

## SECOND AMENDATORY AGREEMENT

This **SECOND AMENDATORY AGREEMENT THIS AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) and **AIDS RESOURCE CENTER OF WISCONSIN, INC. d/b/a ROCKY MOUNTAIN CARES**, a nonprofit corporation, with an address of 820 S. Plankinton Avenue, Milwaukee, WI 53203 (the “Contractor”, and collectively (“the Parties”).

The Parties entered into an Agreement dated August 23, 2018 and an Amendatory Agreement dated June 24, 2019 (the “Agreement”) to undertake, perform, and complete all of the services and set forth in **Exhibit A, the Scope of Work**, contained in the original Agreement, to the City’s satisfaction.

The Parties wish to amend the Agreement to amend the scope of work.

In consideration of the promises and the mutual covenants and obligations herein set forth, the Parties agree as follows:

1. All references to “**Exhibits A and A-1**” in the existing Agreement shall be amended to read “**Exhibits A, A-1 and A-2 as applicable.**” The scope of work marked as **Exhibit A-2** is attached and incorporated by reference.

2. Article 3. A. of the Agreement, entitled “COMPENSATION AND PAYMENT”, “Fees and Expenses” is amended by deleting and replacing it with the following:

“**3. COMPENSATION AND PAYMENT:**

**A. Fees and Expenses:** The City shall pay and the Contractor shall accept as the sole compensation for services rendered and costs incurred under the Agreement an amount not to exceed **Eight Hundred Thirty-Nine Thousand Eight Hundred Sixty-Six and 00/100 Dollars (\$839,866.00)** (the “**Maximum Contract Amount**”), to be used in accordance with the budget contained in **Exhibit B**. Amounts billed may not exceed the budget set forth in **Exhibit B**. The Contractor certifies the budget line items in **Exhibit B** contain reasonable allowable direct costs and allocable indirect costs in accordance with 2 C.F.R., Subpart E.”

3. Except as herein amended, the Agreement is affirmed and ratified in each and every particular.

**[SIGNATURE PAGES FOLLOW]**

**Contract Control Number:** ENVHL-201950384-02/ALF: 201843498-02  
**Contractor Name:** AIDS RESOURCE CENTER OF WISCONSIN, INC.  
d/b/a ROCKY MOUNTAIN CARES

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at  
Denver, Colorado as of:

**SEAL**

**CITY AND COUNTY OF DENVER:**

**ATTEST:**

By:

\_\_\_\_\_

\_\_\_\_\_

**APPROVED AS TO FORM:**

**REGISTERED AND COUNTERSIGNED:**

Attorney for the City and County of Denver

By:

By:

\_\_\_\_\_

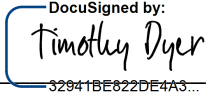
\_\_\_\_\_

By:

\_\_\_\_\_

**Contract Control Number:**  
**Contractor Name:**

ENVHL-201950384-02/ALF: 201843498-02  
AIDS RESOURCE CENTER OF WISCONSIN, INC.  
d/b/a ROCKY MOUNTAIN CARES

By:  \_\_\_\_\_  
32941BE822DE4A3...

Name: Timothy Dyer  
(please print)

Title: Executive VP & CFO  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)



## EXHIBIT A-02 AMENDED SCOPE OF WORK

### I. Purpose of Agreement

The purpose of this contract is to establish an agreement and Scope of Services between the Denver Department of Public Health & Environment (DDPHE), Office of HIV Resources and **AIDS Resource Center of Wisconsin dba Rocky Mountain CARES**.

