

AMENDATORY AGREEMENT

This **AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) and **COLORADO HEALTH NETWORK, INC.**, a Colorado nonprofit corporation with an address of 6260 East Colfax Avenue, Denver, Colorado 80220 (the “Contractor”), and collectively (“the Parties”).

RECITALS:

A. The Parties entered into an Agreement dated June 22, 2021, (the “Agreement”) to provide HIV resources and services to people living with HIV/AIDS in the Denver Transitional Grant Area.

B. The Parties wish to amend the Agreement to increase the maximum contract amount, update standard provisions, amend the scope of work, and amend the budget.

NOW THEREFORE, in consideration of the premises and the Parties’ mutual covenants and obligations, the Parties agree as follows:

1. Section 3 of the Agreement entitled “**COMPENSATION AND PAYMENT**” Sub-section A. entitled “**Fees and Expenses:**” is hereby deleted in its entirety and replaced with:

“**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 **TWO MILLION SIX HUNDRED SIXTY-ONE THOUSAND DOLLARS AND NO CENTS (\$2,661,000.00)** (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.”

2. Section 23 of the Agreement entitled “**NO EMPLOYMENT OF ILLEGAL ALIENS TO PERFORM WORK UNDER THE AGREEMENT:**” is hereby deleted in its entirety and replaced with:

“23. NO EMPLOYMENT OF WORKERS WITHOUT AUTHORIZATION TO PERFORM WORK UNDER THE AGREEMENT:

A. This Agreement is subject to Division 5 of Article IV of Chapter 20 of the Denver Revised Municipal Code, and any amendments (the “Certification Ordinance”).

B. The Contractor certifies that:

(1) At the time of its execution of this Agreement, it does not knowingly employ or contract with a worker without authorization who will perform work under this Agreement, nor will it knowingly employ or contract with a worker without authorization to perform work under this Agreement in the future.

(2) It will participate in the E-Verify Program, as defined in § 8-17.5-101(3.7), C.R.S., and confirm the employment eligibility of all employees who are newly hired for employment to perform work under this Agreement.

(3) It will not enter into a contract with a subconsultant or subcontractor that fails to certify to the Contractor that it shall not knowingly employ or contract with a worker without authorization to perform work under this Agreement.

(4) It is prohibited from using the E-Verify Program procedures to undertake pre-employment screening of job applicants while performing its obligations under this Agreement, and it is required to comply with any and all federal requirements related to use of the E-Verify Program including, by way of example, all program requirements related to employee notification and preservation of employee rights.

(5) If it obtains actual knowledge that a subconsultant or subcontractor performing work under this Agreement knowingly employs or contracts with a worker without authorization, it will notify such subconsultant or subcontractor and the City within three (3) days. The Contractor shall also terminate such subconsultant or subcontractor if within three (3) days after such notice the subconsultant or subcontractor does not stop employing or contracting with the worker without authorization, unless during the three-day period the subconsultant or subcontractor provides information to establish that the subconsultant or subcontractor has not knowingly employed or contracted with a worker without authorization.

(6) It will comply with a reasonable request made in the course of an investigation by the Colorado Department of Labor and Employment under authority of § 8-17.5-102(5), C.R.S., or the City Auditor, under authority of D.R.M.C. 20-90.3.

C. The Contractor is liable for any violations as provided in the Certification Ordinance. If the Contractor violates any provision of this section or the Certification Ordinance, the City may terminate this Agreement for a breach of the Agreement. If this Agreement is so terminated, the Contractor shall be liable for actual and consequential damages to the City. Any termination of a contract due to a violation of this section or the Certification

Ordinance may also, at the discretion of the City, constitute grounds for disqualifying the Contractor from submitting bids or proposals for future contracts with the City.”

3. Section 24 of the Agreement entitled “**NO DISCRIMINATION IN EMPLOYMENT:**” is hereby deleted in its entirety and replaced with:

“**24. NO DISCRIMINATION IN EMPLOYMENT:** In connection with the performance of work under the Agreement, the Contractor may not refuse to hire, discharge, promote, demote, or discriminate in matters of compensation against any person otherwise qualified, solely because of race, color, religion, national origin, ethnicity, citizenship, immigration status, gender, age, sexual orientation, gender identity, gender expression, marital status, source of income, military status, protective hairstyle, or disability. The Contractor shall insert the foregoing provision in all subcontracts.”

4. **Exhibit A** is hereby deleted in its entirety and replaced with **Exhibit A-1 Scope of Work**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit A** are changed to **Exhibit A-1**.

