AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Contract Amendment #3; CDPHE; Opioid Reduction

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County and CDPHE

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Grant funding from CDPHE for Opioid use reduction

Fiscal Impact:

Submitted by: Randy Morgan **Submitter's Email Address:** rmorgan@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

Will have to include increase in budget. No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 9/13/2019

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

Comments:

Reveiwed by: GUNCOUNTY1\mhoyt Discharge Date: 9/13/2019 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 9/13/2019

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 9/17/2019

Revised April 2015

CONTRACT AMENDMENT #3

SIGNATURE AND COVER PAGE(S)

State Agency : **Colorado Department Of Public Health and Environment** **4300 Cherry Creek Drive South** **Denver, CO 80246**	Original Contract Number **18 FAAA 97464**
Contractor **Board of County Commissioners of Gunnison County** **(a political subdivision of the state of Colorado)** **200 East Virginia Avenue** **Gunnison, Colorado 81230-2297** **for the use and benefit of the** **Gunnison County Department of Health and Human Services** **225 North Pine Street, Suite E** **Gunnison, Colorado 81230-2333**	Amendment Contract Number **2019*0246 Amendment #3**
Contract Performance Beginning Date : **The later of the Effective date or November 1, 2019**	Current Contract Expiration Date : **June 30, 2020**

CONTRACT MAXIMUM AMOUNT TABLE

Document Type	Contract Number	Federal Funding Amount	State Funding Amount	Other Funding Amount	Term (dates)	Total
Original Contract	18 FAAA 97464	$15,726.00	$58,608.37	$0.00	07/01/2017 - 06/30/2018	$74,334.37
Amendment #1	19 FAAA 107448	$15,726.00	$58,814.00	$0.00	07/01/2018 - 06/30/2019	$74,540.00
Amendment #2	2019*0246 Amendment #2	$15,726.00	$59,425.00	$0.00	07/1/2019 - 06/30/2020	$75,151.00
Amendment #3	2019*0246 Amendment #3	$0.00	$4,704.34	$0.00	11/1/2019 - 06/30/2020	$4,704.34
					Current Contract Maximum Cumulative Amount	$228,729.71

THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

CONTRACTOR Board of County Commissioners of Gunnison County (a political subdivision of the state of Colorado) for the use and benefit of the Gunnison County Department of Health and Human Services _____ _____ By: Print Name & Title Date: _____	**STATE OF COLORADO** Jared S. Polis, Governor **Colorado Department Of Public Health and Environment** Jill Hunsaker Ryan, MPH Executive Director _____ By: Lisa McGovern, Procurement and Contracts Section Director, CDPHE Date: _____
PROGRAM APPROVAL Colorado Department of Public Health and Environment Anne-Marie Braga Director of Office of Planning, Partnerships and Improvement By: _____ Signature of Authorized CDPHE Program Approver Date:_____	In accordance with §24-30-202 C.R.S., this Amendment is not valid until signed and dated below by the State Controller or an authorized delegate. **STATE CONTROLLER** **Robert Jaros, CPA, MBA, JD** By:_____ David Norris, Controller, CDPHE Amendment Effective Date:_____

1. PARTIES

This Amendment (the "Amendment") to the Original Contract shown on the Signature and Cover Page for this Amendment (the "Contract") is entered into by and between the Contractor, and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown under the State Controller Signature. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after of the Amendment term shown in **§3.B** of this Amendment.

B. Amendment Term

The Parties' respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown under the State

Controller Signature or **November 1, 2019**, whichever is later and shall terminate on the termination of the Contract or **June 30, 2020**, whichever is earlier.

4. PURPOSE

The Parties entered into the agreement to Provide support for public health services, as established by the State Board of Health pursuant to §25-1-503(1), C.R.S. and in accordance with Section §25-1-512 C.R.S. and Section §24-75.1104.5 (1.5) (a) (IV) C.R.S. The district public health agency shall participate in assessment and planning efforts at the state, regional, and local level facilitated by the Office of Planning of Partnerships. These efforts shall include maintaining and improving local capacity to provide services as established by the State Board of Health.

The Parties now desire to increase funding and change Statement of Work for the following reason: to address opioid and other substance use through public health interventions per Senate Bill 19-228.

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

A. The Contract Maximum Amount is deleted and replaced with the Current Contract Maximum Amount shown on the Signature and Cover Page for this Amendment.

A. The Amendment and all prior amendments thereto, if any, are modified as follows:

i. The Parties now agree to modify Exhibit: J, Budget of the agreement. Exhibit J is deleted and replaced in its entirety with Revised Exhibit J To add opioid funds to the Local Planning and Support Amount column.

ii. The Parties now agree to add Section: Primary Activity #2, to Work Plan Part A. Local Core Public Health Services, on Page 1 of Revised Exhibit I.

iii. The Parties now agree to add Section: Standards and Requirements #7, to Work Plan Part A. Local Core Public Health Services, on Page 2 of Revised Exhibit I.

iv. The Parties now agree to add Section: Expected Results of Activity(s) #3, to Work Plan Part A. Local Core Public Health Services, on Page 2 of Revised Exhibit I.

6. LIMITS OF EFFECT AND ORDER OF PRECEDENCE

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

STATEMENT OF WORK
To Original Contract Routing Number 18 FAAA 97464
Routing Number 2019*0246 Amendment #3

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. **Project Description:**

Local public health agencies are essential to the provision of quality and comprehensive public health services throughout the state and are critical partners with the Colorado Department of Public Health and Environment in maintaining a strong public health system. Each local public health agency shall assure the provision of Core Public Health Services within their jurisdiction. The scope of the provision of each Core Public Health Service is determined at the local level, and may differ across agencies based on community needs, priorities, funding and capacity. The Office of Planning, Partnerships and Improvement and the local public health agency are accountable in assuring state moneys are being used effectively to provide Core Public Health Services.

