AMENDMENT NO. 1

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 I – REQUEST FOR PROPOSAL AND/OR SCOPE OF WORK** – is eliminated and replaced with a new, revised Addendum I, dated April 1, 2015.

2. **Addendum II – BUDGET** – is eliminated and replaced with a new Addendum II dated April 1, 2015.

3. **Addendum III – PAYMENTS AND REPORTS SCHEDULE** – is eliminated and replaced with a new Addendum III dated April 1, 2015.

4. 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:

MELBA DEPENA AFFIGNE, DIRECTOR
DEPARTMENT OF HUMAN SERVICES

8/24/15
DATE

RHODE ISLAND COLLEGE

Lisa Smolski
AUTHORIZED AGENT/SIGNATURE
TITLE: Director, Research + College Initiatives

LISA SMOLSKI
PRINT NAME

8/5/15
DATE

Sub-Award Agreement: Federal Funding Information

- [ ] Initial Award
- [x] Amendment
- [ ] Sub-award is funded with a single federal award.
- [ ] Sub-award is funded with more than one federal award.

Section I. State Awarding Agency Information	
1. State Awarding Agency: Office of Rehabilitation Services	2. State Agency Contact Name: Joseph F. Murphy
3. State Agency Contact Phone: (401) 462-7854	4. State Agency Contact E-Mail: joseph.murphy@ors.ri.gov
Section II. Sub-Award Identifying Information	
5. Sub-Recipient Name: Rhode Island College	6. Sub-Recipient DUNS Number: 75707588
7. Sub-Award Start Date: 10/1/2013	8. Sub-Award End Date: 9/30/2017
9. Amount Obligated this Action: ($-50,333)	10. Total Amount Obligated To-Date: $184,347
11. Sub-Award Project Description: To develop and coordinate statewide system for benefits counseling.	
Section III. Sub-Award Funding Information – Federal Award(s)	
Federal Award 1	
12. Federal Award Identification Number: H126A150058	13. Name of Federal Awarding Agency: US Department of Education
14. Federal Award Date: 10/1/2014 - 9/30/2015	15. Total Amount of the Federal Award: $8,648,618
16. CFDA Number and Name: 84.126A Rehabilitation Services - VR Grants to States	
17. Amount Obligated this Action: ($-50,333)	18. Total Amount Obligated To-Date: $145,081
19. State Agency Approved Indirect Rate: NA	20. Sub-Recipient Approved Indirect Rate: 8%
21. Research & Development (R&D) (Yes/No): No	
22. Federal Award Project Description: To assist States in operating comprehensive, coordinated, effective, efficient and accountable programs of vocational rehabilitation; to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice so they may prepare for and engage in competitive employment.	
Federal Award 2	
12. Federal Award Identification Number:	13. Name of Federal Awarding Agency:
14. Federal Award Date:	15. Total Amount of the Federal Award:
16. CFDA Number and Name:	
17. Amount Obligated this Action:	18. Amount Obligated To-Date:
19. State Agency Approved Indirect Rate:	20. Sub-Recipient Approved Indirect Rate:
21. Research & Development (R&D) (Yes/No):	
22. Federal Award Project Description:	

Sherlock Center / ORS Contract Work Plan Amendment #1
4/1/15

Scope of work:
The purpose of the contract is to increase the number of quality employment outcomes – defined as jobs that are community based, integrated, with a competitive wage at or above minimum -- for transition age youth (ages 18 through 24) and adults with significant disabilities. The scope of the work includes:

1. Contractor must work to develop a collaborative system to support the statewide expansion for coordinated benefits counseling access, provision of benefits counseling and dissemination of Work Incentives information.
2. Contractor must work to improve and increase ORS vendor capacity and skills to provide Supported Employment services through coordinating the MH and DD Supported Employment Councils. The Councils will be a forum for state and CRP collaboration, information dissemination, sharing of best practice, networking, and community of practice.

Contract Year	Length of Contract:	Funding:
Year 1	October 1, 2013 to September 30, 2014	$56,447
Year 2	October 1, 2014 to September 30, 2015	$57,900
Year 3	October 1, 2015 to September 30, 2016	$40,000
Year 4	October 1, 2016 to September 30, 2017	$30,000

GOAL # 1: Develop a collaborative system to support the statewide expansion for coordinating Benefits Counseling access, provision of benefits counseling and dissemination of Work Incentives information.

