

**STATE OF VERMONT
CONTRACT AMENDMENT**

It is hereby agreed by and between the State of Vermont, Department of Vermont Health Access (the "State") and University of Vermont Medical Center, with a principal place of business in Burlington, Vermont (the "Contractor") that the Contract # 37678 between the Parties originally dated February 1, 2019, and as amended to date, (the "Contract") is hereby amended as follows:

- I. **Maximum Amount.** The maximum amount payable under the Contract, wherever such reference appears in the Contract, shall be changed from \$12,500.00 to \$18,500.00, representing an increase of \$6,000.00.
- II. **Contract Term.** The Contract end date, wherever such reference appears in the Contract, shall be changed from January 31, 2020 to January 31, 2021. The Contract Term may be renewed for one additional one-year period at the discretion of the State.
- III. **Attachment A, Scope of Services.** The scope of services is amended as follows:

Section 4. Contacts is hereby deleted in its entirety and replaced as set forth below.

	<u>State Fiscal Manager</u>	<u>State Program Manager</u>	<u>For the Contractor</u>
Name:	Tim Harvey	Julie Parker	Lisa Goodrich
Phone #:	802-241-0389	802-241-0459	802-847-2307
E-mail:	Tim.Harvey@Vermont.gov	Julie.Parker@Vermont.gov	Lisa.Goodrich@uvmhealth.org

Section 7. Subcontractor Requirements is hereby deleted in its entirety and replaced as set forth below.

Per Attachment C, Section 19, if Contractor chooses to subcontract work under this agreement, the Contractor must first fill out and submit the Subcontractor Compliance Form (Appendix I) in order to seek approval from the State prior to signing an agreement with a third party. Upon receipt of the Subcontractor Compliance Form, the State shall review and respond within five (5) business days. A fillable PDF version of this Subcontractor Compliance Form is available upon request from the DVHA Business Office. Under no circumstance shall Contractor enter into a sub-agreement without prior authorization from the State. Contractor shall submit the Subcontractor Compliance Form to:

Tim Harvey, DVHA Grants and Contract Administrator
DVHAGrantsContracts@Vermont.gov

Should the status of any third-party change, Contractor is responsible for updating the State within fourteen (14) Calendar days of said change.

IV. **Attachment B, Payment Provisions.** The payment provisions are amended as follows:

Section 5 is hereby deleted in its entirety and replaced as set forth below.

1. Invoices and any required reports shall be submitted to the State at the following address:

AHS.DVHAInvoices@vermont.gov

Taxes Due to the State. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, the Contractor 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). Contractor 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. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, neither Contractor nor Contractor'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.

Contractor further certifies under pains and penalties of perjury that, as of the date this contract amendment is signed, Contractor 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 2 pages. Except as modified by this Amendment No. 1 all provisions of the Contract remain in full force and effect.

BY THE STATE OF VERMONT:

BY THE UNIVERSITY OF VERMONT MEDICAL CENTER:

E-SIGNED by Cory Gustafson
on 2020-01-15 19:12:04 GMT January 15, 2020

E-SIGNED by Lisa Goodrich
on 2020-01-15 17:53:07 GMT January 15, 2020

CORY GUSTAFSON, COMMISSIONER DATE
AHS/DVHA
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010
Phone: 802-241-0246
Email: Cory.Gustafson@vermont.gov

LISA GOODRICH, VP MEDICAL GROUP OPERATIONS DATE
The University of Vermont Medical Center
111 Colchester Avenue
Burlington, VT 05401
Phone: (802) 847-2307
Email: Lisa.Goodrich@UVMHealth.org