II. **Definitions:**

1. CDPHE: Colorado Department of Public Health and Environment
2. CDS: CYSHCN Data System
3. CFPS: Child Fatality Prevention System
4. CRS: Case Reporting System
5. CYSHCN: Children and Youth with Special Health Care Needs
6. FTP: File Transfer Protocol
7. HCP: Program for Children and Youth with Special Health Care Needs
8. MCH: Maternal and Child Health
9. SUID: Sudden Unexpected Infant Death

III. **Work Plan:**

A. Local Core Public Health Services

Goal #1: Strengthen Colorado's public health system by ensuring core public health services are available statewide.	
Objective #1: No later than the expiration of the contract, the contractor shall provide support for Core Public Health Services.	
Primary Activity #1	The Contractor shall provide or assure the provision Core Public Health Services within their jurisdiction.
Sub-Activities #1	1. The Contractor shall comply with the *Core Public Health Services Rule 6 CCR 1014-7* and Colorado State Board of Health Rules 6 CCR 1010-7, 6 CCR 1010-6. These documents are incorporated and made part of this contract by reference and is available on the following website http://www.sos.state.co.us/CCR/NumericalDeptList.do.
Primary Activity #2	The Contractor shall prepare reports.
Sub-Activities #2	1. The Contractor shall prepare at least four (4) compliance progress summaries. 2. The Contractor shall prepare an annual report.
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates. CDPHE will send notification when updates are made. 2. The Contractor shall participate in assessment and planning efforts at the state, regional and local level facilitated by the Office of Planning, Partnerships and Improvement. The

	Contractor shall utilize the Colorado Health Assessment and Planning System (CHAPS) guidance as a technical assistance resource for all activities. These efforts shall assist in defining the core services delivery appropriate to meet local needs and in identifying strategies to improve local health outcomes. This information is located on the CDPHE local public health and environmental resources website https://www.colorado.gov/cdphe-lpha and is incorporated and made part of this contract by reference. 3. The Contractor shall be guided by *Colorado Minimum Quality Standards for Public Health Services 6CCR 1014-9*. This document is incorporated and made part of this contract by reference and is available on the following website: http://www.sos.state.co.us/CCR/Welcome.do. 4. The Contractor shall conduct or assure that regulatory inspections and regulatory compliance for schools and child care facilities in accordance with state laws, regulations and standards are completed. This information is located on the CDPHE Division of Environmental Health and Sustainability website https://www.colorado.gov/cdphe-lpha and is incorporated and made part of this contract by reference. 5. The Contractor shall contribute funding for its local health services as determined necessary by the Contractor to meet their local health needs. 6. CDPHE will compile data that has been provided by the Contractor to other CDPHE programs to verify services provided or assured. 7. The Contractor shall be guided by Colorado Opioid Overdose Prevention Guidance. This document is incorporated and made part of this contract by reference and is available on the following website: https://www.colorado.gov/pacific/cdphe-lpha/resources-core-service	
Expected Results of Activity(s)	1. Increase or maintain core public health services within the Contractor's jurisdiction to meet local needs. 2. Complete inspections and assure regulatory compliance in child care facilities and schools in proportion with the resources and funding available to each of these programs. 3. Address opioid and other substance use priorities through the implementation of evidence based interventions and prevention activities that address local substance use priorities.	
Measurement of Expected Results	1. Data provided in the Contractor annual report provides evidence of the services provided or assured through another local public health agency and how these core services are funded. Additional data is provided at the program level to CDPHE. 2. School and child care inspection data is provided in the Contractor's quarterly inspection data and compliance progress summary via email provides evidence of the services provided or assured.	
		Completion Date
Deliverables	1. The Contractor shall submit an annual report electronically to the Administrative Manager in a format provided by the Office of Planning, Partnerships and Improvement. 2. If not using the State's digital database, the Contractor shall submit a quarterly inspection data and compliance progress summary via email in a format provided by the Division of Environmental Health and Sustainability (DEHS).	No later than April 30 No later than October 31, January 31, April 30, and June 30

B. Maternal and Child Health Services

Goal #1: Optimize the health and well-being of mothers and children by employing primary prevention and early intervention public health strategies.

Objective #1: No later than the expiration of the contract, the Contractor shall identify and address maternal and child health needs within their county jurisdiction to improve the health and well-being of mothers and children.	
Primary Activity #1	The Contractor shall implement evidence-based strategies to improve maternal and child health.
Sub-Activities #1	1. The Contractor shall select one or more of the identified MCH priorities on which to focus. 2. The Contractor shall complete the electronic MCH and HCP Annual Report and Planning Form, including identification of selected priority(ies) and strategy(ies) to be implemented. 3. The Contractor shall meet with internal partners to identify ongoing areas of alignment between MCH and local public health improvement plan strategies, with the goal of accelerating the achievement of mutual objectives. 4. The Contractor shall implement activities to impact the MCH priority indicated on the electronic MCH and HCP Annual Report and Planning Form. 5. Contractors receiving less than $40,000 in MCH funding shall participate in a minimum of two progress check in calls with their MCH Consultant. Contractors receiving more than $40,000 in MCH funding shall participate in a minimum of two progress check in calls and participate in an additional consultation opportunity with their MCH consultant. 6. The Contractor shall complete the MCH portion of the Office of Planning, Partnerships, and Improvement's Local Planning and Support Annual Report.
Primary Activity #2	The Contractor shall provide information and resources for community partners and families of children and/or youth with special health care needs, within their agreed upon jurisdiction.
Primary Activity #3	The Contractors receiving less than $40,000 and selecting HCP on their electronic MCH and HCP Annual Report and Planning Form, or Contractors receiving greater than $40,000 in MCH Block Grant Funding, shall implement HCP, a Program for Children and Youth with Special Health Care Needs, within their agreed upon jurisdiction.
Sub-Activities #3	1. The Contractor shall conduct outreach to community organizations to establish connections and strengthen referral systems with HCP. 2. The Contractor shall provide the HCP model of care coordination as outlined in the HCP policies and guidelines. 3. Contractors receiving greater than $40,000 in MCH funding shall participate in HCP statewide meetings via webinar every other month as scheduled. 4. The Contractor shall participate in a progress check-in call with their HCP consultant to review their annual electronic MCH and HCP Annual Report and Planning Form..
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor's work shall be guided by the MCH priority local action plans that correspond with their selected priorities. This information is located on the MCH website www.mchcolorado.org and incorporated and made part of this contract by reference. 3. The Contractor shall comply with HCP policies and guidelines, if HCP is selected on the electronic MCH and HCP Annual Report and Planning Form. This information is located on the HCP website http://www.hcpcolorado.org and incorporated and made part of this contract by reference. 4. The Contractor shall use the electronic MCH and HCP Annual Report and Planning Form provided by the Office of Planning, Partnerships and Improvement.