Objective 1: Increase RI's capacity to offer benefits counselling to SSI and/or SSDI beneficiaries.

a. Establish current CWIC capacity and state need. Submit report on findings.
b. Work to enlist SSA and DOJ to offer CWIC certification training in Rhode Island and provide schedule of when and where trainings will be offered.
c. Determine screening mechanism for new candidates for benefits counselor training.
d. Convene benefits counselor network meetings six times per year and provide schedule.
e. Encourage creation of Independent Coalition of RI benefits counselors and affiliate with national network if appropriate.

Objective 2: Increase the revenue streams to support benefits counseling services.

a. Build a coalition to develop a state model, including necessary funding, to support access to work incentive information and benefits counselling. Coalition should include Consent Decree identified state agencies (RIDE, BHDDH, ORS) as well as DLT/DEI, SSA Employment Networks, CWIC representation and others as appropriate.

b. Research and examine existing and needed funding to support development and sustainability of a BC referral and information service.

i. Explore Medicaid: Buy-in, state plan and waiver.
ii. Research CMS briefs, guidance letters and policy documents to clarify the funding options available to states.
iii. SSA Employment Networks.
iv. RI Foundation and other private grants.
v. Submit report on findings.

c. Apply for WIPA grant when RFP released in the spring of 2015

Objective 3: Determine feasibility of a statewide fee for service referral system (similar to CDHH ASL interpreters)

a. Explore local and national models of centralized referral services, specifically for SSA benefits counseling.
b. Determine demand / capacity: collect data on number of SSI / SSDI beneficiaries in state – potential # of candidates. Submit report on findings.
c. Identify intensity of service models, multiple contact need and indicators for each
   i. Group orientations: establish threshold for access to group orientation; and provide schedule of when and where orientations will be offered
   ii. Individual benefits analysis sessions: determine appropriate time for individual session (i.e., working, having a job offer, at critical times while using SSA work incentives, etc.).

Objective 4: Develop a state specific professional standard for benefits counselors and continuing education requirements

a. Explore national models, including Maryland.
b. Work with benefits counselors and advocates to outline standards on a state level.
c. Determine a state certification standard.
d. Advocate for state standards in procedure and policy if necessary.
e. Coordinate continuing education opportunities especially regarding state specific services.

Objective 5: Expand community knowledge of work incentives through information dissemination

a. Develop and maintain fact sheets.
b. Explore website information models, including self-paced webinar.

<u>GOAL # 2:</u> Improve ORS vendor capacity and skills to provide Supported Employment services through communities of practice (Supported Employment Councils)

Objective 1: Coordinate the MH and DD Supported Employment Councils. The Councils will be a forum for state and CRP collaboration, information dissemination, sharing of best practice, networking, and community of practice.

a) Coordinate MH Supported Employment Council 8 – 10 per year
b) Coordinate DD Supported Employment Council 8 – 10 per year
c) Joint meetings of MH and DD Supported Employment Councils as indicated by identified need.

All work must be done in accordance with CFR Title 48: Federal Acquisition Regulations System Subpart 831.70—Contract Cost Principles and Procedures.

April 1, 2015

SUMMARY

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET

NAME OF AGENCY: RI College

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 05-6016315 **DUNS - 075707588**

ADDRESS: 600 Mt. Pleasant Ave

CITY/TOWN: Providence ZIP CODE: 02908

PHONE NUMBER: 401-456-8072 FAX: 401-456-8150

EXECUTIVE DIRECTOR: Tony Antosh

TIME OF PERFORMANCE: FROM October 1, 2013 TO September 30, 2017

SUMMARY

BUDGET SUMMARY

	COST CATEGORY	AMOUNT
1.	PERSONNEL	$160,966
2.	CONSULTANT AND SUB CONTRACT SERVICES	
3.	TRAVEL	$1,000
4.	SPACE	
5.	SUPPLIES	$870
6.	EQUIPMENT	
7.	OTHER COSTS	$21,611
	TOTAL FUNDS REQUESTED:	$184,347