AIDS Resource Center of Wisconsin dba Rocky Mountain CARES has been awarded the following amounts in Ryan White Part A funds:

- **\$460,758** in Fiscal Year 2018 (March 1, 2018 – February 28, 2019)
- **\$379,108** in Fiscal Year 2019 (March 1, 2019 – February 29, 2020)
- **Cumulative Maximum Contract Amount: \$839,866**

### II. Services and Conditions

To provide the following services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA), which includes and is limited to, Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson counties, in accordance with the Service Standards for the following service categories:

| SERVICE CATEGORY                            | FUNDING SOURCE | FY 2018 AWARD NUMBER | FY 2018 AWARD AMOUNT |
|---|----------------|----------------------|----------------------|
| Medical Case Management                     | RW Part A      | 18-MCM-9845-A        | \$ 351,476           |
| Medical Transportation                      | RW Part A      | 18-MTS-9845-A        | \$ 16,072            |
| Mental Health Services                      | RW Part A      | 18-MHS-9845-A        | \$ 24,953            |
| Outpatient/Ambulatory Health Services       | RW Part A      | 18-OAH-9845-A        | \$ 68,257            |
| <b>FY 2018 MAXIMUM REIMBURSABLE AMOUNT:</b> |                |                      | <b>\$460,758</b>     |

| SERVICE CATEGORY                            | FUNDING SOURCE | FY 2019 AWARD NUMBER | FY 2019 AWARD AMOUNT |
|---|----------------|----------------------|----------------------|
| Medical Case Management                     | RW Part A      | 19-MCM-9845-A        | \$317,100            |
| Medical Transportation                      | RW Part A      | 19-MTS-9845-A        | \$11,711             |
| Mental Health Services                      | RW Part A      | 19-MHS-9845-A        | \$22,429             |
| Outpatient/Ambulatory Health Services       | RW Part A      | 19-OAH-9845-A        | \$27,868             |
| <b>FY 2019 MAXIMUM REIMBURSABLE AMOUNT:</b> |                |                      | <b>\$379,108</b>     |



## EXHIBIT A-02 AMENDED SCOPE OF WORK

### III. Process and Outcome Measures

#### A. Process Measures

**AIDS Resource Center of Wisconsin dba Rocky Mountain CARES** will provide:

| SERVICE CATEGORY                      | FY 2018 AWARD NUMBER | UNDUPLICATED CLIENTS | SERVICE UNITS DELIVERED |
|---------------------------------------|----------------------|----------------------|-------------------------|
| Medical Case Management               | 18-MCM-9845-A        | 580                  | 4,044                   |
| Medical Transportation                | 18-MTS-9845-A        | 127                  | 9,481                   |
| Mental Health Services                | 18-MHS-9845-A        | 22                   | 200                     |
| Outpatient/Ambulatory Health Services | 18-OAH-9845-A        | 62                   | 184                     |

| SERVICE CATEGORY                      | FY 2019 AWARD NUMBER | UNDUPLICATED CLIENTS | SERVICE UNITS DELIVERED |
|---------------------------------------|----------------------|----------------------|-------------------------|
| Medical Case Management               | 19-MCM-9845-A        | 375                  | 3,845                   |
| Medical Transportation                | 19-MTS-9845-A        | 150                  | 5,715                   |
| Mental Health Services                | 19-MHS-9845-A        | 20                   | 180                     |
| Outpatient/Ambulatory Health Services | 19-OAH-9845-A        | 25                   | 75                      |

### IV. Quality Management Program

#### A. Quality Management Plan

- i.) Contractor will be required to submit a FY 2019 Quality Management Plan. **Quality Management Plans will be due on November 30, 2019.** Quality Management Plans must include the following elements:
  - o A quality statement
  - o A description of the quality management structure
  - o Performance measures
  - o Annual quality goals
  - o Quality improvement plans
  - o Quality management plan implementation
  - o An explanation of how the quality management plan will be evaluated and updated
  - o Capacity building
  - o Communication

#### B. Quality Management Activities

- i.) Contractor will be required to document at least one quality improvement activity in the Fiscal Year
- ii.) Quality Improvement activities should be related to the Quality Management Plan, and impact the sub-recipients identified annual quality goals
- iii.) Updates on quality improvement activities will be submitted to DHR, or designee, on a quarterly basis



## EXHIBIT A-02 AMENDED SCOPE OF WORK

- iv.) Contractor will hold Quality Committee meetings, meetings will be held at a minimum of quarterly

### V. Quality Management Infrastructure and Capacity Building

Contractor will be required to identify one contact person for all Quality Management related deliverables

