

FULLY EXECUTED

**AGREEMENT APPROVAL FORM
RI DEPARTMENT OF HUMAN SERVICES (RI DHS)
FINANCIAL MANAGEMENT**

To: Melba Depeña Affigne, Director, DHS
 From: Joseph Murphy, VR Assistant Administrator
 Please Print Name
 Prepared By: Kathleen Grygiel, VR Administrator

Date: June 24, 2016

RI DHS Agreement Number: VR 14/17-01

Agreement/Amendment Between DHS And Rhode Island College ✓
600 Mt. Pleasant Avenue
Providence, RI 02908

Contractor's Authorized Representative for this Agreement Lisa Smolski, Director, Office of Research & Grants Administration

Documents Verifying Authorization (yes or no) Yes No

FEIN: 05-6016315

DUNS: 75707588 ✓

Type of Agreement

MOU	
Standard Agreement	x
Data Sharing Agreement / DUA	
Other	
Lease	
DHS as Grantee	

Amendment

	2

Performance Period October 1, 2013 To September 30, 2017

Amount of Funds Contracted By This Action *Original Amt* \$184,347.00 *Changed Amt* \$0.00
(New) Total Amount of the Contract \$184,347.00

Appropriation Account To Be Charged	<u>10.069.2275108.02.654120.00000</u>	79%
	<u>10.069.2270110.01.654120.00000</u>	21%

Agreement Provides for the Exchange of Personal Health Care Information Yes No

Title of Agreement: VOCATIONAL REHABILITATION

Purpose of this Agreement/Amendment is to: This Amendment will not result in additional cost to the department. This Amendment #2 to Addendum III to reflect new guidelines from DHS. The remainder of the contract to remain the same.

Approval Block

	DATE FM DELIVERED	DATE RECEIVED	DATE APPROVED	INITIALS
FISCAL REVIEW			6/30/16	[Signature]
PROGRAM MANAGER			6/30/16	[Signature]
CONTRACT MANAGEMENT		7/6/16	7/6/16	VR
CONTRACT REVIEW		7/6/16	7-7-16	KR
FISCAL REVIEW		7/7/16	7/7/16	AP
LEGAL OFFICE	7/7/16	7-21-16	7-21-16	DAB
FINANCIAL MANAGEMENT	7/25/16	7/25/16	7/25/16	NW
ASSOCIATE DIRECTOR (PROGRAM)	7/15	7/15	7/15	RA

PLEASE RETURN TO CONTRACT MANAGEMENT

Date Sent to Contractor for Signature: INITIALS 7/27/16 VR
 Date Received from Contractor: INITIALS 9/29/16 VR

APPROVAL OF DHS DIRECTOR

9/29/16 10/10/16 C.L

AMENDMENT NO. 2

TO

AGREEMENT NO. VR 14/17-01

BETWEEN

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES

AND

RHODE ISLAND COLLEGE

This Agreement originally entered into on the first day of October 2013, is hereby revised as follows:

1. Addendum III – PAYMENTS AND REPORTS SCHEDULE – is eliminated and replaced with a new, revised Addendum III, dated June 20, 2016.
2. All other provisions of the original agreement and other appropriate Addenda shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have hereunder set their hands as of the date first above written and this Agreement made legally binding as follows:

STATE OF RHODE ISLAND:

RHODE ISLAND COLLEGE


MELBA DEPENA AFFIGNE, DIRECTOR
DEPARTMENT OF HUMAN SERVICES


AUTHORIZED AGENT/SIGNATURE
TITLE: Director Research &
College Initiatives
LISA SMOLSKI
PRINT NAME

