

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 **DENVER HEALTH AND HOSPITAL AUTHORITY**, with an address of 777 Bannock St., Denver, Colorado 80204 (the “Contractor”, and collectively, “the Parties”).

The Parties entered into an Agreement dated September 17, 2018 (the “Agreement”) to provide services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA). The Parties wish to amend the Agreement to extend the term and increase the maximum contract amount.

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

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

2. Effective as of March 1, 2019, **Exhibit A-1** and **Exhibit B-1** will replace **Exhibit A** and **Exhibit B**, and **Exhibit A-1** will govern and control the services to be provided from March 1, 2019, until February 29, 2020.

3. Section 2 of the Agreement, entitled “**TERM**,” is amended by deleting and replacing it with the following:

“**TERM:** The Agreement will commence on March 1, 2018, and will expire on February 29, 2020 (the “Term”). Subject to the Executive Director’s prior written authorization, the Contractor shall complete any work in progress as of the expiration date, and the Term of the Agreement will extend until the work is completed or earlier terminated by the Executive Director.”

4. Section 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 **Two Million Five Hundred Thousand and Six Hundred and Sixty-Eight Dollars and 00/100** (\$2,500,668.00) (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.”

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

[SIGNATURE PAGES FOLLOW]

Contract Control Number: ENVHL-201951316-00[ALFRESCO-201843491-01]
Contractor Name: DENVER HEALTH AND HOSPITAL AUTHORITY

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-201951316-00 [ALFRESCO-201843491-01
DENVER HEALTH AND HOSPITAL AUTHORITY

By:  _____
0ACDB82B6128484...

Name: Amanda Breeden
(please print)

Title: Director, SPARO
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)



EXHIBIT A-1 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 **Denver Health and Hospital Authority (DHHA)**.

Denver Health and Hospital Authority (DHHA) has been awarded the following amounts in Ryan White Part A funds:

- **\$1,250,236** for Fiscal Year 2018 (March 1, 2018 – February 29, 2019)
- **\$1,250,432** for Fiscal Year 2019 (March 1, 2019 – February 29, 2020)
- **Cumulative Maximum Contract Amount: \$2,500,668**

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
Early Intervention Services	RW Part A	18-EIS-0273-A	\$122,510
Medical Case Management	RW Part A	18-MCM-0273-A	\$66,909
Medical Transportation	RW Part A	18-MTS-0273-A	\$5,615
Mental Health Services	RW Part A	18-MHS-0273-A	\$70,831
Oral Health Care	RW Part A	18-OHC-0273-A	\$190,845
Outpatient/Ambulatory Health Services	RW Part A	18-OAH-0273-A	\$721,914
Substance Abuse Outpatient Care	RW Part A	18-SAO-0273-A	\$52,023
Early Intervention Services	RW MAI	18-EIS-0273-M	\$19,589
FY 2018 MAXIMUM REIMBURSABLE AMOUNT:			\$1,250,236



EXHIBIT A-1 AMENDED SCOPE OF WORK

SERVICE CATEGORY	FUNDING SOURCE	FY 2019 AWARD NUMBER	FY 2019 AWARD AMOUNT
Early Intervention Services	RW Part A	19-EIS-0273-A	\$161,843
Medical Case Management	RW Part A	19-MCM-0273-A	\$72,384
Medical Transportation	RW Part A	19-MTS-0273-A	\$10,190
Mental Health Services	RW Part A	19-MHS-0273-A	\$78,175
Oral Health Care	RW Part A	19-OHC-0273-A	\$162,078
Outpatient/Ambulatory Health Services	RW Part A	19-OAH-0273-A	\$691,830
Substance Abuse Outpatient Care	RW Part A	19-SAO-0273-A	\$52,265
Early Intervention Services	RW MAI	19-EIS-0273-M	\$21,667
FY 2019 MAXIMUM REIMBURSABLE AMOUNT:			\$1,250,432

III. Process and Outcome Measures

A. Process Measures

Denver Health and Hospital Authority (DHHA) will provide:

SERVICE CATEGORY	FY 2018 AWARD NUMBER	UNDUPLICATED CLIENTS	SERVICE UNITS DELIVERED
Early Intervention Services	18-EIS-0273-A	215	882
Medical Case Management	18-MCM-0273-A	30	270
Medical Transportation	18-MTS-0273-A	226	1,320
Mental Health Services	18-MHS-0273-A	268	700
Oral Health Care	18-OHC-0273-A	306	1,000
Outpatient/Ambulatory Health Services	18-OAH-0273-A	1,450	14,300
Substance Abuse Outpatient Care	18-SAO-0273-A	115	450
Early Intervention Services	18-EIS-0273-M	30	150

SERVICE CATEGORY	FY 2019 AWARD NUMBER	UNDUPLICATED CLIENTS	SERVICE UNITS DELIVERED
Early Intervention Services	19-EIS-0273-A	372	1,495
Medical Case Management	19-MCM-0273-A	30	275
Medical Transportation	19-MTS-0273-A	160	1,252
Mental Health Services	19-MHS-0273-A	259	685
Oral Health Care	19-OHC-0273-A	247	900
Outpatient/Ambulatory Health Services	19-OAH-0273-A	1,590	11,964
Substance Abuse Outpatient Care	19-SAO-0273-A	104	741
Early Intervention Services	19-EIS-0273-M	51	204



EXHIBIT A-1 AMENDED SCOPE OF WORK

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:
 - A quality statement
 - A description of the quality management structure
 - Performance measures
 - Annual quality goals
 - Quality improvement plans
 - Quality management plan implementation
 - An explanation of how the quality management plan will be evaluated and updated
 - Capacity building
 - 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
- 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 elected 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



EXHIBIT A-1 AMENDED SCOPE OF WORK

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:

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
Final 2020 Invoice	April 15, 2020	Items 1, 2, 3, 4, and 5



EXHIBIT A-1 AMENDED SCOPE OF WORK

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 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.



EXHIBIT A-1 AMENDED SCOPE OF WORK

IX. Performance Management and Reporting

A. Performance Management

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

1. **Quality Monitoring:** The quality of the services being provided and the effectiveness of those services addressing the needs of the Denver TGA.
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. **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.*

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	Contractor is required to enter client-level data monthly into CAREWare for all funded services including: <ol style="list-style-type: none"> 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"> a. Client legal first and last name b. Client full date of birth c. Client gender 2. Demographic information 3. Client encounters and/or service units 4. Additional socio- 	the 15 th of each month	Into CAREWare system



EXHIBIT A-1 AMENDED SCOPE OF WORK

Report # and Name	Description	Due Date	Reports to be sent to:
	<p>demographic data and primary care status measures</p> <p>Contractor may enter client-level data into CAREWare using two different methodologies:</p> <ol style="list-style-type: none"> 1. Direct manual data entry via the CAREWare interface; or 2. Provider Data Import (PDI). 		
2. Ryan White Part A Service Report (RSR)	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Data input throughout the calendar year, due the 15th of each month for the month prior • 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) • Submit RSR report into HRSA Web Application 	February 26, 2019	<p>Into CAREWare system for data entry</p> <p>Into HRSA Web Application for RSR final reporting</p>
3. 1 st Quarter report	<p>Report shall:</p> <ul style="list-style-type: none"> • Review and verify the # of clients served, the number of service units, the amount of funding expended • Document quality improvement projects conducted • Provide an update on changes to staff including vacancies and new staff • Summarize successes, weaknesses and needs for the period of March 1, 2019 through May 31, 2019 	July 15, 2019	<p>Fiscal Officer/Grant Administrator Terra.hasemanswazer@denvergov.org</p> <p>Quality Administrator hivresources@denvergov.org</p> <p>Nick Roth Nicholas.roth@denvergov.org</p>
4. Mid-Year Report	<p>Report shall:</p> <ul style="list-style-type: none"> • Review and verify the # of clients served, the number of service units, the amount 	October 15, 2019	<p>Fiscal Officer/Grant Administrator Terra.hasemanswazer@denvergov.org</p>