5. **Exhibit B** is hereby deleted in its entirety and replaced with **Exhibit B-1 Budget**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit B** are changed to **Exhibit B-1**.

6. As herein amended, the Agreement is affirmed and ratified in each and every particular.

7. This First Amendatory Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]

Contract Control Number: ENVHL-202161299-01 / 202158736-01
Contractor Name: COLORADO HEALTH NETWORK, INC.

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-202161299-01 / 202158736-01
COLORADO HEALTH NETWORK, INC.

By:  _____
E026B8BCAFB94E3...

darrell vigil

Name: _____
(please print)

Title: Chief Executive Officer

(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)

EXHIBIT A-1

REVISED SCOPE OF WORK



REVISED 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), Denver HIV Resources (DHR) and **Colorado Health Network, Inc.**

Colorado Health Network, Inc. has been awarded the following amounts in Ryan White Part A funds:

- Maximum of **\$2,661,000.00** in Fiscal Year (FY) 2021 (March 1, 2021 – February 28, 2022)

II. Services and Conditions

- A. The Denver Ryan White Part A HIV AIDS Program Service Standards are the minimum requirements that subrecipients are expected to meet when providing HIV care and support services funded by the Denver Ryan White HIV/AIDS Part A grant. All subrecipients **must** follow the Universal Standards in the Service Standards. Subrecipients are also responsible for meeting the standards outlined for each service category for which they receive funding. Denver HIV Resources (DHR) evaluates program adherence to Service Standards during site visits. Subrecipients may exceed the requirements of the Service Standards, though this is not required and will not be evaluated during site visits. It is important that subrecipients are familiar with the Service Standards that apply to them. Denver HIV Resources Planning Council (DHRPC) initiatives and DHR programmatic updates may result in adjustments to the Service Standards during the Fiscal Year. DHR will inform subrecipients when changes are implemented and will provide subrecipients with an updated version of the Service Standards. The Service Standards for fiscal year 2021 is attached as **Exhibit F**
- B. Colorado Health Network, Inc. is 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 2021 AWARD AMOUNT
Emergency Financial Assistance	RW Part A	\$382,734
Food Bank/Home Delivered Meals	RW Part A	\$131,779
Housing Services	RW Part A	\$596,684
Medical Case Management	RW Part A	\$603,993
Mental Health Services	RW Part A	\$33,946
Medical Transportation Services	RW Part A	\$99,900
Outpatient/Ambulatory Health Services	RW Part A	\$134,195
Oral Health Care	RW Part A	\$531,946
Oral Health Fund	RW Part A	\$74,823
Psychosocial Support Services	RW Part A	\$40,259
Substance Abuse Outpatient Care	RW Part A	\$30,741
FY 2021 MAXIMUM REIMBURSABLE AMOUNT:		\$2,661,000



REVISED SCOPE OF WORK

III. Process and Outcome Measures

Colorado Health Network, Inc. will provide:

SERVICE CATEGORY	UNDUPLICATED CLIENTS	SERVICE UNITS DELIVERED
Emergency Financial Assistance	350	350
Food Bank/Home Delivered Meals	600	30,000
Housing Services	300	300
Medical Case Management	1,000	12,000
Mental Health Services	58	1,044
Medical Transportation Services	500	17,500
Outpatient/Ambulatory Health Services	98	335
Oral Health Care	848	2,544
Oral Health Fund	21	21
Psychosocial Support Services	20	30
Substance Abuse Outpatient Care	53	954

IV. Clinical Quality Management Program

A. Clinical Quality Management Plan

- Contractor will be required to submit a FY 2021 Clinical Quality Management Plan. **Clinical Quality Management Plans will be due on May 28, 2021.** Quality Management Plans must follow the *Clinical Quality Management Plan Template* attached as **Exhibit G**.
- Contractor will be required to submit two Clinical Quality Management Plan summaries for check-in **due on August 27, 2021 and November 26, 2021 respectively. The final summary is due on February 25, 2022.** The Clinical Quality Management Plan summaries must follow the *Clinical Quality Management Plan Summary Template* attached as **Exhibit H**

B. Clinical Quality Management Activities

- Contractor will be required to document at least one quality improvement activity in the Fiscal Year
- Quality Improvement activities should be related to the Clinical Quality Management Plan and impact the sub-recipients identified annual quality goals
- Contractor will hold Quality Committee meetings quarterly at a minimum.

