# HEALTH AND HUMAN SERVICES COMMISSION CONTRACT NO. HHS000229300002 AMENDMENT NO. 2

The Health and Human Services Commission ("System Agency") and Henderson County Help Center ("Grantee"), each a "Party" and collectively the "Parties," desire to amend the Sexual Risk Avoidance Education Contract, (the "Contract"), with the terms and conditions contained in this Amendment.

WHEREAS, the Parties wish to exercise the renewal option contained in Section III DURATION and renew the Contract for the period October 1, 2020, through September 30, 2021; and,

**WHEREAS**, the Parties desire to modify Contract Section IV ACTIVITIES FUNDED UNDER THIS CONTRACT, as described herein; and,

WHEREAS, the Parties desire to modify Contract Section V BUDGET by adding funds to the Contract for the performance of services during the term of this Amendment.

**Now, THEREFORE**, the Parties hereby amend the Contract as follows:

1. **SECTION III DURATION of** the Contract is amended to include the following:

This Amendment will be effective on October 1, 2020, and terminate on September 30, 2021, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. System Agency, at its sole discretion, may extend this Contract for any period(s) of time, provided the Contract term, including all extensions or renewals, does not exceed five years.

2. SECTION IV ACTIVITIES FUNDED UNDER THIS CONTRACT is amended to include the following:

**GRANTEE** will serve 1850 clients during the period beginning October 1, 2020 and ending September 30, 2021 ("Fiscal Year 2021").

- 3. **SECTION V BUDGET** is amended to include the following:
  - A. The not-to-exceed amount of this contract for Fiscal Year 2021 is \$342,209, as stated in the budget documents contained in **FORM I-2**. The *total* not-to-exceed amount for the Contract is \$1,711,045.
  - B. Grantee must receive prior approval in writing from System Agency before:
    - i. Making any changes to the Budget or budget categories;
    - ii. Purchasing a website or advertisement/promotional materials; or
  - iii. Purchasing Information Technology equipment or services (examples include but are not limited to desktops computers, laptop computers and projectors).

4. **SECTION VI REPORTING REQUIREMENTS, SECTIONS G, K, L, and M,** are hereby deleted and replaced with the following:

## G. Contingency Plan for Staff Vacancies

- G-1: Grantee must submit a Contingency Plan to the System Agency using the System Agency-provided template to ensure continuity of services in the event of key staff vacancies exceeding ten (10) calendar days. Grantee must submit Contingency Plan to System Agency within seven (7) business days following the tenth calendar day absence of a key staff member.
- G-2: The Contingency Plan must include:
  - G-2.1: Key staff assigned to carry out the daily contract operations, including their duties and responsibilities;
  - G-2.2: Personnel that are assigned to carry out the duties and responsibilities of the absentee staff member; and
  - G-2.3: Description of pertinent training and qualifications of the replacement staff member for the functions he/she will perform.

# **K.** Service Learning Narrative

- K-1: Grantee must submit a narrative for all Service Learning projects no later than October 3, 2021.
  - K-1.1: Each narrative must include detailed information regarding the benefits or positive outcomes of the Service Learning projects and include pictures of the project or event.

### L. Monthly Reporting Requirements

- L-1: Grantee must submit a Monthly Progress Report to System Agency on the fifth business day of the month for the immediately preceding month.
  - L-1.1: The Monthly Progress Report must include:
    - L-1.1.1: Progress Report Counts, including the number of clients by age group who completed a curriculum during that reporting period;
    - L-1.1.2: Progress Report Summary, including details of services provided and extent to which Grantee met or exceeded program goals for the monthly period; and
    - L-1.1.3: Outreach Activities a detailed summary of outreach activities performed during non-instructional periods.

# M. Semi-annual Reporting Requirements

- M-1: Grantee must submit the following Program Forms to the System Agency by April 3, 2021 and November 3, 2021:
  - M-1.1: Form A identifies the total number of Unduplicated Clients Served;
  - M-1.2: Form B identifies the total number of class hours provided to teens or adults;
  - M-1.3: Form C identifies the total number of clients served who successfully completed the selected program; and
  - M-1.4: Form D identifies the geographical areas in which the Grantee has provided services.
- 5. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in effect.
- 6. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

# SIGNATURE PAGE FOR: HHSC CONTRACT NO. HHS000229300002 AMENDMENT NO. 2

### HEALTH & HUMAN SERVICES COMMISSION HENDERSON COUNTY HELP CENTER

By: Du Bulgwater

Name: Dee Budgewater

Dee Budgewater

Name: Leslie Saunders

Title: Deputy Executive Commissioner

Date of Signature: September 23, 2020

Date of Signature: September 22, 2020

THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE CONTRACT:

- > Attachment A: Form I-2: Budget Summary
- ➤ Attachment B: FY 2021 Program Certification
- > Attachment C: Data Use Agreement v 8.5
- > Attachment D: Curriculum Implementation Plan
- > Attachment E: Contact Person Information Form

# HHSC Program Budget

	HHSC Program Budget	am	Fiscal Year 2019 Budge of School	DocuSign Envelo
	BUDGET SUM	JDGET SUMMARY PAGE		pe II
Legal Business Name:	Henderson County HELP Center			D: 3
City:	City: Athens			011
Contract Period:	Contract Period: October 1, 2020 to September 30, 2021	, 2021		1D7
200				7D-7
	Cost Category	HHSC Contract E		'AD
	Personnel	\$ 64,012.00		)A-4
	Fringe Benefits	\$ 14,819.00		1B3
	Travel	\$ 13,608.00		-8D5
	Contractual	\$ 213,000.00		58-C
	Equipment			F143
	Supplies	\$ 15,000.00		BF0A
	Other	\$ 21,770.00		B5E
	Indirect Cost	\$		0
, , ,	TOTAL	\$ 342,209.00		
Contractor Authorized Signature Authority	ignature Authority			
			77/2020	
Signature		Date		
Leslie Saunders , Executive Director	ve Director			
Printed Name & Title of Signature Authority	ignature Authority			
HHSC Contract Manager Approval	r Approval			
Signature		Date		