



**CHALLENGE COST SHARE SUPPLEMENTAL PROJECT AGREEMENT
17-CS-11051900-031**

To

MASTER CHALLENGE COST SHARE AGREEMENT 17-CS-11051900-011

Between

BARTON HEALTH

And The

USDA, FOREST SERVICE

LAKE TAHOE BASIN MANAGEMENT UNIT

This Supplemental Project Agreement (SPA) is hereby made and entered into by and between the Barton Health, hereinafter referred to as "Barton," and the USDA, Forest Service, Lake Tahoe Basin Management Unit hereinafter referred to as the "U.S. Forest Service," as specified under the provisions of Master Agreement 17-CS-11051900-011.

Title: Barton - U.S. Forest Service Community Wellness Outings

I. GENERAL PROJECT DESCRIPTION: The purpose of this agreement is to document cooperation between Barton and the U.S. Forest Service to provide community wellness outings, hereinafter referred to as "wellness outings", for the medical patient population of Lake Tahoe, California. Wellness outings are designed to deliver therapeutic, nature-based experiences on National Forest System lands for individuals with chronic illness, in recovery from major surgery, at risk of isolation, minorities and at-risk youth. Wellness outings will take place year-round at suitable locations on National Forest System (NFS) lands managed by the Lake Tahoe Basin Management Unit (LTBMU).

II. RESPONSIBILITIES:

A. The Barton shall:

1. Provide qualified medical personnel to coordinate wellness outings and lead interactive wellness discussions while on outings.
2. Identify and schedule appropriate participants for each wellness outing. Appropriate participants include, but are not limited to, individuals at risk for isolation due to behavioral and/or chronic illness, in rehabilitation from surgery, minorities, and at-risk youth.
3. Provide all participants with the Acknowledgment and Assumption of Potential Risk Participation Waiver and Release of Liability (attachment A) for all participants to sign prior to engaging in wellness outings.
4. Coordinate with U.S. Forest Service Public Affairs staff to conduct community outreach publicizing and promoting the different types of wellness outings offered.



Mechanisms for community outreach include, but are not limited to: fliers, social media, local newspapers, and the websites of Barton and the U.S. Forest Service.

5. Coordinate with the U.S. Forest Service to identify appropriate locations to host wellness outings. Appropriate locations include, but not limited to: established roads, trails, and developed recreation sites and facilities, including beaches open to the public.
6. Coordinate with the U.S. Forest Service to identify appropriate topics for interpretive discussions and materials that illuminate the interdependence of healthy ecosystems and community wellbeing. Appropriate topics for interpretive discussions and materials include, but are not limited to: local natural, cultural, and historical features, natural resource conservation, ecological restoration, public land management, and leave-no-trace principles.

B. The U.S. Forest Service shall:

1. As staffing allows, provide qualified U.S. Forest Service staff to lead interpretive discussions. Examples of qualified staff include, but are not limited to: Conservation Education Specialists, Natural Resource Specialists, Biologists, and Program Managers.
2. Coordinate with Barton to identify appropriate locations to host wellness outings. Appropriate locations include, but not limited to, established roads, trails, and developed recreation sites and facilities, including beaches and other locations open to the general public.
3. Coordinate with Barton to identify appropriate topics for interpretive discussions and materials that illuminate the interdependence of healthy ecosystems and community wellbeing. Appropriate topics for interpretive discussions and materials include, but are not limited to: local natural, cultural, and historical features, natural resource conservation, ecological restoration, public land management, and leave-no-trace principles.
4. Coordinate with Barton to conduct community outreach publicizing and promoting the different types of wellness outings offered. Mechanisms for community outreach include, but are not limited to: fliers, social media, local newspapers, and the websites of Barton and the U.S. Forest Service.
5. Use existing authority under 36 CFR 251.50 (e) to waive the requirement for a special use authorization for outdoor recreation activities that are determined to have little to no impact on National Forest lands, resources, or programs (groups of 74 or less).



III. CONTACTS & TIME LIMITS:

- A. PRINCIPAL CONTACTS. Individuals listed below are authorized to act in their respective areas for matters related to this agreement.

