

STATE OF IDAHO
Department of Health and Welfare
Subgrant Amendment

SUBGRANT NUMBER: HC321800 **SUBGRANT AMENDMENT NUMBER:** 1
SUBGRANTEE: TETON SCHOOL DISTRICT #401
SUBGRANTEE'S FEDERAL I.D. NUMBER: 82600088700
CFDA# / ALN AND TITLE: 93.354 Public Health Emergency Response: Cooperative Agreement for
Emergency Response: Public Health Crisis Response
UEI NUMBER: U9TBHYHWXHB7
FAIN: NU90TP922178

This Subgrant Amendment is entered into by the State of Idaho, Department of Health and Welfare, hereinafter referred to as the **DEPARTMENT**, and **TETON SCHOOL DISTRICT #401**, hereinafter referred to as the **SUBGRANTEE**. The effective date of the original grant was **10/01/2022**. The expiration date of the Subgrant as amended is **06/30/2024**.

ADDITIONAL SERVICES/PROVISIONS/DELIVERABLES:

The intent of this funding opportunity is to ensure greater equity and access to COVID-19 related services and supports; and to prevent COVID-19 transmission and infection by mobilizing partnerships, building community capacity, and increasing coordinated and holistic community-level supports. Through these efforts, recipients will have the resources necessary to extend services and reach to populations that are high risk, underserved, and disproportionately affected.

Amendment 1 - Extend term.

The following amended Attachments are hereby incorporated and made a part of this Agreement:

N/A

AMENDMENT AMOUNT: \$0.00

TOTAL SUBGRANT AMOUNT: \$117,000.00
(Includes original Subgrant amount and all Amendments)

SUBGRANT MONITOR: Matea Tipuric

SUBGRANT MANAGER: Jodi Fulbright

THIS AGREEMENT is an amendment of the original Subgrant between the Subgrantee and the Department.

WHEREAS, the Department desires to amend the original Subgrant and;

WHEREAS, the Department is legally authorized to enter into this agreement by power granted by Title 56, Chapter 10, of the Idaho Code; and

WHEREAS, the Subgrantee has been determined qualified and available to continue the provision of services for the time period covered by this Agreement; and

The parties hereby agree that all other provisions of the original Subgrant, with the exception of the amendments as provided herein, shall remain in force during the period covered by this Agreement.

IN WITNESS WHEREOF, the parties have executed this agreement.

SUBGRANTEE:

TETON SCHOOL DISTRICT #401
Name of Subgrantee

Diane
Name of Signature Authority (printed)

Business Manager
Title

Diane Temple
Signature

Jan 3, 2023
Date

Mailing Address:

TSD 401

PO Box 775

Priggs, ID 83422

Email Address

dtemple@t401.k12.id.us

Telephone No.

208.228.5923

Subgrant Number: HC321800

STATE OF IDAHO:

Department of Health and Welfare
Name of Organization

Elke Shaw-Tulloch, Division of Public Health
Name of Signature Authority (printed)

Division Administrator
Title

Signature

Date

Mailing Address:

P.O. Box 83720

Boise, ID 83720-0036

Telephone No.