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Res 104

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 82955 B		
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract Addendum POS <input type="checkbox"/> <input checked="" type="checkbox"/> Grant <input type="checkbox"/> <input type="checkbox"/> Lease <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Term of Contract or Addendum: 1/1/15 - 12/31/15				
4. Amount of Contract or Addendum: \$ 10,400				
5. Purpose: NA - Not required when Human Services signs.				
6. Vendor or Funding Source: Tellurian UCAN, Inc. Vendor #: 7721-9				
7. If grant: Funds Positions? <input type="checkbox"/> Yes <input type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Please give account codes and related \$ amounts. Code: _____ \$ _____; Code: _____ \$ _____				
9. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a resolution been prepared/submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the Resolution				
10. Does Domestic Partner Equal Benefits requirement apply? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Director's Approval: <i>Symon Ihaen</i>				

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date	
	b. HSD Res. ID#	BA* 15098	g. Accountant	<i>[Signature]</i>	5/20/15
	c. Program Manager Name	GRABOT	h. Supervisor	<i>[Signature]</i>	6/1/15
	d. Current Contract Amount	2,473,613	i. To Provider	CW	6-1-15
	e. Adjustment Amount	10,400	j. From Provider	CW	6-9-15
	f. Revised Contract Amount	2,484,013	k. Corporation Counsel	<i>[Signature]</i>	6-9-15

Contract Review/Approvals				Vendor
Initials	Ftnt	Date In	Date Out	Vendor Name
<i>MG</i>	Received	6/15/15		Contact Person
<i>[Signature]</i>	Controller		6/15/15	
NA	Corporation Counsel	See "k" above		Phone No.
<i>[Signature]</i>	Risk Management	6/18/15	6/18/15	
<i>[Signature]</i>	ADA Coordinator	6/18/15	6/18/15	
<i>[Signature]</i>	Purchasing Agent		6/19/15	E-mail Address
	County Executive			

Footnotes: 1. *budget requested*

Return to: Name/Title: Spring Larson, CCA Phone: (608) 242-6391 E-mail Address: Larson.spring@countyofdane.com	Dept.: Human Services Mail Address: 1202 Northport Drive
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ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and **Tellurian UCAN, Inc.** (hereinafter "PROVIDER") as of the date representatives of both parties have affixed their respective signatures.

WHEREAS the COUNTY and PROVIDER have previously entered into a Purchase of Service Agreement No. **82955** (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

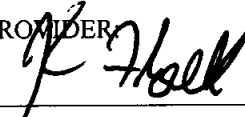
WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter by this addendum, except as specifically set forth herein. This addendum consists of two (2) pages.

<u>Current Cost</u> <u>for 2015</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2015</u>
\$2,473,613	\$10,400	\$2,484,013

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this addendum and its attachments, if any, to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

Date Signed: 6/13/15

FOR PROVIDER


Signature
Kevin Florek, President and CEO
Print Name and Title of Signer

Date Signed: _____

Signature

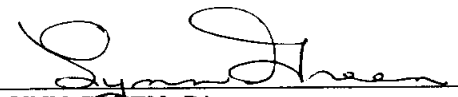
Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

JOE PARISI, County Executive
(when applicable)

Date Signed: 6-10-15



LYNN GREEN, Director,
Department of Human Services
(when applicable)

