

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Laura D'Angelo (hereafter called the "Contractor") that the contract on the subject of Expansion and Quality Improvement Facilitator services, effective July 1, 2015, is hereby amended effective June 30, 2016, as follows:

1. **By deleting Section 3 (Maximum Amount) on page 1 of 27 of the base agreement, and substituting in lieu thereof the following Section 3:**

2. **Maximum Amount.** In consideration of the services to be performed by Contract, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$175,000.00.

Payments for the period of July 1, 2015 to June 30, 2016 shall not exceed **\$90,000.**

Payments for the period of July 1, 2016 to June 30, 2017 shall not exceed **\$85,000**

3. **By deleting Section 4 (Contract Term) on page 1 of 27 of the base agreement, and substituting in lieu thereof the following Section 3:**

4. **Contract Term.** The period of Contractor's performance shall begin on July 1, 2015 and end on June 30, 2017. This contract may be renewed for an additional one (1), one (1) year terms beyond the original term of this contracts as agreed by both parties.

4. **By adding Section 8 (Contacts for this Award) on page 1 of 27 of the base agreement, the following: The contacts for this award are as follows:**

	State Fiscal Manager	Program Manager	For the Contractor
Name	Natalie Elvidge	Jenney Samuelson	Laura D'Angelo
Phone #	802-879-7956	802-872-7532	802-380-2775
E-mail	<a href="mailto:Natalie.Elvidge@vermont.gov">Natalie.Elvidge@vermont.gov</a>	<a href="mailto:Jenney.Samuelson@vermont.gov">Jenney.Samuelson@vermont.gov</a>	<a href="mailto:Ldangelo97@gmail.com">Ldangelo97@gmail.com</a>

NOTICES TO THE PARTIES UNDER THIS AGREEMENT

To the extent notices are made under this agreement, the parties agree that such notices shall only be effective if sent to the following persons as representative of the parties:

	STATE REPRESENTATIVE	CONTRACTOR
Name	Office of General Counsel	Laura D'Angelo
Address	NOB 1 South, 280 State Drive Waterbury, VT 05671-1010	211 Aiken Road Putney, VT 05346
Email	<a href="mailto:AHS.DVHALegal@vermont.gov">AHS.DVHALegal@vermont.gov</a>	<a href="mailto:Ldangelo97@gmail.com">Ldangelo97@gmail.com</a>

The parties agree that notices may be sent by electronic mail except for the following notices which must be sent by United States Postal Service certified mail: termination of contract, contract actions, damage claims, breach notifications, alteration of this paragraph.

#### **DVHA MONITORING OF CONTRACT**

The parties agree that the DVHA official State Program Manager is primarily responsible for the review of invoices presented by the Contractor.

- 5. By deleting Attachment A (Scope of Work to be Performed) on page 1 of 27 of the base agreement, and substituting in lieu thereof the following Attachment A:**

#### **ATTACHMENT A SCOPE OF WORK TO BE PERFORMED**

The Contractor will serve as a Quality Improvement (QI) Facilitator (1.0 FTE) to coach 8 to 10 primary care or specialty practices; the specific number of practices will be determined by the NCQA (National Committee for Quality Assurance) scoring or other recognition schedule, the needs of the practices, and discussion between the State and the Contractor. Work will be tailored to helping each practice be successful in implementing and managing quality improvement initiatives (including NCQA Patient Centered Medical Home (PCMH) recognition); effective use of information technology (IT) systems, such as registries (Blueprint Clinical Registry) and portals to improve patient care; integration of self-management support, shared decision making, and planned care visits; redefining roles and establishing team-based care; and seamlessly connecting with community resources and specialty referrals (such as with the Community Health Team). The Contractor shall meet with each practice on a regular basis as negotiated with the practice and as approved by the State.

