AMENDMENT

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

By deleting on page 1 of 28, 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 Grantee, the State agrees to pay Grantee, in accordance with the payment provisions specified in Attachment B, a sum not to exceed $150,425.00

By deleting on pages 11-13 of 28, "Attachment B" and its contents, and substituting in lieu of thereof the following Attachment B:

ATTACHMENT B - PAYMENT PROVISIONS

The State will pay Grantee the sum of $150,425.00. 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.

Grantee 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 $150,425.00.

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.**

Grantee 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 grantees, 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, Grantee 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

RECEIVED
APR 29 2011
DEPARTMENT OF VERMONT
HEALTH ACCESS

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:

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

Grantee Name:	**United Health Alliance**	
Grantee's/Contractor's Contact Person:	**Dana Noble**	**Amended 4-11**
Grantee's/Contractor's Email Address:	dnoble@sover.net 100 Hospital Drive Bennington VT O5201	**Phone:** 802-447-3170 413-443-9780
	TOTAL GRANT/CONTRACT BUDGET	
PERSONNEL	$0.00	
Salaries and Benefits	$0.00	
List		
Sub Grantee/Sub Contractors		
Dana Noble (Health*Inova)*	$35,000.00	Project Manager
Kim Turner (SVHC)	$4,875.00	Regional Coordinator for HLW
HLW Leaders (SVHC)	$3,000.00	5 HLW
Case Managers (SVHC)*	$15,000.00	Bridge to CHT
Behavioral Health Therapists (UCS)	$5,000.00	Bridge to CHT
Practice Facilitator	$33,500.00	Dana Noble (amended)
Practice Facilitator	$35,000.00	Kim Turner
Total Personnel	**$131,375.00**	
OPERATING		
Advertising/Marketing	$1,000.00	
Training		
Travel	$625.00	HLW travel
Travel	$8,625.00	Facilitator Training
Travel for Practices	$3,300.00	Facilitator to Practices (amended)
Postage		
Supplies/Materials	$500.00	HLW
Printing		
Other		
Total Operating	**$14,050.00**	

INDIRECT COSTS/ADMIN	$5,000.00	United Health Alliance
Total Administration	**$5,000.00**	
TOTAL GRANT/CONTRACT AMOUNT	**$150,425.00**	

BLUEPRINT BUDGET FOR 2011 **Bennington Blueprint**
In-Kind Portion 9/18/2010

	In-Kind Contributions	Comments
PERSONNEL		
Jennifer Fels	3,600.00	SVHC Case Management
Rich Ogilvie	12,000.00	SVHC for IT Leadership
Paul Stagg, MD	1,200.00	UHA for Medical Leadership
Elizabeth Wennar-Rosenberg	12,000.00	UHA for Leadership
Gwen Hannon	1,200.00	SVHC for Local Project Team
Mary Hagerty	1,200.00	SVHC for Local Project Team
Fringe Benefits	5,400.00	Fringe benefits for SVHC employees
Fringe Benefits:	1,980.00	Fringe benefits for Regional Coordinator
Total Personnel	**18,850.00**	
OPERATIONS		
Advertizing/Marketing	2,000.00	Wellness Connection Advertising
Supplies/Materials - List/Explain	2,000.00	UHA
Printing	5,000.00	UHA/SVHC- Notices, handouts, reports
Total Operations	**12,500.00**	
INDIRECT CHARGES		
Other Indirect Expenses - List/Explain		
Rent/insurance/ utilities 10%	9,042.00	UHA -administration, rent, utilities, etc
	10,000.00	Donation by SVHC - cash
Total Indirect	**19,042.00**	
Grant Total	**$50,392.00**	

Note: In-Kind and Cash Contributions represent 25% of the Total Budget

This amendment consists of 4 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant (#03410-6118-11) 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: 4/29/11

GRANTEE

By:

United Health Alliance
100 Hospital Drive
Bennington, Vermont 05201

Eric S. Seyforth MD
Board Chair

c/c Dana ~~Nobel~~ Noble

Date: 4/28/11