

SUBRECIPIENT AGREEMENT
AGREEMENT NUMBER 9903-5320-71209-17-18
AMENDMENT NUMBER 01

The 2017-2018 Subrecipient Agreement for the services provided under the Title X Program between the Essential Access Health (“Essential Access”) and Nevada County Health Department (“Subrecipient”) is hereby amended as follows:

1. The total amount payable by Essential Access is increased by \$73,140.
2. The term of the agreement is extended for a six (6) month period.
3. The following shall replace Article III: FINANCIAL PROVISIONS, Section A. Amount of Award, Subsection 1 in its entirety

A. Amount of Award.

1. In consideration of the services to be delivered by Subrecipient as described in Article II herein, Essential Access shall pay Subrecipient a total amount not to exceed \$120,000 (the “Title X Award”) during the term of this Agreement, provided that funds are available for this purpose under the Grant and Subrecipient is in compliance with all terms and conditions of this Agreement. Subrecipient is only entitled to receive reimbursement for its actual, allowable costs and is not entitled to any payments over and above its actual, allowable cost of operating the Title X program provided for herein.

4. The following shall replace Article V: Term, in its entirety
This agreement shall be in effect from April 1, 2017 through March 31, 2018, or unless the Agreement is terminated or suspended at an earlier date in accordance with Article X of this Agreement.
5. The following exhibits are added to the Master Contract which by this reference are made a part of this agreement:
 - A. Attachment B-1: Revised Approved Budget and Cost Allocation Methodology Policy Statement.
 - B. Attachment C-1: Revised Family Planning Services Reporting Requirements.
6. All other terms and provisions of the agreement shall remain in full force and effect. The effective date of this amendment is September 30, 2017.

IN WITNESS WHEREOF, the Parties have executed this Amendment:

Essential Access Health

Nevada County Health Department

By: _____

By: _____

Print: Brenda Flores

Print: Hank Weston

Title: Vice President of Finance + Benefits
Administration

Title: Chairman, Board of Supervisors

Date: _____

Date: _____

Family Planning Services			
Budget Summary			
Agency Name: Nevada County Health Department		Agency Number: 9903	
Budget Period: Start Date: 4/1/2017 Ending Date: 3/31/2018			
Budget Category	Total Amount Required	Source of Funds	
		Applicant and Other	Title X Allocation
Personnel Service			
Physician	0	0	0
Mid-Level Practitioners	80,779	33,979	46,800
Other Health Personnel	62,642	32,994	29,648
Ancillary Personnel	0	0	0
Administration Staff	33,453	33,453	0
Fringe Benefits	98,607	55,987	42,620
Fringe Benefits Adjustments	1	0	1
Total Personnel Service	275,482	156,413	119,069
Patient Care			
Clinical Services	0	0	0
Laboratory Services	800	800	0
Total Patient Care	800	800	0
Equipment			
Equipment	0	0	0
Total Equipment	0	0	0
Other Costs			
Consultant	0	0	0
Medical Supplies	50,000	49,069	931
Office Supplies	1,600	1,600	0
Duplication & Printing	1,500	1,500	0
Health Education Supplies	600	600	0
Utilities & Communication	2,125	2,125	0
Travel Expense	2,550	2,550	0
Lease/Rental Expense	0	0	0
Other Expense	70,244	70,244	0
Approved Indirect Cost	59,994	59,994	0
Total Other Costs	188,613	187,682	931
Total Budget	464,895	344,895	120,000
Approved Title X Allocation			120,000

Family Planning Services	
Summary of Applicant and Other	
Agency Number: 9903	
Agency Name: Nevada County Health Department	
Revenue Category	Total Amount
Applicant Funds	
General Funds (Agency Fund)	96,321
Donations (Cash or In-kind)	200
Total for Applicant Funds	96,521
Family PACT Fee	
Family PACT Fee For Service	203,510
Total for Family PACT Fee	203,510
Medi-CAL	
Medi-CAL	2,172
Total for Medi-CAL	2,172
Other Federal Grants	
Medicaid	0
Medicare (Title XVIII)	0
MCH Block Grant (Title V)	0
Bureau of Primary Health Care (330 Grant)	0
Total for Other Federal Grants	0
State Government Grants	
None	0
Total for State Government Grants	0
Local Government Grants	
None	0
Total for Local Government Grants	0
Private Grants	
None	0
Total for Private Grants	0
Third Party Payers	
Patient Fees	1,275
Private Health Insurance	100
Private Insurance Including Medi-Cal Managed Care Plans	41,317
Total for Third Party Payers	42,692
Total Applicant and Other Sources of Revenue	344,895

Cost Allocation Methodology Policy Statement

1. Please enter the following for your Cost Allocation:

i. Current calculation figures on how each line item budget was determined (Methodology provided will be tested against your application budget).

ii. Current Indirect Cost calculation and rate; Copy of approved indirect cost rate agreement must be submitted if available.

1i. Personnel costs are as budgeted for the Title X program in the County FY 2017-2018 budget for staff working in the program. Only time tracked to Title X activities on County timesheets will actually be charged to Title X.

Operating costs are as budgeted for the program in the County FY 2016-17 budget, and will be charged only as actually incurred for program activities. Medical supplies are those not reimbursed by Family Pact or Medi-Cal. These include, but are not limited to, drapes, sheets, gloves, table paper, gowns, swabs, syringes, alcohol, band-aids, specimen cups, blood pressure cuffs, and stethoscopes. These purchases will be charged to the Title X program and then Applicant sources will be used.

1iii. The Nevada County Public Health Dept's FY 2016-17 indirect cost rate approval letter from CDPH is attached. The approval letter for the FY 2017-18 indirect cost rate proposal, submitted November 2016, has not been received to date.

2. Please Describe and justify any out-of-state travel

N/A

3. Does your agency provide abortions at any of your sites?

TAB No

MAB No

FAMILY PLANNING SERVICES REPORTING REQUIREMENTS:

The Contractor shall submit the following required reports in compliance with the dates and conditions specified below. Essential Access will provide instruction when procedures for the proper completion if these reports change.

<u>REPORT TITLE</u>	<u>FREQUENCY OF SUBMISSION</u>	<u>DUE DATE</u>
Family Planning Services Semi-Annual Progress Report (by County) Submitted electronically at https://extranetportal.essentialaccess.org	Semi-Annually	25th of the month following the period reported for the data that is not submitted monthly. For January, February, March (from previous funding period), April, May and June <u>DUE: July 25, 2017</u> For July, August, September, October, November and December <u>DUE: January 25, 2018</u>
Statement of Revenue and Expenditure Report (includes submission of General Ledger backup of Title X expenditures only) Submitted electronically at https://extranetportal.essentialaccess.org	Quarterly	25th of the month following the period reported For April, May and June <u>DUE: July 25, 2017</u> For July, August and September <u>DUE: October 25, 2017</u> For October, November and December <u>DUE: January 25, 2018</u> For January, February and March <u>DUE: April 25, 2018</u>
Annual External Audit and A-133 Audit if applicable Submitted to the Finance Division	Annually	30 days after completion of audit but no later than nine months after the end of the accounting period under audit
Centralized Data System (CDS) submission Submitted electronically at www.cfhc.org	Monthly	25th of the month following the period reported
Special Reports, surveys and questionnaires as may be requested by CFHC or its funding source	Specified Date	Specified Date
Corrective Action Plan Creation (if performance measures not met)	Annually	August 31, 2017
Corrective Action Plan Completion (if performance measures not met)	Annually	December 31, 2017