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CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 North 18th Avenue, Suite 260
Phoenix, Arizona 85007
(602) 542-1741 Fax

Contract No: ADHS15-096693 **Amendment No: 2**

Procurement Officer:
Gina Crocker

Health Start Program

Effective upon signature of all parties, it is mutually agreed that the Contract referenced is amended as follows:

1. Pursuant to Uniform Terms and Conditions, Provision Five (5), Contract Changes, Item 5.1 Amendments, the Special Terms and Conditions, Provision Two (2), Term of Contract (3 Years) and Provision Three (3), Contract Extension (5 Year Maximum) is hereby amended to extend the contract through **June 30, 2019, the fourth year of the contract.**

2. Pursuant to Uniform Terms and Conditions, Provision Five (5), Contract Changes, Item5.1 Amendments, Provision Thirteen (13), **THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA OR TRANSPARENCY ACT - P.L.109-282, AS AMENDED BY SECTION 6202(A) OF P.L. 110-252), FOUND AT** https://www.fsrs.gov/ is hereby added to read as follows:

   13. if applicable, the Contractor/Grantee shall submit to ADHS via email the Grant Reporting Certification Form. This form and the instructions can be downloaded from the ADHS Procurement website at http://www.azdhs.gov/operations/financial-services/procurement/index.php#ffata and must be returned to the ADHS by the 15th of the month following that in which the award was received. The form shall be completed electronically, and submitted using the steps outlined in the Grant Reporting Certification Form Instructions to the following email address: ADHS_Grant@azdhs.gov. All required fields must be filled including Top Employee Compensation, if applicable. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at http://www.whitehouse.gov/omb/open. Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds. This requirement applies to all subcontractors/sub-awardees utilized by the Contractor/Grantee for amounts exceeding $30,000.00 during the term of the Award.

All other provisions shall remain in their entirety.

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date. _____ Signature / Date	The above referenced Contract Amendment is hereby executed this _____ day of _____, 2018 at Phoenix, Arizona
Authorized Signatory's Name and Title:	Procurement Officer
Contractor's Name: **Cochise Health and Social Services.**	