; 2. Be necessary and reasonable for the efficient accomplishment of project or program objectives; 3. Be verifiable within the contractor's (or subcontractor's) records; 4. Be documented, including methods and sources, in the approved budget (applies only to cost reimbursement Contracts); 5. Not be included as contributions toward any other federally-assisted project or program (match can count only once); 6. Not be paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or match;	Revised: Section 7. K. The Contractor is required to provide matching funds for this Contract not less than ten-percent of the allocation amount for each fiscal year as defined in Section A. Cash match is defined as an expenditure of cash by the contractor on allowable costs of this Contract that are borne by the contractor. In-kind match is defined as the dollar value of non-cash contributions by a third party given in goods, commodities, or services that are used in activities that benefit this Contract's project and that are contributed by non-federal third parties without charge to the contractor. The criteria for match must: 1. Be an allowable cost under the applicable federal cost principle; 2. Be necessary and reasonable for the efficient accomplishment of project or program objectives; 3. Be verifiable within the contractor's (or subcontractor's) records; 4. Be documented, including methods and sources, in the approved budget (applies only to cost reimbursement Contracts); 5. Not be included as contributions toward any other federally-assisted project or program (match can count only once); 6. Not be paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or match;
Change No: 7	**Programmatic Changes**
Current: Section 7. P. 4. Complete and submit the Operational Readiness Review (ORR) provided by DSHS to DSHS SNS SharePoint 20 business days prior to review;	Revised: Section 7. P. 4. Complete and submit the Operational Readiness Review (ORR) provided by DSHS to DSHS SNS SharePoint 20 business days prior to review. For FY17, continue to improve the SNS Program by focusing efforts on the recommendations provided by DSHS in the BP4 Operational Readiness Review Tool. Also participate in a technical assistance meeting determined by DSHS;
Change No: 8	**Programmatic Changes**
Current: Section 7. P. 5 Provide updated Point of Dispensing (POD) standards data for submission to DSHS SNS SharePoint by April 1,2016;	Revised: Section 7. P. 5 Provide updated Point of Dispensing (POD) standards data for submission to DSHS SNS SharePoint by April 1,2016 for FY16 and by April 1,2017 for FY17;

