



December 16, 2020

Taylor Jones
 Emergency Services Director
 Buncombe County Emergency Services
 164 Erwin Hills Rd
 Asheville, NC 28806

Dear Taylor,

This letter (the “**Amendment**”) amends Dogwood Health Trust’s (the “**Trust**” or “**us**”) April 30, 2020 grant letter (the “**Agreement**”) which authorized a grant to Buncombe County Emergency Services (“**BCES**” or “**you**”) in the amount of \$382,000 to support BCES’s implementation of the Community Paramedicine (CP) / Mobile Integrated Healthcare program (MIH). This Amendment increases the total grant amount to \$499,953 and amends the Project, Budget, Fund Disbursement, and Terms and Conditions sections, as stated below.

PROJECT

Pursuant to this Agreement, Grantor will provide funding support for the Grantee towards implementation of the Community Paramedicine (CP) / Mobile Integrated Healthcare program (MIH), which will deploy Community Paramedics to the site of an opioid overdose in Buncombe County to provide services to uninsured individuals such as Medication Assisted Treatment (MAT) induction, connection to appropriate harm reduction or substance use treatment resources, and other enhanced care beyond simply revival and transport to the hospital (the “**Project**”).

BUDGET

EXPENSES (May 8, 2020 – December 31, 2021)

	Year 1	
	Dollars	In-Kind
SOURCES OF REVENUE		
Requested from Dogwood Health Trust	\$ 499,953.00	
Buncombe County EMS		\$ 15,000.00
Other		\$ -
Total Revenues	\$ 499,953.00	\$ 15,000.00
PROGRAM EXPENSES		
BCEMS CP's (Salary + Fringe for 2 FTEs)	\$ 150,000.00	\$ -
BCEMS Medical Control Physician	\$ 20,000.00	\$ -
BCEMS Program Administration Personnel	\$ 75,000.00	\$ -
BCEMS Vehicle Maintenance	\$ -	\$ 15,000.00
BCEMS Medical Equipment and Supplies	\$ 13,500.00	\$ -

BCEMS Communications (phone, radio, computer)	\$ 6,500.00	\$ -
BCEMS Program Promotion	\$ 7,000.00	\$ -
CP Continuing Education	\$ 5,500.00	\$ -
Program Evaluation	\$ 25,000.00	\$ -
CP Program Manager (Supervisory Paramedic, 1 FTE)		
Salary & Wages - Regular	\$ 76,596.00	\$ -
Longevity	\$ 100.00	\$ -
401K	\$ 6,127.68	\$ -
FICA	\$ 5,867.24	\$ -
Retirement	\$ 7,815.32	\$ -
Retiree Medicare Stabilization	\$ 455.00	\$ -
Health Insurance	\$ 18,450.00	\$ -
Life Insurance	\$ 56.00	\$ -
Unemployment Compensation	\$ 22.00	\$ -
Workers Compensation	\$ 294.00	\$ -
6-month Probationary Increase	\$ 2,169.14	\$ -
Total Position Cost	\$ 117,953.00	\$ -
Total Program Expenses	\$ 420,453.00	\$ 15,000.00
CAPITAL EXPENSES		
CP/MIH Vehicle	\$ 40,000.00	\$ -
Zoll Cardiac Monitor	\$ 39,500.00	\$ -
Total Capital Expenses	\$ 79,500.00	\$ -
Total Expenses	\$ 499,953.00	\$ 15,000.00

FUND DISBURSEMENT

Payment terms are specified as follows:

- \$499,953 in three installments.
- First payment of \$191,000 was made on September 17, 2020.
- Second payment of \$191,000 was made on December 8, 2020.
- Third payment of \$117,953 will be made within 30 days of receipt of this signed amendment.

TERMS AND CONDITIONS



- Reporting.** The grantee will submit to Grantor written reports detailing Grant progress from a programmatic perspective along with a report of expenditures and confirmation that Grantee is in compliance with the terms of this Agreement. Grantor will provide reporting instructions prior to due date. Grantee will provide the number of individuals served to Grantor on a monthly basis.

Narrative Final Report

Due Date: December 31, 2021

Financial Final Report

Due Date: December 31, 2021

All expenditures made by you from this grant must be used only within the terms and conditions set forth in this Amendment and the Agreement. You may not expend grant funds for any purpose other than the purpose set forth in this Amendment and the Agreement without the Trust's written approval.

Please note that unless directly amended or supplemented by this Amendment, the conditions in the Agreement remain legally binding terms and conditions. Please review and acknowledge your agreement to this Amendment by signature of a duly authorized officer of your organization and return one signed and executed copy to us.

Please feel free to call us with any questions you may have.

Sincerely,

Janice Brumit
Dogwood Health Trust



Accepted on behalf of Buncombe County Emergency Services by:

Signature

Date

Print Name

Title