Principal Cooperator Contacts:

Cooperator Program Contact	Cooperator Administrative Contact
Christopher Proctor Administrative Director / Physical Therapist 2170 South Avenue South Lake Tahoe, CA 96150 Telephone: 530 543 5472 Email: cproctor@bartonhealth.org	Khristine Gavigan Registered Nurse / Community Outreach Coordinator 2170 South Avenue South Lake Tahoe CA,96150 Telephone: 530 520 3430 Email: kgavigan@bartonhealth.org

Principal U.S. Forest Service Contacts:

U.S. Forest Service Program Manager Contact	U.S. Forest Service Administrative Contact
Joseph Flower Natural Resources Specialist 35 College Drive South Lake Tahoe, CA 96150 Telephone: 530-543-2690 Email: jflower@fs.fed.us	Genevieve Villemaire Grants Management Specialist 35 College Drive South Lake Tahoe, CA 96150 Telephone: 530-543-2783 Email: gvillemaire@fs.fed.us

- B. COMMENCEMENT/EXPIRATION DATE. This agreement is executed as of the date of the last signature and is effective through **December 30, 2021**, at which time it will expire. The expiration is the final date for completion for all work activities under this agreement.
- C. SYSTEM FOR AWARD MANAGEMENT REGISTRATION REQUIREMENT (SAM). Barton shall maintain current information in the System for Award Management (SAM) until receipt of final payment. This requires review and update to the information at least annually after the initial registration, and more frequently if required by changes in information or agreement term(s). For purposes of this agreement, System for Award Management (SAM) means the Federal repository into which an entity must provide information required for the conduct of business as a Cooperative. Additional information about registration procedures may be found at the SAM Internet site at www.sam.gov.
- D. AVAILABILITY FOR CONSULTATION. Both parties will make themselves available at mutually agreeable times, for continuing consultation to discuss the



conditions covered by this agreement and agree to actions essential to fulfill its purposes.

E. WITHOUT CAUSE / TERMINATION BY MUTUAL AGREEMENT. This agreement may be terminated, in whole or part, as follows:

1. When the U.S. Forest Service and Barton agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated.
2. Either Party may terminate this Agreement without specification of cause or penalty, upon thirty (30) days prior written notice to the other Party.
3. If the U.S. Forest Service decides that the remaining portion of the agreement will not accomplish the purposes for which the agreement was made, the U.S. Forest Service may terminate the agreement in its entirety.

IV. APPROVAL

A. AUTHORIZED REPRESENTATIVES. By signature below, each party certifies that the individuals listed in this document as representatives of the individual parties are authorized to act in their respective areas for matters related to this agreement. In witness whereof, the parties hereto have executed this agreement as of the last date written below.

CLINT PURVANCE, MD Date
 President/ Chief Executive Officer
 Barton Health

TERESA MCCLUNG, Acting Forest Supervisor Date
 U.S. Forest Service, Lake Tahoe Basin Management
 Unit

The authority and format of this agreement have been reviewed and approved for signature.


 _____ 22 July 2017
 CONSTANCE ZIPPERER Date
 U.S. Forest Service Grants Management Specialist



Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

Attachment:

USFS Agreement No.:
Cooperator Agreement No.:

Mod. No.:

Note: This Financial Plan may be used when:
(1) No program income is expected and
(2) The Cooperator is not giving cash to the FS and
(3) There is no other Federal funding

Agreements Financial Plan (Short Form)

Financial Plan Matrix: Note: All columns may not be used. Use depends on source and type of contribution(s).

	FOREST SERVICE CONTRIBUTIONS		COOPERATOR CONTRIBUTIONS		(e) Total
	(a) Noncash	(b) Cash to Cooperator	(c) Noncash	(d) In-Kind	
COST ELEMENTS					
Direct Costs					
Salaries/Labor	\$2,392.50	\$0.00	\$4,800.00	\$1,560.00	\$8,752.50
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies/Materials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other					\$0.00
Subtotal	\$2,392.50	\$0.00	\$4,800.00	\$1,560.00	\$8,752.50
Coop Indirect Costs		\$0.00	\$0.00		\$0.00
FS Overhead Costs	\$215.33				\$215.33
Total	\$2,607.83	\$0.00	\$4,800.00	\$1,560.00	\$8,967.83
Total Project Value:					\$8,967.83

Matching Costs Determination	
Total Forest Service Share = (a+b) ÷ (e) = (f)	(f) 29.08%
Total Cooperator Share (c+d) ÷ (e) = (g)	(g) 70.92%
Total (f+g) = (h)	(h) 100.00%

WORKSHEET FOR

FS Non-Cash Contribution Cost Analysis, Column (a)

Use this worksheet to perform the cost analysis that supports the lump sum figures provided in the matrix. NOTE: This worksheet auto populates the relevant and applicable matrix cells.

