

Georgia Department of Public Health

Amendment #1

Contract Number
40500-042-23234455

1. This Contract Amendment is entered into between the Georgia Department of Public Health and the Contractor named below:

DeKalb County Government (hereafter called "Contractor")

2. Current Contract Renewal
Begin Date: **10/1/2023**
Contract End Date: **9/30/2024**
Amendment Effective Date: **10/1/2023**

3. Current Amount of this Contract:	Amendment <u>Increase</u> Amount:	Amended Total Contract Amount:	Total Amount for Renewal Period:
\$603,856.00	\$230,000.00	\$833,856.00	\$833,856.00

IN WITNESS WHEREOF, this Contract Amendment has been executed by the parties hereto.

4. Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)

DeKalb County Government (hereafter called "Contractor")

By (Authorized Signature, if required)



Printed Name

Michael L. Thurmond

Date Signed

10/05/2023

Title of Person Signing

Chief Executive Officer

5.

Georgia Department of Public Health (hereafter called "DPH" or "Department")

By (Authorized Signature, if required)

Kathleen E. Toomey, M.D., M.P.H.

Printed Name

Kathleen E. Toomey, M.D., M.P.H.

Date Signed

10/10/2023

Title of Person Signing

Commissioner

6. In consideration of the mutual promises of the Parties, the terms, provisions and conditions of this Amendment and other good and valuable consideration, the sufficiency of which is hereby acknowledged, DPH and Contractor hereby agree as follows:

Delete: Section 7 Authorized Persons to Receive Contract Notices for Department of the Original Agreement .	Add: Section 7 Authorized Persons to Receive Contract Notices for Department of Amendment #1 .
Delete: Item 1 of Paragraph A. Number of Families of Section 2. Specific Contractor Responsibilities of Attachment 5 of the Original Agreement .	Add: Item 1 of Paragraph A. Number of Families of Section 2. Specific Contractor Responsibilities of Attachment 5 of Amendment #1 .
Delete: LINE-ITEM BUDGET, INITIAL CONTRACT TERM, of the Original Agreement .	Add: LINE-ITEM BUDGET dated October 1, 2023, of Amendment #1 .
Delete: Attachment 8: Federal Subrecipient Form of the Original Agreement .	Add: Attachment 8: Federal Subrecipient Form of Amendment #1 .

Except as otherwise expressly set forth herein, the terms and conditions contained in the Contract are unchanged.

Amendment #1

- I. Section 7 Authorized Persons to Receive Contract Notices for Department of the Original Agreement shall be deleted in its entirety and replaced with the following:**

Business Owner:

Earlisha Bibbs
200 Piedmont Ave. SE
West Tower, 15th Floor
Atlanta, Georgia 30334
Phone: 404-273-0016
Email: Earlisha.Bibbs@dph.ga.gov

Contract Administrator:

Toni Booth-Comer
200 Piedmont Ave. SE
West Tower, 19th Floor
Atlanta, Georgia 30334
Phone: 470-763-7894
Email: Toni.Booth-Comer@dph.ga.gov

- II. Item1. of Paragraph A. Number of Families of Section 2. Specific Contractor Responsibilities of Attachment 5 of the Original Agreement shall be deleted in its entirety and replaced with the following:**
1. Using PAT Evidence-based home visiting model, the Contractor shall provide services to the projected caseload of **two hundred and thirty-five (235)** families each month and a projected 1000 families served in the First Step program each fiscal year.
- III. Effective October 1, 2023, the Department will pay Contractor as described in the attached LINE-ITEM BUDGET INITIAL CONTRACT TERM dated October 1, 2023 of Amendment 1. Accordingly, the LINE-ITEM BUDGET of the Original Agreement, and all rate schedules established prior to this Amendment are hereby amended as described in the attached Line-Item Budget.**
- IV. Attachment 8: Federal Sub-Recipient Addendum for Sub-Awards of the Original Agreement shall be deleted in its entirety and replaced with Attachment 8: Federal Sub-Recipient Addendum for Sub-Awards of Amendment #1.**