Expected Results of Activity(s)	Improve the health status and address the needs of the maternal and child health population within the Contractor's jurisdiction.	
Measurement of Expected Results	The expected results will be measured based on selections made to the electronic MCH and HCP Annual Report and Planning Form. All listed expected results may not apply. 1. Performance toward MCH objectives (Objective 1) shall be measured through completion of the MCH portion of the Office of Planning, Partnerships and Improvement's Local Planning and Support Contract electronic annual report. 2. The Contractor meets at least 75% of their information and resource target as calculated in their electronic MCH and HCP Annual Report and Planning Form. . 3. The Contractor meets at least 75% of their care coordination target as calculated in their electronic MCH and HCP Annual Report and Planning Form. 4. Data contained in CDS provides evidence of the children and/or youth provided with HCP care coordination services.	
		Completion Date
Deliverables	1. The Contractor shall complete and submit the electronic MCH and HCP Annual Report and Planning Form for the next contract period.	No later than June 1

C. Child Fatality Prevention System

Goal #1: Reduce the number of child deaths in Colorado due to the following causes: undetermined, unintentional injury, homicide, motor vehicle incidents, child abuse and neglect, sudden unexpected infant deaths (SUID), and suicide.	
Objective #1: No later than the expiration date of this Contract, the Contractor shall conduct individual, case-specific, multidisciplinary reviews of child fatalities assigned to the local child fatality prevention review team.	
Primary Activity #1	The Contractor shall conduct individual, case-specific, multidisciplinary reviews of child fatalities assigned to the local team based on coroner jurisdiction.
Sub-Activities #1	1. The Contractor shall conduct individual, case-specific, multidisciplinary reviews of child fatalities assigned to the local team based on coroner jurisdiction. 2. The Contractor shall gather case records from the coroner's office, law enforcement agencies, county department of human services, hospitals, and other agencies for each child fatality assigned to the local team. 3. The Contractor shall abstract critical data from case records and enter the data into the National Center for Fatality Review and Prevention's Case Reporting System (CRS) for each child fatality assigned to the local team. 4. The Contractor shall develop case summaries for the purpose of completing the "Narrative" section (Section O) of the National Center for Fatality Review and Prevention's CRS for each child fatality assigned to the local team. 5. The Contractor shall coordinate and facilitate local team meetings with multidisciplinary local team members to conduct individual, case-specific reviews of child fatalities for the purpose of discussing and identifying prevention recommendations in the "Prevention Initiatives Resulting from the Review" section (Section L) of the National Center for Fatality Review and Prevention's CRS. 6. No later than two (2) months after reviewing a child fatality, the Contractor shall complete data entry for Sections A-O and click "Data entry completed for this case" (in Section P) of the National Center for Fatality Review and Prevention's CRS for each child fatality assigned to the local team.
Objective #2: No later than the expiration date of this Contract, the Contractor shall participate in statewide efforts to implement the Colorado Child Fatality Prevention System (CFPS).	
Primary Activity #1	The Contractor shall promote evidence-based injury and violence prevention strategies.

