

**STATE OF VERMONT  
DEPARTMENT OF VERMONT HEALTH ACCESS  
UNITED WAY OF NORTHWEST VERMONT**

**PAGE 1 OF 3  
GRANT # 03410-2370-23  
AMENDMENT #1**

**GRANT AMENDMENT**

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the “State”) and United Way of Northwest Vermont (hereafter called the “Subrecipient” that the grant agreement (#03410-2370-23) on the subject of providing outreach activities designed to decrease the number of uninsured individuals and families in Vermont to individuals and businesses in communities across Vermont, effective June 1, 2022, is hereby amended to be retroactively effective September 9, 2022 as follows:

- I. **Part 1.** By deleting Part 1-Grant Award Detail on page 1 of 28 of the base agreement and replacing it with the following Part 1- Grant Award Detail:

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STATE OF VERMONT GRANT AGREEMENT Part 1-Grant Award Detail
SECTION I - GENERAL GRANT INFORMATION
1 Grant #: 03410-2370-23 2 Original [ ] Amendment # [X]
3 Grant Title: Helping Vulnerable Populations Understand Health Insurance Options
4 Amount Previously Awarded: \$ 24,975.00 5 Amount Awarded This Action: \$ 0.00 6 Total Award Amount: \$ 24,975.00
7 Award Start Date: 06/01/2022 8 Award End Date: 09/09/2023 9 Subrecipient Award: YES [X] NO [ ]
10 Supplier #: 43392 11 Grantee Name: United Way of Northwest Vermont
12 Grantee Address: 412 Farrel Street Suite 200
13 City: South Burlington 14 State: VT 15 Zip Code: 05403
16 State Granting Agency: Department of Vermont Health Access 17 Business Unit: 03410
18 Performance Measures: YES [X] NO [ ] 19 Match/In-Kind: \$ Description:
20 If this action is an amendment, the following is amended:
Amount: [ ] Funding Allocation: [ ] Performance Period: [X] Scope of Work: [ ] Other: [ ]
SECTION II - SUBRECIPIENT AWARD INFORMATION
21 Grantee Identifier [UEI] #: K6L9TY8LNB99 22 Indirect Rate: 10 % 23 FFATA: YES [ ] NO [X]
24 Grantee Fiscal Year End Month (MM format): 04 (Approved rate or de minimis 10%) 25 R&D: [ ]
26 Entity Identifier [UEI] Name (if different than VISION Vendor Name in Box 11):
SECTION III - FUNDING ALLOCATION
STATE FUNDS
Fund Type 27 Awarded Previously 28 Award This Action 29 Cumulative Award 30 Special & Other Fund Descriptions
General Fund \$0.00 \$0.00 \$0.00
Special Fund \$0.00 \$0.00 \$0.00
Global Commitment (non-subrecipient funds) \$0.00 \$0.00 \$0.00
Other State Funds \$0.00 \$0.00 \$0.00
FEDERAL FUNDS (includes subrecipient Global Commitment funds)
Required Federal Award Information
31 CFDA# 32 Program Title 33 Awarded Previously 34 Award This Action 35 Cumulative Award 36 FAIN 37 Federal Award Date 38 Total Federal Award
93.525 State Planning and Establishment Grants \$24,975.00 \$0.00 \$0.00 2205VT5ADM 01/13/2022 \$24,975.00
39 Federal Awarding Agency: 40 Federal Award Project Descr:
Federal Awarding Agency: Federal Award Project Descr:
Federal Awarding Agency: Federal Award Project Descr:
Federal Awarding Agency: Federal Award Project Descr:
Federal Awarding Agency: Federal Award Project Descr:
Federal Awarding Agency: Federal Award Project Descr:
Total Awarded - All Funds \$24,975.00 \$0.00 \$24,975.00
SECTION IV - CONTACT INFORMATION
STATE GRANTING AGENCY GRANTEE
NAME: Zachary Goss NAME: Connie Beal
TITLE: Health Care Training and Communication Manager TITLE: Working Bridges Initiative Director
PHONE: 802-798-2930 PHONE: 802-881-4218
EMAIL: Zachary.Goss@vermont.gov EMAIL: Connie@unitedwaynwvt.org

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II. **Grant Term.** The Grant end date, wherever such reference appears in the Grant, shall be changed from September 09, 2022 to September 09, 2023.

Taxes Due to the State. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient 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.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Subrecipient is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient'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.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>.


This document consists of 3 pages. Except as modified by this Amendment No. 1, all provisions of the Grant remain in full force and effect.

**THE SIGNATURES OF THE UNDERSIGNED INDICATE THAT EACH HAS READ AND AGREES TO BE BOUND BY THIS AMENDMENT TO THE GRANT.**

**BY THE STATE OF VERMONT:**

DocuSigned by:  
  
9/30/2022  
201B29C84E7E41E  
ANDREA DELABRUERE, COMMISSIONER      DATE  
AHS/DVHA  
NOB 1 SOUTH, 280 STATE DRIVE  
WATERBURY, VT 05671  
EMAIL: ANDREA.DELABRUERE@VERMONT.GOV

**BY THE SUBRECIPIENT:**

DocuSigned by:  
  
9/29/2022  
24273C5A37594F1...  
CONNIE BEAL      DATE  
UNITED WAY OF NORTHWESTERN VERMONT  
412 FARRELL STREET SUITE 200  
SOUTH BURLINGTON, VT 05403  
PHONE: 802-881-4218  
EMAIL: CONNIE@UNITEDWAYNWVT.ORG