

Note: All sections must be completed. Incomplete forms will be returned to the originating department.

I. CONTRACT INFORMATION

Agency/Department: AOA/ Green Mountain Care Board Contract #: 44400 Amendment #: 1
Vendor Name: Mathematica Policy Research, Inc. VISION Vendor No: 331790
Vendor Address: 955 Massachusetts Avenue, Suite 801, Cambridge, MA 02139
Starting Date: 09/01/22 Ending Date: 08/31/2024 Amendment Date: 03/15/2024
Summary of agreement or amendment: Adding time and funds. UVMC Outpatient Surgery CON hearing & related work happening later than projected.

II. FINANCIAL & ACCOUNTING INFORMATION

Maximum Payable: \$900,000.00 Prior Maximum: \$ 699,145.00 Prior Contract # (If Renewal):
Current Amendment: \$200,855.00 Cumulative amendments: \$ 200,855.00 % Cumulative Change: 28.7 %
Business Unit(s): 03330; ; - [notes:] VISION Account(s): 507600;
Estimated Funding Split: 40.00% GF 60.00% SF % EF % Other
% TF % GC % FF (name)

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 performance measures/guarantees to ensure the quality and/or results of the service? Yes No

IV. TYPE OF AGREEMENT (select all that apply)

Service Construction Arch/Eng. Marketing Info. Tech. Prof. Service 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", then consult with the Department of Human Resources for guidance.

VI. CONTRACTING PLAN APPLICABLE

Is any element of this contract subject to a pre-approved Agency/Department Contracting Waiver Plan? Yes No

VII. CONFLICT OF INTEREST

By signing below, I (Agency/Department 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)

VIII. PRIOR APPROVALS REQUIRED OR REQUESTED

Yes No Is this a Contract for Services valued at \$25,000 or more per year? If yes, attach AGO Certification Form.
Yes No Attorney General review As To Form is required (\$25,000 and above) or otherwise requested.
Yes No Agreement must be approved by the Secretary of ADS/CIO
Yes No Agreement includes marketing services and CMO sent copy of contract. If / when marketing services exceed \$25,000 CMO must approve contract. CMO Approved:
Yes No Chief Information Security Officer (CISO) approval required for modification of Attachment C.12 use/protection of state information. CISO Approved:
Yes No Auditor approval required for modification of Attachment C.13 audit clause. AUDITOR Approved:
Yes No Risk Management approval required for modification of Attachment C.8 insurance clause. RISK Approved:
Yes No Is this a Contract for Legal Services? If yes, attach AGO 17.10 Approval Form.
Yes No Agreement must be approved by Commissioner of Human Resources: for Privatization, Retirees, Former Employees, & if a Contract fails the IRS test. DHR Approved:
Yes No Agreement must be approved by the Secretary of Administration

IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL

I have made reasonable inquiry as to the accuracy of the above information (sign in order):

1-Date 1-Appointing Authority 2-Date 2-Secretary of ADS/CIO
3-Date 3-AGO Approval as To Form 4-Date 4-Secretary of Administration