



State of Utah

GARY R. HERBERT
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Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

ANN SILVERBERG WILLIAMSON
Executive Director

OFFICE OF FISCAL OPERATIONS

JENNIFER C. EVANS
Director

BUREAU OF CONTRACT
MANAGEMENT
STEPHANIE M. CASTRO
Director

Vendor No.: **18704G**
Commodity Code No.: **95262000000**

Log No.: **29446**

Contract No.: **101600**

Procurement Type used for Contract:
Governmental Entity

Subject: **PASSAGES**
(For Division Use Only)

AMENDMENT #6

TO BE ATTACHED TO AND MADE A PART OF the above numbered Contract between the Utah Department of Human Services, which includes the Division of Substance Abuse and Mental Health (referred to in this Amendment as "DHS" or "DHS/DSAMH");

AND

Name: Tooele County Corporation
Address: 47 S Main Street
Tooele, Utah 84074-2194

A Governmental Entity (referred to as the "Contractor").

PURPOSE OF AMENDMENT: 1) add **\$10,000.00** in funding for FY2014; 2) add language to the scope of work; 3) replace the rate table; and 4) replace the FY2014 Budget forms.

The parties agree to amend the Contract as follows:

1. Part I, Section A, #5, paragraph titled "**Actual Services/Approved Budget**". Replace with the following: "DHS/DSAMH" shall pay the Contractor not more than **\$87,000.00 for the period of December 14, 2009 – September 30, 2010, \$109,650.00 for the period of October 1, 2010 – September 30, 2011, \$202,778.00 for the period of October 1, 2011 – September 30, 2012, \$146,550.00 for the period of October 1, 2012 – September 30, 2013 and \$107,500.00 for the period of October 1, 2013 – September 30, 2014** for providing the services required pursuant to this Contract. Payments for each period of funding ("funding period") identified above shall be based on the Contractor's approved budget for that funding period and its documented costs incurred during that same period. Funding does not carry over from one funding

period to the next. Any funds not expended by the end of the funding period for which they were allocated shall lapse and the Contractor shall have no further claim to the same.

2. Part II, SCOPE OF WORK AND SPECIAL CONDITIONS, Section C, "PROGRAM OBJECTIVES": Add the following:

5. From January 1, 2014 to March 31, 2014, the Transition Facilitators shall provide a minimum of 50% of hours worked in billable / direct care service. From April 1, 2014 to September 30, 2014, the Transition Facilitators shall provide a minimum of 60% of hours worked in billable / direct care service. The goal is for staff to generate sufficient revenue to support 50% of their salary.

3. Part IV, #2, a. "Rates": Replace rate table with the following:

Service Title / Tracking Code	Amend. #	Funding Period	Funding Source / CFDA	Amendment Funding Amount
Transitional Mental Health Services for Youth / PSG	n/a	12/4/09-9/30/10	PASSAGE / 93.243	\$87,000.00
	1	10/1/10-9/30/11		\$109,650.00
	2	10/1/11-9/30/12	PASSAGE / 93.243	202,778.00
	3	10/1/12-9/30/13		\$96,550.00
	4	10/1/12-9/30/13		\$50,000.00
			NEW TOTAL FOR FY2013	\$146,550.00
5	10/1/13-9/30/14	PASSAGE / 93.243	\$97,500.00	
		10/1/13-9/30/14	PASSAGE / 93.243	\$10,000.00
	6	NEW TOTAL FOR FY2014		\$107,500.00

4. Part VI, Section B "Budget Forms": Replace the FY2014 budget forms with the attached Budget Forms.

All other terms and conditions in the original contract remain the same.

AUTHORITY OF PERSON SIGNING FOR THE CONTRACTOR: The Contractor represents that the person who has signed this Amendment on behalf of the Contractor has full legal authority to bind the Contractor and to execute this Amendment.

CONTRACTOR HAS NOT ALTERED THIS AMENDMENT: By signing this Amendment, the Contractor represents that it has not in any way altered the language or provisions in the Amendment, and that this Amendment contains exactly the same provisions that appeared in this document and its exhibits when DHS originally sent it to the Contractor.

IN WITNESS WHEREOF, the parties sign and cause this amendment to be effective December 1, 2013.