Sub-Activities #1	1. The Contractor shall provide input and vote on state-level prevention recommendations to be prioritized by the CFPS State Review Team for the CFPS annual legislative report. 2. The Contractor shall apply a public health approach to identify trends and patterns of child fatalities using state and local team data reports. 3. The Contractor shall apply a public health approach to identify prevention strategies and systems improvements to implement at the local level. 4. The Contractor shall implement evidence-based child fatality prevention strategies and system improvements at the local level. 5. The Contractor shall share information on any prevention strategies and system improvements that are promoted and implemented at the local level.
Primary Activity #2	The Contractor shall participate in training opportunities facilitated by CFPS support staff at CDPHE.
Sub-Activities #2	1. The Contractor shall attend any local team training hosted by CFPS State Support Team at CDPHE. 2. The Contractor shall participate in web-based trainings facilitated by CFPS support staff at CDPHE.
Primary Activity #3	The Contractor shall participate in statewide evaluation of the Colorado CFPS and complete state-level data collection tools and surveys.
Sub-Activities #3	1. The Contractor shall complete and submit the CFPS Local Team Survey when administered.
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the Contract term. The Contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor shall comply with the Child Fatality Prevention Act C.R.S. 25-20.5-404-409. This document is incorporated and made part of this contract by reference and is available on the following website http://www.sos.state.co.us/CCR/Welcome.do. 3. The Contractor shall adhere to processes and policies outlined in the *Colorado Child Fatality Prevention System (CFPS): An Introduction to the System* to conduct individual, case-specific review of fatalities, identify prevention recommendations, and enter information regarding the child fatality into the National Center for Fatality Review and Prevention's CRS. This document is incorporated and made part of this contract by reference and is available on the following website http://www.cochildfatalityprevention.com/p/cfps-operations-manual.html. 4. Reviewable child fatalities include one or more of the following causes: undetermined causes, unintentional injury, homicide, motor vehicle incidents, child abuse/neglect, sudden unexpected infant death (SUID), and suicide. 5. The Contractor shall maintain access and ensure the local team coordinator has login credentials to the FTP Website and the National Center for Fatality Review and Prevention's CRS. This website content is incorporated and made part of this contract by reference and is accessible at https://data.ncfrp.org. 6. CDPHE will assign child fatalities for review to the Contractor based on coroner jurisdiction using the FTP Website on a weekly basis. This website content is incorporated and made part of this contract by reference and is accessible at https://secft2.dphe.state.co.us/thinclient/Login.aspx. 7. The Contractor shall complete individual, case-specific, multidisciplinary reviews and data entry of child fatalities in the National Center for Fatality Review and Prevention's CRS. 8. CDPHE will conduct quality assurance checks as defined on the CFPS website on the data entered into the National Center for Fatality Review and Prevention's CRS for child fatalities reviewed by the Contractor. This information is incorporated and made part of this

	contract by reference and is available on the following website http://www.cochildfatalityprevention.com/. 9. The Contractor shall request technical assistance and training from the CFPS State Support Team at CDPHE by completing and submitting an online form. This form is incorporated and made part of this contract by reference and is available on the following website http://www.cochildfatalityprevention.com/p/contact-cfps-staff.html. 10. CDPHE will analyze and aggregate child fatality data and disseminate this data to the Contractor in local team data reports and on the online CFPS Data Dashboard. In addition, CDPHE will provide information and resources for evidence-based injury and violence prevention strategies and will make this information available on the CFPS website. This information is incorporated and made part of this contract by reference and is accessible at http://www.cochildfatalityprevention.com/. 11. The Contractor shall incorporate information from the CFPS website on acceptable and approved uses of funding for child fatality, injury, and violence prevention strategies when implementing local prevention strategies. 12. The Contractor shall share information on local level prevention strategies and system improvements. 13. The Contractor shall notify the CFPS State Support Team at CDPHE within thirty (30) calendar days of a change of the local team coordinator responsible for the performance of services provided under this contract. 14. Travel may be required from time to time by CDPHE. The Contractor shall attend meetings as requested by CDPHE.
Expected Results of Activity(s)	1. Improved understanding of child fatality data in Colorado including circumstances, risk and protective factors, trends, and patterns surrounding child deaths. 2. Identification of evidence-based prevention recommendations to prevent future child fatalities from occurring in Colorado. 3. Implemented and evaluated child fatality prevention strategies at the state and local levels.
Measurement of Expected Results	1. Sections A-O of the National Center for Fatality Review and Prevention's CRS will be completed for 100% of child fatalities that occurred in Colorado and meets CFPS' review criteria within the local team's jurisdiction. 2. Increased number of prevention strategies implemented at the state and local levels as documented in the CFPS annual report, the CFPS Local Team Survey, and through prevention stories.

		Completion Date
Deliverables	1. The Contractor shall complete entry of all child fatality data into the National Center for Fatality Review and Prevention's CRS for each child fatality case assigned to the local team by the CFPS State Support Team at CDPHE.	No later than January 1
	2. The Contractor shall complete entry of all child fatality data into the National Center for Fatality Review and Prevention's CRS for each child fatality case assigned to the local team by the CFPS State Support Team at CDPHE.	No later than two months after conducting the child fatality review meeting.
	3. The Contractor shall submit the web-based CFPS Local Team Survey administered by the CFPS State Support Team at CDPHE.	No later than June 30
	4. The Contractor shall provide input and vote on state-level prevention recommendations via a web-based survey provided by the CFPS State Support Team at CDPHE.	No later than April 15
	5. The Contractor shall share information about any prevention strategies that are promoted and implemented at the local level as requested by the CFPS State Support Team at CDPHE.	No later than September 30; January 31; and May 31

	6. The Contractor shall submit progress reports via email to the CFPS State Support Team at CDPHE.	No later than November 30 and April 30

D. **Monitoring:**
CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the Office of Planning, Partnerships and Improvement's Contract Monitor. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports, site visits and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

E. **Resolution of Non-Compliance:**
The Contractor will be notified in writing within **(7)** calendar days of discovery of a compliance issue. Within **(30)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and timeline for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the timeline, the Contractor must email a request to the Contract Monitor and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure timelines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.