Cost element sections may be deleted or lines may be hidden, if not applicable. Line items may be added or deleted as needed. The Standard Calculation sections provide a standardized formula for determining a line item's cost, e.g. cost/day x # of days=total, where the total is calculated automatically. The Non-Standard Calculation sections provide a write-in area for line items that require a calculation formula that is other than the standardized formulas, e.g. instead of salaries being calculated by cost/day x # of days, costs may be calculated simply by a contracted value that is not dependent on days worked, such as 1 employee x \$1,200/contract= \$1,200. Be sure to review your calculations when entering in a Non-Standard Calculation, and provide a brief explanation of units used to make calculation, e.g. '1 month contract,' on a line below the figures.

Salaries/Labor

Standard Calculation

Job Description	Cost/Hour	# of hours		Total
Natural Resource Specialist (Joe Flower)	\$31.38	24.00		\$753.12
Conservation Education Assistant	\$15.97	24.00		\$383.28
Public Affairs Specialist	\$41.87	30.00		\$1,256.10
				\$0.00
				\$0.00

Non-Standard Calculation

Total Salaries/Labor

\$2,392.50

Travel

Standard Calculation

Travel Expense	Employees	Cost/Trip	# of Trips		Total
					\$0.00
					\$0.00

Non-Standard Calculation

Total Travel

\$0.00

Equipment

Standard Calculation

Piece of Equipment	# of Units	Cost/Day	# of Days		Total
					\$0.00
					\$0.00

Non-Standard Calculation

Total Equipment

\$0.00

Supplies/Materials

Standard Calculation				
Supplies/Materials		# of Items	Cost/Item	Total
				\$0.00
				\$0.00

Non-Standard Calculation

Total Supplies/Materials				\$0.00
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Printing

Standard Calculation				
Paper Material		# of Units	Cost/Unit	Total
				\$0.00

Non-Standard Calculation

Total Printing				\$0.00
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Other Expenses

Standard Calculation				
Item		# of Units	Cost/Unit	Total
				\$0.00
				\$0.00

Non-Standard Calculation

Total Other				\$0.00
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Subtotal Direct Costs	\$2,392.50
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Forest Service Overhead Costs

Current Overhead Rate	Subtotal Direct Costs		Total
9.00%	\$2,392.50		\$215.33
Total FS Overhead Costs			\$215.33

TOTAL COST	\$2,607.83
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WORKSHEET FOR

Cooperator Non-Cash Contribution Cost Analysis, Column (c)

Use this worksheet to perform the cost analysis that supports the lump sum figures provided in the matrix. NOTE: This worksheet auto populates the relevant and applicable matrix cells.

Cost element sections may be deleted or lines may be hidden, if not applicable. Line items may be added or deleted as needed. The Standard Calculation sections provide a standardized formula for determining a line item's cost, e.g. cost/day x # of days=total, where the total is calculated automatically. The Non-Standard Calculation sections provide a write-in area for line items that require a calculation formula that is other than the standardized formulas, e.g. instead of salaries being calculated by cost/day x # of days, costs may be calculated simply by a contracted value that is not dependent on days worked, such as 1 employee x \$1,200/contract= \$1,200. Be sure to review your calculations when entering in a Non-Standard Calculation, and provide a brief explanation of units used to make calculation, e.g. '1 month contract,' on a line below the figures.

Salaries/Labor

Standard Calculation

Job Description	Cost/hour	# of hours	Total
Registered Nurse / Community Outreach Coordinator (RN Khristy Gavigan)	\$55.00	24.00	\$1,320.00
Director of Orthopedicts (Dr. Stephen Bannar)	\$150.00	20.00	\$3,000.00
Marketing Specialist	\$40.00	12.00	\$480.00
			\$0.00
			\$0.00

Non-Standard Calculation

Total Salaries/Labor

\$4,800.00

Travel

Standard Calculation

Travel Expense	Employees	Cost/Trip	# of Trips	Total
				\$0.00
				\$0.00

Non-Standard Calculation

Total Travel

\$0.00

Equipment

Standard Calculation

Piece of Equipment	# of Units	Cost/Day	# of Days	Total
				\$0.00
				\$0.00

Non-Standard Calculation

Total Equipment

\$0.00

Supplies/Materials

Standard Calculation				
Supplies/Materials		# of Items	Cost/Item	Total
				\$0.00

Non-Standard Calculation

Total Supplies/Materials				\$0.00
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Printing