The Contractor shall ensure that Quality Improvement (QI) Facilitator work includes:

1. Assisting practices with forming a functional multi-disciplinary quality improvement team.
2. Ensuring leadership involvement and communication.
3. Encouraging/fostering practice ownership and support for Continuous Quality Improvement to improve patient-centered care.
4. Initiating work with the practice team to incorporate a Model for Improvement (such as the PDSA [Plan-Do-Study-Act] cycle) into daily practice to improve care and measure change.
5. Ensuring that practices develop an action plan to prepare for or maintain NCQA or other recognition as designated by the State or ACO as outlined in the Scoring Timeline by the State.
6. Complete chart audit and upload as necessary all recognition materials on behalf of the primary care or specialty practice to NCQA.
7. Supporting specialty practices to meet NCQA specialty practice recognition standards..
8. Supporting practice teams in the implementation of PDSA cycles, including use of Blueprint practice and HSA profiles and ACO data, shared decision making, self-management support, panel management, and mental health and substance abuse treatment into clinical practice.
9. Supporting practices in participating in Community Collaborative (CC) forums and participating in at least one (1) CC-identified quality improvement project at the community level.

10. Supporting the incorporation of CHTs and other health and community services into practice workflow.
11. Participating in regular phone calls with the State (at least one biweekly), regularly scheduled meetings of the QI facilitators and Field Teams, and other ad-hoc conference calls, meetings, or trainings with State and other QI facilitators.
12. Encouraging innovative strategies for communication and learning between practices, such as learning collaboratives or online learning environments.
13. Participating in learning collaborative activities with assigned practices.
14. Assessing, promoting, and facilitating/leading QI activities across organizations.
15. Supporting CC quality initiatives, including facilitating workgroup projects as directed by the Blueprint Project Manager, CC leaders, and statewide collaboratives
16. Leading or participating in the planning team for at least one (1) learning collaborative.
17. Mentoring and being mentored by a peer facilitator.
18. Upon approval of the assigned Blueprint Assistant Director, the Contractor will participate in training relevant to the contract deliverables.

### ***Contract Deliverables***

1. Meetings with each practice every two weeks or at scheduled rate based on the interest and needs of the practices
2. Regular meetings with the State's Blueprint Assistant Director and QI facilitators.
3. Establish a timeline with a plan to achieve NCQA-PCMH recognition and reporting on the status of the NCQA recognition timeline.
4. Establish a timeline and report on progress of ongoing quality improvement initiatives (PDSA cycles) in practices (PDSA Sheet), including at least one (1) CC-identified quality improvement project at the community level.
5. Active participation in, and support of practice level participation in, local Community Collaboratives, and/or state level Learning Collaboratives.
6. Plan a learning collaborative locally or at the State level as appropriate and agreed to between the state and the Contractor.
7. Established mentoring plan for at least one (1) new facilitator (as requested by the State).
8. Monthly practice reports, QI documents such as key driver diagrams and workflows, and PDSA cycles sheets.

### ***Reporting***

Contractor reporting requirements include:

- Monthly practice reports
- Quality project documentation as completed PDSA forms, A3 reports, key driver diagrams for quality projects, and workflow and referral practices in the primary care practice for the CHT, specialists or community agencies
- Financial Reporting Form (Appendix 1)

- Bi-weekly phone calls
- Financial Reporting Form (Appendix 1)

**6. By deleting Attachment B (Scope of Work to be Performed) on page 5 of 27 of the base agreement, and substituting in lieu thereof the following Attachment A:**

## **ATTACHMENT B**

### **PAYMENT PROVISIONS**

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The Contractor will be paid for products or services actually performed as specified in Attachment A up to the maximum allowable amount specified in this agreement. State of Vermont payment terms for this contract are Net 00 days from receipt date of invoice. The payment schedule for delivered products, or rates for services performed, and any additional reimbursements, are included in this attachment. The following provisions specifying payments are:

1. Contractor invoices shall be submitted monthly (using templates in Appendix 1: Required Forms) and shall include the following line items:

#### **Facilitation**

The Contractor shall invoice the State \$6,000 per month for facilitation based on reporting requirements outlined in the scope of work.