V. Clinical Quality Management Infrastructure and Capacity Building



REVISED SCOPE OF WORK

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 both DHR hosted, Clinical Quality Management Trainings **on April 27, 2021 and on September 28, 2021**

VI. Schedule of Payments for Services

- A.** After the contract is executed, invoices for all service months completed before the execution date are due immediately. Subsequent invoices shall follow the Contractor invoicing schedule outlined below:
- B.** Three or more occurrences of a late invoice shall be considered a contract compliance issue.
- C.** The Contractor is required to 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 package for the service month

Item 2: supporting documentation for all expenses

Contractor invoicing schedule is as follows:

SERVICE MONTH	INVOICE PACKAGE DUE BY	INVOICE PACKAGE INCLUDES:
March 2021	May 15, 2021	Items 1 and 2
April 2021	June 15, 2021	Items 1 and 2
May 2021	July 15, 2021	Items 1 and 2
June 2021	August 17, 2021	Items 1 and 2
July 2021	September 15, 2021	Items 1, 2, and 3
August 2021	October 15, 2021	Items 1 and 2
September 2021	November 16, 2021	Items 1 and 2
October 2021	December 15, 2021	Items 1, 2, and 3
November 2021	January 15, 2022	Items 1 and 2
December 2021	February 15, 2022	Items 1 and 2
January 2022	March 15, 2022	Items 1, 2, and 3
February 2022	April 15, 2022	Items 1, 2, and 3

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** attached as the Subrecipient Financial Administration 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



REVISED SCOPE OF WORK

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 cost, 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.

IX. Invoices

Complete invoice packages are due to DDPHE HIV Resources at HIVInvoiceIntake@denvergov.org by the 15th calendar day of the second month following the month of service provision. Invoice requests for reimbursement of costs should be submitted on a regular and timely basis in accordance with policies established in the Subrecipient Financial Administration document attached as **Exhibit E**.

X. Budget

Contractor shall submit a complete budget package using required DDPHE HIV Resources budget forms. The budget for this agreement is attached as **Exhibit B**.

XI. Budget Modifications

Contractor may submit budget modifications for review and approval based on policies established in the Subrecipient Financial Administration attached as **Exhibit E**. Approval of such request is based on the discretion of the Executive Director or his/her designee.

XII. Performance Management and Reporting



REVISED SCOPE OF WORK

A. Performance Management

Monitoring may be performed by the DDPHE HIV Resources staff. Contractor may be reviewed for:

1. **Clinical Quality Management Monitoring:** Review contractor Clinical Quality Management program inclusive of performance data, health outcomes, and satisfaction surveys.
2. **Program Monitoring*:** Review and analysis of current program information to determine the extent to which contractors are achieving established contractual goals.
3. **Fiscal Monitoring*:** Review financial systems and billings to ensure that contract funds are allocated and expended in accordance with the terms of the agreement.
4. **Program Income.** DDPHE may require subrecipients to report program income directly generated by a supported activity earned as a result of this grant. Program income includes but is not limited to income from fees for services performed, e.g. direct payment or reimbursements received from Medicaid, Medicare, and third-party insurance. Program income does not include rebates, credits, discounts, and interest earned on any of these.
5. **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 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.*

B. Reporting

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

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"> 1. All client-level information required by HRSA: https://targethiv.org/sites/default/files/media/documents/20-20-12/2020_RSR_Manual_Final_12_04_2020_508.pdf and/or requirements subject to change by HRSA 2. Contractor may enter client- level data into CAREWare using two 	<p>Manual Data Entry Provider: 15th of each month</p> <p>PDI: 25th of each month</p>	Into CAREWare system



REVISED SCOPE OF WORK

	different methodologies: Direct manual data entry via the CAREWare interface; or Provider Data Import (PDI).		
2). Ryan White Part A Service Report (RSR)	Includes, but is not limited to: <ul style="list-style-type: none"> • Data input throughout the calendar year • Run provider RSR reports to clean existing data and/or input missing data with technical assistance from DHR • Review finalized RSR report with DHR • Generate client-level XML file and upload into the HRSA Web Application (per HRSA requirement) <p style="text-align: center;">Submit RSR report into HRSA Web Application</p>	TBD by HRSA, March 2022	Into CAREWare system for data entry Into HRSA Web Application for RSR final reporting
3).1 st Quarter report	Report shall: <ul style="list-style-type: none"> • Review and verify the # of clients served, the number of service units, the amount of funding expended • Provide an update on changes to staff including vacancies and new staff 	July 15, 2021	DHR Data Analyst: Kylie Mason Kylie.mason@denvergov.org
4). 3 rd Quarter Report	Report shall: <ul style="list-style-type: none"> • Review and verify the # of clients served, the number of service units, the amount of funding expended • Provide an update on changes to staff including vacancies and new staff 	January 19, 2022	DHR Data Analyst: Kylie Mason Kylie.mason@denvergov.org
5). CARES Act: COVID-19 Reporting	Subrecipients shall complete and/or assist Denver HIV Resources in the completion of monthly COVID-19 Data Reports (CDR). The timeframe for this data reporting is from March 15, 2021 – June 31, 2021. The CDR includes data pertinent to your agency's overall telehealth capacity for client services, any/all COVID-19 testing data for Ryan White Part A Clients given at your agency site, items procured using CARES Act funding, and CARES Act funded	COVID-19 Data Report in Google Form: 10 th of every Month starting in March 15, 2021 COVID-19 Data Report in HRSA Electronic Handbook:	Data Administrator: Nick Roth Nicholas.roth@denvergov.org



