

CONTRACT AMENDMENT
CE1100241-01
AMENDMENT #1

This amendment to contract dated April 19, 2011 by and between the County of Cuyahoga, Ohio (“**COUNTY**”), on behalf of the Department of Health and Human Services (**HHS**) Ryan White Part A Program and Cleveland Clinic Foundation, (hereinafter referred to as “**PROVIDER**”), a corporation not-for-profit, with principal offices located at 9500 Euclid Avenue, Cleveland, Ohio.

1. To amend **Section 2. Contract Period and Amount** as follows:

To increase reimbursement by \$ 230,220.50. The total amount of the Contract shall not exceed \$335,757.00.

2. To amend **Section 6. Conditions of Award** as follows:

The provider agrees to the provisions as amended in Exhibit I – Conditions of Award attached hereto as Exhibit #1.

Original Contract.....	\$ 105,536.50
Amendment #1	<u>230,220.50</u>
TOTAL.....	<u>\$335,757.00</u>

4. By entering into this amendment, I agree on behalf of the contracting business entity, its officers, employees, subcontractors, sub-grantees, agents, or assignees, to conduct this transaction by electronic means by agreeing that all documents shall have the same legal effect as if the signature was manually affixed to a paper version of the document. I also agree on behalf of the aforementioned entities and persons, to be bound by the provisions of chapters 304 and 1306 of the Ohio Revised Code as they pertain to electronic transactions, and to comply with the electronic signature policy of Cuyahoga County.
5. All other terms of the contract are hereby reaffirmed.

IN WITNESS THEREOF, the **COUNTY** and **PROVIDER** have entered into this agreement as of the day and year first written above. _____

COUNTY OF CUYAHOGA, OHIO

**CLEVELAND CLINIC
FOUNDATION**

Edward FitzGerald, County Executive

Ed FitzGerald / ok
2011-10-10 16:23:44

By: _____
Edward FitzGerald, County Executive

By: *Jacqueline Whatley*
Signature

Jacqueline Whatley
Senior Director
Office of Sponsored Research and Programs

Printed Name

Title

8/8/2011

EXHIBIT I

Ryan White Part A Program – Cleveland TGA FY2011 –Conditions of Award

Agency: Cleveland Clinic Foundation

Service Period: March 1, 2011 – February 29, 2012

CORE SERVICE	Original FY2011 Service Award	Amendment #1	Total Service Award \$	Approved Unit Cost/FTE Rate	Conditions of Award	Revised Conditions of Award Effective 7/1/2011
Medical Case Management	\$14,711.00	\$36,984.00	\$ 51,695.00	Cost Reimbursement	Based on .95 FTE for Medical Case Management and 10% administrative costs	Based on .95 FTE for Medical Case Management. All costs must have supporting documentation
Outpatient/Ambulatory Medical Care	\$39,693.00	\$68,307.00	\$108,000.00	Fee Schedule	Fee Schedule based on Medicare/Medicaid rates. Laboratory Testing included in award	
AIDS Pharmaceutical Assistance (local)	\$36,000.00	\$94,000.00	\$130,000.00	Fee Schedule	Fee Schedule based on 340b pricing	
Health Insurance Premium Payments	\$15,132.50	\$21,811.50	\$ 36,944.00	Fee Schedule/Cost Reimbursement	Fee Schedule based on 340b pricing and Medicare Part D co-pay rates. Reimbursement based on .25 FTE and 10% administrative costs.	Fee Schedule based on 340b pricing and Medicare Part D co-pay rates. Reimbursement based on .61 FTE and 4% administrative costs
TOTAL(S):	\$ 105,536.50	\$221,102.50	\$326,639.00			

SUPPORT SERVICE	Original FY2011 Service Award	Amendment #1	Total Service Award \$	Approved Unit Cost/FTE Rate	Conditions of Award
Outreach, effective 9/1/2011	0	\$9,118.00	\$9,118.00	Cost Reim- bursement	Based on .34 FTE for direct staff. All supplies and admin costs must have supporting documentation
Transportation, effec- tive 3/1/2011	n/a	n/a	n/a	n/a	Bus passes and gas cards distributed by Ryan White Part A office to the Provider become the responsibility of the Provider for the tracking, re- porting, distribution, and value of inventory.
TOTAL(S):	\$0	\$9,118.00	\$9,118.00		

Total Contract Amount \$335,757.00

Check all applicable boxes.

☐ **CONTRACTS AWARDED TO INDIVIDUAL, PARTNERSHIP, OTHER UNINCORPORATED BUSINESS, ASSOCIATION (INCLUDING A PROFESSIONAL ASSOCIATION ORGANIZED UNDER CHAPTER 1785), ESTATE, OR TRUST MUST CONTAIN THE FOLLOWING CERTIFICATION:**

- THE INDIVIDUAL
- EACH PARTNER OR OWNER OF THE PARTNERSHIP OR UNINCORPORATED BUSINESS
- EACH SHAREHOLDER OF THE ASSOCIATION
- EACH ADMINISTRATOR OF THE ESTATE
- EACH EXECUTOR OF THE ESTATE
- EACH TRUSTEE OF THE TRUST
- EACH SPOUSE OF ANY OF THE PRECEDING PERSONS
- EACH CHILD SEVEN YEARS TO SEVENTEEN YEARS OF AGE OF ANY OF THE PRECEDING PERSONS
- ANY COMBINATION OF THE PERSONS LISTED ABOVE

- **EACH OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST**
- **EACH SPOUSE OF AN OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST**
- **EACH CHILD SEVEN YEARS TO SEVENTEEN YEARS OF AGE OF AN OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST**
- **ANY COMBINATION OF THE PERSONS LISTED ABOVE**

DATE _____



GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME Cleveland Clinic Foundation			PHONE 216-445-3853	
BUSINESS ADDRESS Office of Sponsored Research and Programs 9500 Euclid Avenue, JJN5				
CITY Cleveland	STATE Ohio	ZIP 44195	COUNTY Cuyahoga	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME Jacqueline Whately			TITLE Senior Director, OSRP	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☒ No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☒ No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☒ No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☒ No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☒ No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? ☐ Yes ☒ No

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above on of this declaration.

APPLICANT'S SIGNATURE X <i>Jacqueline Whately</i>	DATE 8/9/2011
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