Change No: 9	Programmatic Changes
Current: Section 7. P. 6. Perform and submit metrics on three different SNS operation drills (at pre-identified POD locations and existing call down rosters) and submit After Action Reviews/Improvement Plan (AAR/IP) sixty days after completion of the drill or by April 1, 2016. a. Staff Call Down; b. Facility Set-up; c. POD Activation; d. Dispensing Throughput; and e. RealOpt usage;	Revised: Section 7. P. 6. Perform and submit metrics on three different SNS operation drills (at pre-identified POD locations and existing call down rosters) and submit After Action Reviews/Improvement Plan (AAR/IP) sixty days after completion of the drill or by April 1, 2016 for FY16 and by April 1, 2017 for FY17. a. Staff Call Down; b. Facility Set-up; c. POD Activation; d. Dispensing Throughput; and e. RealOpt usage;
Change No: 10	**Programmatic Changes**
Current: Section 7. P. 7. Submit above item Section 7(P)(6) to the DSHS SNS SharePoint Site by April 1, 2016. Acceptable timeframe from completed data sheets and AAR/IPs for submission is from July 1, 2015 to April 1, 2016;	Revised: Section 7. P. 7. Submit above item Section 7(P)(6) to the DSHS SNS SharePoint Site by April 1, 2016 for FY16. Acceptable FY16 timeframe from completed data sheets and AAR/IPs for submission is from July 1, 2015 to April 1, 2016; Acceptable FY17 timeframe from completed data sheets and AAR/IPs for submission is from July 1, 2016 to April 1, 2017.
Change No: 11	**Programmatic Changes**
Current: Section 7. P. 8. Submit a current Multi-Year Training & Exercise Plan that covers FY16 through FY21 to DSHS by July 6, 2015;	Revised: Section 7. P. 8. Submit a current Multi-Year Training & Exercise Plan that covers FY16 through FY21 to DSHS by July 6, 2015. Submit a current Multi-Year Training & Exercise Plan that covers FY17 through FY22 to DSHS by January 13, 2017
Change No: 12	**Programmatic Changes**
Current: Section 7. P. 9. Conduct one dispensing Full Scale Exercise (FSE) within the designated CRI/MSA planning areas within the 2011 to 2016 performance period. FSE must include hospital or health care coalition component. All jurisdictions must conduct exercise in accordance with DSHS/ CDC full scale exercise requirements; Contractor will submit to DSHS an exercise notification 60 days prior to the exercise. A joint AAR/IP must be submitted within sixty (60) days of the exercise to the DSHS Preparedness Exercise team inbox (preparednessexercise@dshs.state.tx.us). The AAR/IP must also include a Corrective Action Plan. This exercise must be a functional exercise or a full-scale exercise.	Revised: Section 7. P. 9. Conduct one dispensing Full Scale Exercise (FSE) within the designated CRI/MSA planning areas within the 2011 to 2017performance period. FSE must include hospital or health care coalition component. All jurisdictions must conduct exercise in accordance with DSHS/ CDC full scale exercise requirements; Contractor will submit to DSHS an exercise notification 60 days prior to the exercise. A joint AAR/IP must be submitted within sixty (60) days of the exercise to the DSHS Preparedness Exercise team inbox (preparednessexercise@dshs.state.tx.us). The AAR/IP must also include a Corrective Action Plan. This exercise must be a functional exercise or a full-scale exercise.
Change No: 13	**Programmatic Changes**
Current: Section 7. P. 11. Use the Texas Disaster Volunteer Registry (TDVR), which is Texas' version of the Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP) system as their main volunteer management tool, if utilizing Medical Reserve Corps or other volunteer groups. a. If using volunteers as provided in this Subsection during FY16, the Contractor must either:	Revised: Section 7. P. 11. If using volunteers as provided in in this Contract during FY17 that encompasses the contract term of July 1, 2016 to June 30, 2017., the Contractor must either: a. Request access to the TDVR from the State ESAR-VHP System Administrator; and enter all volunteer data into the system using the Intermedix Data Input Form and submit the form to the State ESAR-VHP System Administrator; or b. Petition DSHS in writing for an exemption from using the

