

## **PROFESSIONAL SERVICES AGREEMENT – AMENDMENT 2**

**issued by**

**Center for Health Innovation**

A Professional Services Agreement between the Center for Health Innovation, a 501c 3 non-profit organization and existing under the laws of New Mexico, with its principal office located in Silver City, New Mexico (“CHI”) and Incorporated County of Los Alamos (“Subcontractor”), representing Los Alamos Health Council is hereby amended to include the following additions. All other articles remain the same.

### **Article I – Statement of Work**

The Subcontractor will be responsible for the scope of work as presented in Attachment A (see below).

### **Article IV – Period of Performance**

The period of performance under this subcontract shall be for 3 state fiscal years (SFY) with SFY 2022 commencing October 18, 2021 through June 30, 2022, SFY 2023 commencing July 1, 2022 through June 30, 2023, and SFY 2024 commencing July 1, 2023 through May 31, 2024.

### **Article V – Maximum Reimbursement**

The total maximum reimbursement to the Subcontractor for the performance of this agreement is \$150,000 paid in the amount of \$50,000 per SFY. SFY2022 shall be for a 9-month period paid at \$5,555.55 per month; SFY2023 shall be for a 12-month period paid at \$4,166.66 per month; and SFY24 shall be for an 11-month period at \$4545.45 per month. These amounts will apply unless changed by written amendment to this agreement.

### **Article VI – Payment**

CHI shall reimburse the Subcontractor, upon receipt of all eligible invoice along with any required documents, up to the total maximum reimbursement set forth in Article V. Payment will be provided for items completed per Article I - Scope of Work of this agreement. All project-related staff, travel, benefits, materials, supplies and other administrative costs are the responsibility of the Subcontractor.

Eligible invoices should be submitted monthly. If a health council falls more than 2 months behind on their invoicing, they will be contacted by NMAHC for assistance and must resolve any issues and be caught up with their invoices by the next invoicing period. Health councils cannot go more than 3 months without invoicing. For example, if a health council has not invoiced for July and August, it must include all 3 months (July, Aug and Sept) in the September invoice. Anything prior to the current 3-month period cannot be billed. Future invoices will be allowed following the same principle. The exception is the final month of the contract, whereby all invoices for year 3 must be received by June 5, 2024.

Invoices for all activities for October 2021 through June 2022 will not be accepted or paid if not submitted by July 5th, 2022. Invoices for any activities for July 2022 through June 2023 will not

be accepted or paid if not submitted by July 5th, 2023. Invoices for any activities for July 2023 through May 2024 will not be accepted or paid if not submitted by June 5th, 2024.

All payments shall be based on the availability of funding. All payments must be allowable by the funding source and any restrictions defined by the funding source will be restricted under this agreement. All payments also will be considered provisional and subject to adjustment for compliance with the total maximum reimbursement established in Article V, in the event such adjustment is necessary as a result of an audit by CHI or the Federal Government.

Authorized Signature below is acknowledgement and acceptance of this modification.

\_\_\_\_\_  
Subcontractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Authorized Official

**NEW CDC/Kellogg Contracts**

In order to process FY24 contracts, all health councils must:

- Submit a new W-9 signed by the authorized official to the Center for Health Innovation.
- Return the contract signed by the authorized official to the Center for Health Innovation.

All health council coordinators, leaders and/or members must:

<b>Deliverable</b>	<b>Deliverable Detail/Milestones</b>	<b>Documentation</b>
1. Initial Start Up	1A. Hire a staff/contractor. 20-40 hours per week is suggested.	Contact information provided on Monthly Report. (1-time or if there are changes)
	1B. A leadership team is established to meet regularly and guide the development or capacity improvement process.	Health Council leadership team roster uploaded to Monthly Report. (1-time or if there are changes)
2. Improve Health Council capacity	2A. Attend capacity assessment training. Complete assessment of organizational core components.	Completed capacity assessment submitted with monthly report. (1-time)
	2B. Identify capacity components to establish or improve (see checklist) and develop an action plan.	Capacity priorities and action plan submitted with monthly report. (1-time)
	2C. Document progress on capacity action plan.	Capacity action plan progress report submitted with monthly report. (Quarterly)
3. Attend technical assistance (TA) meetings.	3A. TA will be provided to health councils by DOH Health Promotion Team and NMAHC. (AASTEC and/or other tribal support is available as needed).	3A. Report TA meetings attended, outcomes and TA needs on the Monthly Report. (Monthly)
4. Participate in peer learning opportunities.	4A. Real-time, remote, peer-led learning opportunities will be available monthly (1 <sup>st</sup> and 3 <sup>rd</sup> Mondays). Peer learning sessions are recorded and accessible to all health councils. The learning sessions and recordings, along with resource libraries, learning circles and other learning opportunities are available through NMAHC’s learning platform.	4A. Report trainings attended on the Monthly Report. (Monthly)
5. Attend Statewide Health Council meeting	5A. All health councils should plan to attend the Annual Statewide Health Council meeting to network with staff from other health councils, NMAHC and DOH; share experiences and accomplishments; and learn from others.	5A. Meeting registration and Sign In. NMAHC will have these documents on file. (1-time) Meeting evaluation. NMAHC will have these documents on file. (1-time)
6. Submit reports to support evaluation.	5A. Submit a completed invoice and Monthly Reports with back-up to NMAHC. One Monthly Report must be completed for each month invoiced.  5B. Complete a capacity assessment, capacity improvement action plan and report action plan progress. (See #1)	6A. <ul style="list-style-type: none"> <li>● Completed Invoice (cannot go more than 3 months without invoicing).</li> <li>● Monthly Report (one for each month invoiced) with back-up documentation listed in the report.</li> </ul>

		<ul style="list-style-type: none"> <li>Completed capacity assessment, capacity plan and progress reports (see #1)</li> </ul>
7. [Optional] Community Health Improvement Planning	7A, [Optional] Once a health council establishes core organizational capacity, it can begin a process to identify at least one health council priority where research and implementation of best practices is applied. This deliverable includes the Community Health Improvement Plan (CHIP) process and also meets deliverable #5 of the DOH traditional contract.	7A. [Optional] Submit CHIP form with monthly report (1-time) OR documentation provided to DOH for deliverable #5.