

**CONTRACT AMENDMENT  
CE1100228-01  
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 The AIDS Taskforce of Greater Cleveland, Inc. (hereinafter referred to as “**PROVIDER**”), a corporation not-for-profit, with principal offices located at 3210 Euclid Avenue, Cleveland, Ohio.

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

To increase reimbursement by \$ 126,944.00. The total amount of the Contract shall not exceed \$241,944.00

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.....	\$ 115,000.00
Amendment #1.....	<u>126,944.00</u>
<b>TOTAL.....</b>	<b><u>\$241,944.00</u></b>

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**

**AIDS TASKFORCE OF GREATER CLEVELAND, INC.**

Edward FitzGerald, County Executive

2011-10-10 16:23:42

By: \_\_\_\_\_  
Edward FitzGerald, County Executive

By: \_\_\_\_\_  
Signature

\_\_\_\_\_ *TRACY JONES* \_\_\_\_\_  
Printed Name

\_\_\_\_\_ *CEO* \_\_\_\_\_  
Title

# EXHIBIT I

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

Agency: AIDS TASKFORCE OF GREATER CLEVELAND Service Period: March 1, 2011 – February 29, 2012

SUPPORT SERVICE	Original FY2011 Service Award	Amendment #1	Approved Unit Cost/FTE Rate	Revised Ap- prove Unit Cost/FTE Effective 7/1/11	Conditions of Award	Revised Conditions of Award Effective 7/1/11
Housing Services	\$73,880.00	\$83,856.00	\$200.95 per site visit  \$150.00 per sub- sidy	\$219.73 per site visit  \$150.00 per sub- sidy	Subsidy is based RW Part A Housing Guide- lines	
Home Delivered Meals	\$30,097.00	\$32,246.00	Cost Reimburse- ment/Unit Rate	\$6.58 per frozen meal unit  \$21.10 per hot meal unit	Reimbursement based on providing 30 con- sumers/600 units of service per month. Unit rate of \$4.54 per unit for variable costs not included in reim- bursement. Clients must meet medical guidelines.	Unit equals one meal. Hot meals are deliv- ered daily. Frozen meals are delivered weekly.

Medical Transportation	\$11,023.00	\$10,842.00	Cost Reimbursement/Unit Rate	\$36.95 per unit	Reimbursement based on serving 50 consumers/62.5 units per month. Unit rate of \$2.08 per unit for variable costs not included in reimbursement. Clients and van use must meet RW Part A Medical Transportation Guidelines (Effective 3/1/11 - Bus passes and gas cards distributed by Ryan White Part A office to the Provider become the responsibility of the Provider for the tracking, reporting, distribution, and value of inventory.)
<b>TOTAL(S):</b>	<b>\$ 115,000.00</b>	<b>\$126,944.00</b>			

**Total Contract Amount \$241,944.00**



**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		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			PHONE	
The AIDS Taskforce of Greater Cleveland			216 621-0766	
BUSINESS ADDRESS				
3310 Euclid Avenue				
CITY	STATE	ZIP	COUNTY	
Cleveland	Ohio	44115	Cuyahoga	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	
TERRY JONES			CEO	

**DECLARATION**

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

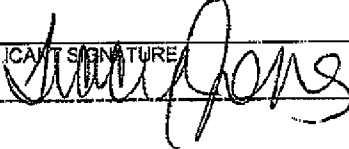
For each question, indicate either "yes," or "no" in the space provided Responses must be truthful to the best of your knowledge

- 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 on page 1 of this declaration.

APPLICANT SIGNATURE X 	DATE 8/19/11
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CERTIFICATION OF COMPLIANCE WITH SECTION 3517.13 OF THE O.R.C.

Check all applicable boxes.

BUSINESS NAME: The AIDS Taskforce of Greater Cleveland

☐ 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 PRECEEDING PERSONS
- EACH CHILD SEVEN YEARS TO SEVENTEEN YEARS OF AGE OF ANY OF THE PRECEEDING 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.

Tracy Jones  
PRINTED NAME

CEO  
TITLE

[Signature]  
SIGNATURE

8/19/11  
DATE