CONTRACTOR

By: _____

Type or print name: _____

Title/Position: _____
Tooele County Corporation

Date: _____

DHS/DSAMH

By: _____

Doug Thomas, Director
Division of Substance Abuse and Mental Health

Date: _____

RECEIVED AND PROCESSED

By: _____
Sheri Witucki, Contract Analyst

State Division of Finance

Date: _____

Log # 29446

Amd # 6

Contract # 101600

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health-Tooele

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

(Projected Revenue
Current Year)

Name of Individual Preparing Budget: Alex C Gonzalez

DHS Contract Specialist: Ray Winger

REVENUE SOURCES	TOTAL REVENUES	FUNCTIONAL REVENUE CENTERS Allocation of Total Revenues Into Separate Programs						PRIOR YEAR REVENUES
1 This Contract (Division/Office of <u>DSAMH</u>)	107,500.00							
2 Other Contracts this same DHS Divison/Office								
3 Contracts with other DHS Divisions (specify) _____								
4 Other State of Utah Departments								
Local Units of Government:								
5 City (specify) _____								
6 County (specify) _____								
7 Associations of Governments (specify) _____								
8 Federal Block Grants (specify) _____								
9 Other Federal Programs (specify) _____								
10 Collections and Fees from clients								
11 United Way Funding								
12 Other contributions (specify) _____								
13 Other Organizations (specify) _____								
14 Special Fund Raising								
15 Prior Years Excess Funds (Estimate)								
16 Miscellaneous (specify) _____								
17 TOTAL REVENUE	107500	0	0	0	0	0	0	0
A	B	C	D	E	F	G	H	I

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health-Tooele _____

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

CATEGORY I ADMINISTRATION EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS Allocation of Total Expenses Into Separate Programs						THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
1 Salaries *(from salary schedule, page 7)	5000							5000	
2 Fringe Benefits (employer taxes, health insurance, etc)									
3 Travel/Transportation (vehicle mileage, etc)									
4 Space Costs (rent, mortgage, lease)									
5 Utilities (heat, electricity, water, garbage/sewage)									
6 Communications (telephones, postage, etc.)									
7 Equipment/Furniture (under \$5,000 per item-computer, desk, table, chair, cabinet, etc.)									
8 Supplies/Maintenance (Office items, shipping, postage)									
9 Miscellaneous									
10 Conferences/Workshops	500							500	
11 Insurance (property/casualty, auto, professional, etc)									
12 Professional Fees/Contract Services									
13 CATEGORY I TOTAL ADMINISTRATION EXPENSES	5500	0	0	0	0	0	0	5500	0
CATEGORY II CAPITAL EXPENDITURES <small>(Equipment costing \$5,000 or more or as determined for financial reporting purposes)</small>									
14 For example: vehicles, buildings, lease improvements									
15 CATEGORY II TOTAL CAPITAL EXPENDITURES	0	0	0	0	0	0	0	0	0
A	B	C	D	E	F	G	H	I	J

CATEGORY/III PROGRAM/EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS Allocation of Total Expenses Into Separate Programs						THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
1. Salaries *(from salary schedule, page 7)	85000							85000	
2. Fringe Benefits (employer taxes, insurance, retirement)									
3. Travel/Transportation Mileage Vehicle Lease Vehicle Depreciation Vehicle Repairs/Supplies Other (specify)									
4. Space Costs Rent/Lease Depreciation Property Taxes Other (specify)									
5. Utilities Power Heat Water/Sewer Other (specify)									
6. Communications Telephone Postage/shipping Other (specify)	1260							1260	
7. Equipment/Furniture (Under \$5,000) Rent/Lease Repair/Maintenance Depreciation Other (specify)									
8. SUB TOTAL PAGE 3	86260	0	0	0	0	0	0	86260	0
A	B	C	D	E	F	G	H	I	J

