

**STATE OF MINNESOTA
PROFESSIONAL AND TECHNICAL SERVICES
CONTRACT AMENDMENT**

Contract Start Date:	<u>9/2/14</u>	Total Contract Amount:	<u>\$ 116,600.00</u>
Original Contract Expiration Date:	<u>6/30/15</u>	Original Contract:	<u>\$ 132,017.00</u>
Current Contract Expiration Date:	<u>n/a</u>	Previous Amendment(s) Total:	<u>\$0</u>
Requested Contract Expiration Date:	<u>n/a</u>	This Amendment:	<u>\$ (\$15,417.00)</u>

This amendment is by and between the State of Minnesota, acting through the Minnesota Insurance Marketplace [a/k/a MNSure] ("State") and NorthPoint Health and Wellness ("Grantee"), an independent Grantee, not an employee of the State of Minnesota.

Recitals

1. The State has a contract with the Contractor identified as SWIFT Contract Number 82942, executed 9/2/2014, ("Original Contract"), for community education and outreach services in order to carry out exchange functions described in 45 Code of Federal Regulations, section 155.205.
2. The Original Contract is being amended to update the Grantee budget attachment and reduce the total grant obligation amount.
3. The State and the Contractor are willing to amend the Original Contract as stated below.
4. In the revisions below, all text is marked with strikethrough (i.e., "~~strikethrough~~") is deleted from the Original Contract and all text that is marked with underline (i.e., "underline") is added to the Original Contract.

Contract Amendment

REVISION 1. Section II.A ["Consideration and Terms of Payment"] is amended as follows:

II. CONSIDERATION AND TERMS OF PAYMENT.

A. Consideration for all services performed and goods or materials supplied by GRANTEE pursuant to this grant shall be paid by the STATE as follows:

1. Compensation shall be consistent with the Program Line Item Budget, which is incorporated into and made a part of the contract as Appendix B1 B: Summary Budget.

Any overrun must be communicated in writing to the STATE. For any overrun on line items in Appendix B, except in the Personnel or Direct Network Costs line items, the GRANTEE may shift up to ten percent (10%) of a budgeted line item amount without prior STATE approval. Any revisions exceeding ten percent (10%) of a line item, and all adjustments increasing the Personnel or Direct Network Costs line items, can be done on the budget revision form, which is available from the STATE. Amendments are required to add a budget line item, extend the end date, and increase the total grant award, pursuant to clause II of this grant.

2. Reimbursement for travel and subsistence expenses actually and necessarily incurred by GRANTEE'S performance of this grant contract shall be no greater amount than provided in the current Commissioner's Plan (which is incorporated by reference) promulgated by the Commissioner of Minnesota Management and

Budget. GRANTEE shall not be reimbursed for travel and subsistence expense incurred outside the State of Minnesota unless it has received prior written approval for such out of state travel from the STATE.

3. The total obligation of the STATE for all compensation and reimbursements to GRANTEE shall not exceed one hundred, sixteen thousand, and six hundred dollars (\$116,600.00) ~~one hundred, thirty two thousands, and seventeen dollars (\$132,017.00).~~
4. (If applicable.) For compensation payable under this grant contract, which is subject to withholding under state or federal law, appropriate amounts will be deducted and withheld by the State as required.

Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.

1. **STATE ENCUMBRANCE VERIFICATION**

Individual certifies that funds have been encumbered as required by Minnesota Statute § 16A.15.

Signed: Doraburns

Printed Name: Dora Burns

Date: 4-14-15

SWIFT Work Order Contract No.: 82942

2. **NorthPoint Health and Wellness**

The Grantee certifies that the appropriate person has executed the contract on behalf of the Contractor as required by applicable articles, bylaws, resolutions, or ordinances.

Signed: Kimberly Spates

Printed Name: Kimberly Spates

Title: Chief Operations Officer

Date: 4-8-2015

3. **MINNESOTA INSURANCE MARKPETPLACE (MNsure)**

Signed: Katherine Burns
(with delegated authority)

Printed Name: KATHERINE BURNS

Title: Chief Operating Officer

Date: 4/14/15



Appendix B1: Summary Budget

Budget Year: 2014-15

Start Date: September 1, 2014

End Date: June 30, 2015

Lead Agency Name:

NorthPoint Health & Wellness Center, Inc.

Network Partner Organization Name(s):

*Lead agencies: fill in your organization name and all of your partner organizations.
 Partner organizations: fill in the lead agency's name and only your organization's name.*

Line	Budget Category Direct Costs Totals	Total Proposed Costs
1	Personnel Costs	\$107,400.00
2	Consultant & Contractor Costs	
3	Equipment Costs	\$5,953.00
4	Supply Costs	\$2,845.00
5	Travel Costs	\$402.00
6	Other Direct Costs	
7	Direct Network Costs	
8	Total Direct Costs	\$116,600.00