REVISED SCOPE OF WORK

	service utilization data. The CDR Manual can be found here: https://targethiv.org/sites/default/files/file-upload/resources/2020-CDR-Instruction-Manual_DRAFT05272020.pdf	due 15 th of every month starting March 15, 2021	
6). Other reports, data or processes as reasonably requested by the City	To be determined (TBD)	TBD	TBD

XIII. CAREWare System Use

- A.** Contractor shall have active user access and system utilization of CAREWare application by agency staff.
- B.** Contractor shall manually enter new client eligibility data into CAREWare at their soonest opportunity, but at least weekly, to reduce barriers to care for newly enrolled Ryan White Part A clients, including uploading any/all eligibility documentation for said clients.
- C.** Contractor shall utilize Shared Eligibility data and AIDS Drug Assistance Program (ADAP) surrogate data eligibility whenever said data is available in CAREWare to reduce barriers to care for Ryan White Part A clients.
- D.** Contractor shall utilize client referral features in CAREWare when said feature is implemented in CAREWare to reduce barriers to care for Ryan White Part A clients.

XIV. Self-Attestation/No Change Form

- A.** Contractor is required to complete the Self-Attestation/No Change Form (**Exhibit I**) for the semiannual eligibility recertification if the client's income, residency, household size, or health insurance status have not changed in the previous six (6) months.
- B.** If another contractor has already completed the form for the client's semiannual eligibility recertification, the contractor does not need to complete the form again but does need to confirm this verification in CAREWare.

XV. 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



REVISED SCOPE OF WORK

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.

XVI. Other

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

EXHIBIT B-1

REVISED BUDGET

SUBRECIPIENT: **Colorado Health Network, Inc.**

BUDGET CATEGORY	EFA	FBM	HS	MCM-A	MHS-A	MTS	OAH	OHC	OHF	PSS-A	SAO-A	TOTAL
PERSONNEL	\$ 18,883.00	\$ 92,712.78	\$ 18,883.00	\$ 445,151.27	\$ 24,475.41	\$ 13,023.92	\$ 96,000.37	\$ 387,056.13	\$ -	\$ 28,639.42	\$ 22,000.30	\$ 1,146,825.60
FRINGE BENEFITS	\$ 4,154.26	\$ 20,396.81	\$ 4,154.26	\$ 97,933.28	\$ 5,384.59	\$ 2,865.26	\$ 21,120.08	\$ 85,152.35	\$ -	\$ 6,300.67	\$ 4,840.07	\$ 252,301.63
TRAVEL	\$ -	\$ 523.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 51.00	\$ -	\$ 134.00	\$ 106.00	\$ 814.50
EQUIPMENTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SUPLIES	\$ -	\$ 6,166.00	\$ -	\$ -	\$ -	\$ -	\$ 500.00	\$ 11,327.79	\$ -	\$ -	\$ -	\$ 17,993.79
SUBCONTRACT COST	\$ -	\$ -	\$ -	\$ 6,000.00	\$ 1,000.00	\$ -	\$ 2,356.00	\$ -	\$ -	\$ 1,525.00	\$ 1,000.00	\$ 11,881.00
SUBTOTAL OTHER	\$ 324,902.74	\$ -	\$ 519,402.74	\$ -	\$ -	\$ 74,929.00	\$ 2,019.00	\$ -	\$ 68,020.91	\$ -	\$ -	\$ 989,274.39
SUBTOTAL OPERATING COST	\$ 324,902.74	\$ 6,689.50	\$ 519,402.74	\$ 6,000.00	\$ 1,000.00	\$ 74,929.00	\$ 4,875.00	\$ 11,378.79	\$ 68,020.91	\$ 1,659.00	\$ 1,106.00	\$ 1,019,963.68
TOTAL DIRECT COST	\$ 347,940.00	\$ 119,799.09	\$ 542,440.00	\$ 549,084.54	\$ 30,860.00	\$ 90,818.18	\$ 121,995.45	\$ 483,587.27	\$ 68,020.91	\$ 36,599.09	\$ 27,946.37	\$ 2,419,090.91
INDIRECT COST	\$ 34,794.00	\$ 11,979.91	\$ 54,244.00	\$ 54,908.45	\$ 3,086.00	\$ 9,081.82	\$ 12,199.55	\$ 48,358.73	\$ 6,802.09	\$ 3,659.91	\$ 2,794.64	\$ 241,909.09
TOTAL BUDGETED COST	\$ 382,734.00	\$ 131,779.00	\$ 596,684.00	\$ 603,993.00	\$ 33,946.00	\$ 99,900.00	\$ 134,195.00	\$ 531,946.00	\$ 74,823.00	\$ 40,259.00	\$ 30,741.00	\$ 2,661,000.00