BUDGET
To Task Order - Contract Routing Number 18 FAAA 97464
Routing Number 2019*0246 Amendment #3

I. Entity Name: Gunnison County Department of Public Health and Human Services

II. Budget:

Quarter	Local Planning and Support Amount	Maternal Child Health Amount	Child Fatality Prevention Amount	**TOTAL Payment**
July 1 through September 30, 2019	$13,981.25	$3,931.50	$875.00	**$18,787.75**
October 1 through December 31, 2019	~~$13,981.25~~ $15,549.37	$3,931.50	$875.00	~~**$18,787.75**~~ **$20,355.87**
January 1 through March 31, 2020	~~$13,981.25~~ $15,549.36	$3,931.50	$875.00	~~**$18,787.75**~~ **$20,355.86**
April 1 through June 30, 2020	~~$13,981.25~~ $15,549.36	$3,931.50	$875.00	~~**$18,787.75**~~ **$20,355.86**
Total	~~$55,925.00~~ $60,629.34	$15,726.00	$3,500.00	~~**$75,151.00**~~ **$79,855.34**

CONTRACT AMENDMENT #3

SIGNATURE AND COVER PAGE(S)

State Agency : **Colorado Department Of Public Health and Environment** **4300 Cherry Creek Drive South** **Denver, CO 80246**	Original Contract Number **18 FAAA 97464**
Contractor **Board of County Commissioners of Gunnison County** **(a political subdivision of the state of Colorado)** **200 East Virginia Avenue** **Gunnison, Colorado 81230-2297** **for the use and benefit of the** **Gunnison County Department of Health and Human Services** **225 North Pine Street, Suite E** **Gunnison, Colorado 81230-2333**	Amendment Contract Number **2019*0246 Amendment #3**
Contract Performance Beginning Date : **The later of the Effective date or November 1, 2019**	Current Contract Expiration Date : **June 30, 2020**

CONTRACT MAXIMUM AMOUNT TABLE

Document Type	Contract Number	Federal Funding Amount	State Funding Amount	Other Funding Amount	Term (dates)	Total
Original Contract	18 FAAA 97464	$15,726.00	$58,608.37	$0.00	07/01/2017 - 06/30/2018	$74,334.37
Amendment #1	19 FAAA 107448	$15,726.00	$58,814.00	$0.00	07/01/2018 - 06/30/2019	$74,540.00
Amendment #2	2019*0246 Amendment #2	$15,726.00	$59,425.00	$0.00	07/1/2019 - 06/30/2020	$75,151.00
Amendment #3	2019*0246 Amendment #3	$0.00	$4,704.34	$0.00	11/1/2019 - 06/30/2020	$4,704.34
					Current Contract Maximum Cumulative Amount	$228,729.71

THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

CONTRACTOR Board of County Commissioners of Gunnison County (a political subdivision of the state of Colorado) for the use and benefit of the Gunnison County Department of Health and Human Services _____ _____ By: Print Name & Title Date: _____	**STATE OF COLORADO** Jared S. Polis, Governor **Colorado Department Of Public Health and Environment** Jill Hunsaker Ryan, MPH Executive Director _____ By: Lisa McGovern, Procurement and Contracts Section Director, CDPHE Date: _____
PROGRAM APPROVAL Colorado Department of Public Health and Environment Anne-Marie Braga Director of Office of Planning, Partnerships and Improvement By: _____ Signature of Authorized CDPHE Program Approver Date:_____	In accordance with §24-30-202 C.R.S., this Amendment is not valid until signed and dated below by the State Controller or an authorized delegate. **STATE CONTROLLER** **Robert Jaros, CPA, MBA, JD** By:_____ David Norris, Controller, CDPHE Amendment Effective Date:_____

1. PARTIES

This Amendment (the "Amendment") to the Original Contract shown on the Signature and Cover Page for this Amendment (the "Contract") is entered into by and between the Contractor, and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown under the State Controller Signature. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after of the Amendment term shown in **§3.B** of this Amendment.

B. Amendment Term

The Parties' respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown under the State

Controller Signature or **November 1, 2019**, whichever is later and shall terminate on the termination of the Contract or **June 30, 2020**, whichever is earlier.

4. PURPOSE

The Parties entered into the agreement to Provide support for public health services, as established by the State Board of Health pursuant to §25-1-503(1), C.R.S. and in accordance with Section §25-1-512 C.R.S. and Section §24-75.1104.5 (1.5) (a) (IV) C.R.S. The district public health agency shall participate in assessment and planning efforts at the state, regional, and local level facilitated by the Office of Planning of Partnerships. These efforts shall include maintaining and improving local capacity to provide services as established by the State Board of Health.

The Parties now desire to increase funding and change Statement of Work for the following reason: to address opioid and other substance use through public health interventions per Senate Bill 19-228.

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

A. The Contract Maximum Amount is deleted and replaced with the Current Contract Maximum Amount shown on the Signature and Cover Page for this Amendment.

A. The Amendment and all prior amendments thereto, if any, are modified as follows:

i. The Parties now agree to modify Exhibit: J, Budget of the agreement. Exhibit J is deleted and replaced in its entirety with Revised Exhibit J To add opioid funds to the Local Planning and Support Amount column.

ii. The Parties now agree to add Section: Primary Activity #2, to Work Plan Part A. Local Core Public Health Services, on Page 1 of Revised Exhibit I.

iii. The Parties now agree to add Section: Standards and Requirements #7, to Work Plan Part A. Local Core Public Health Services, on Page 2 of Revised Exhibit I.

iv. The Parties now agree to add Section: Expected Results of Activity(s) #3, to Work Plan Part A. Local Core Public Health Services, on Page 2 of Revised Exhibit I.

6. LIMITS OF EFFECT AND ORDER OF PRECEDENCE

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

STATEMENT OF WORK
To Original Contract Routing Number 18 FAAA 97464
Routing Number 2019*0246 Amendment #3

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. **Project Description:**

Local public health agencies are essential to the provision of quality and comprehensive public health services throughout the state and are critical partners with the Colorado Department of Public Health and Environment in maintaining a strong public health system. Each local public health agency shall assure the provision of Core Public Health Services within their jurisdiction. The scope of the provision of each Core Public Health Service is determined at the local level, and may differ across agencies based on community needs, priorities, funding and capacity. The Office of Planning, Partnerships and Improvement and the local public health agency are accountable in assuring state moneys are being used effectively to provide Core Public Health Services.

