



**STATE OF UTAH**  
**CONTRACT AMENDMENT**

LOG #: 35296

AMENDMENT #: 3

CONTRACT #: 160807

Procurement Type used for Contract: Utah Governmental Entity

**Subject: PFS Svcs LSAA**

(For Division Use Only)

TO BE ATTACHED TO AND MADE A PART OF the above numbered contract by and between the State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health, 195 North 1950 West, Salt Lake City, Utah 84116, referred to as (STATE and/or DHS/DSAMH) and, Tooele County Corporation, 47 S Main Street, Tooele, Utah 84074-2194, referred to as CONTRACTOR.

**PURPOSE OF AMENDMENT:** 1) add funding for SFY17 and SFY18; 2) add language to Attachment B: Utah Department of Human Services' Additional Terms and Conditions "Vendor" Contractors; and 3) Replace the FFY17 DHS Budget Statement form.

**THE PARTIES AGREE TO AMEND THE CONTRACT AS FOLLOWS:**

1. **Contract period:**

7/1/15 (original starting date)  
6/30/20 (current ending date)  
n/a new ending date

2. **Amendment Amount:**

\$118,833.00 (current contract amount)  
\$12,856.00 (amendment amount)  
 (see detail in table below)  
\$131,689.00 New contract amount

3. **Other changes:** (attach other sheets if necessary):

a. Cover page, paragraph 5, "CONTRACT COSTS": Replace the table with the following table:

Service Title / Tracking Code	Subrecipient	Amd #	Funding Period	Funding Source / CFDA #	Funding Amount
PFS Services / PFS	Yes__No_x -	n/a	7/1/15 --- 9/30/15	SPF PFS / 93.243	\$32,981.00
			10/1/15 - 9/30/16		\$32,317.00
		1	5/12/16 - 9/30/16		\$21,218.00
		2	10/1/16 - 9/30/17		\$32,317.00
		3	5/1/17 - 6/30/17		\$2,572.00
			7/1/17 - 9/30/17		\$10,284.00
			<b>Total for Amendment 3</b>		<b>\$12,856.00</b>

b. **ATTACHMENT B. UTAH DEPARTMENT OF HUMAN SERVICES' ADDITIONAL TERMS AND CONDITIONS "VENDOR" CONTRACTORS,...**: Add the following:

3. **AMENDMENTS**: This Contract may only be amended by the mutual written agreement of the parties, with the exception of budget distribution letters. A budget distribution letter signed only by the STATE constitutes an amendment to this Contract. Budget distribution letters shall be issued at the sole discretion of the STATE. Budget distribution letters shall be signed by the STATE and sent to Contractor. Budget distribution letters may increase or decrease funding amounts, but may not decrease funding amounts below an amount that has previously been incurred by Contractor. Budget distribution letters may only be used to amend funding amounts; all other amendments must be by mutual written agreement of the parties. Automatic renewals will not apply to this Contract.

4. Replace Attachment D: FFY17 DHS Budget Statement Form.

5. **Effective Date of Amendment: June 1, 2017**

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

IN WITNESS WHEREOF, the parties sign and cause the amendment to be executed.

**CONTRACTOR**

Wade B. Bitner                      7-26-17  
Contractor's signature                      Date

WADE BITNER - COMMISSION CHAIR  
Type or Print Name and Title

**STATE**

\_\_\_\_\_  
Doug Thomas, Director                      Date  
Division of Substance Abuse and Mental Health

**APPROVED AS TO PROCUREMENT**

By: \_\_\_\_\_  
DHS Purchasing Agent                      Date  
DHS Bureau of Contract Management

**RECEIVED AND PROCESSED BY:**

\_\_\_\_\_  
Sheri Witucki, Contract Analyst                      Date  
State Division of Finance

<u>Ben Reaves</u>	<u>(801) 538-3946</u>	<u>(801) 538-9892</u>	<u>breaves@utah.gov</u>
Agency Contact Person	Telephone Number	Fax Number	Email

DHS BUDGET STATEMENT FORM ATTACHMENT D

Name of Contractor: Tooele County - VBH

BCM Log# 35296

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

FFY17  
Projected Revenue  
Current Year

Name of Individual Preparing Budget: Hal Beckstrand

DHS Contract Specialist: Heather Rydahl, Contracts & Ben Reaves, Program Mgr

	REVENUE SOURCES	TOTAL REVENUES	FUNCTIONAL REVENUE CENTERS								PRIOR YEAR REVENUES
			Allocation of Total Revenues Into Separate Programs								
			A	B	C	D	E	F	G	H	I
1	This Contract (Division/Office of _____ )	45173									
2	Other Contracts this same DHS Division/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	45173	0	0	0	0	0	0	0	0	0
	A	B	C	D	E	F	G	H	I		

