AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Amendment to Memorandum of Understanding between Rocky Mountain Health Plans Foundation and Gunnison County Health and Human Services; Extension of Term Date; 7/1/14 thru 6/30/15

Action Requested: County Manager Signature

Parties to the Agreement: BOCC & Rocky Moutain Health Plans Foundation (RMHPF)

Term Begins: July 1, 2014 **Term Ends:** 6/30/2015 **Grant Contract #:**

Summary:
This is amendment to the original previously approved MOU from Jan to June 2014 for Baby & Me Tobacco Free (BMTF) work. Funding for BMTF from CDPHE has been approved to continue from July 1, 2014 to June 30,2015.Therefore RMHPF desires to extend the MOU to June 30, 2015.

Fiscal Impact: $8,000

Submitted by: C Worrall **Submitter's Email Address:** cworrall@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

This is a renewal Agreement. It is included in the county budget. No match funds included.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 9/19/2014

County Attorney Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 9/18/2014 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 9/19/2014

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 10/7/2014 Follow Up Agenda Date:

Revised April 2013

Amendment
To
Memorandum Of Understanding Between
Rocky Mountain Health Plans Foundation
and Gunnison County Health and Human Services

Rocky Mountain Health Plans Foundation (RMHPF) and Gunnison County Health and Human Services (Agency) are parties to a Memorandum of Understanding (MOU) under which Agency implements and supports the Baby & Me Tobacco Free Program (BMTF Program) as described in the MOU for the period January 1, 2014 through June 30, 2014.

Funding for the BMTF Program from the Colorado Department of Public Health and Environment (CDPHE) has been approved to continue from July 1, 2014 through June 30, 2015.

Therefore, RMHPF and Agency desire to extend the term of the MOU through June 30, 2015 as follows:

1. Agency hereby agrees to continue to fulfill its duties and obligations with regard to the BMTF Program as described in the MOU through and including June 30, 2015.

2. RMHPF hereby agrees to continue to fulfill its duties and obligations with regard to the BMTF Program as described in the MOU through and including June 30, 2015.

3. RMHPF will pay Agency compensation of up to $8,000 for the Agency's fulfilling its duties and obligations with regard to the BMTF Program as described in the MOU for the twelve 12 month period of July 1, 2014 through June 30, 2015. RMHPF will pay the Agency upon submission by the Agency of an invoice of actual expenses at the end of each quarter during the 12 month period.

4. Except as set forth in this Amendment, all terms, covenants and conditions of the MOU shall remain in full force and effect.

5. This Amendment is effective as of July 1, 2014.

_____
by

Signature: _____
Print Name: _____
Title: _____
Street Address: _____
City, State, Zip: _____
Date: _____

Rocky Mountain Health Plans Foundation
by

Signature: Lisa Fenton Free
Lisa Fenton Free, Executive Director
2775 Crossroads Blvd
Grand Junction CO 81506
Date: December 12, 2013

Please sign 2 copies, keep a copy for your records and return a copy to Martha.Jones@rmhp.org (preferable), fax to 970-244-7970, or mail:
Martha Jones, Grant Coordinator, Rocky Mountain Health Plans Foundation,
2775 Crossroads Blvd., Grand Junction CO 81506, Phone and fax: 970-244-7970

Rocky Mountain Health Plans Foundation (RMHPF)

How to use the Budget with Justification Form

General Instructions:

The purpose of the Budget with Justification Form is to give you the chance to explain how your agency plans to use funds provided for you to implement Baby & Me - Tobacco Free in your agency during the contract period. Expenses should be consistent with your Work Plan and within the scope of the program. Budget requests and staffing need to be aligned and provide a consistent, logical picture of what is to be accomplished, by whom, and the associated costs. In the event that this alignment does not occur, we will contact you for clarification.

The information contained in each expenditure category helps us understand how you plan to use your allowance. Please provide narrative for each category in the "Description of Work" or the "Description of Item" section.

