



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS
Executive Director

OFFICE OF FISCAL OPERATIONS
JENNIFER C. EVANS
Director

BUREAU OF CONTRACT MANAGEMENT
STEPHANIE M. CASTRO
Director

Vendor No.: 18704G
Commodity Code No.: 95262000000

Log No.: 25682
Governmental Entity

Contract No.: 110039

Subject: Family Resource Facilitator
(For Division Use Only)

AMENDMENT #1

TO BE ATTACHED TO AND MADE A PART OF the above numbered Contract by and between the following Division, Office or Unit of the Utah Department of Human Services ("DHS"): Division of Substance Abuse and Mental Health, 195 North 1950 West, Salt Lake City, Utah 84116 (which may be referred to as "DHS" or "DHS/DSAMH");

AND

Name: Tooele County Corporation
Address: 47 South Main Street
Tooele, Utah 84074-2194

A Governmental Entity (referred to as the "Contractor").

PURPOSE OF AMENDMENT: 1) To extend the end date of the contract; 2) add \$8,808.00 in funding for FY12; 3) replace the rate table; and 4) add FY2012 Budget forms.

The parties agree to amend the Contract as follows:

1. Part I, Section A, #2, a. "Contract Period": Change to read:
"This Contract is effective as of **July 1, 2010** and terminates on **June 30 2012**, unless..."
2. Part I, Section A, #5, paragraph titled "Actual Services/Approved Budget":
Replace with the following: "DHS/DSAMH" shall pay the Contractor not more than **\$8,808.00 for the period of July 1, 2010 – June 30, 2011, \$8,808.00 for the period of July 1, 2011 – June 30, 2012** for providing the services required pursuant to this Contract. Payments for each period of funding ("funding period") identified above shall be based on the Contractor's approved budget for that funding period and its documented costs incurred during that same period. Funding does not carry over from one funding period to the next. Any funds not expended by the end of the funding period for which they were allocated shall lapse and the Contractor shall have no further claim to the same.

3. Part IV, #2, a. "Rates": Replace rate table with the following:

Service Title / Tracking Code	Amend. #	Funding Period	Funding Source	Amendment Funding Amount
Family Resource Facilitation / FRF	n/a	7/1/2010-6/30/2011	MHBG	\$ 8,808.00
	1	7/1/2011-6/30/2012	MHBG	\$ 8,808.00

4. Part VI, Section B "Budget Forms": Add attached FY2012 budget forms.

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

AUTHORITY OF PERSON SIGNING FOR THE CONTRACTOR: The Contractor represents that the person who has signed this Amendment on behalf of the Contractor has full legal authority to bind the Contractor and to execute this Amendment.

CONTRACTOR HAS NOT ALTERED THIS AMENDMENT: By signing this Amendment, the Contractor represents that it has not in any way altered the language or provisions in the Amendment, and that this Amendment contains exactly the same provisions that appeared in this document and its exhibits when DHS originally sent it to the Contractor.

IN WITNESS WHEREOF, the parties sign and cause this amendment to be effective July 1, 2011.

CONTRACTOR

By: Colleen Johnson
 Type or print name: COLLEEN JOHNSON
 Title/Position: COMMISSION CHAIR
 Tooele County Corporation
 Date: 7 MAR 2011

DHS/DSAMH

By: Lana Stohl
 Lana Stohl, Director
 Division of Substance Abuse and Mental Health
 Date: 3-10-2011

RECEIVED AND PROCESSED

CONTRACT RECEIVED AND PROCESSED BY
 By: Sheri Witucki
 Sheri Witucki, Contract Analyst
 State Division of Finance
 Date: MAR 15 2011

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health - Tooele

Name of Individual Preparing Budget: Hal Beckstrand

(Projected Revenue Current Year)

DHS Contract Specialist:

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

REVENUE SOURCES	TOTAL REVENUES	FUNCTIONAL REVENUE CENTERS					PRIOR YEAR REVENUES
		Allocation of Total Revenues into Separate Programs					
		Family Resource Facilitator					
1 This Contract (Division/Office of DHS)	8808	8808					0
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	8808	8808	0	0	0	0	0
A	B	C	D	E	F	G	H
							I

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: Valley Mental Health - Tooele

CATEGORY I ADMINISTRATION EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS Allocation of Total Expenses into Separate Programs						THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
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	
CATEGORY II CAPITAL EXPENDITURES (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	
A	B	C	D	E	F	G	H	I	J

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health - Tooele

CATEGORY III PROGRAM EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS Allocation of Total Expenses into Separate Programs						THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
		Family Resource Facilitator							
1. Salaries *(from salary schedule, page 7)	7935	7935					7935	0	
2. Fringe Benefits (employer taxes, insurance, retirement)									
3. Travel/Transportation									
Mileage	873	873					873		
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	8808	8808	0	0	0	0	8808	0	
A	B	C	D	E	F	G	H	J	

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health - Tooele

CATEGORY III PROGRAM EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS						THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
		Allocation of Total Expenses into Separate Programs							
9. Supplies/Maintenance Program Services Food Maintenance Office expenses Other (specify)									
10. Miscellaneous Printing/Copying Books/Subscriptions Licenses/Permits Taxes Other (specify)									
11. Conferences/Workshops Out of Town Travel, room, meals, etc. Transportation Per Diem Other (specify)									
12. Insurance									
13. Professional Fees/Contractual Services Sub-Contracts Other (specify)									
14. Client Cost Direct payments to Clients Payments made in behalf of clients Other (specify)									
15. SUB TOTAL PAGE 4	0	0	0	0	0	0	0	0	0
16. CATEGORY III TOTAL (PROGRAM EXPENSES)	8808	8808	0	0	0	0	0	8808	0
17. TOTAL EXPENSES (CATEGORIES I, II, III)	8808	8808	0	0	0	0	0	8808	0
A	B	C	D	E	F	G	H	I	J

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: Valley Menatl Health - Tooele

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)
<p>Category I - Administration Expenses Total administration expenses may not exceed 25% of total program expenses (Category III)</p> <ol style="list-style-type: none"> 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 9. Miscellaneous 10. Conferences/Workshops 11. Insurance (property/casualty, auto, professional, etc) 12. Professional Fees/Contract Services 	
<p>Category II - Capital Expenditures</p>	

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: Valley Mental Health - Tooele

JUSTIFICATION BASIS - ALLOCATION PLAN (Explain how the expenses were determined)

Category III - Program Expenses

1. Salaries
The entire contract amount will be used to hire a Case Manager, whose salary will be approximately, \$31k, this contract will help offset a portion of this individuals salary.

2. Fringe Benefits
This covers mileage of 1587 mi. at \$.55 per mile.

3. Travel/Transportation

4. Space Cost

5. Utilities

6. Communications

7. Equipment/Furniture (not capitalized or depreciated)

Page 4

9. Supplies/Maintenance

10. Miscellaneous

11. Conferences/Workshops

12. Insurance

13. Professional Fees/Contract Services

14. Client Costs

DHS SALARY SCHEDULE FORM

Name of Contractor: Valley Mental Health, Incorporated - Tooele

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

NAME	TITLE	TOTAL SALARY	TOTAL ADMIN SALARY	%	This Contract ADMIN SALARY	%	TOTAL PROGRAM SALARY	%	This Contract PROGRAM SALARY	%
To be determined	Case Manager	7935	0	0	0	0	7935	100	7935	100
TOTALS	B	7935	-	-	-	-	7935	100	7935	100
A			D		E		F		G	
			Total to page 2 Line 1, column B		Total to page 2 Line 1, column I		Total to page 3, Line 1, column B		Total to page 3, Line 1, column I	

*Indicate Part Time Employees

Revision Date: April 2007