

**CONTRACT AMENDMENT
CE1100243-01
AMENDMENT #1**

This amendment to contract dated April 19, 2011 made and entered into this _____ day of _____, 20__ 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 Andrea Putnam ("CONSULTANT") with a principal office located at 12322 Padua Dr. E., North Royalton, OH 44133 for the purpose of providing professional and technical assistance in connection with the Ryan White Part A Program.

1. To amend **Section I. Scope of Services** for the contract period beginning April 1, 2011:
 - 1.a. To amend **Section I. B.1.** to the following: Pre-audit preparation with the COUNTY to review **and update** general program standards **and tools**, quality of care standards and outcome measures.
 - 1.b. To add to **Section 1. B.13** Work with COUNTY to integrate and test Quality Management tools and protocols with client-level data system, HRSA/HAB and service standards of care.
2. To amend **Section II. Term of Contract** as follows:
To extend terms and conditions of the Agreement through February 29, 2012.
3. To amend **Section III. Financial** as follows:
To increase reimbursement by \$24,600.00 in an amount not to exceed \$35,100.00.

See Exhibit #1 for amended payment schedule.

4. Total reimbursement for the contract period not to exceed **\$35,100.00**.

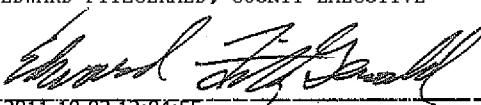
| | |
|-------------------------|---------------------------|
| Original Contract | \$10,500.00 |
| Amendment #1 | \$24,600.00 |
| TOTAL..... | <u>\$35,100.00</u> |

TOTAL.....\$35,100.00

5. 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.
6. All other terms of the contract are hereby reaffirmed.

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

COUNTY OF CUYAHOGA, OHIO
EDWARD FITZGERALD, COUNTY EXECUTIVE

BY: 
2011-10-03 12:04:55
Edward Fitzgerald, County Executive

ANDREA PUTNAM

BY: 
Signature

Andrea Putnam, Consultant
Printed Name and Title

Exhibit I
Amended Payment Schedule
April 1, 2011-February 29, 2012

| Quality Management | Apr Hrs | May Hrs | Jun Hrs | Jul Hrs | Aug Hrs | Sep Hrs | Oct Hrs | Nov Hrs | Dec Hrs | Jan Hrs | Feb Hrs | Tot Hrs |
|--|--------------|--------------|--------------|--------------|-------------------------|------------|--------------|--------------|--------------|--------------|--------------|----------------------|
| Annual Reviews and Reports | | | | | | 6 | 74 | 52 | 33 | 63 | 45 | 273 |
| Follow Up Audits and Reports | 11.5 | 6 | 28 | | | | | | | | | 45.5 |
| Composite Report and PC Presentation | .5 | 2 | 15 | | | | | | | | | 17.5 |
| Provider Training and Technical Assistance | | 10 | 21.5 | | 3 | 2 | | | | | | 36.5 |
| Pre-Audit Preparation – review and update of monitoring tool, standards of care, outcome measures. | 5.5 | | | 25.5 | | | | | | | | 28 |
| Integration and testing of Quality Management tools with client level data system, HRSA/HAB performance measures | | | | | *71 | | | | | | 2 | 2 +*71 |
| Support for the Quality Improvement Committee | .5 | 6 | 14.5 | 2.5 | | 2 | | | | 2 | | 27.5 |
| Total Hours | 18 | 23 | 79 | 26 | 3+ *71 | 10 | 74 | 52 | 33 | 65 | 45 | 430 + *71 |
| Total Cost | 1,260 | 1,610 | 5,530 | 1,960 | *5,000 + 210 | 700 | 5,180 | 3,640 | 2,310 | 4,550 | 3,150 | 35,100 |

* Aug Hrs includes testing of quality management tools for Quality Improvement Committee.

Minimum hours of work will be 71 hours with the total cost not to exceed \$5,000.

CERTIFICATION OF COMPLIANCE WITH SECTION 3517.13 OF THE O.R.C.

Check all applicable boxes.

BUSINESS NAME:

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:

Any contract for goods or services costing more than five hundred dollars must contain a certification by the contracting entity (vendor) that all of the following persons are in compliance with 3517.13(I)(1), limiting campaign contributions to the holder of the public office having the ultimate responsibility for the award of the contract:

- 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

CONTRACTS AWARDED TO A CORPORATION OR BUSINESS TRUST (EXCEPT A PROFESSIONAL ASSOCIATION ORGANIZED UNDER CHAPTER 1785) MUST CONTAIN THE FOLLOWING CERTIFICATION:

Any contract for goods or services costing more than five hundred dollars must contain a certification by the contracting entity (vendor) that all of the following persons are in compliance with 3517.13(J)(1), limiting campaign contributions to the holder of the public office having the ultimate responsibility for the award of the contract:

- 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

It is hereby certified that all of the persons listed above are in compliance with section 3517.13(I)(1) or 3517.13(J)(1) of the Ohio Revised Code, or

IF CONTRACTING ENTITY IS A NONPROFIT CORPORATION ESTABLISHED UNDER ORC CHAPTER 1702, THE UNDERSIGNED CERTIFIES THAT SECTIONS 3517.13(I)(1) AND 3517.13(J)(1) ARE NOT APPLICABLE TO THE CONTRACTING ENTITY.

Andrea Pottham

PRINTED NAME

Andrea Pottham

SIGNATURE

Consultant

TITLE

8/9/11

DATE



GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

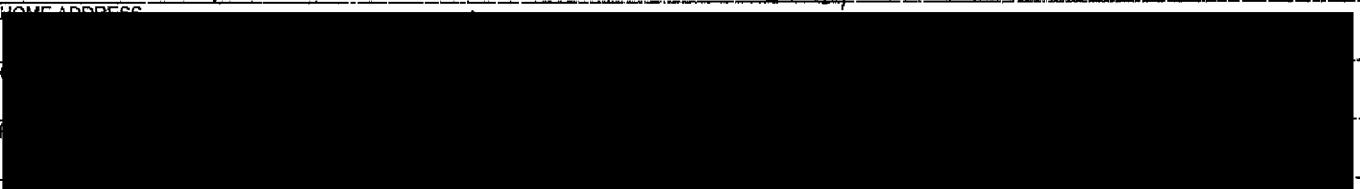
DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

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, and financial services that are in excess of one hundred dollars, as well as 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 <i>PUTNAM</i> | FIRST NAME <i>Andrea</i> | MI <i>F</i> |
| HOME ADDRESS  | | |

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

| | | | |
|---|-------|-------|--------|
| BUSINESS/ORGANIZATION NAME | | PHONE | |
| BUSINESS ADDRESS | | | |
| CITY | STATE | ZIP | COUNTY |
| BUSINESS/ORGANIZATION REPRESENTATIVE NAME | | | TITLE |

DECLARATION

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

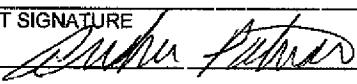
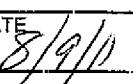
For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
2. 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
3. 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
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
5. 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
6. 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 on page 1 of this declaration.

| | | | |
|-------------------------------------|---|------|---|
| APPLICANT SIGNATURE |  | DATE |  |
| <input checked="" type="checkbox"/> | | | |