#### **Milestones**

Upon the State's acceptance of the milestones identified below, the Contractor may invoice the State for the corresponding milestone payments not to exceed a total of \$8,000 during the contract period:

- Completion of a PDSA or quality improvement projects related to priorities and measures set forth in practice profiles and/or ACO data reports: \$1,000.
- Documentation of the workflow and referral protocols in the primary care practice or MAT provider office: \$500 (only one payment per practice).
- Completion of a learning collaborative or CC subcommittee for which the facilitator led or was a member of the planning team: \$1,000.
- Mentoring of a new QI facilitator for 9 months: \$500.
- NCQA recognition (initial survey or rescoring): \$500 per practice.
- Attested connection to State's clinical registry and demonstrated use of reports: \$1,000 per practice.

Monthly reports, supporting materials, and documentation of milestones shall be submitted with invoices. Payments for QI facilitation will only be issued after all reports due in that month are received and accepted by the State's Blueprint Assistant Director.

#### **Travel and Training**

The Contractor may invoice the State for actual miles traveled to and from in-person meetings with assigned practices outside the Brattleboro HSA and facilitator and field team meetings at the most current State mileage reimbursement rate.

The Contractor will invoice the State monthly for the actual expenses incurred for approved training, consultation and travel. Reasonable expenses for State approved travel shall not exceed the State approved mileage and per diem rates at the time at which the expense occurred. The Contractor is responsible for submitting invoices in compliance with the current per diem and mileage rates, which change periodically. Currently these rates are as follows:

[http://humanresources.vermont.gov/salary/compensation/expense\\_reimbursement](http://humanresources.vermont.gov/salary/compensation/expense_reimbursement)

Payments and/or reimbursement for meals, lodging, airfare, training/registration and other expenses shall only be issued after all supporting documentation and receipts are received and accepted by the State. Invoices with such expenses shall be accompanied by a Travel and Expense Form (Appendix I: Required Forms). Payments and/or reimbursement for meals are only allowable for overnight travel.

Training and travel expenses will not exceed \$10,000 during the contract time period.

2. No benefits or insurance will be reimbursed by the State.
3. Invoice shall reference this agreement number, include date of submission, invoice number, and amount billed for each deliverable and total amount billed (Appendix I: Required Forms) Monthly invoices shall be accompanied by a completed financial reporting form (Appendix I: Required Forms).

Invoices documentation shall include:

- a. Invoice (word or PDF)
- b. Financial reporting form (Excel)
- c. Expense reports (Excel)
- d. Receipts for expenses (PDF)

Programmatic documentation shall include in a PDF format the following:

- a. Monthly practice reports
- b. PDSA forms, A3 reports, and/or key driver diagrams for quality projects
- c. Meeting minutes
- d. Bi-weekly phone calls
- e. Documentation of the workflow and referral practices in the primary care practice for the CHT, specialists or community agencies

4. Invoice documentation and programmatic documentation related to this agreement should be submitted together in electronic format to:

Jenney Samuelson  
[Jenney.Samuelson@vermont.gov](mailto:Jenney.Samuelson@vermont.gov)

Natalie Elvidge  
[Natalie.Elvidge@vermont.gov](mailto:Natalie.Elvidge@vermont.gov)

5. The State reserves the right to withhold part or all of the contract funds if the State does not receive timely documentation of the successful completion of contract deliverables.
6. Payments for the period of July 1, 2015 to June 30, 2016 shall not exceed **\$90,000**.  
Payments for the period of July 1, 2016 to June 30, 2017 shall not exceed **\$85,000**.

**Budget**

Contract Period Beginning July 1, 2015 and ending on June 30, 2016

Facilitation	\$72,000
Milestones	\$8,000
Training and Travel	\$10,000
	<b>\$90,000</b>

**Budget**

Contract Period Beginning July 1, 2016 and ending on June 30, 2017

Facilitation	\$72,000
Milestones	\$8,000
Training and Travel	\$5,000
	<b>\$85,000</b>

7. By deleting Attachment C (Standard State Provisions for Contracts and Grants) on page 7 of 27 of the base agreement, and substituting in lieu thereof the following Attachment C beginning on page 7:
8. By deleting Attachment D (Modification of Customary Provisions) on page 11 of 27 of the base agreement, and substituting in lieu thereof the following Attachment D beginning on page 11:
9. By deleting Request for Approval to Subcontract on page 23 of 27 of the base agreement, and Appendix 1: Required Forms on page 25 of 27 of the base agreement, and substituting in lieu thereof the following Request for Approval to Subcontract beginning on page 12:

This amendment consists of 15 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#29027) dated July 1, 2015 shall remain unchanged and in full force and effect.

**BY THE STATE OF VERMONT:**

**BY THE CONTRACTOR:**

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STEVEN COSTANTINO, COMMISSIONER  
NOB 1 South, 280 State Drive  
Waterbury, VT 05671-1010  
Email: [Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)

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LAURA D'ANGELO  
211 Aiken Road  
Putney, VT 05346  
Phone: 802-380-2775  
Email: [ldangelo97@gmail.com](mailto:ldangelo97@gmail.com)

**ATTACHMENT C: STANDARD STATE PROVISIONS  
FOR CONTRACTS AND GRANTS**

- 1. Entire Agreement:** This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
- 2. Applicable Law:** This Agreement will be governed by the laws of the State of Vermont.
- 3. Definitions:** For purposes of this Attachment, "Party" shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement.
- 4. Appropriations:** If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, and in the event federal funds become unavailable or reduced, the State may suspend or cancel this Grant immediately, and the State shall have no obligation to pay Subrecipient from State revenues.
- 5. No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the state withhold any state or federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
- 6. Independence, Liability:** The Party will act in an independent capacity and not as officers or employees of the State.

The Party shall defend the State and its officers and employees against all claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit.

After a final judgment or settlement the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party.

The Party shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party.

- 7. Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the state through the term of the Agreement. No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the contract, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations  
Products and Completed Operations  
Personal Injury Liability  
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence  
\$1,000,000 General Aggregate  
\$1,000,000 Products/Completed Operations Aggregate  
\$ 50,000 Fire/ Legal/Liability

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

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000.00 combined single limit.

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

Professional Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of \$1,000,000.00 per occurrence, and \$1,000,000.00 aggregate.

- 8. Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.
- 9. Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, the Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

- 10. Records Available for Audit:** The Party shall maintain all records pertaining to performance under this agreement. "Records" means any written or recorded information, regardless of physical form or

characteristics, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a machine readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the Agreement and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

**11. Fair Employment Practices and Americans with Disabilities Act:** Party agrees to comply with the requirement of Title 21V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement. Party further agrees to include this provision in all subcontracts.

**12. Set Off:** The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

**13. Taxes Due to the State:**

- a. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
- b. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
- c. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.
- d. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

**14. Child Support:** (Applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:

- a. is not under any obligation to pay child support; or
- b. is under such an obligation and is in good standing with respect to that obligation; or
- c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

**15. Sub-Agreements:** Party shall not assign, subcontract or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also agrees to include in all subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.

**16. No Gifts or Gratuities:** Party shall not give title or possession of any thing of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

**17. Copies:** All written reports prepared under this Agreement will be printed using both sides of the paper.

**18. Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at:

<http://bgs.vermont.gov/purchasing/debarment>

**19. Certification Regarding Use of State Funds:** In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.

**20. Internal Controls:** In the case that this Agreement is an award that is funded in whole or in part by Federal funds, in accordance with 2 CFR Part II, §200.303, the Party must establish and maintain effective internal control over the Federal award to provide reasonable assurance that the Party is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States and the "Internal Control Integrated Framework", issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**21. Mandatory Disclosures:** In the case that this Agreement is an award funded in whole or in part by Federal funds, in accordance with 2CFR Part II, §200.113, Party must disclose, in a timely manner, in writing to the State, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures may result in the imposition of sanctions which may include disallowance of costs incurred, withholding of payments, termination of the Agreement, suspension/debarment, etc.

**22. Conflict of Interest:** Party must disclose in writing any potential conflict of interest in accordance with Uniform Guidance §200.112, Bulletin 5 Section X and Bulletin 3.5 Section IV.B.