Contractor will be required to have two staff members participate in a DHR hosted, Quality Management Training

### VI. Schedule of Payments for Services

- A.** The City and County of Denver may withhold payment due under this Agreement until the Contractor submits a satisfactory Audit Report Package that covers the Contractor's most recent fiscal year. If there are material findings in the audit, the City and County of Denver may withhold reimbursement until the audit findings are resolved to the City and County of Denver's satisfaction.
- B.** The contractor has chosen the option of delayed invoicing. Invoice packages will be due no later than the 15th of the month two months following the month of service. Reporting schedule detailed below in Section VI (F). Three or more occurrences of a late invoice shall be considered a contract compliance issue.
- C.** Invoicing option two (2) will not be allowed for the final invoice of the year. The final complete Invoice package for the budget or contract period is due no later than 45 days following the close of the budget or contract period and must be clearly marked "Final Invoice".
- D.** The contractor agrees to waive any prompt pay interest assessed by the City and County of Denver related to this delayed invoicing option.
- E.** The Contractor shall submit a complete invoice package monthly using required DDPHE HIV Resources invoice forms. A complete invoice package will include the following:
- Item 1:** a complete monthly invoice summary for the service month;
  - Item 2:** a complete Individual Service Category Invoice (Forms I-1, I-2, I-3, I-4) for the service month for each award/service category;
  - Item 3:** supporting documentation for all expenses;
  - Item 4:** an attestation to complete CAREWARE data entry or a complete data upload for the service month; and
  - Item 5:** a quarterly narrative report once per quarter (four times per year).
- F.** Contractor invoicing schedule is as follows:



## EXHIBIT A-02 AMENDED SCOPE OF WORK

| SERVICE MONTH             | INVOICE PACKAGE DUE BY | INVOICE PACKAGE INCLUDES:      |
|---------------------------|------------------------|--------------------------------|
| March 2019                | May 15, 2019           | Items 1, 2, 3, and 4           |
| April 2019                | June 17, 2019          | Items 1, 2, 3, and 4           |
| May 2019                  | July 15, 2019          | Items 1, 2, 3, and 4           |
| June 2019                 | August 15, 2019        | Items 1, 2, 3, 4, and 5        |
| July 2019                 | September 16, 2019     | Items 1, 2, 3, and 4           |
| August 2019               | October 15, 2019       | Items 1, 2, 3, and 4           |
| September 2019            | November 15, 2019      | Items 1, 2, 3, 4, and 5        |
| October 2019              | December 16, 2019      | Items 1, 2, 3, and 4           |
| November 2019             | January 15, 2020       | Items 1, 2, 3, and 4           |
| December 2019             | February 17, 2020      | Items 1, 2, 3, 4, and 5        |
| January 2020              | March 16, 2020         | Items 1, 2, 3, and 4           |
| February 2020             | April 15, 2020         | Items 1, 2, 3, and 4           |
| <b>Final 2020 Invoice</b> | <b>April 15, 2020</b>  | <b>Items 1, 2, 3, 4, and 5</b> |

### VII. Disallowances and Review of Reports

The City and County of Denver may review the budget, management, financial and audit reports, and any other materials or information the City and County of Denver may consider appropriate to assess whether any expenditures by the Contractor are disallowed by the City and County of Denver. **Exhibit E** describes expenditures that will be disallowed by The City and County of Denver. The City and County of Denver may disallow reimbursement for services or expenditures that were not provided or approved in accordance with the terms of this Agreement. The Contractor shall not unreasonably refuse to provide expenditure information related to this Agreement that the City and County of Denver may reasonably require. These disallowances will be deducted from any payments due the Contractor, or if disallowed after contract termination, the Contractor shall remit the disallowed reimbursement to the City and County of Denver according to a schedule to be determined by the City and County of Denver at its sole discretion. Despite the City and County of Denver's approval of expenditures, if a review or an audit conducted by the City, State or federal governments results in final disallowances of expenditures, the Contractor shall remit the amount of those disallowances to the City and County of Denver according to a schedule to be determined by the City and County of Denver at its sole discretion following written notice of disallowances to the Contractor. This Section survives termination or expiration of this Agreement.

