

PROFESSIONAL SERVICES AGREEMENT – AMENDMENT 1

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 County Health Council is hereby amended to delete Articles I and VI, and Attachment A in their entirety and replace with the following as noted herein. 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-I as attached hereto and made a part hereof for all purposes.

Article VI – Payment

CHI shall reimburse the Subcontractor, upon receipt of 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.

Invoices should be submitted monthly. If a Sub-Contractor falls more than 3 months behind on their invoicing, it will be contacted by NMAHC for assistance and must resolve any issues and be caught up with invoices by the next invoicing period.

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.

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’s below is acknowledgement and acceptance of this Amendment.

Authorized Official
Center for Health Innovation

Incorporated County of Los Alamos

Charlie Alfero, Date
Executive Director

Steven Lynne, Date
County Manager

ATTACHMENT A-1 – Scope of Work

YEAR 1	Deliverables/Milestones
1. Initial Start Up	1A. Hire staffer/contractor/s.
	1B. Health Equity Committee (HEC) is established to meet regularly and advise health council and state on equity-related issues.
2. Assess Health Council capacity to achieve deliverables, outcomes and impact associated with vaccine equity and program goals.	2A. Health councils complete the initial capacity self-assessment.
3. Attend CDC Vaccine Equity and Community Rebuilding training using the CBPR and health equity framework to carry out vaccine equity and program goals.	3A. Attend training based on the Community Based Participatory Research (CBPR) and health equity framework
	3B. Stakeholder Engagement Training
	3C. Data to Action Training
	3D. Vaccine Equity Action Training.
	3E. Based on training and technical assistance (TA), develop a vaccine equity (VE) action plan and submit monthly progress reports.
4. Participate in Technical Assistance (TA) meetings	4A. NMAHC staff and consultants to provide TA to all health councils based on individualized needs.
5. Participate in peer learning meetings.	5A. Peer learning meetings allow Health Council staff to share with and learn from other health councils. Meetings will be scheduled as appropriate.
6. Statewide Health Council Meeting	6A. All health councils are required to attend the New Mexico Alliance of Health Councils annual meeting.
7. Attend one elective training	7A. Topics will be based on health council feedback and needs
YEAR 2	Deliverables/Milestones
1. Continue to improve Health Council capacity	1A. Create health council capacity improvement goal(s) and an action plan to achieve the identified goals.
	1B. Document progress on capacity action plan.
2. Attend trainings and meetings, using CBPR and Equity Lens, engage in group/regional discussions about goals, strategies and progress made with HB137-related community building goals.	2A. Regional and topical trainings and meetings for planning, mobilizing, implementing and showing progress with community building strategies. Based on trainings and TA, identify one community rebuilding/health priority goal, the plan to address this priority and progress to build on Year 1 efforts . The goal and plan is part of the Community Health Improvement (CHIP) process
3. Attend technical assistance meetings.	3A. TA will be provided to all health councils by NMAHC staff and consultants based on individualized needs.
4. Participate in peer learning meetings.	4A. Peer learning meetings allow Health Council staff to share with and learn from other health councils. Meetings will be scheduled as appropriate.

5. Share community building progress at statewide Health Council meeting	5A. All Health councils share progress in their capacity goals and health improvement goal through presentations and discussions.
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