The form is an Excel worksheet that includes instructions in various cells that can be viewed by hovering the computer mouse over the cells. The instructions below give additional guidance.

Contact Information

Complete the top portion of the form by providing your Agency Name, general administrative contact for your agency, lead contact for the Baby & Me - Tobacco Free program and fiscal contact (person who will submit budget and invoices.).

Personal Services

You are not allowed to bill two different programs for staff time. Please be sure you not "double-dipping" e.g. billing Medicaid as well as BMTF for the same time.

When filling out the Personal Services expenditure category, information in all 8 columns should appear:

Column 1: Position Title and/or Employee Name

Examples: Executive Director, Jane Smith; Nurse Practioner, Mary Johnson; Finance Director, John Williams

Column 2: Description of Work

Use the *Description of Work* column of the budget template to address the role and expected contribution of budgeted personnel. The time commitment of each individual, expressed in FTE for a year, should be justified as a reasonable estimate for the work to be performed. The salaried amount for 6 months will be automatically calculated. For hourly employees, please include hourly rate, number of hours **budgeted for the 6 month period,** and number of months budgeted.

Columns 3-5: Gross or Annual Salary / Fringe / Percent of FTE on Project

Enter the gross or annual salary, fringe, and Percent of FTE on project for each person.

For example: A full-time salaried employee is paid $42,000 a year; their fringe benefits rate is 22%; they plan to spend approximately 10% of their time on the project. Their total contribution to the Work Plan is calculated as follows:

$42,000 = annual salary
$42,000 x .22 = $9,240 fringe
$42,000 + $9,240 = $51,240.00
$51,240 x .10 = $5,124.00

ENTER ON FORM:
Gross Annual Salary: $42,000
Fringe: $9,240
Percent FTE: 40%

For hourly employees, your calculation should be based on the number of hours they plan to work on the Work Plan **DURING THE 12 MONTH PERIOD.**

For example: An hourly employee is paid $15/hour with 20% benefits (which would include vacation); their time on the project will be for 10 hours/week for 50 weeks. Their total contribution to the Work Plan is calculated as follows:

10 hours/week x 50 weeks = 500 Hours
$15 hour x 500 hours = $7,500

ENTER ON FORM:
Hourly Rate: $15
Fringe: $3.00/hour (at 20%)
# of Hours: 500
Total: $9,000 (this automatically calculates)

Column 7: Match or In-Kind

Reporting match and in-kind allows us to understand the total cost of completing the work proposed in the Work Plan. For example, cost may include the contribution of program administrators' time (i.e., an Executive Director, Nursing Director, or Program Manager's time). Please do enter in-kind if you are not charging all expenses so we can determine how much this program actually cost your agency to administer.

Column 8: Total Amount Requested from RMHPF
This column should reflect the amount of your budget you plan to use for Salaried and Hourly Personal services to implement Baby & Me Tobacco Free for July 1, 2014 to June 30, 2015.

Total Personal Services (including fringe benefits)

This row should show the totals for each columns and reflect the total amount of Personal Services costs you are requesting from RMHPF.

Supplies & Operating Expenses

Supplies and operating expenses may include, but are not limited to office supplies, educational materials for women you serve through the BMTF program, copying and postage. With adequate justification, equipment such as a copier or computer could be included. However, our assumption is that your agency was able to obtain any needed equipment in the first year of this program. Additional equipment will be considered on a case by case basis. Use the *Description of Item* column to describe the rationale, necessity and reasonableness of the operational costs budgeted. Consider the possibility of purchasing additional CO monitoring equipment if needed, but discuss needs first with Laurie Adams, the National BMTF Executive Director. **If you are including an program supplies for the women enrolled in the program, the total amount must be limited to $25 per person.** Laurie Adams will provide some options for items you could order with the BMTF logo -- at a very reasonable cost so if you want to just list a total amount for now, that is acceptable. Please note that RMHPF is providing all CO monitor supplies for FY15, including supplies for any monitors you may have purchased in FY14 with your allocated funds.