i. Request access to the TDVR from the State ESAR-VHP System Administrator; and enter all volunteer data into the system using the Intermedix Data Input Form and submit the form to the State ESAR-VHP System Administrator; or ii. Petition DSHS in writing for an exemption from using the TDVR. Successful petitioners must be currently using a fully operational, ESAR-VHP compliant, web-based volunteer management system. b. If petitioning DSHS to use a fully operational ESAR-VHP compliant, web-based volunteer management system, then the substitute system must meet federal requirements that must include but are not limited to: i. Must offer Internet-based registration ii. Volunteer information is collected and maintained in a manner consistent with all Federal, State and Local laws governing security and confidentiality iii. Must be able to register and collect the credentials and qualifications of health professionals that are then verified with the issuing entity or appropriate authority iv. Must be able to verify the credentials of the 20 mandated professions v. Must be able to assign to one of four emergency credential levels vi. Must be able to identify volunteers willing to participate in a federally coordinated emergency response vii. Must be able to re-verify professional credentials every 6 months viii. Must have the ability to include the differing scope of work information for each of the 20 mandated professions ix. Must be able to record All volunteer health professional affiliations x. Must be able to verify that all volunteers across all credential levels not be included on the U.S. Department of Health and Human Services, Office of the Inspector General's List of Excluded Individuals/Entities (LEIE). c. Additionally, the fully operational ESAR-VHP compliant, web-based volunteer management system must met able to register and collect the credentials and qualifications of the following health professional that are then verified with the issuing entity or appropriate authority: I. Physicians ii. Physician Assistants iii. Registered Nurses iv. Licensed Vocational, Nurses v. Nurse Practitioners vi. Pharmacists vii. Pharmacy Technicians viii. Pharmacy Interns ix. Emergency Medical Technicians and Paramedics x. Social Workers xi. Marriage & Family Therapists xii. Licensed Vocational Counselors xiii. Respiratory Therapists xiv. Dentists xv. Veterinarians xvi. Psychologists	TDVR. Successful petitioners must be currently using a fully operational, ESAR-VHP compliant, web-based volunteer management system. c. If petitioning DSHS to use a fully operational ESAR-VHP compliant, web-based volunteer management system, then the substitute system must meet the following federal requirements but are not limited to: d. Must offer Internet-based registration; e. Volunteer information is collected and maintained in a manner consistent with all Federal, State and Local laws governing security and confidentiality; f. Must be able to register and collect the credentials and qualifications of health professionals that are then verified with the issuing entity or appropriate authority g. Must be able to verify the credentials of the 20 mandated professions; h. Must be able to assign to one of four emergency credential levels; i. Must be able to identify volunteers willing to participate in a federally coordinated emergency response; j. Must be able to re-verify professional credentials every 6 months k. Must have the ability to include the differing scope of work information for each of the 20 mandated professions; l. Must be able to record All volunteer health professional affiliations; and m. j. Must be able to verify that all volunteers across all credential levels not be included on the U.S. Department of Health and Human Services, Office of the Inspector General's List of Excluded Individuals/Entities (LEIE). n. Additionally, the fully operational ESAR-VHP compliant, web-based volunteer management system must be able to register, collect, and verify the credentials and qualifications of the following health professionals entered into the system.
Change No: 14	**Programmatic Changes**
Current: Section 7. P. 12. An end-of-year performance report in a	Revised: Section 7. P. 12. An end-of-year performance report for each

format specified by DSHS no later than August 15, 2016; and	fiscal year (as defined in Section A), in a format specified by DSHS no later than August 15, 2016 for FY16 and no later than August 15, 2017 for FY17; and
Change No: 15	**Programmatic Changes**
Current: PERFORMANCE MEASURES: A. Contractor will meet and report performance measures based on milestones that are developed in coordination with DSHS for the Contractor's project as provided in Section 7. The Contractor must also demonstrate adherence to PHEP reporting deadline and the capability to receive, stage, store, distribute and dispense materiel during a public health emergency. Failure to meet these requirements may result in withholding a portion of the fiscal year 2016 PHEP base award.	Revised: PERFORMANCE MEASURES: A. Contractor will meet and report performance measures based on milestones that are developed in coordination with DSHS for the Contractor's project as provided in Section 7. The Contractor must also demonstrate adherence to PHEP reporting deadline and the capability to receive, stage, store, distribute and dispense materiel during a public health emergency. Failure to meet these requirements may result in withholding a portion of the current fiscal year PHEP base award.
Change No: 16	**Special Provisions**
Current: A. General Provisions, Compliance and Reporting Article II, Applicable Laws and Regulations Regarding Funding Sources, Section 2.06, is amended by deleting Section 2.06 in its entirety and replacing it with the following: When applicable, federal statutes, regulations and/or federal grant requirements applicable to funding sources and any updates to such will apply to this Contract. Contractor agrees to comply with applicable laws, executive orders, regulations and policies, as well as Office of Management and Budget (OMB) Circulars (as codified in Title 2, 200 of the Code of Federal Regulations (CFR) and 45 CFR 75) the Uniform Grant and Contract Management Act of 1981 (UGMA), Tex. Gov. Code Chapter 783, and Uniform Grant Management Standards (UGMS), as revised by federal circulars and incorporated in UGMS by the Comptroller of Public Accounts, Texas Procurement and Support Services Division. UGMA and UGMS can be located through web links on the DSHS website at http://www.dshs.state.tx.us/contracts/links.shtm. Contractor also shall comply with all applicable federal and state assurances contained in UGMS, Part III, State Uniform Administrative Requirements for Grants and Cooperative Agreements §__.14. If applicable, Contractor shall comply with the Federal awarding agency's Common Rule, and the U.S. Health and Human Services Grants Policy Statement, both of which may be located through web links on the DSHS website at http://www.dshs.state.tx.us/contracts/links.shtm. For contracts funded by block grants, Contractor shall comply with Tex. Gov. Code Chapter 2105.	Revised: DELETED
Change No: 17	**Special Provisions**
Current: C. General Provisions, Final Invoice/Billing Submission, Section 5.03 is modified to provide that Contractor will submit final close-out bill or revisions to previous reimbursement request(s) no later than August 15, 2016.	Revised: C. General Provisions, Final Billing Submission, Section 5.03 is modified to include the following: Contractor will submit final close-out bill or revisions to previous reimbursement request(s) no later than August 15, 2016 for costs incurred between the services dates of July 1, 2015 to June 30, 2016.

