DocuSign Envelope ID: 4668C5C5-34DB-4CE4-AD79-BAFA416714E8 AND CERTIFICATION Form AA-14 (1/8/2019)				
Note: All sections must be completed. Incomplete forms will be returned to the originating department.				
I. CONTRACT INFORMATION:				
Agency/Department: / Green Mountain Care Board		Contract #: 43903 Amendment #: 1		
Vendor Name: eScribers VISION Vendor No: 0000308214				
Vendor Address: 7227 North 16th Street, Ste 207, Phoenix, AZ 85020				
Starting Date: 07/13/22 Ending Date: 7/12/2024 Amendment Date: 10/1/2022				
<b>Summary of agreement or amendment:</b> Amending Attachment B to transcription services contract to include overtime definition and cost as well as pricing for quicker transcription turnaround times.				
II. FINANCIAL & ACCOUNTING INFORMATION				
Maximum Payable: \$100,000.00 Prior Maximum: \$0.00		Prior Contract	# (If Renewal): n/a	
Current Amendment: \$0.00 Cumulative amendments:	\$ 0.00		6 Cumulative Change:	
Business Unit(s): 3330; ; - [notes: ] VISION Account(s): ;				
Estimated 40.00 % GF 60.00 % SF				
Funding Split: % TF % GC		% FF	(name)	
		1	(1141110)	
III. PROCUREMENT & PERFORMANCE INFORMATION				
A. Identify applicable procurement process utilized.				
☐ Standard Bid/RFP ☐ Simplified ☐ Sole Source (See B.) ☐ Qualification Based Selection ☐ Statutory				
B. If Sole Source Contract, contract form includes self-certification language?   Yes   N/A				
C. Contract includes <b>performance measures/guarantees</b> to ensure the quality and/or results of the service?  \( \subseteq \text{Yes} \subseteq \text{No} \)				
IV. TYPE OF AGREEMENT (select all that apply)				
Personal Service Construction Arch/Eng. Marketing Info. Tech. Prof. Service				
Non-Personal Service				
Commodity Retiree/Former SOV EE Financial Trans Zero-Dollar Privatization Other				
V. SUITABILITY FOR CONTRACT FOR SERVICE				
Yes No n/a Does this contract meet the determination of an Independent Contractor? If "NO", the contractor must be set up and paid on payroll through the VTHR system.				
VI. CONTRACTING PLAN APPLICABLE				
Is any element of this contract subject to a pre-approved Agency/Dept. Contracting Waiver Plan?   Yes   No				
VII. CONFLICT OF INTEREST				
By signing below, I (Agency/Dept. Head) certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business.				
Yes No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)				
1 1 / /				
VIII. PRIOR APPROVALS REQUIRED OR REQUESTED				
Yes No Agreement must be Certified by the Attorney General under 3 V.S.A. § 342 (sign line #4 below)				
Yes No Attorney General review As To Form is required (\$25,000 and above) or otherwise requested: M (AAG initial)				
Yes No Agreement must be approved by the Secretary of ADS/CIO				
Yes No Agreement must be approved by the CMO: for Marketing services over \$25,000				
Yes No Agreement must be approved by Comm. Human Resources: for Privatization, Retirees, Former Employees, & if a Contract fails the IRS test.				
Yes No Agreement must be approved by the Secretary of Administration				
IV A CENCY/DEDA DIMENT HEAD CEDIFICATION. ADDOWAL				
I have made reasonable inquitry as to the accuracy of the above information (sign in order):  9/13/2022   Cutan Bayor H				
Sware Durell				
1-Date 1-Agency/fbeparttiffent Head	2-Date	2-Agency Secr	etary (if required)	
3a-Date 3a-CIO 3b-Date 3b-CMO		3c-Date	3c-Commissioner DHR	
9/26/2022 DocuSigned by:  Jacob Humbert				
4-Date 4-Attorness Control	5-Date	5 Sagratam of	Administration	
T-Date 4-Audi ney General	3-Date	3-Secretary of	Administration	