II. **Definitions:**

1. CDPHE: Colorado Department of Public Health and Environment
2. CDS: CYSHCN Data System
3. CFPS: Child Fatality Prevention System
4. CRS: Case Reporting System
5. CYSHCN: Children and Youth with Special Health Care Needs
6. FTP: File Transfer Protocol
7. HCP: Program for Children and Youth with Special Health Care Needs
8. MCH: Maternal and Child Health
9. SUID: Sudden Unexpected Infant Death

III. **Work Plan:**

A. Local Core Public Health Services

Goal #1: Strengthen Colorado's public health system by ensuring core public health services are available statewide.	
Objective #1: No later than the expiration of the contract, the contractor shall provide support for Core Public Health Services.	
Primary Activity #1	The Contractor shall provide or assure the provision Core Public Health Services within their jurisdiction.
Sub-Activities #1	1. The Contractor shall comply with the *Core Public Health Services Rule 6 CCR 1014-7* and Colorado State Board of Health Rules 6 CCR 1010-7, 6 CCR 1010-6. These documents are incorporated and made part of this contract by reference and is available on the following website http://www.sos.state.co.us/CCR/NumericalDeptList.do.
Primary Activity #2	The Contractor shall prepare reports.
Sub-Activities #2	1. The Contractor shall prepare at least four (4) compliance progress summaries. 2. The Contractor shall prepare an annual report.
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates. CDPHE will send notification when updates are made. 2. The Contractor shall participate in assessment and planning efforts at the state, regional and local level facilitated by the Office of Planning, Partnerships and Improvement. The

	Contractor shall utilize the Colorado Health Assessment and Planning System (CHAPS) guidance as a technical assistance resource for all activities. These efforts shall assist in defining the core services delivery appropriate to meet local needs and in identifying strategies to improve local health outcomes. This information is located on the CDPHE local public health and environmental resources website https://www.colorado.gov/cdphe-lpha and is incorporated and made part of this contract by reference. 3. The Contractor shall be guided by *Colorado Minimum Quality Standards for Public Health Services 6CCR 1014-9*. This document is incorporated and made part of this contract by reference and is available on the following website: http://www.sos.state.co.us/CCR/Welcome.do. 4. The Contractor shall conduct or assure that regulatory inspections and regulatory compliance for schools and child care facilities in accordance with state laws, regulations and standards are completed. This information is located on the CDPHE Division of Environmental Health and Sustainability website https://www.colorado.gov/cdphe-lpha and is incorporated and made part of this contract by reference. 5. The Contractor shall contribute funding for its local health services as determined necessary by the Contractor to meet their local health needs. 6. CDPHE will compile data that has been provided by the Contractor to other CDPHE programs to verify services provided or assured. 7. The Contractor shall be guided by Colorado Opioid Overdose Prevention Guidance. This document is incorporated and made part of this contract by reference and is available on the following website: https://www.colorado.gov/pacific/cdphe-lpha/resources-core-service	
Expected Results of Activity(s)	1. Increase or maintain core public health services within the Contractor's jurisdiction to meet local needs. 2. Complete inspections and assure regulatory compliance in child care facilities and schools in proportion with the resources and funding available to each of these programs. 3. Address opioid and other substance use priorities through the implementation of evidence based interventions and prevention activities that address local substance use priorities.	
Measurement of Expected Results	1. Data provided in the Contractor annual report provides evidence of the services provided or assured through another local public health agency and how these core services are funded. Additional data is provided at the program level to CDPHE. 2. School and child care inspection data is provided in the Contractor's quarterly inspection data and compliance progress summary via email provides evidence of the services provided or assured.	
		Completion Date
Deliverables	1. The Contractor shall submit an annual report electronically to the Administrative Manager in a format provided by the Office of Planning, Partnerships and Improvement. 2. If not using the State's digital database, the Contractor shall submit a quarterly inspection data and compliance progress summary via email in a format provided by the Division of Environmental Health and Sustainability (DEHS).	No later than April 30 No later than October 31, January 31, April 30, and June 30

B. Maternal and Child Health Services

Goal #1: Optimize the health and well-being of mothers and children by employing primary prevention and early intervention public health strategies.

Objective #1: No later than the expiration of the contract, the Contractor shall identify and address maternal and child health needs within their county jurisdiction to improve the health and well-being of mothers and children.	
Primary Activity #1	The Contractor shall implement evidence-based strategies to improve maternal and child health.
Sub-Activities #1	1. The Contractor shall select one or more of the identified MCH priorities on which to focus. 2. The Contractor shall complete the electronic MCH and HCP Annual Report and Planning Form, including identification of selected priority(ies) and strategy(ies) to be implemented. 3. The Contractor shall meet with internal partners to identify ongoing areas of alignment between MCH and local public health improvement plan strategies, with the goal of accelerating the achievement of mutual objectives. 4. The Contractor shall implement activities to impact the MCH priority indicated on the electronic MCH and HCP Annual Report and Planning Form. 5. Contractors receiving less than $40,000 in MCH funding shall participate in a minimum of two progress check in calls with their MCH Consultant. Contractors receiving more than $40,000 in MCH funding shall participate in a minimum of two progress check in calls and participate in an additional consultation opportunity with their MCH consultant. 6. The Contractor shall complete the MCH portion of the Office of Planning, Partnerships, and Improvement's Local Planning and Support Annual Report.
Primary Activity #2	The Contractor shall provide information and resources for community partners and families of children and/or youth with special health care needs, within their agreed upon jurisdiction.
Primary Activity #3	The Contractors receiving less than $40,000 and selecting HCP on their electronic MCH and HCP Annual Report and Planning Form, or Contractors receiving greater than $40,000 in MCH Block Grant Funding, shall implement HCP, a Program for Children and Youth with Special Health Care Needs, within their agreed upon jurisdiction.
Sub-Activities #3	1. The Contractor shall conduct outreach to community organizations to establish connections and strengthen referral systems with HCP. 2. The Contractor shall provide the HCP model of care coordination as outlined in the HCP policies and guidelines. 3. Contractors receiving greater than $40,000 in MCH funding shall participate in HCP statewide meetings via webinar every other month as scheduled. 4. The Contractor shall participate in a progress check-in call with their HCP consultant to review their annual electronic MCH and HCP Annual Report and Planning Form..
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor's work shall be guided by the MCH priority local action plans that correspond with their selected priorities. This information is located on the MCH website www.mchcolorado.org and incorporated and made part of this contract by reference. 3. The Contractor shall comply with HCP policies and guidelines, if HCP is selected on the electronic MCH and HCP Annual Report and Planning Form. This information is located on the HCP website http://www.hcpcolorado.org and incorporated and made part of this contract by reference. 4. The Contractor shall use the electronic MCH and HCP Annual Report and Planning Form provided by the Office of Planning, Partnerships and Improvement.

