

AMENDMENT FOUR
TO BUTTE-SILVER BOW COUNTY PROFESSIONAL SERVICES
AGREEMENT
(Butte-Silver Bow and RiverStone Health)

A Professional Services Agreement having been made and entered into between the Butte-Silver Bow Health Department and RiverStone Health, now appears to need amending. The Butte-Silver Bow Health Department, hereinafter referred to as "County" and RiverStone Health, hereinafter referred to as "Contractor," now agree to amend Sections 4 and 6 of the Professional Services Agreement as follows (added/revised language is in bold face):

Section 4: Performance Schedule and County Assistance

Contractor shall commence performance of services identified in Exhibit A of the Professional Services Agreement on the **1st day of July 2020 and shall complete performance of this Agreement by the 30th day June 2021.**

Section 6: Compensation for Services

For the satisfactory completion of services to be performed under Exhibit A, the County will pay Contractor a sum not to exceed **\$34,956.00.**

Nurse Supervisor Salary and Benefits - \$26,611.00

.30 FTE @ \$31.59/hour x 2,080 hours = \$19,712.00

Benefits = \$6,899.00. Employee benefits include social security, health insurance, liability insurance, workman's compensation, and retirement.

Data Entry Services = \$1,805.00

70 hours x \$19.10/hour = \$1,337.00

Benefits = \$468.00. Employee benefits include social security, health insurance, liability insurance, workman's compensation, and retirement.

Travel and Per Diem Expenses = \$3,362.00

Bozeman travel: 9 trips x 290 round trip miles x .575/mile = \$1,501.00

Butte travel: 4 trips x 470 round trip miles x .575/mile = \$1,081.00

Hotel = \$140.00 x 4 nights = \$560.00

Per Diem = \$55.00 x 4 = \$220.00

Overhead/Administrative Costs = \$3,178.00

Any modifications must be approved by the RiverStone Health CEO and the Butte-Silver Bow County Commissioners through the change order process and will be compensated according to the fee schedule. Invoices for actual expenses will be submitted monthly and will be due by the end of the following month (i.e., September expense billing will be due by October 31 etc).

DATED this _____ day of July, 2020

Contractor:

John Felton, MPH, MBA, FACHE
President & CEO/Health Officer

BUTTE-SILVER BOW CITY-COUNTY SIGNATURE BLOCK:

By: _____ Date: _____
Karen Sullivan, Health Officer
Butte-Silver Bow Health Department

By: _____ Date: _____
Ivy Fredrickson, JD – Chairwoman
Butte-Silver Bow Board of Health

IN WITNESS WHEREOF, the parties hereto have executed this instrument the day and year first written below.

CITY-COUNTY

DAVE PALMER
CHIEF EXECUTIVE

Date

ATTEST:

APPROVED AS TO FORM:

EILEEN JOYCE
COUNTY ATTORNEY