Column 6: Match or in kind
This column should reflect all match and in-kind contributions for each item related to supplies and operating expenses to successfully complete the Work Plan.

Column 7: Total Amount Requested from CDPHE
This column should reflect the amounts for Supplies and Operating Expenses you are requesting from RMHPF.

Total Supplies & Operating Expenses

This row should total the amounts for Match or In-Kind and the total of the Supplies & Operating Expenses you are requesting from RMHPF.

Travel

This expenditure category should include all travel expenses. Generally, the only travel you should incur for this project is for the training. However, some staff do incur approved local travel in the course of implementing the program. Please separate lodging and meals, mileage, airfare, and other travel costs associated with the training. If you incur other travel expenses, such as mileage to client residence, please describe. Agencies should have established policies for reimbursmenet of travel expenses and should treat all funds from RMHPF in accordance with those policies.

Lodging - Lodging costs should be reasonable and follow the travel policies established by your agency/organization.
Meals - Budgeting with the current government per diem rates published on the U.S. General Services Administration (GSA) website is strongly recommended. Current per diem rates can be found at: http://www.gsa.gov/portal/category/21287
Mileage - Mileage may be reimbursed per the agency's policy or at the current U.S. government rate.
Airfare - Airfare may be budgeted for travel only at the coach rate.

Column 6: Match or in kind

This column should reflect all match and in-kind contributions to the project needed to successfully complete the Work Plan.

Column 7: Total Amount Requested from RMHPF

This column should reflect the total amount for travel expenses you are requesting from RMHPF

Total Travel Expenses

This row should total the amounts for Match or In-Kind and the total of the Travel Expenses you are requesting from RMHPF.

SUB-TOTAL BEFORE INDIRECT

This row should total the amount of all Direct Costs you are requesting from RMHPF.

Indirect

Please note that Indirect Costs may not be charged to RMHPF as part of this contract. However, we would like to capture all costs you incur associated with this program and recommend that you list these as In-Kind costs This expenditure category should include all Indirect or Administrative expenses. Indirect Costs are those that have been incurred for common or joint objectives and cannot be easily linked to a particular program or objective in the Work Plan. Indirect Cost rates are expressed as a percentage.

NOTE: Operational expenses that support your specific program and can be identified, yet are not included in an agency's Indirect Cost rate agreement, may be directly charged in the "Supply and Operating" category. An example would be printing costs you can track and clearly identify as associated with this program.

Column 1: Item

In listing your indirect costs you may use either **(1)** your agency's Federal or CDPHE-negotiated Indirect Cost Rate, or **(2)** in the absence of a negotiated plan you may use your agency's Indirect Cost Rate Plan, limited to 10% of total direct costs.

TOTAL OF MATCH OR IN-KIND

This row should total the amounts of Match or In-Kind expenses.

TOTAL

This row should be the TOTAL of all expenses you have budgeted from RMHPF for your project. **It may not include any Indirect Costs. The total should not exceed the amount you have been allocated for July 1, 2014 - June 30, 2015.**

ROCKY MOUNTAIN HEALTH PLANS FOUNDATION
Baby & Me - Tobacco Free
Subcontractor Budget
July 1, 2014 - June 30, 2015 (FY15)

Subcontractor Agency Name	Gunnison County Department of Health and Human Services
Budget Period	July 1, 2014 - June 30, 2015
Project Name	Baby & Me - Tobacco Free

Agency Director or Contracting Lead Name, Title, Phone and Email	Carol Worrall, RN, BSN Director of Public Health 970.641.7912 cworrall@gunnisoncounty.org
BMTF Lead Contact Name, Title, Phone and Email	Kim Bemis, Health Educator 970.641.7911 kbemis@gunnisoncounty.org
Fiscal Contact Name, Title, Phone and Email	Jane Wyman, Senior Accountant 970.641.7671 jwyman@gunnisoncounty.org
Agency Address	225 N Pine St. Suite E Gunnison, CO 81230
Agency Mailing Address (if different)	