Expected Results of Activity(s)	Improve the health status and address the needs of the maternal and child health population within the Contractor's jurisdiction.	
Measurement of Expected Results	The expected results will be measured based on selections made to the electronic MCH and HCP Annual Report and Planning Form. All listed expected results may not apply. 1. Performance toward MCH objectives (Objective 1) shall be measured through completion of the MCH portion of the Office of Planning, Partnerships and Improvement's Local Planning and Support Contract electronic annual report. 2. The Contractor meets at least 75% of their information and resource target as calculated in their electronic MCH and HCP Annual Report and Planning Form. . 3. The Contractor meets at least 75% of their care coordination target as calculated in their electronic MCH and HCP Annual Report and Planning Form. 4. Data contained in CDS provides evidence of the children and/or youth provided with HCP care coordination services.	
		Completion Date
Deliverables	1. The Contractor shall complete and submit the electronic MCH and HCP Annual Report and Planning Form for the next contract period.	No later than June 1

C. Child Fatality Prevention System

Goal #1: Reduce the number of child deaths in Colorado due to the following causes: undetermined, unintentional injury, homicide, motor vehicle incidents, child abuse and neglect, sudden unexpected infant deaths (SUID), and suicide.	
Objective #1: No later than the expiration date of this Contract, the Contractor shall conduct individual, case-specific, multidisciplinary reviews of child fatalities assigned to the local child fatality prevention review team.	
Primary Activity #1	The Contractor shall conduct individual, case-specific, multidisciplinary reviews of child fatalities assigned to the local team based on coroner jurisdiction.
Sub-Activities #1	1. The Contractor shall conduct individual, case-specific, multidisciplinary reviews of child fatalities assigned to the local team based on coroner jurisdiction. 2. The Contractor shall gather case records from the coroner's office, law enforcement agencies, county department of human services, hospitals, and other agencies for each child fatality assigned to the local team. 3. The Contractor shall abstract critical data from case records and enter the data into the National Center for Fatality Review and Prevention's Case Reporting System (CRS) for each child fatality assigned to the local team. 4. The Contractor shall develop case summaries for the purpose of completing the "Narrative" section (Section O) of the National Center for Fatality Review and Prevention's CRS for each child fatality assigned to the local team. 5. The Contractor shall coordinate and facilitate local team meetings with multidisciplinary local team members to conduct individual, case-specific reviews of child fatalities for the purpose of discussing and identifying prevention recommendations in the "Prevention Initiatives Resulting from the Review" section (Section L) of the National Center for Fatality Review and Prevention's CRS. 6. No later than two (2) months after reviewing a child fatality, the Contractor shall complete data entry for Sections A-O and click "Data entry completed for this case" (in Section P) of the National Center for Fatality Review and Prevention's CRS for each child fatality assigned to the local team.
Objective #2: No later than the expiration date of this Contract, the Contractor shall participate in statewide efforts to implement the Colorado Child Fatality Prevention System (CFPS).	
Primary Activity #1	The Contractor shall promote evidence-based injury and violence prevention strategies.

Sub-Activities #1	1. The Contractor shall provide input and vote on state-level prevention recommendations to be prioritized by the CFPS State Review Team for the CFPS annual legislative report. 2. The Contractor shall apply a public health approach to identify trends and patterns of child fatalities using state and local team data reports. 3. The Contractor shall apply a public health approach to identify prevention strategies and systems improvements to implement at the local level. 4. The Contractor shall implement evidence-based child fatality prevention strategies and system improvements at the local level. 5. The Contractor shall share information on any prevention strategies and system improvements that are promoted and implemented at the local level.
Primary Activity #2	The Contractor shall participate in training opportunities facilitated by CFPS support staff at CDPHE.
Sub-Activities #2	1. The Contractor shall attend any local team training hosted by CFPS State Support Team at CDPHE. 2. The Contractor shall participate in web-based trainings facilitated by CFPS support staff at CDPHE.
Primary Activity #3	The Contractor shall participate in statewide evaluation of the Colorado CFPS and complete state-level data collection tools and surveys.
Sub-Activities #3	1. The Contractor shall complete and submit the CFPS Local Team Survey when administered.
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the Contract term. The Contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor shall comply with the Child Fatality Prevention Act C.R.S. 25-20.5-404-409. This document is incorporated and made part of this contract by reference and is available on the following website http://www.sos.state.co.us/CCR/Welcome.do. 3. The Contractor shall adhere to processes and policies outlined in the *Colorado Child Fatality Prevention System (CFPS): An Introduction to the System* to conduct individual, case-specific review of fatalities, identify prevention recommendations, and enter information regarding the child fatality into the National Center for Fatality Review and Prevention's CRS. This document is incorporated and made part of this contract by reference and is available on the following website http://www.cochildfatalityprevention.com/p/cfps-operations-manual.html. 4. Reviewable child fatalities include one or more of the following causes: undetermined causes, unintentional injury, homicide, motor vehicle incidents, child abuse/neglect, sudden unexpected infant death (SUID), and suicide. 5. The Contractor shall maintain access and ensure the local team coordinator has login credentials to the FTP Website and the National Center for Fatality Review and Prevention's CRS. This website content is incorporated and made part of this contract by reference and is accessible at https://data.ncfrp.org. 6. CDPHE will assign child fatalities for review to the Contractor based on coroner jurisdiction using the FTP Website on a weekly basis. This website content is incorporated and made part of this contract by reference and is accessible at https://secft2.dphe.state.co.us/thinclient/Login.aspx. 7. The Contractor shall complete individual, case-specific, multidisciplinary reviews and data entry of child fatalities in the National Center for Fatality Review and Prevention's CRS. 8. CDPHE will conduct quality assurance checks as defined on the CFPS website on the data entered into the National Center for Fatality Review and Prevention's CRS for child fatalities reviewed by the Contractor. This information is incorporated and made part of this