LINE-ITEM BUDGET
October 1, 2023

CONTRACTOR	CONTRACT NUMBER
Dekalb County Government	40500-042-23234455
CONTRACTOR CONTACT NAME	CONTRACTOR CONTACT PHONE NUMBER
Damon Scott	404-687-2348
Electronic Funds Transfer? ☒ Yes (Authorization for EFT must be attached or on file) ☐ No	

Remit Invoices to:

Georgia Department of Public Health
Attn: Earlisha Bibbs
Email: Earlisha.Bibbs@dph.ga.gov

Email: MCH.FISCAL@dph.ga.gov and CC: FACSIInvoices@dph.ga.gov

TYPE OF EXPENSE	Total Approved Budget Funds
A. Personnel Services (Salaries and Fringe Benefits)	\$575,972.00
B. Travel	\$52,535.00
C. Supplies	\$35,500.00
D. Contractual	\$137,540.00
E. Other	
F. Indirect Cost	\$32,309.00
Total	\$833,856.00

**a. Client Assistance funds- description of the type of assistance to be provided, how the assistance will be tracked and distributed that support MIECHV Initiative Performance Measures. These funds must be limited to temporary, emergency assistance provided when all other financial assistance have been exhausted. Examples of allowable use: (Childcare for approved projects to enable individuals to participate, Incentives to volunteers or patient participating in a grant supported project, car seats and/or portable bed) Funds cannot be used for rent, mortgage, client cell phones or utilities for a client. Funds cannot be used for relocation expenses for a client. b. Background checks, dues, or membership fees for business, professional or technical organizations.)*

ATTACHMENT # 8
FEDERAL SUB-RECIPIENT ADDENDUM FOR SUB-AWARDS

The Contractor's status as "sub-recipient" as that term is defined in 2 C.F.R. § 200.330 imposes additional identification of the sub-award and disclosure of information as required by 2 C.F.R. § 200.331.

1. Federal Award Identification:

- a. Sub-recipient Name (must match registered name in SAM): **DeKalb County Government**
- b. Sub-recipient's Unique Entity Identifier (UEI): **K8G5TL8B1CX7** (12 alphanumeric characters)
- c. Federal Award Identification Number (FAIN): **X1046859**
- d. Date Award signed by Federal Agency: **1/23/2023**
- e. Sub-award Period of Performance Start and End Date: **10/1/2023 - 9/30/2024**
- f. Federal Funds Obligated by this Action: **\$230,000.00**
- g. Federal funds Obligated to Sub-recipient: **\$833,856.00**
- h. Total Amount of Federal Award: **\$6,998,045.00**
- i. Federal Award Project Description: **Maternal, Infant and Early Childhood Homevisiting Grant Program**
- j. Name of Federal Awarding agency: **U.S. Department of Health and Human Services**
- k. Name of pass-through entity: **Georgia Department of Public Health**
- l. Contact information for awarding official: **HRSA, OFAM, DGMO, MCHSB, 5600 Fishers Ln, Rockville, MD 20852-1750**
- m. CFDA Name: **Maternal, Infant and Early Childhood Homevisiting Grant Program (MIECHV)**
- n. CFDA Number: **93.870**
- o. Research and Development Contract: ☐ Yes ☒ No
- p. Indirect Cost Rate: **N/A**

2. Contractor must comply with the following provisions:

- a. Contractor shall allow Department to monitor activities to ensure use of the funds complies with the authorized purposes in compliance with Federal laws, regulations and the provisions of contracts or grant agreements and that performance goals are achieved.
- b. Contractor must submit the final invoice within 45 days of the end of the period of performance or such other date as specified by the sub-award and label final invoices as FINAL to allow for timely closeout of the sub-award. Invoices submitted later than 45 days from the end date of performance may not be paid.