AGREEMENT AMENDMENT

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| 1. NAME OF CONTRACTOR | 2. CONTRACT NUMBER |
| 1a. ADDRESS OF CONTRACTOR (STREET) | 2a. AMENDMENT NUMBER  **1** |
| 1b. CITY, STATE, ZIP CODE |
| 3.  **THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS.**  The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in Item 5 below by mutual consent of all parties hereto. | |
| 4. **THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS.**  The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in Item 5 below pursuant to that changes and modifications clause as contained therein. | |
| 5. **DESCRIPTION OF AMENDMENT:** The purpose of this amendment is to: **continue the support of a Tribal Foundational Public Health Services project as part of the governmental foundational public health system, identified in SSHB 1497.**  5a. **Statement of Work**: **Exhibit A** is revised in accordance with **Exhibit A-1,** attached hereto and incorporated herein.  5b. **Consideration:** This amendment increases the **Contract Consideration** by **$400,000** therefore, the revised maximum consideration of this contract and all amendments shall not exceed **$527,418.**  **Source of Funds for this Amendment:** (FED**)** $-0- (ST) **$400,000** (Other) $-0-; Total **$400,000**  Contractor agrees to comply with applicable rules and regulations associated with these funds.  5d. **Period of Performance:** s extended through **June 30, 2025.**  5e. **The Effective Date of this Amendment:** is **July 1, 2023**  **.** | |
| 1. All other terms and conditions of the original agreement and any subsequent amendments thereto remain in full force and effect. 2. This is a unilateral amendment. Signature of contractor is not required below.   Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required  below. | |
| 8. CONTRACTOR SIGNATURE **(also, please print/type your name)** | DATE |
| 9. DOH CONTRACTING OFFICER SIGNATURE | DATE |

This document has been approved as to form only by the Assistant Attorney General.

**EXHIBIT A-1**

**STATEMENT OF WORK**

**DOH Agreement TRB26874-1**

**TRIBE NAME**

**FY24-25 Tribal Foundational Public Health Services – Tribal Specific Project: Trial Public Health Program**

* *The total amount of the agreement amendment not to exceed $400,000 for the biennium period beginning on July 1, 2023, and ending on June 30, 2025.*
* *The first invoice of $200,000 will be issued upon execution of this amendment, and an additional $200,000 will be issued on July 1, 2024.*

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| **Purpose of Tribal Foundational Public Health Services Project** | ***FOUNDATIONAL PROGRAMS***  Communicable Disease Control  Prevention and Health Promotion  Environmental Public Health  Maternal, Child and Infant Health  Access to Clinical Care | ***FOUNDATIONAL CAPABILITIES***  Assessment  Emergency Preparedness and Response Policy and Planning  Community Partnership Development  Communications  **}** Leadership |
| **EXAMPLES OF PROJECTS FOR PLANS** | * Develop Tribe’s Public Health Program within Health and Wellness Department * Develop Culturally Relevant Public Health Advocacy and Outreach * Create Tribal Public Health Policies and Procedures * Resource and employee (established or a new recruit) to staff FPHS projects and activities | |
| **2024-25 PROJECT STEPS:** | 1. Develop or continue Project Plan for creation of Tribal Public Health Program. 2. Create and submit proposal to Tribal Council requesting approval to enter into   Agreement to create or continue development of the Tribe’s Public Health Program.   1. Present project plan, give oral updates regarding progress and barriers, and seek technical assistance from the Tribal Foundational Public Health Services workgroup facilitated by the American Indian Health Commission. 2. Assess the need for a Tribal Public Health position within the Health and Wellness Department. Develop job description based on program need such as public health support and medical record scanning support, request review of job description and compensation analysis by Human Resources. Request Tribal Council approval for Tribal Public Health position. Recruit and fill position. 3. DOH Issues #1 deliverable payment. 4. Report on first term of project. 5. Report on second term of project. 6. Make final report for project. | |

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| **Deliverables** | **Due Date** | **Amount** |
| #1 Tribal-Specific Foundational Public Health Services FY24-25 Project Plan |  |  |
| #2 Pay-for-Reporting (P4R) Report on project plan reporting metrics January -June 2025 | 6/30/2024 | $400,000 |
| #3 Participate in Tribal FPHS workgroups, regional meetings, annual meetings, and the bi- annual AIHC Tribal State Leaders Health Summit. |  |  |