Year 1

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET

NAME OF AGENCY: RI College

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 05-6016315 **DUNS - 075707588**

ADDRESS: 600 Mt. Pleasant Ave

CITY/TOWN: Providence ZIP CODE: 02908

PHONE NUMBER: 401-456-8072 FAX: 401-456-8150

EXECUTIVE DIRECTOR: Tony Antosh

TIME OF PERFORMANCE: FROM October 1, 2013 TO September 30, 2014

Year 1

BUDGET SUMMARY

	COST CATEGORY	AMOUNT
1.	PERSONNEL	$44,816
2.	CONSULTANT AND SUB CONTRACT SERVICES	
3.	TRAVEL	
4.	SPACE	
5.	SUPPLIES	
6.	EQUIPMENT	
7.	OTHER COSTS	$11,631
	TOTAL FUNDS REQUESTED:	$56,447

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

PERSONNEL REQUEST*

A	B	C	D	E	F	G	H	I
POSITION TITLE	EMPLOYEE NAME	TOTAL ANNUAL SALARY	TOTAL ANNUAL FRINGE BENEFITS	% APPLIED TO PROJECT	SALARY ON PROJECT (Column C x E)	FRINGE BENEFITS ON PROJECT (Column D x E)	TOTAL PERSONNEL COST ON PROJECT (Column F + G)	SOURCE OF OTHER** FUNDS
Coordinator, Access to Integrated Employment	Vicki Ferrara	$70,109	$16,416	35%	$24,538	$5,745	$30,283	Sherlock Center
Associate Director	Mary Anne Pallack	$75,088	$35,685	5%	$3,754	$1,784	$5,538	Sherlock Center
Coordinator, Adult Supports	Claire Rosenbaum	$55,705	$16,250	10%	$5,570	$1,625	$7,195	Sherlock Center
Researcher	TBA	$67,000	$23,000	2%	$1,340	$460	$1,800	Sherlock Center
						TOTAL→	$44,816	

* ROUND TO NEAREST DOLLAR

** INDICATE FUNDING SOURCE IF EMPLOYEE COST IS SHARED

ENTER ON LINE 1
PAGE 1

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET DETAIL

CONSULTANTS & SUB CONTRACT SERVICES	TYPE, NAME, HOURLY RATE, NUMBER OF HOURS, ETC		COST
	Enter on page 1, line 2	CATEGORY TOTAL→	
TRAVEL	PURPOSE, RATE, NUMBER OF MILES, ETC		COST
	Enter on page 1, line 3	CATEGORY TOTAL→	
SPACE	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 4	CATEGORY TOTAL→	
SUPPLIES	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 5	CATEGORY TOTAL→	
EQUIPMENT	PURCHASE, LEASE, RENTAL		COST
	Enter on page 1, line 6	CATEGORY TOTAL→	
OTHER COSTS	DESCRIPTION	COST PER MONTH	COST
	ORS Partner share for objective 1 trainings - see scope of work		$300
	ORS Partner share for objective 2 transition series- see scope of work		$3,400
	ORS Partner share for objective 3 leadership and advanced training - see scope of work		$2,250
	ORS Partner share for objective 4 conference- see scope of work		$1,500
	Indirect Costs (8%)		$4,181
	Enter on page 1, line 7	CATEGORY TOTAL→	$11,631

April 1, 2015

Year 2

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET

NAME OF AGENCY: Paul V. Sherlock Center on Disabilities at RI College

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 05-6016315 **DUNS - 075707588**

ADDRESS: 600 Mt. Pleasant Ave

CITY/TOWN: Providence ZIP CODE: 02908

PHONE NUMBER: 401-456-8072 FAX: 401-456-8150

EXECUTIVE DIRECTOR: Tony Antosh

TIME OF PERFORMANCE: FROM October 1, 2014 TO September 30, 2015

Year 2

BUDGET SUMMARY

	COST CATEGORY	AMOUNT
1.	PERSONNEL	$52,307
2.	CONSULTANT AND SUB CONTRACT SERVICES	
3.	TRAVEL	$900
4.	SPACE	
5.	SUPPLIES	$404
6.	EQUIPMENT	
7.	OTHER COSTS	$4,289
	TOTAL FUNDS REQUESTED:	$57,900

