

AMENDMENT

It is agreed by and between the State of Vermont, Agency of Human Services, **Department of Vermont Health Access** (hereinafter called "State") and **Gifford Medical Center** (hereinafter called "Subrecipient") that the grant agreement between the State and Grantee for sustaining a Blueprint Integrated Health Systems for the Blueprint for Health program, dated October 1, 2010 is hereby amended as follows:

By deleting on page 1 of 22, Section 3 "Maximum Amount" and its contents, and substituting in lieu of thereof the following Section 3:

3. Maximum Amount: In consideration of the services to be performed by Subrecipient, the State agrees to pay Subrecipient, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$110,684.30

By deleting on pages 11-13 of 22, "Attachment B" and its contents, and substituting in lieu of thereof the following Attachment B:

ATTACHMENT B - PAYMENT PROVISIONS

The State will pay Subrecipient the sum of \$110,684.30. This amount will be paid in the following manner:

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.

Subrecipient will invoice the State 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 \$110,684.30.

The State will pay invoices of actual expenses upon receipt of the State 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 the State 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 expenditure 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:

STATE OF VERMONT
 AMENDMENT TO GRANT AGREEMENT
 GIFFORD MEDICAL CENTER

AGREEMENT # 03410-6112-11
 AMENDMENT # 1
 PAGE 2 OF 3

Kate Jones
 Department of Vermont Health Access
 312 Hurricane Lane
 Suite 201
 Williston, Vermont 05495-2806
Kate.Jones@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.

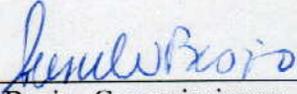
Subrecipient Name:	Gifford Medical Center	802-728-7000
Grantee's/Contractor's Contact Person:	Teresa F. Voci VP - Division of Medicine	802-728-2276
Grantee's/Contractor's Email Address:	tvoci@giffordmed.org	
	GRANT/CONTRACT BUDGET	In kind
PERSONNEL		
Salaries and Benefits		
Project Manager	\$40,000.00	\$1,330.00
Care Coordinator	\$60,000.00	\$1,330.00
HLW Reginal Coordinator	\$2,412.00	
IT Manager		\$6,353.88
Quality Coordinator		\$4,603.56
Data Analysis		\$2,080.00
Administration: Division of Medicine		\$9,487.92
Sub Grantee/Sub Contractors		
List		
HLW Leader Stipends	\$2,322.50	\$77.00
Audits by master Trainer	\$150.00	
Total Personnel	\$104,884.50	
Total In Kind		\$25,262.36
OPERATING		
Advertising/Marketing		
Blueprint		
HLW	\$2,064.00	
Training		
Blueprint	\$0.00	
HLW		
Travel		
Blueprint	\$224.40	
HLW	\$990.00	
Postage		
Supplies/Materials		
Blueprint	\$650.00	
HLW	\$1,389.00	
Printing		
Hotel Accommodations for CM training	\$0.00	
Total Operating	\$5,317.40	
INDIRECT COSTS/ADMIN		
HLW	\$482.40	
Total Administration	\$482.40	
TOTAL GRANT/CONTRACT AMOUNT	\$110,684.30	

This amendment consists of 3 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant (#03410-6112-11) dated October 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

By:

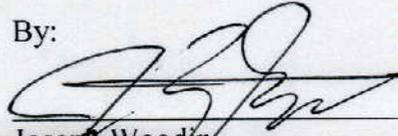


Susan Besio, Commissioner
Department of Vermont Health Access

Date: 2/11/11

SUBRECIPIENT

By:



Joseph Woodin
Gifford Medical Center
P.O. Box 2000
Randolph, Vermont, 05060

Date: 1/18/11