### VIII. Administrative Cost Limit

The Contractor's total administrative costs cannot exceed **10%** of the Maximum Reimbursable Amount. Administrative costs are defined as the costs incurred for usual and recognized overhead, including established indirect rates





## EXHIBIT A-02 AMENDED SCOPE OF WORK

for agencies; management and oversight of specific programs funded under this contract; and other types of program support such as quality assurance, quality control, and related activities. Examples of administrative costs include:

- Salaries and related fringe benefits for accounting, secretarial, and management staff, including those individuals who produce, review and sign monthly program and fiscal reports;
- Consultants who perform administrative, non-service delivery functions;
- General office supplies;
- Travel costs for administrative and management staff;
- General office printing and photocopying;
- General liability insurance; and
- Audit fees.

Administrative costs can be direct or indirect. Direct costs are costs that can be directly charged to the program and which are incurred in the provision of direct services. Indirect costs are defined as the administrative costs that are incurred for common or joint activities that cannot be identified specifically with a particular project or program.

### IX. Performance Management and Reporting

#### 1. Performance Management

Monitoring may be performed by the DDPHE HIV Resources staff and/or designee. Contractor may be reviewed for:

- v.) **Quality Monitoring:** The quality of the services being provided and the effectiveness of those services addressing the needs of the Denver TGA.
- vi.) **Program Monitoring\*:** Review and analysis of current program information to determine the extent to which contractors are achieving established contractual goals;
- vii.) **Fiscal Monitoring\*:** Review financial systems and billings to ensure that contract funds are allocated and expended in accordance with the terms of the agreement.
- viii.) **Administrative Monitoring:** Monitoring to ensure that the requirements of the contract document, Federal, State and City and County regulations, and DDPHE policies are being met.

*\* DDPHE HIV Resources and/or its designee may provide regular performance monitoring and reporting. DDPHE HIV Resources and/or its designee, may manage any performance issues and may develop interventions that will resolve concerns.*

#### A. Reporting

The following reports shall be developed and delivered to the City as stated in this section.



## EXHIBIT A-02 AMENDED SCOPE OF WORK

| Report # and Name                         | Description  | Due Date                           | Reports to be sent to:  |
|---|--|------------------------------------|---|
| 1. CAREWare Reporting                     | <p>Contractor is required to enter client-level data monthly into CAREWare for all funded services including:</p> <ol style="list-style-type: none"> <li>1. All client-level information needed to create the HRSA-defined electronic Unique Client Identifier (eUCI) including, but not limited to:               <ol style="list-style-type: none"> <li>a. Client legal first and last name</li> <li>b. Client full date of birth</li> <li>c. Client gender</li> </ol> </li> <li>2. Demographic information</li> <li>3. Client encounters and/or service units</li> <li>4. Additional socio-demographic data and primary care status measures</li> </ol> <p>Contractor may enter client-level data into CAREWare using two different methodologies:</p> <ol style="list-style-type: none"> <li>1. Direct manual data entry via the CAREWare interface; or</li> <li>2. Provider Data Import (PDI).</li> </ol> | the 15 <sup>th</sup> of each month | Into CAREWare system  |
| 2. Ryan White Part A Service Report (RSR) | <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Data input throughout the calendar year, due the 10<sup>th</sup> of each month for the month prior</li> <li>• Run provider RSR reports to clean existing data and/or input missing data with technical assistance from DHR</li> <li>• Review finalized RSR report with DHR</li> <li>• Generate client-level XML file and upload into the HRSA Web Application (per HRSA requirement)</li> </ul>   | February 26, 2019                  | <p>Into CAREWare system for data entry</p> <p>Into HRSA Web Application for RSR final reporting</p> |