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

PERSONNEL REQUEST*

A	B	C	D	E	F	G	H	I
POSITION TITLE	EMPLOYEE NAME	TOTAL ANNUAL SALARY	TOTAL ANNUAL FRINGE BENEFITS	% APPLIED TO PROJECT	SALARY ON PROJECT (Column C x E)	FRINGE BENEFITS ON PROJECT (Column D x E)	TOTAL PERSONNEL COST ON PROJECT (Column F + G)	SOURCE OF OTHER** FUNDS
Coordinator, Access to Integrated Employment	Vicki Ferrara	$72,212	$16,908	35%	$25,274	$5,918	$31,192	Sherlock Center
Associate Director	Mary Anne Pallack	$77,341	$36,755	5%	$3,867	$1,838	$5,705	Sherlock Center
Coordinator, Adult Supports	Claire Rosenbaum	$57,376	$16,738	10%	$5,737	$1,673	$7,410	Sherlock Center
Consultants as needed	TBA						$4,000	Sherlock Center
Web design - dissemination	Sharon Terzian	$52,000	$28,000	5%	$2,600	$1,400	$4,000	Sherlock Center
						TOTAL→	$52,307	

* ROUND TO NEAREST DOLLAR

** INDICATE FUNDING SOURCE IF EMPLOYEE COST IS SHARED

ENTER ON LINE 1
PAGE 1

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET DETAIL

CONSULTANTS & SUB CONTRACT SERVICES	TYPE, NAME, HOURLY RATE, NUMBER OF HOURS, ETC		COST
	Enter on page 1, line 2	CATEGORY TOTAL→	
TRAVEL	PURPOSE, RATE, NUMBER OF MILES, ETC		COST
	Consultant Travel		$900
	Enter on page 1, line 3	CATEGORY TOTAL→	$900
SPACE	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 4	CATEGORY TOTAL→	
SUPPLIES	DESCRIPTION	COST PER MONTH	COST
	Misc Supplies		$404
	Enter on page 1, line 5	CATEGORY TOTAL→	$404
EQUIPMENT	PURCHASE, LEASE, RENTAL		COST
	Enter on page 1, line 6	CATEGORY TOTAL→	
OTHER COSTS	DESCRIPTION	COST PER MONTH	COST
	Indirect Costs (8%)		$4,289
	Enter on page 1, line 7	CATEGORY TOTAL→	$4,289

April 1, 2015

Year 3

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET

NAME OF AGENCY: RI College

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 05-6016315 **DUNS - 075707588**

ADDRESS: 600 Mt. Pleasant Ave

CITY/TOWN: Providence ZIP CODE: 02908

PHONE NUMBER: 401-456-8072 FAX: 401-456-8150

EXECUTIVE DIRECTOR: Tony Antosh

TIME OF PERFORMANCE: FROM October 1, 2015 TO September 30, 2016

Year 3

BUDGET SUMMARY

	COST CATEGORY	AMOUNT
1.	PERSONNEL	$36,571
2.	CONSULTANT AND SUB CONTRACT SERVICES	
3.	TRAVEL	
4.	SPACE	
5.	SUPPLIES	$466
6.	EQUIPMENT	
7.	OTHER COSTS	$2,963
	TOTAL FUNDS REQUESTED:	$40,000

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

PERSONNEL REQUEST*

A	B	C	D	E	F	G	H	I
POSITION TITLE	EMPLOYEE NAME	TOTAL ANNUAL SALARY	TOTAL ANNUAL FRINGE BENEFITS	% APPLIED TO PROJECT	SALARY ON PROJECT (Column C x E)	FRINGE BENEFITS ON PROJECT (Column D x E)	TOTAL PERSONNEL COST ON PROJECT (Column F + G)	SOURCE OF OTHER** FUNDS
Coordinator, Access to Integrated Employment	Vicki Ferrara	$74,378	$17,416	30%	$22,313	$5,225	$27,438	Sherlock Center
Coordinator, Adult Supports	Claire Rosenbaum	$59,097	$17,240	10%	$5,909	$1,724	$7,633	Sherlock Center
Consultants as needed							$1,500	
						TOTAL→	$36,571	

