

AMENDMENT

It is agreed by and between the State of Vermont, Agency of Human Services, **Department of Vermont Health Access** (hereinafter called "State") and **Northwestern Medical Center** (hereinafter called "Grantee") that the grant agreement between the State and Grantee for an integrated health system in their hospital service area, dated July 1, 2010 is hereby amended as follows:

By deleting on page 1 of 13, Item # 3 (Maximum Amount) and substituting in lieu of thereof the following:

3. Maximum Amount: In consideration of the services to be performed by Grantee, the State agrees to pay Grantee, in accordance with the payment provisions specified in Attachment B, at sum not exceed **\$155,000.00**.

By deleting page 5 of 13, Attachment B (Payment Provisions, Approved Budget) and substituting in lieu thereof, Attachment B, (Payment Provisions, Approved Budget) which is included below.

Department of Vermont Health Access		
Financial Report Form		
	Original Budget	
Subrecipient Name:	Northwestern Medical Center	
Grantee's/Contractor's Contact		
Person:	Melissa Jarvis	
Grantee's/Contractor's Email		
Address:	mjarvis@nmcinc.org	Phone: 524-8435
	TOTAL GRANT/CONTRACT BUDGET	In-Kind
PERSONNEL		
Salaries and Benefits		
Project Manager	\$ 40,000.00	\$ 64,000.00
Facilitator	\$ 80,000.00	\$ 24,000.00
HLW Coordinator	\$ 1,750.00	
Chronic Care Coordinator	\$ 25,000.00	
Sub Grantee/Sub Contractors		
List		
Other		
Healthier Living Lay Leader	\$ 3,000.00	
Total Personnel		
OPERATING		
Advertising/Marketing		\$ 5,000.00

State of Vermont
Amendment to Grant Agreement

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Amendment # 2
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Training		\$	2,000.00	
Travel	\$	750.00	\$	1,000.00
Postage	\$	750.00	\$	1,000.00
Supplies/Materials	\$	3,750.00	\$	2,000.00
Printing			\$	4,000.00
Other				
Total Operating	\$	155,000.00	\$	103,000.00

Variances of the budgeted lines items shall not exceed 10% without prior approval from State. Written requests for such approvals must first be submitted by the Grantee prior to the expenditure of funds in excess of the above budgeted line items.

By deleting on page 4 of 13, Attachment B (Payment Provisions), and substituting in lieu there of the following:

A final financial report will be due no later than 30 days after the end date of the Grant. The final financial report will report actual approved expenditures against payments received.

The State will pay Subrecipient the sum not to exceed \$155,000.00.00. This amount will be paid in the following manor:

Subrecipient will invoice the Department of Vermont Health Access (DVHA) on a monthly basis, for the previous month's actual and approved expenditures. Monthly invoicing in arrears will continue through the life of the grant. The maximum payable amount under this Grant shall not exceed \$155,000.00.

The State will pay invoices of actual expenses upon receipt of the DVHA Financial Report Form with documentation of expenses and all other required reports in Attachment A and Attachment B; when in receipt of an invoice with supporting documentation articulating actual expenditures for approved activities during the said time period. **The Financial Report Form and the supporting documentation will be sufficiently detailed to allow the reviewed to match invoiced expenses against approved budget line items.**

Subrecipient agrees to provide DVHA all meeting minutes associated with the Blueprint for Health initiative, during the grant time period. Meeting minutes will be sufficiently detailed document movement toward and achievement of deliverables noted in Attachment A. Meeting minutes will include the names of the attendees as well as the facility they represent. Meeting should represent non-hospital/parent owned practices/facilities. **All subrecipients, no matter what phase of development are required to continually involve non-hospital owned/non parent owned practices in ongoing planning efforts**

On or before April 30th 2011, Subrecipient will submit a mid-year report include a financial report (which will report actual approved expenditures against payments received); and, a program report addressing projects in your approved work plan.

A final program and financial report is due no later than 30 days after the end of the grant and will be reconciled to actual costs incurred for the grant term. Any overpayment of expenses will be returned to the State no later than 60 days after the end of the grant term.

All reports related to this grant should be submitted in electronic format. Reports should reference this grant number and be submitted to:

Lisa Dulsky Watkins MD
Department of Vermont Health Access
312 Hurricane Lane
Suite 201
Williston, Vermont 05495-2806
Lisa.Watkins@ahs.state.vt.us

An electronic copy of all reports and a **hard copy of invoices with original signature** should be sent to:

James R. Morgan MSW
Department of Vermont Health Access
312 Hurricane Lane
Suite 201
Williston, Vermont 05495-2806
Jim.Morgan@ahs.state.vt.us

The state reserves the right to withhold part or all of the grant funds if the state does not receive timely documentation of the successful completion of grant deliverables.

Insert on page 10 of 13 the following Attachment D

ATTACHMENT D

MODIFICATION OF CUSTOMARY PROVISIONS OF ATTACHMENT C OR ATTACHMENT F

1. The insurance requirements contained in Attachment C, Section 7 are hereby modified:

Under the *Automotive Liability*: section, delete the following language:

“Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.”

Under the *General Liability and Property Damage*: section, delete the following language:

“Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.”

2. Requirements of other Sections in Attachment C are hereby modified:

N/A

3. Requirements of Sections in Attachment F are hereby modified:

N/A

4. Reasons for Modifications: Northwestern Medical Center will not add the state as additionally insured on their auto or general liability insurance. Bill Duchac agrees to the modification

Approval:

Assistant Attorney General: _____

Date: _____

[Handwritten signature]
11/22/10



State of Vermont – Attachment D
Revised AHS – 12-08-09

This amendment consists of 4 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant (#03410-6101-11) dated July 1, 2010 shall remain unchanged and in full force and effect.

IN WITNESS THEREOF, the parties set forth below agree to execute this Amendment:

STATE OF VERMONT

GRANTEE

By: _____

By: _____

[Handwritten signature: Susan Besio]

[Handwritten signature: Ted Sirota]

Susan Besio, Commissioner
Department of Vermont Health Access

Print

[Handwritten signature]
Sign

Northwestern Medical Center
133 Fairfield Street
St. Albans, Vermont 05478-1726

Date: _____

12/17/10

Date: _____

12-15-10