## EXHIBIT A-02 AMENDED SCOPE OF WORK

| Report # and Name                 | Description   | Due Date         | Reports to be sent to:   |
|-----------------------------------|---|------------------|--|
|                                   | <ul style="list-style-type: none"> <li>Submit RSR report into HRSA Web Application</li> </ul>   |                  |  |
| 3. 1 <sup>st</sup> Quarter report | Report shall: <ul style="list-style-type: none"> <li>Review and verify the # of clients served, the number of service units, the amount of funding expended</li> <li>Document quality improvement projects conducted</li> <li>Provide an update on changes to staff including vacancies and new staff</li> <li>Summarize successes, weaknesses and needs for the period of March 1, 2019 through May 31, 2019</li> </ul>    | July 15, 2019    | Fiscal Officer/Grant Administrator<br><a href="mailto:Terra.hasemanswazer@denvergov.org">Terra.hasemanswazer@denvergov.org</a><br><br>Quality Administrator<br><a href="mailto:hivresources@denvergov.org">hivresources@denvergov.org</a><br><br>Nick Roth<br><a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a> |
| 4. Mid-Year Report                | Report shall: <ul style="list-style-type: none"> <li>Review and verify the # of clients served, the number of service units, the amount of funding expended</li> <li>Document quality improvement projects conducted</li> <li>Provide an update on changes to staff including vacancies and new staff</li> <li>Summarize successes, weaknesses and needs for the period of March 1, 2019 through August 31, 2019</li> </ul> | October 15, 2019 | Fiscal Officer/Grant Administrator<br><a href="mailto:Terra.hasemanswazer@denvergov.org">Terra.hasemanswazer@denvergov.org</a><br><br>Quality Administrator<br><a href="mailto:hivresources@denvergov.org">hivresources@denvergov.org</a><br><br>Nick Roth<br><a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a> |
| 5. 3 <sup>rd</sup> Quarter Report | Report shall: <ul style="list-style-type: none"> <li>Review and verify the # of clients served, the number of service units, the amount of funding expended</li> <li>Document quality improvement projects conducted</li> <li>Provide an update on changes to staff including vacancies and new staff</li> </ul>  | January 15, 2020 | Fiscal Officer/Grant Administrator<br><a href="mailto:Terra.hasemanswazer@denvergov.org">Terra.hasemanswazer@denvergov.org</a><br><br>Quality Administrator<br><a href="mailto:hivresources@denvergov.org">hivresources@denvergov.org</a><br><br>Nick Roth<br><a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a> |



## EXHIBIT A-02 AMENDED SCOPE OF WORK

| Report # and Name                                     | Description   | Due Date          | Reports to be sent to:   |
|---|---|-------------------|--|
|   | <ul style="list-style-type: none"> <li>Summarize successes, weaknesses and needs for the period of March 1, 2019 through November 30, 2019</li> </ul>   |                   |  |
| 6. Year End Report                                    | Report shall: <ul style="list-style-type: none"> <li>Review and verify the # of clients served, the number of service units, the amount of funding expended</li> <li>Document quality improvement projects conducted</li> <li>Provide an update on changes to staff including vacancies and new staff</li> <li>Summarize successes, weaknesses and needs for the period of March 1, 2019 through February 28, 2020</li> </ul> | April 15, 2020    | Fiscal Officer/Grant Administrator<br><a href="mailto:Terra.hasemanswazer@denvergov.org">Terra.hasemanswazer@denvergov.org</a><br><br>Quality Administrator<br><a href="mailto:hivresources@denvergov.org">hivresources@denvergov.org</a><br><br>Nick Roth<br><a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a> |
| 7. Quality Management Plan                            | Plan(s) shall demonstrate all Quality Management activities, including Quality Management infrastructure, specific quality improvement activities, planning, and monitoring, etc.   | November 30, 2019 | Quality Administrator<br><a href="mailto:Hivresources@denvergov.org">Hivresources@denvergov.org</a>  |
| 8. Other reports as reasonably requested by the City. | To be determined (TBD)  | TBD               | TBD  |

### **X. Budget**

- A.** Contractor shall provide the identified services for the City under the support and guidance of the Denver Department of Public Health & Environment (DDPHE), Office of HIV Resources using best practices and other methods for fostering a sense of collaboration and communication.
- B.** Contractor shall submit a complete budget package using required DDPHE HIV Resources budget forms.
- C.** Contractor shall not reallocate funding across awards/service categories.