Standard Calculation				
Paper Material		# of Units	Cost/Unit	Total
				\$0.00

Non-Standard Calculation

Total Printing				\$0.00
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Other Expenses

Standard Calculation				
Item		# of Units	Cost/Unit	Total
				\$0.00

Non-Standard Calculation

Total Other				\$0.00
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Subtotal Direct Costs	\$4,800.00
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Cooperator Indirect Costs

Current Overhead Rate	Subtotal Direct Costs		Total
	\$4,800.00		\$0.00

Total Coop. Indirect Costs			\$0.00
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TOTAL COST	\$4,800.00
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WORKSHEET FOR

Cooperator In-Kind Contribution Cost Analysis, Column (d)

Use this worksheet to perform the cost analysis that supports the lump sum figures provided in the matrix. NOTE: This worksheet auto populates the relevant and applicable matrix cells.

Cost element sections may be deleted or lines may be hidden, if not applicable. Line items may be added or deleted as needed. The Standard Calculation sections provide a standardized formula for determining a line item's cost, e.g. cost/day x # of days=total, where the total is calculated automatically. The Non-Standard Calculation sections provide a write-in area for line items that require a calculation formula that is other than the standardized formulas, e.g. instead of salaries being calculated by cost/day x # of days, costs may be calculated simply by a contracted value that is not dependent on days worked, such as 1 employee x \$1,200/contract= \$1,200. Be sure to review your calculations when entering in a Non-Standard Calculation, and provide a brief explanation of units used to make calculation, e.g. '1 month contract,' on a line below the figures.

Salaries/Labor					
Standard Calculation					
Job Description		Cost/hour	# of hours		Total
Medical Aid / Technician		\$25.00	12.00		\$300.00
Physical Therapist		\$50.00	12.00		\$600.00
Registered Nurse		\$55.00	12.00		\$660.00
					\$0.00

Non-Standard Calculation

Total Salaries/Labor	\$1,560.00
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Travel					
Standard Calculation					
Travel Expense	Employees	Cost/Trip	# of Trips		Total
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

Non-Standard Calculation

Total Travel	\$0.00
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Equipment					
Standard Calculation					
Piece of Equipment	# of Units	Cost/Day	# of Days		Total
					\$0.00

Non-Standard Calculation

Total Equipment	\$0.00
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Supplies/Materials				
Standard Calculation				
Supplies/Materials		# of Items	Cost/Item	Total
				\$0.00

Non-Standard Calculation

Total Supplies/Materials **\$0.00**

Printing				
Standard Calculation				
Paper Material		# of Units	Cost/Unit	Total
				\$0.00

Non-Standard Calculation

Total Printing **\$0.00**

Other Expenses				
Standard Calculation				
Item		# of Units	Cost/Unit	Total
				\$0.00

Non-Standard Calculation

Total Other **\$0.00**

Subtotal Direct Costs	\$1,560.00
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TOTAL COST	\$1,560.00
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Voluntary Activities Participation

Acknowledgment and Assumption of Potential Risk Participation Waiver and Release of Liability

I wish to participate in the Community Outreach Outings Program. I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | | |
|------------------------------|----------------------|---------------------|
| 1. Sprains/Strains | 4. Cuts and/or burns | 7. Loss of eyesight |
| 2. Head and/or back injuries | 5. Fracture | 8. Unconsciousness |
| 3. Communicable diseases | 6. Paralysis | 9. Death |

I understand and acknowledge that participation in these activities is completely voluntary. I understand and acknowledge that in order to participate in these activities I fully and voluntarily agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such activities. I affirm that I am physically able to participate in these activities.

I understand, acknowledge, and agree Barton, USFS, and their respective employees, officers, agents and volunteers shall not be liable for any injury or illness suffered by me which is incident to and/or associated with preparing for participating in, or traveling to or from these activities or caused by my participation in these activities.

I understand and acknowledge that while participating in these activities if I purposefully destroy USFS property I will be held responsible repairing or replacing the destroyed property.

I grant to Barton Health and the USFS the right to take photographs of me in connection with the above-identified program. I authorize Barton Health and USFS to copyright, use and publish the same in print and/or electronically. I agree that Barton Health and USFS may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION, ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK and RELEASE OF LIABILITY FORM and that I understand and agree to its terms.

I am the (circle) participant, parent, guardian: Print Name:

Date:

Name of Minor (if under 18 yrs old):

Signature of Participant (if over 18 yrs old) or Parent or Guardian

Emergency Contact/phone:

Medical Information as needed: