

**AMENDMENT COVER SHEET
STANDARD AMENDMENTS**
(Minn. Stat. §§ 16C.05, subd. 2(d), 16C.08, subd. 2 and 3)

VI. – E.

Instructions:

1. Complete this form for contract amendments that extend the end date of a contract, add/reduce work and money, or change any other term or condition of the contract.
2. Attach this form to the amendment when it is presented to the Department of Administration for approval. **Please always include copies of the original certification form, the original contract, and any previous amendments as these are used for reference.**
3. Make sure that you are using the updated amendment template where the State Agency signature block reaffirms applicable sections of 16C.08, subdivisions 2 and 3.
4. Admin will retain this cover sheet for its files.

Agency: DHS, Health Care Eligibility and Access	Name of Contractor: Aitkin County
Current contract term: 7/1/2011 – 6/30/2013	Project Identification: MinnesotaCare Eligibility Determination

Amendments to contracts must entail tasks that are substantially similar to those in the original contract or involve tasks that are so closely related to the original contract that it would be impracticable for a different contractor to perform the work. The commissioner or an agency official to whom the commissioner has delegated contracting authority under section 16C. 03, subdivision 16, must determine that an amendment would serve the interest of the state better than a new contract and would cost no more. An amendment should be in effect before the contract expires.

Complete Appropriate Box(es) for the amendment submitted.

1. <input checked="" type="checkbox"/> Amendment to the end date of the contract
Proposed New End Date: 12/31/2013
Why is it necessary to amend the end date? Counties will continue to assist DHS with processing MinnesotaCare applications.

2. <input type="checkbox"/> Amend Duties and Cost <input type="checkbox"/> Amend Duties Only
2a. If cost is amended, insert amount of original contract AND amount of each amendment below:
2b. Describe the amendment:

3. <input checked="" type="checkbox"/> Amendment to change other terms and conditions of the contract
Describe the changes that are being made: The state's authorized representative will be Tyler Richter not David Van Sant.

AMENDMENT NO. 1 TO JPK%34699

Contract Start Date: 7/1/2011 Total Contract Amount: N/A
Original Contract Expiration Date: 6/30/2013 Original Contract Amount: N/A
Current Contract Expiration Date: 6/30/2013 Previous Amendment(s) Total: N/A
Requested Contract Expiration Date: 12/31/2013 Amendment Amount: N/A

This amendment is by and between the State of Minnesota, through its Commissioner of Department of Human Services, Health Care Eligibility and Access Division ("State") and Aitkin County Human Services, 204 First Street NW, Aitkin, MN 56431 ("Contractor"), identified as Contract No. JPK%34699 to process **MinnesotaCare applications to determine eligibility** and

WHEREAS "the State and the Contractor have agreed that additional time is necessary for the satisfactory completion of the contract".

Therefore, the parties agree that:

REVISION 1. Clause 1. "Term of Contract" is amended as follows:

- 1.1 **Effective date:** July 1, 2011, or the date the State obtains all required signatures under Minnesota Statutes Section 16C.05, subdivision 2, whichever is later.
The Contractor must not begin work under this contract until this contract is fully executed and the Contractor has been notified by the State's Authorized Representative to begin the work.
- 1.2 **Expiration date:** ~~6/30/2013~~, December 31, 2013, or until all obligations have been satisfactorily fulfilled, whichever occurs first.

REVISION 2. Clause 3. "Payment" is amended to add:

Payment will be made only for applications that are submitted using the DHS-3417 Health Care Application (HCAPP), DHS-5223 Combined Application Form (CAF), or Apply MN. Payment will not be made for applications made through MNSure, either online or with the DHS-6996 Paper Application.

REVISION 3. Clause 4. "Authorized Representative" is amended as follows:

The State's Authorized Representative is ~~David Van Sant~~, Tyler Richter, HCEA Outreach Contracts Manager, PO Box 64989, St Paul, MN 55164-0989, (651) 431-3929 or his successor.

EXCEPT AS AMENDED HEREIN, THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ALL PREVIOUS AMENDMENTS ARE INCORPORATED HEREIN AND REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, the parties have caused this contract to be duly executed intending to be bound thereby.

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION:

Individual certifies that funds have been encumbered as required by Minn. State. 16A.15 and 16C.05

By (authorized signature)
Date

3. STATE AGENCY:

Individual certifies the applicable provisions of Minn. Stat. 16C.08, subdivisions 2 and 3 are reaffirmed.

By (authorized signature)
Title
Date

2. CONTRACTOR:

CONTRACTOR certifies that the appropriate person(s) have executed the contract on behalf of the CONTRACTOR as required by applicable articles, by-laws, resolutions, or ordinances.

By
Title
Date

4. STATE AGENCY:

Individual certifies the applicable provisions of Minn. Stat. 16C.08, subdivisions 2 and 3 are reaffirmed.

By (authorized signature)
Title Assistant Commissioner
Date

2. CONTRACTOR:

CONTRACTOR certifies that the appropriate person(s) have executed the contract on behalf of the CONTRACTOR as required by applicable articles, by-laws, resolutions, or ordinances.

By
Title
Date

5. COMMISSIONER OF ADMINISTRATION:

By (authorized signature)
Date