	Contractor will submit final close-out bill or revisions to previous reimbursement request(s) no later than August 15, 2017 for costs incurred between the services dates of July 1, 2016 to June 30, 2017.
Change No: 18	**Special Provisions**
Current: D. General Provisions, Compliance and Reporting, Article II, Section 2.08(a) is modified by deleting it in its entirety and replacing it with the following language. a. The following sections or portions of sections of these General Provisions will not apply to interagency or interlocal contracts: i. Hold Harmless and Indemnification, Section 14.17; ii. Independent Contractor, Section 13.05 (delete the third sentence in its entirety; delete the word "employees" in the fourth sentence; the remainder of the section applies); iii. Insurance, Section 14.22; iv. Liability Coverage, Section 25.03; vi. Fidelity Bond, Section 25.02; vii. Historically Underutilized Businesses, Section 13.02 (Contractor, however, will comply with HUB requirements of other statutes and rules specifically applicable to that entity); viii. Debt to State and Corporate Status, Section 4.01; ix. Application of Payment Due, Section 4.02; and x. Article XVI Claims against the Department (This Article is inapplicable to interagency contracts only).	Revised: D. General Provisions, Compliance and Reporting, Article II, Section 2.08(a) is modified by deleting it in its entirety and replacing it with the following language. a. The following sections or portions of sections of these General Provisions will not apply to interagency or interlocal contracts: i. Hold Harmless and Indemnification, Section 15.19; ii. Independent Contractor, Section 14.15(delete the third sentence in its entirety; delete the word "employees" in the fourth sentence; the remainder of the section applies); iii. Insurance, Section 14.03; iv. Liability Coverage, Section 14.05; v. Fidelity Bond, Section 14.04; vi. Historically Underutilized Businesses, Section 14.10 (Contractor, however, will comply with HUB requirements of other statutes and rules specifically applicable to that entity); vii. Debt to State and Corporate Status, Section 4.01; viii. Application of Payment Due, Section 4.02; and ix. Article XVII Claims against the Department (This Article is inapplicable to interagency contracts only).
Change No: 19	**Special Provisions**
Current: G. General Provisions, General Terms Article XIV, Amendment Section 14.12, is amended to include the following: Contractor must submit all amendment and revision requests in writing to the Division Contract Management Unit at least 90 days prior to the end of the term of this Contract.	Revised: DELETED
Change No: 20	**Special Provisions**
Current: H. General Provisions, Program Equipment and Supplies Article XXII, Section 22.01, is revised as follows: Contractor is required to initiate the purchase of approved equipment no later than June 30, 2016 as documented by issue of a purchase order or written order confirmation from the vendor on or before June 30, 2016. In addition, all equipment and supplies must be received no later than 45 calendar days following the end of the Contract term.	Revised: H. General Provisions, General Operations of Contractor, Article XIV, Section 14.20, is revised to add the following: Contractor is required to initiate the purchase of approved equipment no later than June 30, 2016 for FY16 and no later than June 30, 2017 for FY17 as documented by issue of a purchase order or written order confirmation from the vendor on or before June 30, 2016 for FY16 and on or before June 30, 2017 for FY17. In addition, all equipment and supplies must be received no later than 45 calendar days following the end of