EXHIBIT A-1 AMENDED SCOPE OF WORK

Report # and Name	Description	Due Date	Reports to be sent to:
	<ul style="list-style-type: none"> of funding expended Document quality improvement projects conducted Provide an update on changes to staff including vacancies and new staff Summarize successes, weaknesses and needs for the period of March 1, 2019 through August 31, 2019 		Quality Administrator hivresources@denvergov.org Nick Roth Nicholas.roth@denvergov.org
5. 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 Document quality improvement projects conducted Provide an update on changes to staff including vacancies and new staff Summarize successes, weaknesses and needs for the period of March 1, 2019 through November 30, 2019 	January 15, 2020	Fiscal Officer/Grant Administrator Terra.hasemanswazer@denvergov.org Quality Administrator hivresources@denvergov.org Nick Roth Nicholas.roth@denvergov.org
6. Year End 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 Document quality improvement projects conducted Provide an update on changes to staff including vacancies and new staff Summarize successes, weaknesses and needs for the period of March 1, 2019 through February 29, 2020 	April 15, 2020	Fiscal Officer/Grant Administrator Terra.hasemanswazer@denvergov.org Quality Administrator hivresources@denvergov.org Nick Roth Nicholas.roth@denvergov.org
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 Hivresources@denvergov.org



EXHIBIT A-1 AMENDED SCOPE OF WORK

Report # and Name	Description	Due Date	Reports to be sent to:
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.
- 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.



EXHIBIT A-1 AMENDED SCOPE OF WORK

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

DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE

CONTRACT SUMMARY DATA
FORM A-1: SUBRECIPIENT INFORMATION

SUBRECIPIENT: **Denver Health and Hospital Authority (DHHA)**

DATE OF SUBMISSION: **02/22/2019** **CONTRACT AMOUNT:** **\$1,250,432**

Check One: First Submission or
 Resubmission

FUNDING SOURCE: **BOTH Ryan White Part A and MAI**

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

SUBRECIPIENT CORPORATION INFORMATION

NOTE: This name and address will appear on City Contractor Agreement.

FEDERAL TAX ID#: **84-1343242** **DUNS#:** **09-356-4180**

EXACT CORPORATE NAME: **Denver Health and Hospital Authority**

CORPORATE ADDRESS: **777 Bannock Street**
Address Line 1
Address Line 2
Denver **Colorado** **80204-4507**
City State Zipcode

CORPORATE WEBSITE: **www.denverhealth.org**

AGENCY TYPE: **Hospital or University-Based Clinic**

OWNERSHIP TYPE: **Public, State**

FAITH-BASED: **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:

Robin D. Wittenstein *[Signature]* **2/21/19**
Printed Name Signature Date
303-602-7046 **303-602-7024** **sparo@dhha.org**
Telephone Fax Email

Digitally signed by Amanda Breeden, AOR
DN: cn=Amanda Breeden, AOR, o=Denver Health & Hospital Authority, ou, email=amanda.breeden@dhha.org, c=US
Date: 2019.02.22 10:31:38 -07'00'

SENIOR ADMINISTRATOR:

Amanda Breeden, AOR

Amanda Breeden *[Signature]* **2/22/2019**
Printed Name Signature Date
303-602-7046 **303-602-7024** **Amanda.Breeden@dhha.org**
Telephone Fax Email

BOARD PRESIDENT:

Anne Warhover *[Signature]* **2/22/2019**
Printed Name Signature Date
303-250-1607 **warhovera@comcast.net**
Telephone Fax Email

DocuSigned by:

[Signature]

A8DF0D7A9BB14DE...