(End of Standard Provisions, State of Vermont – Attachment C - 9-1-2015\_rev)

**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 *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.”

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

*Automotive Liability*: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

And replace with the following language

*Automotive Liability*: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than:

Bodily injury liability limit:	\$500,000 each person
	\$500,000 each accident
Property Damage liability limit:	\$50,000 each accident

**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

**APPROVAL:**

\_\_\_\_\_  
ASSISTANT ATTORNEY GENERAL

DATE: \_\_\_\_\_

**APPENDIX 1: REQUIRED FORMS**  
**Department of Vermont Health Access**  
**Subcontractor Compliance**

Date: \_\_\_\_\_

Original Contractor/Grantee Name: \_\_\_\_\_

Contract/Grant #: \_\_\_\_\_

Subcontractor Name: \_\_\_\_\_

Scope of Subcontracted Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is any portion of the work being outsourced outside of the United States?       YES       NO  
(If yes, **do not proceed**)

All vendors under contract, grant, or agreement with the State of Vermont, are responsible for the performance and compliance of their subcontractors with the Standard State Terms and Conditions in Attachment C. This document certifies that the Vendor is aware of and in agreement with the State expectation and has confirmed the subcontractor is in full compliance (or has a compliance plan on file) in relation to the following;

- Subcontractor does not owe, is in good standing, or is in compliance with a plan for payment of any taxes due to the State of Vermont
- Subcontractor (if an individual) does not owe, is in good standing, or is in compliance with a plan for payment of Child Support due to the State of Vermont.
- Subcontractor is not on the State's disbarment list.

In accordance with State Standard Contract Provisions (Attachment C), The State may set off any sums which the subcontractor owes the State against any sums due the Vendor under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided in Attachment C.

\_\_\_\_\_  
Signature of Subcontractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by DVHA Business Office

\_\_\_\_\_  
Date

**Required: Contractor cannot subcontract until this form has been returned to DVHA Contracts & Grants Unit**

APPENDIX 1: REQUIRED FORMS

INVOICE

CONTRACTOR:	
ADDRESS:	
CITY, STATE:	
ZIP CODE:	

Invoice #:	
Date of Submission:	
Contract #:	

Contractor Billing Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Dates of Service (Month, Year)	Description of Deliverables/Work Performed	Amount
<b>TOTAL:</b>		

Remittance Address:

Bill to Address:  
 Natalie Elvidge  
 Department of Vermont Health Access (DVHA)  
 NOB 1 South, 280 State Drive  
 Waterbury, VT 05671  
[Natalie.Elvidge@vermont.gov](mailto:Natalie.Elvidge@vermont.gov)



**APPENDIX 1: REQUIRED FORMS**  
 TRAVEL AND EXPENSE FORM

Travel and Expense Form																	
Grantee/ Contractor Name:												Invoice #:					
Starting Location Address:												Invoice Date:					
Grant/Contract Number:																	
Travel Start Date	Travel End Date	Name of Traveler	Description (name of meeting, reason for travel, etc.)	Travel				Meal Expenses (overnight travel only)			Other Expenses (Receipts Required)					Total	
				Starting Address	Destination Address	End Address	Miles	Amount	Breakfast	Lunch	Dinner	Lodging	Airfare	Training/Registration	Other		
				State rate effective 1/1/2015: .575/mile State rate effective 1/1/2016: .54/mile				Per Diem In-State Rates (Vermont) B: \$5.00 L: \$8.00 D: \$12.85			Per Diem Out-of-State B: \$6.25 L: \$7.25 D: \$18.50	Receipts Required for Expenses in Categories Listed Below					
								\$ -									\$ -
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<b>TOTALS</b>								0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

We the undersigned do hereby certify under that the reported information is accurate to the best of our knowledge and that all requests for services and expenses were incurred while performing work for the State of Vermont. The expenses I am requesting reimbursement for are in compliance with the State of Vermont Allowable Rates and Per Diems. **The State reserves the right to withhold payment if the State does not receive required documentation and receipts.**

Claimant's Signature	Date
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Current State Reimbursement Rates: [http://humanresources.vermont.gov/salary/compensation/expense\\_reimbursement](http://humanresources.vermont.gov/salary/compensation/expense_reimbursement)  
 Bulletin 3.4: [http://aoa.vermont.gov/sites/aoa/files/Bulletins/AOA-Bulletin3\\_4-June2014%20\(2\).pdf](http://aoa.vermont.gov/sites/aoa/files/Bulletins/AOA-Bulletin3_4-June2014%20(2).pdf)