Program Summary Form

Created: 10/8/2014	Contract #: 82955 ✓	Provider: Tellurian UCAN, Inc.	Funding Period: January 1, 2015 through December 31, 2015 ✓									
Revised: 12/3/2014, 5/20/15 ✓	Division: Adult Community Services											
Contract Maximum Service Costs: Subject to the provisions specified elsewhere in this contract, the following summarizes and sets forth the rates and maximum payments available for services under this contract.												
Program Number	Program Group	Obj. #	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a.	6985	6126	ACFCRTEL	BZCRAA	Crawford	4	124.07	1,387	\$ 172,086		\$ 172,086	600/610
b.	10939	6126	ACFCRTEL	BZCRAA	Crawford - CRS	3	124.07	1,040	\$ 129,033		\$ 129,033	600/610
c.	1342	1342	ACFCRTEL	BZAWAA	Acewood	15	166.08	2,427	\$ 403,077		\$ 403,077	600/610
d.	1343	1343	ACFCRTEL	CZPCAA	Psychiatrist C/TR	70	96.60	490	\$ 30,658	\$ 16,677	\$ 47,335	600/610
e.	1344	1344	ACFCRTEL	BZAPAA	Transitional Housing	20	101.24	5,354	\$ 365,759	\$ 176,287	\$ 542,046	600/610
f.	1616	1616	ACFCLTEL	CMCTAA	Community Intervention Team	100	28.30	14,998	\$ 424,440		\$ 424,440	600/610
g.	4608	4608	ACFCLTEL	IZCTAA	CIT - Adults at Risk	40	62.50	1160	\$ 72,503	✓	\$ 72,503	600/610
h.	10531	10531	ACFCRTEL	BCTEAA	Dane County Care Center	40	353.14	2,190	\$ 773,366		\$ 773,366	600/610
i.	1746	6042	ACFACTEL	AMRXAA	CHARM-Hsg	12	25.00	800	\$ 20,000		\$ 20,000	600/610
j.	10618	6042	ACFACTEL	AMRXAA	CHARM Unconnected Housing	75	25.00	800	\$ 20,000		\$ 20,000	711
Total									✓ 2,410,922	\$ 192,964	\$ 2,603,886	

*Other Revenue-Include here the source and related amount for each program:

- a. The section below is to be used to further define the information above.
Units based on 95% of available beds (4x365x95%-1387). A unit is a day of service.
- b. A unit is a day of service. CRS funding applies only when the bed is occupied.
- c. A unit is a day of service. (7 beds x365 daysx95% = 2427).
- d. A unit is a staff face-to-face hour with a consumer.
- e. Based on 20 beds @80% occupancy. A unit is a day. 12-3-14 - \$61,982 is added due to an additional loss of HUD funding, effective 1-1-15.
- f. A unit is a staff face-to-face hour with a consumer.
- g. Units are based on 40 hours/wk staff time x 60% billable hours x 48 weeks. Units are an hour or service-20-15 - contract increased ✓
by \$10,400. MG
- h. Units are based on 100% of six (6) beds (6x365=2190). A unit is a day of service.
- i. A unit is a staff hour.
- j. A unit is a staff hour.
- k.

Standard Program Category (SPC) Code Description:


- a. 506.61=CBRF
- b. 511=CRS
- c. 506=CBRF
- d. 507.03=Counseling and Therapeutic Res f.
- e. 506=CBRF
- f. 604=Case Management
- g. 603=Intake Assessment
- h. 506.61=CBRF
- i. 106=Housing Assistance
- j. 601=Outreach
- k.

Contract Manager(s)/Programs: Grabot Accountant(s)/Programs: Laura Yundt

Certification

The attached contract: [check as many as apply]


- conforms to Dane County's standard Purchase of Services Agreement form in all respects
- conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy¹
- is a non-standard contract which has been reviewed or developed by corporation counsel and which has not been changed since that review/development
- is a non-standard contract previously review or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy¹
- is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision copy
- contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
- contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
- contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
- contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy¹

Date: 6-10-15 Signed: 
 Telephone Number 242-6469 Print Name: Lynn Green

Major Contracts Review (DCO Sect. 25.20) This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

Executive Summary (attach additional pages, if needed).

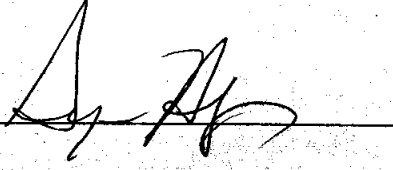
1. Department Head Contract is in the best interest of the County.
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: 6-10-15 Signature: 

2. Director of Administration Contract is in the best interest of the County.
Comments:

Date: _____ Signature: _____

3. Corporation Counsel Contract is in the best interest of the County.
Comments:

Date: 6-9-15 Signature: 

¹ A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).