CONTRACT SIGNATORY:

Robin D. Wittenstein *[Signature]* **2/21/19**
Printed Name Signature Date
303-602-7046 **303-602-7024** **sparo@dhha.org**
Telephone Fax Email

CONTRACT CONTACT INFORMATION

PROGRAM MANAGER:	Edward M. Gardner		MD (Principal Investigator)
	<small>Name</small>	<small>Title</small>	
303-602-8740	303-602-3615	Edward.M.Gardner@dhha.org	
<small>Telephone</small>	<small>Fax</small>	<small>Email</small>	
FISCAL MANAGER:	Andrew Yale		Administrative Director
	<small>Name</small>	<small>Title</small>	
303-602-3712	303-602-3615	Andrew.Yale@dhha.org	
<small>Telephone</small>	<small>Fax</small>	<small>Email</small>	
DATA MANAGER:	Robby Beum		Data Manager
	<small>Name</small>	<small>Title</small>	
303-602-3674	303-602-3615	Robert.Beum@dhha.org	
<small>Telephone</small>	<small>Fax</small>	<small>Email</small>	
QUALITY MANAGER:	Margaret McLees		ID Physician (Quality Manager)
	<small>Name</small>	<small>Title</small>	
303-602-8743	303-602-3615	Margaret.McLees@dhha.org	
<small>Telephone</small>	<small>Fax</small>	<small>Email</small>	
PAYMENT ADDRESS:	Denver Health		
	<small>Address Line 1</small>		
	PO Box 17093		
	<small>Address Line 2</small>		
	Denver	Colorado	80217-0093
	<small>City</small>	<small>State</small>	<small>Zipcode</small>

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

BUDGET SUBMISSION PACKAGE**CONTRACT SUMMARY DATA****FORM A-2: BUDGET SUMMARY****SUBRECIPIENT:** **Denver Health and Hospital Authority (DHHA)****DATE OF SUBMISSION:** **02/22/2019** **CONTRACT AMOUNT:** **\$1,250,432**Check One: First Submission or
 Resubmission**FUNDING SOURCE:** **BOTH Ryan White Part A and MAI****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 ¹
19-EIS-0273-A	EIS Early Intervention Services	Ryan White Part A	\$161,843		\$161,843
19-MCM-0273-A	MCM Medical Case Management	Ryan White Part A	\$72,384		\$72,384
19-MTS-0273-A	MTS Medical Transportation	Ryan White Part A	\$10,190		\$10,190
19-MHS-0273-A	MHS Mental Health Services	Ryan White Part A	\$78,175		\$78,175
19-OHC-0273-A	OHC Oral Health Care	Ryan White Part A	\$162,078		\$162,078
19-OAH-0273-A	OAH Outpatient/Ambulatory Health Services	Ryan White Part A	\$691,830		\$691,830
19-SAO-0273-A	SAO Substance Abuse Outpatient Care	Ryan White Part A	\$52,265		\$52,265
19-EIS-0273-M	EIS Early Intervention Services	Ryan White MAI	\$21,667		\$21,667
TOTAL CONTRACT AMOUNT			\$1,250,432		\$1,250,432

¹MUST 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

RESOURCES BUDGET SUBMISSION PACKAGE**CONTRACT SUMMARY DATA****FORM A-3: SUMMARY OF FUNDING SOURCES**FULL NAME OF SUBRECIPIENT: **Denver Health and Hospital Authority**

PERIOD OF FUNDING:	BEGIN DATE	03/01/2019	04/01/2018	01/01/2019						01/01/2019		
	END DATE	02/29/2020	03/31/2019	12/31/2019						12/31/2019		
OBJECT CLASS CATEGORY		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		\$915,102	\$234,452	\$15,000							\$630,000	\$1,794,554
FRINGE BENEFITS		\$147,423	\$44,985	\$2,417							\$170,000	\$364,825
TRAVEL		\$0	\$408	\$0							\$6,000	\$6,408
EQUIPMENT		\$0	\$0	\$0							\$0	
SUPPLIES		\$45,396	\$750	\$0							\$94,000	\$140,146
CONTRACTUAL		\$0	\$0	\$0							\$0	
OTHER		\$30,150	\$112,374	\$0							\$120,000	\$262,524
TOTAL DIRECT CHARGES		\$1,138,071	\$392,969	\$17,417							\$1,020,000	\$2,568,457
INDIRECT CHARGES		\$112,361	\$28,947	\$1,742							\$0	\$143,050
TOTAL COSTS		\$1,250,432	\$421,916	\$19,159							\$1,020,000	\$2,711,507

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.