

GRANT AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the “State”) and Planned Parenthood of Northern New England (hereafter called the “Subrecipient” that the grant agreement (#03410-2145-20) on the subject of administering the Blueprint for Health program initiatives in the Colchester, Vermont Health Service Area, effective October 1, 2019, is hereby amended effective March 15, 2020 as follows:

1. By deleting Part 1-Grant Award Detail on page 1 of 34 of the base agreement and replacing it with the following Part 1 – Grant Award Detail: -

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail			
SECTION I - GENERAL GRANT INFORMATION							
¹ Grant #: 03410-2145-20			² Original <input type="checkbox"/>		Amendment # <input type="checkbox"/> 1		
³ Grant Title: Blueprint for Health - Planned Parenthood of Northern New England							
⁴ Amount Previously Awarded: \$20,000.00		⁵ Amount Awarded This Action: \$0.00		⁶ Total Award Amount: \$20,000.00			
⁷ Award Start Date: 10/01/2019		⁸ Award End Date: 09/30/2020		⁹ Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
¹⁰ Supplier #: 1121		¹¹ Grantee Name: Planned Parenthood of Northern New England					
¹² Grantee Address: 784 Hercules Drive							
¹³ City: Colchester			¹⁴ State: VT		¹⁵ Zip Code: 05446		
¹⁶ State Granting Agency: Agency of Human Services/ DVHA					¹⁷ Business Unit: 03410		
¹⁸ Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		¹⁹ Match/In-Kind: Description:					
²⁰ If this action is an amendment, the following is amended: Amount: <input type="checkbox"/> Funding Allocation: <input checked="" type="checkbox"/> Performance Period: <input type="checkbox"/> Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>							
SECTION II - SUBRECIPIENT AWARD INFORMATION							
²¹ Grantee Identifier [DUNS] #: 020664637		²² Indirect Rate: %		²³ FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
²⁴ Grantee Fiscal Year End Month (MM format):		(Approved rate or de minimis 10%)		²⁵ R&D: <input type="checkbox"/>			
²⁶ Entity Identifier [DUNS] Name (if different than VISION Supplier 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	\$3,402.99	(\$31.74)	\$3,371.25				
Special Fund			\$0.00				
Global Commitment (non-subrecipient funds)	\$6,086.73	(\$40.32)	\$6,046.41				
Other State Funds			\$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 Fed Award Date	³⁸ Total Federal Award
93.778	Medical Assistance Program	\$10,510.28	(\$7,139.02)	\$3,371.26			
³⁹ Federal Awarding Agency:		⁴⁰ Federal Award Project Descr:					
93.778	Medical Assistance Program		\$7,211.08	\$7,211.08			
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
Total Awarded - All Funds		\$20,000.00	\$0.00	\$20,000.00			
SECTION IV - CONTACT INFORMATION							
⁴¹ STATE GRANTING AGENCY				⁴² GRANTEE			
NAME: Julie Parker				NAME: Shauna Hill			
TITLE: Project Administrator				TITLE: Director of Behavioral Health			
PHONE: (802) 760-8467				PHONE: (802) 598-8580			
EMAIL: Julie.Parker@vermont.gov				EMAIL: Shauna.Hill@ppne.org			

2. By deleting number 6 on Page 2 (Contact Persons for this Award) and replacing it as follows:

6. Contact Persons for this Award:

	<u>For the State</u>	<u>For the Subrecipient</u>
Assistant Director/ Program Manager	Julie Parker	Shauna Hill
Phone:	(802) 760-8467	(802) 598-8580
E-mail:	Mara.Donohue@vermont.gov	Shauna.Hill@ppnne.org
Financial:	DVHA Contracts and Grants Unit	
E-mail:	AHS.DVHAInvoices@vermont.gov	

3. By deleting Attachment B, number 2 and replacing it as follows:

2. Payment terms are Net 00 days from the date the State receives an error-free invoice with all necessary and complete supporting documentation.

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 4 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:

BY THE SUBRECIPIENT:

CORY GUSTAFSON, COMMISSIONER DATE
AHS/DVHA
NOB 1 South, 280 State Drive
Waterbury, VT 05671
PHONE: 802-879-5901
EMAIL: Cory.Gustafson@Vermont.gov

MEAGAN GALLAGHER, PRESIDENT / CEO DATE
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND
784 HERCULES DRIVE, SUITE 110
COLCHESTER, VT 05446
PHONE: (802) 448-9700
EMAIL: MEAGAN.GALLAGHER@PPNNE.ORG