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health-Tooele

CATEGORY III PROGRAM EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS Allocation of Total Expenses Into Separate Programs						THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
9. Supplies/Maintenance	1000							1000	
Program Services									
Food	1000							1000	
Maintenance									
Office expenses									
Other (specify)									
10. Miscellaneous	1240							1240	
Printing/Copying									
Books/Subscriptions									
Licenses/Permits									
Taxes									
Other (specify)									
11. Conferences/Workshops	1500							1500	
Out of Town Travel, room, meals, etc.									
Transportation									
Per Diem									
Other (specify)									
12. Insurance									
13. Professional Fees/Contractual Services									
Sub-Contracts									
Other (specify)									
14. Client Cost									
Direct payments to Clients									
Payments made in behalf of clients									
Other (specify) Flexible Funds	11000							11000	
15. SUB TOTAL PAGE 4	15740	0	0	0	0	0	0	15740	0
16. CATEGORY III TOTAL (PROGRAM EXPENSES)	102000	0	0	0	0	0	0	102000	0
17. TOTAL EXPENSES (CATEGORIES I, II, III)	107500	0	0	0	0	0	0	107500	0
A	B	C	D	E	F	G	H	I	J

Revision Date: April 2007

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: Valley Mental Health-Tooele

Provide back-up justification of the total shown for the following Budget categories. Include individual sub-categories if different back-up data (rate basis of estimate costs, etc.) apply. If this contract is for more than one service and costs are allocated between cost centers, explain cost allocation basis. Attach additional pages if necessary

EXPENSE CATEGORY	JUSTIFICATION BASIS -- ALLOCATION PLAN: (Explain how the expenses were determined)
<p>Category I Administration Expenses</p> <p>Total administration expenses may not exceed 25% of total program expenses (Category III)</p> <ol style="list-style-type: none"> 1. Salaries 2. Fringe Benefits 3. Travel/Transportation 4. Space Cost 5. Utilities 6. Communications 7. Equipment/Furniture (not capitalized or depreciated) 8. Supplies/Maintenance 9. Miscellaneous 10. Conferences/Workshops 11. Insurance (property/casualty, auto, professional, etc) 12. Professional Fees/Contract Services 	<p>5000 to pay for supervision from a LMHT</p> <p><u>NA</u></p> <p><u>NA</u></p> <p><u>NA</u></p> <p>Need to interact with Stakeholders at State and Federal level and learn about other innovative program</p>
<p>Category II--Capital Expenditures</p>	

EXPENSE CATEGORY	JUSTIFICATION BASIS - ALLOCATION PLAN (Explain how the expenses were determined)
Category III Program Expenses	
1. Salaries	<u>This will cover part of salary of Salary for employment specialist, education specialist, wendover facilitator and 2 facilitators in Tooele.</u>
2. Fringe Benefits	
3. Travel/Transportation	
4. Space Cost	<u>NA</u>
5. Utilities	<u>NA</u>
6. Communications	<u>Cost for cell phone for staff who are often out of office, with clients and with other community partners</u>
7. Equipment/Furniture (not capitalized or depreciated)	
Page 4	
9. Supplies/Maintenance	<u>Food for groups both program and staff meetings. Office supplies to support PASSAGES staff</u>
10. Miscellaneous	
11. Conferences/Workshops	<u>Requirement in grant to attend training, necessary costs when traveling</u>
12. Insurance	
13. Professional Fees/Contract Services	
14. Client Costs: FLEXIBLE FUNDS	<u>An additional \$11,000 for our flexible Funds</u>

DHS SALARY SCHEDULE FORM

Name of Contractor: _____ Valley Mental Health - Tooele _____

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

NAME	TITLE	TOTAL SALARY	TOTAL ADMIN SALARY	%	This Contract ADMIN SALARY	%	TOTAL PROGRAM SALARY	%	This Contract PROGRAM SALARY	%
Keith Durham	Facilitator	15000	0			0	15000	100	15000	100
Loren Mitch	Supervisor	5000	5000	100	5000	100	0			
Paul Smith	Empl. Spec.	15000	0			0	15000	100	15000	100
Megan Allred	Facilitator	20000				0	20000	100	20000	100
Christine Hopkins	Facilitator	20000				0	20000	100	20000	100
Holly Murray	Ed Specialist	15000				0	15000	100	15000	100
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
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				-		-		-		-
				-		-		-		-
				-		-		-		-
TOTALS ⇨		90000	5000	5.6	5000	5.6	85000	94	85000	94
A	B	C	D		E		F		G	
			Total to page 2 Line 1, column B		Total to page 2 Line 1, column I		Total to page 3, Line 1, column B		Total to page 3, Line 1, column I	
*Indicate Part Time Employees										