Revision Date: April 2007

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DHS BUDGET STATEMENT FORM

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

Name of Contractor: Tooele County - VBH

BCM Log#: 35296

CATEGORY I ADMINISTRATION EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS Allocation of Total Expenses Into Separate Programs								THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES		
		A	B	C	D	E	F	G	H			I	J
1 Salaries *(from salary schedule, page 7)	-												
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													
11 Insurance (property/casualty, auto, professional, etc)													
12 Professional Fees/Contract Services													
13 CATEGORY I TOTAL ADMINISTRATION EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CATEGORY II CAPITAL EXPENDITURES</b> (Equipment costing \$5,000 or more or as determined for financial reporting purposes)													
14 For example: vehicles, buildings, lease improvements													
15 CATEGORY II TOTAL CAPITAL EXPENDITURES	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>A</b>		<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>			

Name of Contractor: Toolee County - VBH

CATEGORY III PROGRAM EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS								THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
		Allocation of Total Expenses Into Separate Programs									
A	B	C	D	E	F	G	H	I	J		
1. Salaries *(from salary schedule, page 7)	-									-	
2. Fringe Benefits (employer taxes, insurance, retirement)											
3. Travel/Transportation											
Mileage	486									486	
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)											
7. Equipment/Furniture (Under \$5,000)											
Rent/Lease											
Repair/Maintenance											
Depreciation											
Other (specify)											
8. SUB TOTAL PAGE 3	486	0	0	0	0	0	0	0	0	486	0
A	B	C	D	E	F	G	H	I	J		

Name of Contractor: Tooele County - VBH

CATEGORY III PROGRAM EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS Allocation of Total Expenses into Separate Programs							THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
		A	B	C	D	E	F	G		
9. Supplies/Maintenance Program Services Food Maintenance Office expenses Other (specify)	800 7000 1600								800 7000 1600	
10. Miscellaneous- Coalition needs, activities, curriculum Printing/Copying Books/Subscriptions Licenses/Permits Taxes Other (specify)	3000 517 1410								3000 517 1410	
11. Conferences/Workshops - See Justification Out of Town Travel, room, meals, etc. Transportation Per Diem Other (specify)	13550 4800 1320 690								13550 4800 1320 690	
12. Insurance										
13. Professional Fees/Contractual Services Sub-Contracts Other (specify) Wendover Match (Facilitator)	10000								10000	
14. Client Cost Direct payments to Clients Payments made in behalf of clients Other (specify)										
15. SUB TOTAL PAGE 4	44687	0	0	0	0	0	0	0	44687	0
16. CATEGORY III TOTAL (PROGRAM EXPENSES)	45173	0	0	0	0	0	0	0	45173	0
17. TOTAL EXPENSES (CATEGORIES I, II, III)	45173	0	0	0	0	0	0	0	45173	0
	A	B	C	D	E	F	G	H	I	J

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: Tooele County - VBH

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)
<b>Category I Administration Expenses</b> Total administration expenses may not exceed 25% of total program expenses (Category III)	
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 Coalition Support-	
9. Miscellaneous	
10. Conferences/Workshops	
11. Insurance (property/casualty, auto, professional, etc)	
12. Professional Fees/Contract Services	
<b>Category II--Capital Expenditures</b>	

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EXPENSE CATEGORY Category III Program Expenses	JUSTIFICATION BASIS - ALLOCATION PLAN (Explain how the expenses were determined)
1. Salaries	
2. Fringe Benefits	
3. Travel/Transportation	Mileage
4. Space Cost	
5. Utilities	
6. Communications	
7. Equipment/Furniture (not capitalized or depreciated)	
Page 4	
9. Supplies/Maintenance Coalition Support-	Food for SAPST Training 3 Days X 12 People
10. Miscellaneous	Prime For Life Books
11. Conferences/Workshops	Youth Coalition Training 15 Youth, NPN Conference 3 People X 4 Days,
12. Insurance	Prime For Life Instructor Training 3 People X 2 Nights
13. Professional Fees/Contract Services	To Hire a Coalition Coordinator in Wendover.
14. Client Costs	