	the Contract term.
Change No: 21	**Special Provisions**
Current: I. General Provisions, Allowable Costs and Audit Requirements, Article XXIV, 24.01. Enterprise Agency will reimburse the allowable costs incurred in performing the Project that are sufficiently documented. Grantee must have incurred a cost prior to claiming reimbursement and within the applicable term to be eligible for reimbursement under this Contract. The Enterprise Agency will determine whether costs submitted by Grantee are allowable and eligible for reimbursement. If the Enterprise Agency has paid funds to Grantee for unallowable or ineligible costs, the Enterprise Agency will notify Grantee in writing, and Grantee shall return the funds to the Enterprise Agency within thirty (30) calendar days of the date of this written notice. The Enterprise Agency may withhold all or part of any payments to Grantee to offset reimbursement for any unallowable or ineligible expenditure that Grantee has not refunded to the Enterprise Agency, or if financial status report(s) required under the Financial Status Reports section are not submitted by the due date(s). The Enterprise Agency may take repayment (recoup) from funds available under this Contract in amounts necessary to fulfill Grantee's repayment obligations. Applicable cost principles, audit requirements, and administrative requirements include- Applicable Entity Applicable Cost Principles Audit Requirements Administrative Requirements State, Local and Tribal Governments 2 CFR, Part 225 2 CFR Part 200, Subpart F and UGMS 2 CFR Part 200 and UGMS Educational Institutions 2 CFR, Part 220 2 CFR Part 200, Subpart F and UGMS 2 CFR Part 200 and UGMS Non Profit Organizations 2 CFR, Part 230 2 CFR Part 200, Subpart F and UGMS 2 CFR Part 200 and UGMS For-profit Organization other than a hospital and an organization named in OMB Circular A-122 (2 CFR Part, 230) as not subject to that circular. 48 CFR Part 31, Contract Cost Principles Procedures, or uniform cost accounting standards that comply with cost principles acceptable to the federal or state awarding agency 2 CFR Part 200, Subpart F and UGMS 2 CFR Part 200 and UGMS A chart of applicable Federal awarding agency common rules is located through a web link on the Enterprise Agency website at http://www.dshs.state.tx.us/contracts/links.shtm. OMB Circulars will be applied with the modifications prescribed by UGMS with effect given to whichever provision imposes the more stringent requirement in the event of a conflict.	Revised: DELETED
Change No: 22	**Special Provisions**
Current: J. General Provisions, Allowable Costs and Audit Requirements, Article XXIV, 24.05	Revised: DELETED

If Grantee, within Grantee's fiscal year, expends a total amount of at least SEVEN HUNDRED FIFTY THOUSAND DOLLARS ($750,000) in federal funds awarded, Grantee shall have a single audit or program-specific audit in accordance with the 2 CFR 200. The $750,000 federal threshold amount includes federal funds passed through by way of state agency awards. If Grantee, within Grantee's fiscal year, expends a total amount of at least $500,000 in state funds awarded, Grantee must have a single audit or program-specific audit in accordance with UGMS, State of Texas Single Audit Circular. For-profit Grantees whose expenditures meet or exceed the federal or state expenditure thresholds stated above shall follow the guidelines in 2 CFR 200 or UGMS, as applicable, for their program-specific audits. The HHSC Office of Inspector General (OIG) will notify Grantee to complete the Single Audit Status Registration Form. If Grantee fails to complete the Single Audit Status Form within thirty (30) calendar days after notification by OIG to do so, Grantee shall be subject to the Enterprise Agency sanctions and remedies for non-compliance with this Contract. The audit must be conducted by an independent certified public accountant and in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS, which is accessible through a web link on the Enterprise Agency website at http://www.dshs.state.tx.us/contracts/links.shtm. Grantee shall procure audit services in compliance with this section, state procurement procedures, as well as with the provisions of UGMS.	
Change No: 23	**Special Provisions**
Current: K. General Provisions, Allowable Costs and Audit Requirements, Article XXIV, 24.06 Within thirty (30) calendar days of receipt of the audit reports required by the Independent Single or Program-Specific Audit section, Grantee shall submit one copy to the Department's Contract Oversight and Support Section, and one copy to the OIG, at the following addresses: Department of State Health Services Contract Oversight and Support, Mail Code 1326 P.O. Box 149347 Austin, Texas 78714-9347 Health and Human Services Commission Office of Inspector General Compliance/Audit, Mail Code 1326 P.O. Box 85200 Austin, Texas 78708-5200 Electronic submission to the Enterprise Agency should be addressed as follows: COSContractAdministration@dshs.state.tx.us If Grantee fails to submit the audit report as required by the Independent Single or Program-Specific Audit section within thirty (30) calendar days of receipt by Grantee of an audit report, Grantee shall be subject to the Enterprise Agency sanctions and remedies for non-compliance with this Contract.	Revised: DELETED