Expenditure Categories						
Personal Services						
Salaried Employees		**Gross or Annual Salary**	**Fringe ($$, not %)**	**Percent of Time on Project**	**Match or In-Kind in $$ (If Applicable)**	**Total Amount Requested from RMHPF**
Position Title/Employee Name	**Description of Work**					
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
Hourly Employees		**Hourly Wage**	**Hourly Fringe ($$, not %)**	**Total # of Hours on Project for 12 months**	**Match or In-Kind (If Applicable)**	**Total Amount Requested from RMHPF**
Position Title/Employee Name	**Description of Work**					
Kim Bemis	BMTF Coordinator	$25.25	$6.96	228.80		$7,370
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
Total Personal Services (including fringe benefits)				**0%**	**$0**	**$7,370**
Supplies & Operating Expenses						
Item	**Description of Item**		**Rate**	**Quantity**	**Match or In kind (if applicable)**	**Total Amount Requested from RMHPF**

ROCKY MOUNTAIN HEALTH PLANS FOUNDATION
Baby & Me - Tobacco Free
Subcontractor Budget
July 1, 2014 - June 30, 2015 (FY15)

Subcontractor Agency Name	Gunnison County Department of Health and Human Services
Budget Period	July 1, 2014 - June 30, 2015
Project Name	Baby & Me - Tobacco Free

Agency Director or Contracting Lead Name, Title, Phone and Email	Carol Worrall, RN, BSN Director of Public Health 970.641.7912 cworrall@gunnisoncounty.org
BMTF Lead Contact Name, Title, Phone and Email	Kim Bemis, Health Educator 970.641.7911 kbemis@gunnisoncounty.org
Fiscal Contact Name, Title, Phone and Email	Jane Wyman, Senior Accountant 970.641.7671 jwyman@gunnisoncounty.org
Agency Address	225 N Pine St. Suite E Gunnison, CO 81230
Agency Mailing Address (if different)	

Education and Promotion	Brochures, Posters, Media,				$150
Photocopy	Patient Materials				$20
Office Supplies	Miscellaneous office supplies/postage				$299
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
			Total Supplies & Operating Expenses	**$0**	**$469**
Travel					
Item	**Description of Item**	**Rate**	**Quantity**	**Match or In kind (if applicable)**	**Total Amount Requested from CDPHE**
Travel	Meetings with providers/patients/staff	0.56	287.5		$161
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
			Total Travel	**$0**	**$161**
				SUB-TOTAL	**$8,000**

ROCKY MOUNTAIN HEALTH PLANS FOUNDATION
Baby & Me - Tobacco Free
Subcontractor Budget
July 1, 2014 - June 30, 2015 (FY15)

Subcontractor Agency Name	Gunnison County Department of Health and Human Services
Budget Period	July 1, 2014 - June 30, 2015
Project Name	Baby & Me - Tobacco Free

Agency Director or Contracting Lead Name, Title, Phone and Email	Carol Worrall, RN, BSN Director of Public Health 970.641.7912 cworrall@gunnisoncounty.org
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Agency Address	225 N Pine St. Suite E Gunnison, CO 81230
Agency Mailing Address (if different)	

Indirect **NOTE: Indirect Costs may not be charged to RMHPF for this program. However, agencies are encouraged to list their indirect costs as In Kind.**			
Item	**Description of Item**	**Match or In kind $$**	**Indirect Costs May Not Be Charged to RMHPF**
Negotiated Indirect cost rate (Federal or CDPHE)			**NA**
Indirect (other): please list specific indirect/administrative costs if no rate exists			**NA**
	Total Indirect	**$0**	**NA**
	TOTAL MATCH OR IN KIND	**$0**	**NA**
		TOTAL	**$8,000**

Total should equal amount of agency's allocation for July 1, 2014 - June 30, 2015.