	contract by reference and is available on the following website http://www.cochildfatalityprevention.com/. 9. The Contractor shall request technical assistance and training from the CFPS State Support Team at CDPHE by completing and submitting an online form. This form is incorporated and made part of this contract by reference and is available on the following website http://www.cochildfatalityprevention.com/p/contact-cfps-staff.html. 10. CDPHE will analyze and aggregate child fatality data and disseminate this data to the Contractor in local team data reports and on the online CFPS Data Dashboard. In addition, CDPHE will provide information and resources for evidence-based injury and violence prevention strategies and will make this information available on the CFPS website. This information is incorporated and made part of this contract by reference and is accessible at http://www.cochildfatalityprevention.com/. 11. The Contractor shall incorporate information from the CFPS website on acceptable and approved uses of funding for child fatality, injury, and violence prevention strategies when implementing local prevention strategies. 12. The Contractor shall share information on local level prevention strategies and system improvements. 13. The Contractor shall notify the CFPS State Support Team at CDPHE within thirty (30) calendar days of a change of the local team coordinator responsible for the performance of services provided under this contract. 14. Travel may be required from time to time by CDPHE. The Contractor shall attend meetings as requested by CDPHE.
Expected Results of Activity(s)	1. Improved understanding of child fatality data in Colorado including circumstances, risk and protective factors, trends, and patterns surrounding child deaths. 2. Identification of evidence-based prevention recommendations to prevent future child fatalities from occurring in Colorado. 3. Implemented and evaluated child fatality prevention strategies at the state and local levels.
Measurement of Expected Results	1. Sections A-O of the National Center for Fatality Review and Prevention's CRS will be completed for 100% of child fatalities that occurred in Colorado and meets CFPS' review criteria within the local team's jurisdiction. 2. Increased number of prevention strategies implemented at the state and local levels as documented in the CFPS annual report, the CFPS Local Team Survey, and through prevention stories.

		Completion Date
Deliverables	1. The Contractor shall complete entry of all child fatality data into the National Center for Fatality Review and Prevention's CRS for each child fatality case assigned to the local team by the CFPS State Support Team at CDPHE.	No later than January 1
	2. The Contractor shall complete entry of all child fatality data into the National Center for Fatality Review and Prevention's CRS for each child fatality case assigned to the local team by the CFPS State Support Team at CDPHE.	No later than two months after conducting the child fatality review meeting.
	3. The Contractor shall submit the web-based CFPS Local Team Survey administered by the CFPS State Support Team at CDPHE.	No later than June 30
	4. The Contractor shall provide input and vote on state-level prevention recommendations via a web-based survey provided by the CFPS State Support Team at CDPHE.	No later than April 15
	5. The Contractor shall share information about any prevention strategies that are promoted and implemented at the local level as requested by the CFPS State Support Team at CDPHE.	No later than September 30; January 31; and May 31

	6. The Contractor shall submit progress reports via email to the CFPS State Support Team at CDPHE.	No later than November 30 and April 30

D. **Monitoring:**
CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the Office of Planning, Partnerships and Improvement's Contract Monitor. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports, site visits and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

E. **Resolution of Non-Compliance:**
The Contractor will be notified in writing within **(7)** calendar days of discovery of a compliance issue. Within **(30)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and timeline for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the timeline, the Contractor must email a request to the Contract Monitor and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure timelines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.

BUDGET
To Task Order - Contract Routing Number 18 FAAA 97464
Routing Number 2019*0246 Amendment #3

I. Entity Name: Gunnison County Department of Public Health and Human Services

II. Budget:

Quarter	Local Planning and Support Amount	Maternal Child Health Amount	Child Fatality Prevention Amount	**TOTAL Payment**
July 1 through September 30, 2019	$13,981.25	$3,931.50	$875.00	**$18,787.75**
October 1 through December 31, 2019	~~$13,981.25~~ $15,549.37	$3,931.50	$875.00	~~**$18,787.75**~~ **$20,355.87**
January 1 through March 31, 2020	~~$13,981.25~~ $15,549.36	$3,931.50	$875.00	~~**$18,787.75**~~ **$20,355.86**
April 1 through June 30, 2020	~~$13,981.25~~ $15,549.36	$3,931.50	$875.00	~~**$18,787.75**~~ **$20,355.86**
Total	~~$55,925.00~~ $60,629.34	$15,726.00	$3,500.00	~~**$75,151.00**~~ **$79,855.34**