SUBRECIPIENT: Colorado Health Network, Inc.

PERIOD OF FUNDING:	BEGIN DATE	04/01/2020	04/01/2020	07/01/2020	06/01/2020		07/01/2020	Various	01/01/2020	10/01/2020	
	END DATE	03/31/2021	03/31/2021	06/30/2021	05/31/2021		06/30/2021	Various	12/31/2021	09/30/2021	
BUDGET CATEGORY	RYAN WHITE PART A (DDPHE)	RYAN WHITE PART B (CDPHE)	CDPHE HIV Core and Support Services	RYAN WHITE PART F (Univ CO)	HUD	CDC (CDPHE)	HOPWA CHAMP (State of CO)	CDPHE OTHER SOURCES	HOPWA	GENERAL OPERATION/ PRIVATE	TOTAL BUDGET
PERSONNEL	\$ 1,146,825.60	\$ 1,047,779.00	\$ 686,697.00	\$ 85,881.00	\$ 105,821.00		\$ 133,194.00	\$ 1,741,038.00	\$ 474,094.00	\$ 1,063,917.00	\$ 6,485,246.60
FRINGE BENEFITS	\$ 252,301.63	\$ 295,527.00	\$ 193,684.00	\$ 18,894.00	\$ 29,847.00		\$ 25,306.00	\$ 409,310.00	\$ 89,013.00	\$ 198,678.00	\$ 1,512,560.63
TRAVEL	\$ 814.50	\$ 13,332.00	\$ 17,914.00	\$ 2,000.00	\$ 1,857.00		\$ 2,000.00	\$ 22,612.00	\$ 2,256.00	\$ 12,474.00	\$ 75,259.50
EQUIPMENTS	\$ -	\$ 12,000.00	\$ 5,000.00		\$ 4,100.00		\$ -	\$ 47,200.00	\$ 3,605.00	\$ 24,500.00	\$ 96,405.00
SUPPLIES	\$ 17,993.79	\$ 62,800.00	\$ 89,000.00	\$ 28,325.00	\$ 8,000.00		\$ 45,365.36	\$ 127,600.00	\$ 4,000.00	\$ 54,243.00	\$ 437,327.15
SUBCONTRACT COST	\$ 11,881.00	\$ 37,816.00	\$ 62,500.00	\$ 11,278.00	\$ 5,647.00		\$ 10,800.00	\$ 1,980,097.00	\$ 16,032.00	\$ 148,890.00	\$ 2,284,941.00
SUBTOTAL OTHER	\$ 989,274.39	\$ 3,091,134.00	\$ 196,870.00		\$ 2,925.00		\$ 538,100.00	\$ 5,926,607.00	\$ 1,636,283.00	\$ 364,161.00	\$ 12,745,354.39
SUBTOTAL OPERATING COST	\$ 1,019,963.68										\$ 1,019,963.68
TOTAL DIRECT COST	\$ 2,419,090.91	\$ 4,560,388.00	\$ 1,251,665.00	\$ 146,378.00	\$ 158,197.00	\$ -	\$ 754,765.36	\$ 10,254,464.00	\$ 2,225,283.00	\$ 1,866,863.00	\$ 23,637,094.27
INDIRECT COST	\$ 241,909.09	\$ 440,413.00	\$ 124,093.00	\$ 12,468.00	\$ 11,907.00		\$ 52,833.58	\$ 898,372.00	\$ 105,904.00		\$ 1,887,899.67
TOTAL BUDGETED COST	\$ 2,661,000.00	\$ 5,000,801.00	\$ 1,375,758.00	\$ 158,846.00	\$ 170,104.00	\$ -	\$ 807,598.94	\$ 11,152,836.00	\$ 2,331,187.00	\$ 1,866,863.00	\$ 25,524,993.93