Change No: 24	Budget Summary
Current: DSHS Funds Requested: Personnel = $ 27,303.00 Fringe Benefits = $9,078.00 Travel = $0.00 Equipment = $0.00 Supplies = $0.00 Contractual = $0.00 Other = $0.00 Total Direct Costs = $36,381.00 Indirect Costs = $0.00 Total = $36,381.00 Cash Match: Personnel = $2,730.00 Fringe Benefits = $908.00 Travel = $0.00 Equipment = $0.00 Supplies = $0.00 Contractual = $0.00 Other = $0.00 Total Direct Costs = $3,638.00 Indirect Costs = $0.00 Total = $3,638.00 In Kind Match: Personnel = $0.00 Fringe Benefits = $0.00 Travel = $0.00 Equipment = $0.00 Supplies = $0.00 Contractual = $0.00 Other = $0.00 Total Direct Costs = $0.00 Indirect Costs = $0.00 Total = $0.00 Category Total: Personnel = $30,033.00 Fringe Benefits = $9,986.00 Travel = $0.00 Equipment = $0.00 Supplies = $0.00 Contractual = $0.00 Other = $0.00 Total Direct Costs = $40,019.00 Indirect Costs = $0.00 Total = $40,019.00	Revised: DSHS Funds Requested: Personnel = $ 54,606.00 Fringe Benefits = $18,156.00 Travel = $0.00 Equipment = $0.00 Supplies = $0.00 Contractual = $0.00 Other = $0.00 Total Direct Costs = $72,762.00 Indirect Costs = $0.00 Total = $72,762.00 Cash Match: Personnel = $5,463.00 Fringe Benefits = $1,817.00 Travel = $0.00 Equipment = $0.00 Supplies = $0.00 Contractual = $0.00 Other = $0.00 Total Direct Costs = $7,280.00 Indirect Costs = $0.00 Total = $7,280.00 In Kind Match: Personnel = $0.00 Fringe Benefits = $0.00 Travel = $0.00 Equipment = $0.00 Supplies = $0.00 Contractual = $0.00 Other = $0.00 Total Direct Costs = $0.00 Indirect Costs = $0.00 Total = $0.00 Category Total: Personnel = $60,069.00 Fringe Benefits = $19,973.00 Travel = $0.00 Equipment = $0.00 Supplies = $0.00 Contractual = $0.00 Other = $0.00 Total Direct Costs = $80,042.00 Indirect Costs = $0.00 Total = $80,042.00

All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

Contractor Signature

X I certify that I am authorized to sign this document and I have read and agree to all parts of the contract, including any attachments and addendums.

Signed by: Hon. J.D. Clark Date Signed: 06/29/2016

DSHS Signature

X I certify that I am authorized to sign this document and I have read and agree to all parts of the contract, including any attachments and addendums.

Signed by: David Gruber Date Signed: 06/30/2016