## **EXHIBIT A-02 AMENDED SCOPE OF WORK**

**D.** The budget for this agreement is attached as an exhibit.

### **XI. Required Acknowledgement and Disclaimer Language**

**A.** HRSA requires subrecipients to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

"This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with XX percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov."

**B.** Subrecipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding.

- Examples of HRSA supported publications include, but are not limited to, manuals, toolkits, resources guides, case studies, and issues briefs.

### **XII. Other**

Contractor shall submit updated documents which are directly related to the delivery of services.

Additional document requirements for this contract include:

- A.** NEW Individual Service Category Budget Form B3: Service Target Projections
- B.** NEW Contract Summary Data Form A-3: Summary of Funding Sources
- C.** NEW Individual Service Category Budget Form B-2: Personnel Schedule
- D.** Organizational Chart

## FORM A-1

## DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE

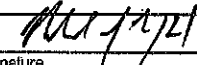
## CONTRACT SUMMARY DATA

## FORM A-1: SUBRECIPIENT INFORMATION


|   |  |                         |            |
|---|--|-------------------------|------------|
| <b>SUBRECIPIENT:</b>  | ARCW dba Rocky Mountain Cares  |                         |            |
| <b>DATE OF SUBMISSION:</b>  | 02/22/2019   | <b>CONTRACT AMOUNT:</b> | \$379,108  |
| Check One:  | <input checked="" type="checkbox"/> First Submission or<br><input type="checkbox"/> Resubmission |                         |            |
| <b>FUNDING SOURCE:</b>  | Ryan White Part A ONLY   |                         |            |
| <b>EFFECTIVE DATES:</b>   | 03/01/2019   | to                      | 02/29/2020 |
| <b>SUBRECIPIENT CORPORATION INFORMATION</b>                           |  |                         |            |
| NOTE: This name and address will appear on City Contractor Agreement. |  |                         |            |
| <b>FEDERAL TAX ID#:</b>   | 39-1534049   | <b>DUNS#:</b>           | 170017396  |
| <b>EXACT CORPORATE NAME:</b>  | AIDS Resource Center of Wisconsin, Inc dba Rocky Mountain Ca                                     |                         |            |
| <b>CORPORATE ADDRESS:</b>   | 648 N. Plankinton Ave. Suite 200   |                         |            |
|   | Address Line 1   |                         |            |
|   | Address Line 2   |                         |            |
|   | Milwaukee  | WI                      | 53203      |
|   | City   | State                   | Zipcode    |
| <b>CORPORATE WEBSITE:</b>   | arcw.org   |                         |            |
| <b>AGENCY TYPE:</b>   | Community-Based Organization   |                         |            |
| <b>OWNERSHIP TYPE:</b>  | Private, Nonprofit   |                         |            |
| <b>FAITH-BASED:</b>   | No   |                         |            |

I CERTIFY THAT COSTS HAVE BEEN DETERMINED ALLOWABLE ACCORDING TO CITY AND APPROPRIATE FEDERAL PRINCIPLES AND STANDARDS AS LISTED ON FORM A-2. I FURTHER CERTIFY THAT THERE ARE NO MATHEMATICAL ERRORS IN THIS BUDGET. PLEASE SIGN ON DESIGNATED LINE BELOW.