10/10/16
DATE

9/26/16
DATE

**ADDENDUM III
PAYMENTS AND REPORTS
SCHEDULE
CONTRACT NO. VR 14/17-01
AMENDMENT NO. 2
REVISED 6-30-2016**

1. Request for Payment & Reports

a. Reports

- i. The Contractor shall submit to the Department a **quarterly** narrative Report, within ten (10) business days after the end of the quarter, reporting on services as described in Addendum I –Scope of Work.
- ii. The Contractor shall submit to the Department on a **monthly** basis an invoice and fiscal report, within ten (10) business days after the end of the month, using **DHS Form FM1**, indicating incurred expenditures during the reporting period.
- iii. The Contractor shall submit to the Department a **quarterly** statistical report indicating the quarterly expenditures and services/recipients.
- iv. The Contractor shall provide additional reports at the request of the Department.
- v. All reports shall be sent to: Program Manager, Joseph Murphy, Assistant Administrator, Rhode Island Department of Human Services – Office of Rehabilitation Services, 40 Fountain Street, Providence, RI 02903

b. Request for Payment

- i. The Contractor shall submit to the Department a **monthly** request for Payment within ten (10) business days after the end of each month, using **DHS Form FM1**.
- ii. Failure to provide acceptable program and fiscal reports within the prescribed time frame may, at ORS/DHS' sole discretion, result in a delay of the monthly payments.
- iii. Request for payment shall be sent to: Program Manager, Joseph Murphy, Assistant Administrator, Rhode Island Department of Human Services – Office of Rehabilitation Services, 40 Fountain Street, Providence, RI 02903 by mail or by e-mail to joseph.murphy@ors.ri.gov. or if applicable submit the request for payment through the RIFANS Supplier Portal (ISupplier): <http://controller.admin.ri.gov/iSupplier/isup/index.php>.

1. Please ensure that all invoices include the purchase order number.
If applicable, the invoice should identify the charges associated to

each line item described in the purchase order. It is important to follow this process to assure that your payments are not delayed.

a. **Payments**

- i. Payments under this agreement are contingent upon the submission of the appropriate documentation by the Contractor. Payments are to be requested monthly, the Department must receive the DHS Form FM1, and any other reports as requested above in **a. Reports** prior to payments being released. All payments must be reimbursable, no advanced payments are permitted.
- ii. Failure to provide reporting or documentation from any Agreement may result in a delay of payments.
- iii. All funds are subject to Paragraph 8 d) Availability of Funds of this Agreement.
- iv. Total of payments shall not exceed the agreed upon amount of this contract.

2. Performance Measures Reports

- a. If applicable, the Contractor shall submit to the Department documentation, within ten (10) business days after the end of each month reporting on performance measures as described in Addendum I –Scope of Work.
- b. The documentation will be reviewed by the Department. If the documentation provided does not contain adequate data, the Department shall request more documentation. It is the Contractor's responsibility to provide documentation to ensure performance is being completed in accordance with this Agreement.
- c. If the Documentation provided does not satisfy the Performance Measures, the Department will conduct a Risk Assessment of the Contractor. While a risk assessment is being conducted, payments may be held.
- d. All Performance Measures shall be sent to the Program Manager identified in **(Item 1. Reports)**.

3. Audits and Fiscal Reports

- a. The Contractor shall submit to the Department Financial Statements, within six (6) months after the completion of the Contractor's fiscal year /or in accordance with 2 CFR 200.512. All applicable document must be uploaded to the Federal Audit Clearinghouse (FAC). <https://harvester.census.gov/facweb>
- b. The Financial Statements and/or reports will be reviewed by the Department. If the documentation provided does not contain adequate data or contains

abnormalities, the Department shall request more documentation. Any additionally requested data must be provided to the Department within twenty (20) calendar days, unless otherwise agreed upon in writing by both the Department and the Contractor. It is the Contractor's responsibility to provide documentation to ensure payments are being used in accordance with this Agreement.

- c. If the Documentation provided does not satisfy the Department, the Department will conduct a financial review and request corrective measures from the Contractor. While a financial review is being conducted, payments may be held.
- d. Reports shall be sent to: Program Manager, Joseph Murphy, Assistant Administrator, Rhode Island Department of Human Services – Office of Rehabilitation Services, 40 Fountain Street, Providence, RI 02903 by mail or by email to joseph.murphy@ors.ri.gov. Reports shall be provided in accordance with 2 CFR 200.300, 2 CFR 200.500 et Seq.