

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Resolution 273

BAF # 13152

Department: HUMAN SERVICES		Contract/Addendum #: <u>82312A</u>											
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Contract</td> <td style="text-align: center;">Addendum</td> </tr> <tr> <td>POS <input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Grant <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lease <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		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"/>
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: <u>1/1/13 - 12/31/13</u>													
4. Amount of Contract or Addendum: <u>\$ 8050.00</u>													
5. Purpose: NA – Not required when Human Services signs.													
6. Vendor or Funding Source: <u>Tellurian UCAN, Inc.</u> Vendor #: <u>7721-0</u>													
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No. Please give account codes and related \$ amounts. Code: <u>N/A</u> \$ _____; Code: _____ \$ _____													
9. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a resolution been prepared/submitted? <input checked="" 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:													

Human Services Only	a. Dane County Res. #		Approvals	Initials	Date
	b. HSD Res. ID#	<u>25</u>	g. Accountant	<u>SL</u>	<u>2/12/14</u>
	c. Program Manager Name	<u>GRABOT</u>	h. Supervisor	<u>SL</u>	<u>2-26-14</u>
	d. Current Contract Amount	<u>2,399,582</u>	i. To Provider	<u>SL</u>	<u>2-26-14</u>
	e. Adjustment Amount	<u>8,050</u>	j. From Provider	<u>SL</u>	<u>2-26-14</u>
	f. Revised Contract Amount	<u>2,407,632</u>	k. Corporation Counsel	<u>SL</u>	<u>2-16-14</u>

Contract Review/Approvals				Vendor	
Initials		Ftnt	Date In	Date Out	Vendor Name
<u>Mg</u>	Received	_____	<u>3/14/14</u>	_____	Contact Person Phone No. E-mail Address
<u>ca</u>	Controller	_____	_____	<u>3/17/14</u>	
<u>NA</u>	Corporation Counsel	See "k" above	_____	_____	
<u>RA</u>	Risk Management	_____	<u>3/17/14</u>	<u>3/14/14</u>	
<u>REJ</u>	ADA Coordinator	_____	<u>3/17/14</u>	<u>3/17/14</u>	
<u>CO</u>	Purchasing Agent	_____	<u>3/18/14</u>	<u>3/18/14</u>	
_____	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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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: 3-11-14 Signed: [Signature]
 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: 3-11-14 Signature: [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: 3-10-14 Signature: [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).

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. **82312** (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

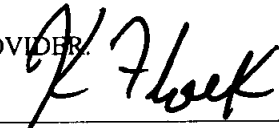
WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

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.

Current Cost for 2013	<u>Addendum Amount</u>	Revised Maximum <u>Cost for 2013</u>
\$2,399,582	\$8,050	\$2,407,632

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: 3/3/14

FOR PROVIDER:


Signature
Kevin Florek 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: 3-11-14



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

Program Summary Form

Created: 10/17/2013
 Revised: 12/18/2013; 2-12-14
 Contract #: 82312 ✓
 Division: Adult Community Services
 Provider: Tellurian UCAN, Inc.
 Funding Period: January 1, 2013 through December 31, 2013 ✓

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	Org. #	Obj. #	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a.	6985	6126	ACFCRTEL	BZCRAA	506.61	3	3	122.38	1,673	\$ 204,783	\$	\$ 204,783	600/610
b.	6985	6126	ACFCRSDN	AZIPAA	506.61	1	1	122.38	141	\$ 17,217	\$	\$ 17,217	600/610
c.	10939	6126	ACFCRTEL	BZCRAA	511	3	3	122.38	613	\$ 75,019	\$	\$ 75,019	600/610
d.	1342	1342	ACFCRTEL	BZAWAA	506	15	7	165.34	2,427	\$ 401,277	\$	\$ 401,277	600/610
e.	1343	1343	ACFCRTEL	CZPCAA	507.03	70	63	96.60	490	\$ 30,658	\$ 16,677	\$ 47,335	600/610
f.	1344	1344	ACFCSTEL	BZAPAA	506	100	20	91.65	5,876	\$ 240,877	\$ 287,643	\$ 538,520	600/610
g.	1616	1616	ACFCLTEL	CMCTAA	604	100	73	28.30	15,000	\$ 424,440	\$	\$ 424,440	600/610
h.	4608	4608	ACFCLTEL	IZCTAA	603	288	40	53.56	1111	\$ 59,516	\$	\$ 59,516	600/610
i.	10531	10531	ACFCRTEL	BCTEAA	506.61	40	7	322.26	2,579	\$ 831,416	\$	\$ 831,416	600/610
j.	1746	6042	ACFACTEL	AMRXAA	106	12	6	25.00	800	\$ 20,000	\$	\$ 20,000	600/610
k.	10618	6042	ACFACTEL	AMRXAA	601	75	20	25.00	800	\$ 20,000	\$	\$ 20,000	711
Total										\$ 2,325,203	\$ 314,320	\$ 2,639,523	

*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 (7x365x95%=2427). A unit is a day of service. Program is partially funded by MA Crisis revenue. 12-18-13 - \$1,397.00 added as waiver funding ended on 12-20-13 for one client. MG												
b.	A unit is a day of service. Waiver funding applies only when the bed is occupied. 12-18-13 - contract reduced by \$1,397.00 as waiver funding ended for one client on 12-20-13. MG												
c.	A unit is a day of service. CRS funding applies only when the bed is occupied.												
d.	Units based on 95% of available beds. (7x365x95% = 2427). A unit is a day of service. Program is partially funded by MA Crisis revenue.												
e.	A unit is a staff face-to-face hour with a consumer.												
f.	Based on 20 beds @80% occupancy. A unit is a day. Program is partially funded by MA Crisis revenue. \$16,677 is from third party billing that PROVIDER does.												
g.	A unit is a staff face-to-face hour with a consumer. Partially funded by MA crisis revenue. \$297,643 is HUD & consumer fees												
h.	Units are based on 40 hours/wk staff time x 60% billable hours x 48 weeks. Units are an hour or service.												
i.	Units are based on 100% of seven (7) beds (7x365=2555). A unit is a day of service. Program is partially funded by MA Crisis revenue, and MA Matching State Grant. 2-12-14 - \$8050 added due to actual earned revenue. MG												
j.	A unit is a staff hour. Program is funded by MA crisis stabilization reimbursement. Funding will only be provided if it is earned by the Provider.												
k.	A unit is a staff hour.												
Standard Program Category (SPC) Code Description:													
a. 506.61=CBRF b. 506.61=CBRF c. 511=CRS d. 506=CBRF e. 507.03=Counseling and Therapeutic Res g. f. 506=CBRF 604=Case Management h. 603=Intake Assessment i. 506.61=CBRF j. 106 = Housing Assistance k. 601 = Outreach													
Contract Manager(s)/Programs: Grabot													
Accountant(s)/Programs: Laura Yuncit													