

AMENDMENT

1. **Parties:** This is an Amendment for Grant #03410-6102-11 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called "State"), and Elderly Services, Inc, (hereinafter called "Grantee" or "Subrecipient"). This is the first change.
2. **Reason for Amendment:** The reason for this Amendment is to add an additional Healthier Living Workshop for diabetes. Total budget will increase from \$8,800 to \$11,000.
3. **Change/Delete/Add/Replace:**

Throughout Attachment A, language stating 4 workshops should now state 5 workshops.

Updating the table at the bottom of page 4 of 15, the 5th workshop (diabetes) will be held at a location TBD with Scott Needham as the responsible party. Start/End Dates of the 5th workshop will be May – June, 2011.

Redact Attachment B on pages 6 & 7 of 15 and replace with the following:

ATTACHMENT B
PAYMENT PROVISIONS



The State will pay Subrecipient the sum of \$11,000.00. This amount will be paid in the following manor.

Subrecipient may invoice the State for a payment of \$2,000 when the workshop Scheduling form for the first workshop has been received by the State.

Subrecipient may invoice the State for a payment of \$2,000 when all reporting forms for the first workshop, including the Participant Registration Forms, PAMs from each participant, and the Attendance Sheets have been received by the State; AND the Workshop Scheduling form for the second workshop has been received by the State.

Subrecipient may invoice the State for a payment of \$2,000 when all reporting forms for the second workshop, including the Participant Registration Forms, PAMs from each participant, and the Attendance Sheets have been received by the State; AND the Workshop Scheduling form for the third workshop has been received by the State.

Subrecipient may invoice the State for a payment of \$2,000 when all reporting forms for the third workshop, including the Participant Registration Forms, PAMs from each participant, and the Attendance Sheets have been received by the State; AND the Workshop Scheduling form for the fourth workshop has been received by the State.

Subrecipient may invoice the State for a payment of \$2,000 when all reporting forms for the fourth workshop, including the Participant Registration Forms, PAMs from each participant, and the

Attendance Sheets have been received by the State; AND the Workshop Scheduling form for the fifth workshop has been received by the State.

Subrecipient may invoice the State for a final payment of \$1,000.00 when all reporting forms for the fifth workshop, including the Participant Registration Form, PAMs from each participant, and the Attendance Sheet have been received by the State; AND the final program activities and financial report in a format provided by the State has been received by the State within 30 days of the end of the amended date of the Grant, October 30, 2011.

Invoices shall be submitted to:

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

Approved Budget for SFY 2011:

**Department of Vermont Health Access
 Financial Report Form
 Amended Budget**

Subrecipient Name:	Elderly Services	
Grantee's/Contractor's Contact Person:	Scott Needham	
Grantee's/Contractor's Email Address:	college@elderlyservices.org	
Phone:	802-388-3983	
	TOTAL GRANT/CONTRACT BUDGET	
PERSONNEL		
Salaries and Benefits		
Regional Coordinator	\$2,510.00	
Leader Supervision	\$630.00	
Other		
Leaders	\$3,000	
Master Trainer for Leader Audits	\$200	
	Total Personnel	\$6,340.00
OPERATING		
Advertising/Marketing	\$375.00	

Travel	\$135.00	
Postage	\$600.00	
Supplies/Materials	\$500.00	
Printing	\$750.00	
Books & CD's	\$1,100.00	
Total Operating		\$3,460.00
INDIRECT COSTS/ADMIN		
Office Support/Space	\$1,200.00	
Total Administration		\$1,200.00
TOTAL GRANT/CONTRACT AMOUNT		\$11,000.00

4. **Amendment:** All other terms and conditions of the original grant remain in full force and effect. No other changes, modifications, or amendments in the terms and conditions of this grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Grantee.

WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.

STATE OF VERMONT

By:

Susan Besio

Susan Besio, Commissioner

AHS/DVHA

Date: 2/1/11

GRANTEE

By:

Joanne Corbett

Name: (Print) Joanne Corbett

Title: Director

Date: 2-1-11

APPROVED AS TO FORM BY:

[Signature]
 Assistant Attorney General

Date: 1/20/11