Department of Dirigo Health Agency CONTRACT FOR SPECIAL SERVICES - AMENDMENT

Departn	REEMENT of both parties this <u>25th</u> day nent of <u>Dirigo Health Agency</u> hereinafte ctor," is hereby amended as follows:					
1.	The termination date is extended from	no change	to	no change	TA STEA	
		(old term date)	Sec.	(new term date)		
Reason	: No change in contract dates					
2.	The dollar amount of the contract is in	creased by \$130,00	00.00 fro	om \$642,531.00 to \$	772,531.00	
which to	: The Dirigo Health Agency has beer he Dirigo Health Agency administers ng medical insurance coverage. The red workload. The funding for this in	 This grant awar refore, the Dirigo 	rd for Y Health	ear 2 will result in Agency will need	an additional 3,00 to increase temp	00 new enrollees labor staff to cover this
3.	The Scope of Services in Rider A is an	nended as follows:				
No chan	nges to Scope of Service in Rider A					
All othe	r terms and conditions of the original co	ntract dated 09/08/0	09 rema	in in full force and e	effect.	
	NESS WHEREOF, the Department and s as of the day and year first above writte		r duly at	nthorized representat	tives, have execute	d this amendment in 2
	Departm	ent: Dirigo Health	Agency		2 1	
	Ву:	Karynlee Harring	ton, Exe	cutive Director		
		*2				
		and				
				11		
	Contract	or Maine Business	Service	s dba Manpower		
	By:	Cherie (ha	apl	16	
		Cherie Champe, S	Staffing	Specialist		
Approve	ed, State Purchases Review Committee _				Date:	-
	(note: this	section must be co	mpleted	by using agency)		116
Encumb	orance Number: 20090819*01229	Vendor	Code:	VS0000000069		
Old Con	ntract Amount: \$642,531.00	Accoun	t Codes	: 013-95D-1195-0	7-4097	
Amount	of Increase: \$130,000.00					

New Termination Date: N/A

New Contract Amount: \$772,531.00

Supplemental Information Sheet, Contracted Positions

Contractor: Maine Business Servcies dba Manpower

Department: Dirigo Health Agency

Contract Amount: \$ 130,000.00 (should equal the sum of the amounts listed below)

The Contractor will provide the first		IT Technician	Pos'n Title/Function
			#
	0.90		FTEs
	\$60.00		Wage/Hr
	\$0.00	96711	Frings/Hr
	\$9.42	warkup/Hr	Wage/Hr Fringe/Hr World II
	\$69.42	Billing Rate	
	\$130,000	Amount	
	8/31/2011	Term Date	

The Contractor will provide the following information:

#: Enter the number of individuals employed in this position/function.

FTEs: 1 FTE = 2080 hours/year. To calculate FTEs, divide "Amount" by "Billing Rate" by "2080".

Wage/Hr: Enter the rate of pay to the employee for each hour worked

Fringe/Hr: Enter the Contractor's share of any benefits, per hour worked.

Markup/Hr: Enter the Contractor's markup per hour worked.

Billing Rate: This is the sum of the previous three columns.

Amount: To be filled in for each position/function listed.

Term Date: The date the contract ends.

Contracts for positions cannot be approved without this information!