**AGENCY HEAD:**

|              |   |                       |
|--------------|---|-----------------------|
| Mike Gifford |  | 2/22/19               |
| Printed Name | Signature   | Date                  |
| 414-225-1567 |   | mike.gifford@arcw.org |
| Telephone    | Fax   | Email                 |

**SENIOR ADMINISTRATOR:**

|              |   |                      |
|--------------|---|----------------------|
| Karin Sabey  |  | 2/22/19              |
| Printed Name | Signature   | Date                 |
| 303-802-5299 |   | karin.sabey@arcw.org |
| Telephone    | Fax   | Email                |

**BOARD PRESIDENT:**

|              |           |                       |
|--------------|-----------|-----------------------|
| Ronald Dunn  |           |                       |
| Printed Name | Signature | Date                  |
| 512-249-4750 |           | rdunn@luminexcorp.com |
| Telephone    | Fax       | Email                 |

**CONTRACT SIGNATORY:**

|                   |   |                   |
|-------------------|---|-------------------|
| Timothy Dyer, CPA |  | 2/19/2019         |
| Printed Name      | Signature   | Date              |
| 414-225-1542      |   | tim.dyer@arcw.org |
| Telephone         | Fax   | Email             |

## FORM A-1

## CONTRACT CONTACT INFORMATION

|                         |                     |                                    |                                |
|-------------------------|---------------------|------------------------------------|--------------------------------|
| <b>PROGRAM MANAGER:</b> | JC Goodhart         |                                    | Director of Client Services    |
|                         | Name                |                                    | Title                          |
| 303-802-5259            |                     | jc.goodhart@rockymountaincares.org |                                |
| Telephone               | Fax                 | Email                              |                                |
| <b>FISCAL MANAGER:</b>  | Mary Alt            |                                    | Accounting Manager             |
|                         | Name                |                                    | Title                          |
| 414-225-1519            |                     | mary.alt@arcw.org                  |                                |
| Telephone               | Fax                 | Email                              |                                |
| <b>DATA MANAGER:</b>    | Dawn Perkins        |                                    | Software Systems Specialist    |
|                         | Name                |                                    | Title                          |
| 414-225-1541            |                     | dawn.perkins@arcw.org              |                                |
| Telephone               | Fax                 | Email                              |                                |
| <b>QUALITY MANAGER:</b> | Mitch Scoggins, MPH |                                    | Director of Quality Management |
|                         | Name                |                                    | Title                          |
| 414-225-1546            |                     | mitch.scoggins@arcw.org            |                                |
| Telephone               | Fax                 | Email                              |                                |
| <b>PAYMENT ADDRESS:</b> |                     |                                    |                                |
|                         | Address Line 1      |                                    |                                |
|                         | Address Line 2      |                                    |                                |
|                         | City                | State                              | Zipcode                        |

NOTE: Only complete if Payment Address is different than Corporate Address.

FORM A-2

**DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE**

**CONTRACT SUMMARY DATA  
FORM A-2: BUDGET SUMMARY**

**SUBRECIPIENT:** **ARCW dba Rocky Mountain Cares**

**DATE OF SUBMISSION:** **02/22/2019** **CONTRACT AMOUNT:** **\$379,108**

Check One:  First Submission or  
 Resubmission

**FUNDING SOURCE:** **Ryan White Part A ONLY**

**EFFECTIVE DATES:** **03/01/2019** to **02/29/2020**

**AGGREGATE CONTRACT SUMMARY PAGE**

(PREPARE THIS SUMMARY INSTEAD OF AN AGGREGATE BUDGET.)

| AWARD #                      | SERVICE CATEGORY                            | FUNDING SOURCE    | ORIGINAL AWARD AMOUNT | ADDITIONAL AWARD AMOUNTS | TOTAL SERVICE CATEGORY AMOUNT <sup>1</sup> |
|------------------------------|---|-------------------|-----------------------|--------------------------|--|
| 19-MCM-9845-A                | MCM   Medical Case Management               | Ryan White Part A | \$317,100             |                          | \$317,100                                  |
| 19-MTS-9845-A                | MTS   Medical Transportation                | Ryan White Part A | \$11,711              |                          | \$11,711                                   |
| 19-MHS-9845A                 | MHS   Mental Health Services                | Ryan White Part A | \$22,429              |                          | \$22,429                                   |
| 19-OAH-9845-A                | OAH   Outpatient/Ambulatory Health Services | Ryan White Part A | \$27,868              |                          | \$27,868                                   |
|                              |   |                   |                       |                          |  |
|                              |   |                   |                       |                          |  |
|                              |   |                   |                       |                          |  |
|                              |   |                   |                       |                          |  |
|                              |   |                   |                       |                          |  |
|                              |   |                   |                       |                          |  |
|                              |   |                   |                       |                          |  |
| <b>TOTAL CONTRACT AMOUNT</b> |   |                   | <b>\$379,108</b>      |                          | <b>\$379,108</b>                           |

<sup>1</sup>MUST AGREE TO SERVICE CATEGORY BUDGET ATTACHED.