* ROUND TO NEAREST DOLLAR

** INDICATE FUNDING SOURCE IF EMPLOYEE COST IS SHARED

ENTER ON LINE 1
PAGE 1

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET DETAIL

CONSULTANTS & SUB CONTRACT SERVICES	TYPE, NAME, HOURLY RATE, NUMBER OF HOURS, ETC		COST
	Enter on page 1, line 2	CATEGORY TOTAL→	
TRAVEL	PURPOSE, RATE, NUMBER OF MILES, ETC		COST
	Enter on page 1, line 3	CATEGORY TOTAL→	
SPACE	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 4	CATEGORY TOTAL→	
SUPPLIES	DESCRIPTION	COST PER MONTH	COST
	Supplies		$466
	Enter on page 1, line 5	CATEGORY TOTAL→	
EQUIPMENT	PURCHASE, LEASE, RENTAL		COST
	Enter on page 1, line 6	CATEGORY TOTAL→	
OTHER COSTS	DESCRIPTION	COST PER MONTH	COST
	Indirect Costs (8%)		$2,963
	Enter on page 1, line 7	CATEGORY TOTAL→	$2,963

April 1, 2015

Year 4

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET

NAME OF AGENCY: RI College

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 05-6016315 **DUNS - 075707588**

ADDRESS: 600 Mt. Pleasant Ave

CITY/TOWN: Providence ZIP CODE: 02908

PHONE NUMBER: 401-456-8072 FAX: 401-456-8150

EXECUTIVE DIRECTOR: Tony Antosh

TIME OF PERFORMANCE: FROM October 1, 2016 TO September 30, 2017

Year 4

BUDGET SUMMARY

	COST CATEGORY	AMOUNT
1.	PERSONNEL	$27,272
2.	CONSULTANT AND SUB CONTRACT SERVICES	
3.	TRAVEL	
4.	SPACE	
5.	SUPPLIES	
6.	EQUIPMENT	
7.	OTHER COSTS	$2,728
	TOTAL FUNDS REQUESTED:	$30,000

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

PERSONNEL REQUEST*

A	B	C	D	E	F	G	H	I
POSITION TITLE	EMPLOYEE NAME	TOTAL ANNUAL SALARY	TOTAL ANNUAL FRINGE BENEFITS	% APPLIED TO PROJECT	SALARY ON PROJECT (Column C x E)	FRINGE BENEFITS ON PROJECT (Column D x E)	TOTAL PERSONNEL COST ON PROJECT (Column F + G)	SOURCE OF OTHER** FUNDS
Coordinator, Access to Integrated Employment	Vicki Ferrara	$76,610	$17,938	20%	$15,322	$3,588	$18,910	Sherlock Center
Coordinator, Adult Supports	Claire Rosenbaum	$60,870	$17,757	10%	$6,087	$1,775	$7,862	Sherlock Center
Consultants as needed							$500	
						TOTAL→	$27,272	

* ROUND TO NEAREST DOLLAR

** INDICATE FUNDING SOURCE IF EMPLOYEE COST IS SHARED

ENTER ON LINE 1
PAGE 1

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

BUDGET DETAIL

CONSULTANTS & SUB CONTRACT SERVICES	TYPE, NAME, HOURLY RATE, NUMBER OF HOURS, ETC		COST
	Enter on page 1, line 2	CATEGORY TOTAL→	
TRAVEL	PURPOSE, RATE, NUMBER OF MILES, ETC		COST
	Enter on page 1, line 3	CATEGORY TOTAL→	
SPACE	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 4	CATEGORY TOTAL→	
SUPPLIES	DESCRIPTION	COST PER MONTH	COST
	Enter on page 1, line 5	CATEGORY TOTAL→	
EQUIPMENT	PURCHASE, LEASE, RENTAL		COST
	Enter on page 1, line 6	CATEGORY TOTAL→	
OTHER COSTS	DESCRIPTION	COST PER MONTH	COST
	Supplies		$506
	Indirect Costs (8%)		$2,222
	Enter on page 1, line 7	CATEGORY TOTAL→	$2,728

