



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

**TOOELE COUNTY CORPORATON**  
**CONTRACT # 17-04-02**

**LOG #: 34392**

**AMENDMENT #: 2**

**CONTRACT #: 160807**

*Procurement Type used for Contract:* **Utah Governmental Entity**

**Subject: PFS**

*(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, 47S Main Street, Tooele, Utah 84074-2194, referred to as CONTRACTOR.

**PURPOSE OF AMENDMENT:** To 1) add \$32,317.00 in funding for FFY17; 2) replace the rate table; and 3) add the FFY17 DHS Budget Statement forms.

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

**1. Contract period:**

07/01/2015 (original starting date)  
06/30/2020 (current ending date)  
N/A new ending date

**2. Amendment Amount:**

\$86,516.00 (current contract amount)  
\$32,317.00 (amendment amount) For funding period 10/1/16-9/30/17 (see detail in table below)  
\$118,833.00 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 / Catalog of Federal Domestic Assistance (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

4. Add Attachment E: FFY17 DHS Budget Statement forms.

5. **Effective Date of Amendment:** November 15, 2016

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Department of Human Services' Contract between Division of Substance Abuse and Mental Health and Tooele County Corporation

**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 Bitner      10 FEB 2017  
Contractor's signature      Date

WADE BITNER Commissioner  
Type or Print Name and Title

**STATE**

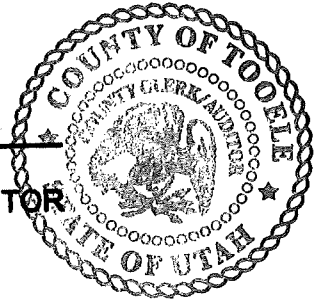
Doug Thomas      2/27/17  
Doug Thomas, Director      Date  
Division of Substance Abuse and Mental Health

**RECEIVED AND PROCESSED BY:**

Sheri Witucki, Contract Analyst      FEB 28 2017  
State Division of Finance      Date

**ATTEST:**

Marilyn K. Gillette  
**MARILYN K. GILLETTE**  
**TOOELE COUNTY CLERK/AUDITOR**



<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

BCM Log#: 34392  
 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: Trevor Higgins / Hal Beckstrand  
 DHS Contract Specialist: Ray Winger, 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 _____)	32317							
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	32317	0	0	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: Tooele County - VBH

BCM Log#: 34392

CATEGORY I ADMINISTRATION EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS						THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES
		Allocation of Total Expenses into Separate Programs							
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
<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
<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>

CATEGORY III PROGRAM EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS							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											
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	0	0	0	0	0	0	0	0	0	0	0
A	B	C	D	E	F	G	H	I	J		

CATEGORY III PROGRAM EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS						PRIOR YEAR CONTRACT EXPENSES	
		Allocation of Total Expenses into Separate Programs							
9. Supplies/Maintenance Program Services- Coalition Support activities- Grantsville Food- SAPST Spring training /Grantsville Town Hall Maintenance Office expenses Other (specify)	800 7000 1000							800 7000 1000	
10. Miscellaneous- Coalition Website Printing/Copying Books/Subscriptions Licenses/Permits Taxes Other (specify)	3000 517							3000 517	
11. Conferences/Workshops - CADCA-NYLI, CTC training Out of Town Travel, room, meals, etc. Transportation Per Diem Other (specify)	10000							10000	
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	32317	0	0	0	0	0	0	32317	0
16. CATEGORY III TOTAL (PROGRAM EXPENSES)	32317	0	0	0	0	0	0	32317	0
17. TOTAL EXPENSES (CATEGORIES I, II, III)	32317	0	0	0	0	0	0	32317	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>

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)
<p><b>Category I Administration Expenses</b>                      Total administration expenses may not exceed 25% of total program expenses (Category III)</p> <ol style="list-style-type: none"> <li>1. Salaries</li> <li>2. Fringe Benefits</li> <li>3. Travel/Transportation</li> <li>4. Space Cost</li> <li>5. Utilities</li> <li>6. Communications</li> <li>7. Equipment/Furniture (not capitalized or depreciated)</li> <li>8. Supplies/Maintenance Coalition Support-</li> <li>9. Miscellaneous</li> <li>10. Conferences/Workshops</li> <li>11. Insurance (property/casualty, auto, professional, etc)</li> <li>12. Professional Fees/Contract Services</li> </ol>	
<p><b>Category II--Capital Expenditures</b></p>	

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EXPENSE CATEGORY	JUSTIFICATION BASIS -- ALLOCATION PLAN (Explain how the expenses were determined)
<b>Category III Program Expenses</b>	
1. Salaries	
2. Fringe Benefits	
3. Travel/Transportation	
4. Space Cost	
5. Utilities	
6. Communications	
7. Equipment/Furniture (not capitalized or depreciated)	
Page 4	
9. Supplies/Maintenance Coalition Support-	<p><u>Seeking To purchase equipment for the Wendvoer Prevention Group Facilitator Tooele County coalitions have requested funds to help supplement evidence base programming for their programs, namely: guiding good choices,, Lifeskills classes, Social Skills, Internshp program</u></p>
10. Miscellaneous	
11. Conferences/Workshops	<p><u>WPG members to attend CTC training / CADCA leadership workshop in 2017.</u></p>
12. Insurance	
13. Professional Fees/Contract Services	<p><u>To Hire a Coalition Coordinator in Wendover.</u></p>
14. Client Costs	



DHS SALARY SCHEDULE FORM

Name of Contractor: Tooele County - VBH

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

BCM Log#: 34392

NAME	TITLE	TOTAL SALARY	TOTAL ADMIN. SALARY	%	This Contract ADMIN SALARY	%	TOTAL PROGRAM SALARY	%	This Contract PROGRAM SALARY	%
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
<b>TOTALS</b>		-	-	-	-	-	-	-	-	-
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>		<b>E</b>		<b>F</b>		<b>G</b>	
		Total to page 2 Line 1, column B	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