**COST DETERMINATION ON ALL BUDGETS  
COMPLIANCE WITH LAW**

Your agency must provide all services under this contract in accordance with applicable provisions of federal, state and local laws, rules and regulations as are in effect at the time such services are rendered. In particular, your agency must comply with Code of Federal Regulations (Title 45 CFR Part 75) – Uniform Administrative Requirements, Cost Principles and Audit Requirement for HHS Awards





FORM A-3

**DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE**

CONTRACT SUMMARY DATA  
FORM A-3: SUMMARY OF FUNDING SOURCES

FULL NAME OF SUBRECIPIENT: **AIDS Resource Center of Wisconsin, Inc dba Rocky Mountain Cares**

| PERIOD OF FUNDING:          | BEGIN DATE | END DATE | RYAN WHITE PART A (DDPHE) | RYAN WHITE PART B (CDPHE) | RYAN WHITE PART C (HRSA) | RYAN WHITE PART D (HRSA) | GENERAL FUND (DDPHE) | CDC (CDPHE) | CDC OTHER SOURCES | CDPHE OTHER SOURCES | HOPWA | GENERAL OPERATION/ PRIVATE | TOTAL BUDGET |
|-----------------------------|------------|----------|---------------------------|---------------------------|--------------------------|--------------------------|----------------------|-------------|-------------------|---------------------|-------|----------------------------|--------------|
| PERSONNEL                   |            |          | \$261,211                 |                           |                          |                          |                      |             |                   | \$84,593            |       | \$728,316                  | \$1,074,120  |
| FRINGE BENEFITS             |            |          | \$75,752                  |                           |                          |                          |                      |             |                   | \$62,332            |       | \$151,599                  | \$289,683    |
| TRAVEL                      |            |          |                           |                           |                          |                          |                      |             |                   |                     |       | \$6,526                    | \$6,526      |
| EQUIPMENT                   |            |          |                           |                           |                          |                          |                      |             |                   | \$4,500             |       | \$1,500                    | \$6,000      |
| SUPPLIES                    |            |          | \$8,002                   |                           |                          |                          |                      |             |                   | \$1,977             |       | \$150,663                  | \$160,642    |
| CONTRACTUAL                 |            |          |                           |                           |                          |                          |                      | \$99,544    |                   | \$161,447           |       |                            | \$260,991    |
| OTHER                       |            |          |                           |                           |                          |                          |                      |             |                   | \$850               |       | \$415,826                  | \$416,676    |
| <b>TOTAL DIRECT CHARGES</b> |            |          | \$344,965                 |                           |                          |                          |                      | \$99,544    |                   | \$315,699           |       | \$1,454,430                | \$2,214,638  |
| INDIRECT CHARGES            |            |          | \$34,143                  |                           |                          |                          |                      | \$9,888     |                   | \$6,764             |       | \$145,443                  | \$196,238    |
| <b>TOTAL COSTS</b>          |            |          | \$379,108                 |                           |                          |                          |                      | \$109,432   |                   | \$322,463           |       | \$1,599,873                | \$2,410,876  |

**INSTRUCTIONS:**

1. Prepare only one summary for each subrecipient.
2. Column headings shaded yellow may be changed to accommodate other funding sources.
3. Indirect charges on Ryan White Part A DDPHE contracts are only allowed if:
  - a) subrecipient has a Federally Negotiated Indirect Cost Rate Agreement (NICRA); or
  - b) subrecipient uses the 10% de minimis rate.
4. Indirect charges on Ryan White Part A DDPHE contracts must count towards the 10% administrative cap on the budget.