April 1, 2015

ADDENDUM III

PAYMENTS AND REPORTS SCHEDULE

1. THE PROVIDER WILL SUBMIT TO THE DEPARTMENT A QUARTERLY NARRATIVE REPORT, UTILIZING FORM DHS-1002, MEASURING PROGRESS TOWARD ACHIEVING GOALS AND OBJECTIVES AS TATED IN **ADDENDUM I – SCOPE OF WORK**

2. WITHIN TWENTY (20) WORKING DAYS AFTER THE TERMINATION OF THIS AGREEMENT, THE PROVIDER WILL SUBMIT AN ANNUAL WRITTEN REPORT SUMMARIZING ACCOMPLISHMENTS OF GOAL AND OBJECTIVES AS OUTLINED IN **ADDENDUM I – SCOPE OF WORK**

3. THE PROVIDER WILL SUBMIT TO THE DEPARTMENT ON A QUARTERLY BASIS A PROJECT FISCAL REPORT, UTILIZING DHS FORM E-2, INDICATING INCURRED EXPENDITURES DURING THE REPORTING PERIOD

4. PAYMENTS UNDER THIS AGREEMENT WILL BE MADE UPON SUBMISSION OF THE APPROPRIATE DOCUMENTATION AND ON THE FOLLOWING SCHEDULE:

PAYMENTS	AMOUNT	TIME TABLE	DOCUMENTATION
1	$14,111.75	Upon issuance of purchase order and contract approval	Invoice, E-2, DHS 1002, Program Reports
2	$14,111.75	1/15/2014	Invoice, E-2, DHS 1002, Program Reports
3	$14,111.75	4/15/2014	Invoice, E-2, DHS 1002, Program Reports
4	$14,111.75	7/15/2014	Invoice, E-2, DHS 1002, Program Reports
5	$14,475.00	10/15/2014	Invoice, E-2, DHS 1002, Program Reports
6	$14,475.00	1/15/2015	Invoice, E-2, DHS 1002, Program Reports
7	$14,475.00	4/15/2015	Invoice, E-2, DHS 1002, Program Reports
8	$14,475.00	7/15/2015	Invoice, E-2, DHS 1002, Program Reports
9	$10,000.00	10/15/2015	Invoice, E-2, DHS 1002, Program Reports
10	$10,000.00	1/15/2016	Invoice, E-2, DHS 1002, Program Reports
11	$10,000.00	4/15/2016	Invoice, E-2, DHS 1002, Program Reports
12	$10,000.00	7/15/2016	Invoice, E-2, DHS 1002, Program Reports
13	$ 7,500.00	10/15/2016	Invoice, E-2, DHS 1002, Program Reports
14	$ 7,500.00	1/15/2017	Invoice, E-2, DHS 1002, Program Reports

15	$ 7,500.00	4/15/2017	Invoice, E-2, DHS 1002, Program Reports
16	$ 7,500.00	7/15/2017	Invoice, E-2, DHS 1002, Program Reports
X		10/15/2017	Final E-2 Report
Total of Contract:	$184,347.00		

5. NARRATIVE AND FISCAL REPORTS SHOULD BE SENT TO:

   JOSEPH MURPHY
   ASSISTANT ADMINISTRATOR
   OFFICE OF REHABILITATION SERVICES
   40 FOUNTAIN STREET
   PROVIDENCE, RI 02903-1898
   (401) 462-7902
   joseph.murphy@ors.ri.gov

6. ALL REPORTS ARE DUE TEN (10) WORKING DAYS AFTER THE END OF THE REPORTING PERIOD. FAILURE TO PROVIDE REQUIRED REPORTS AND DATA WITHIN THE PRESCRIBED TIME FRAME MAY RESULT IN A DELAY OF PAYMENT OR THE WITHHOLDING OF FUNDS TO THE PROVIDER.

7. ANY ADDITIONAL REPORTS OR DOCUMENTS MAY BE REQUESTED AT ANY TIME AND MUST BE PROVIDED WITHIN TEN (10) WORKING DAYS FROM DATE OF REQUEST.