

Contract Summary Form

OC Expediter Requisition #: 1758621

Nurse-Family Partnership DBA Chagent

SUMMARY OF SIGNIFICANT CHANGES

1. Term of Agreement: Agreement is renewed for 3 years effective January 1, 2027 through December 31, 2029 for a total not to exceed amount of \$300,000. Page 1
2. Exhibit C: Fees for Nurse-Family Partnership Services is replaced with Exhibit C-1. Fees for Nurse-Family Partnership Services. Page 20
3. Exhibit E: Network Partner Responsibilities is replaced with Exhibit E-1. Network Partner Responsibilities. Page 30
4. Exhibit F: Additional Terms and Conditions – Federal Guidelines is added to the Agreement. Page 32
5. Company operating name updated to Nurse-Family Partnership DBA Chagent.

SUBCONTRACTORS

This contract does not currently include subcontractors or pass through to other providers.

CONTRACT OPERATING EXPENSES

Effective January 1, 2027 through December 31, 2029

Year 3	Year 4	Year 5	Year 6	Total
FY 26-27	FY 27-28	FY 28-29	FY 29-30	
\$ 50,000	\$100,000	\$ 100,000	\$ 50,000	\$ 300,000

**NFP FEES FOR THREE YEARS OF SERVICES PROVIDED UNDER THIS AGREEMENT WILL BE AS FOLLOWS,
SUBJECT TO CHANGE IN ACCORDANCE WITH SECTION IV.D OF THE AGREEMENT:**

Section 1: Start-Up Fee (If Applicable)			
Start-Up Fee (Invoiced on the Effective Date of this Agreement; Billed Only One Time at Initial Implementation)			
Description		Unit Price	Unit of Measure
Start-Up Services	CY 2027	\$36,894	One time per location
Start-Up Services	CY 2028	\$38,000	
Start-Up Services	CY 2029	\$39,140	
Section 2: Education Fees			
Nurse Home Visitor Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2027	12/31/2027	\$6,029	Per NHV or Program Supervisor Attendee (Education Prices are based on the calendar year)
1/1/2028	12/31/2028	\$6,331	
1/1/2029	12/31/2029	\$6,396	
Program Supervisor Initial Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2027	12/31/2027	\$1,091	Per Program Supervisor Attendee (Price is based on the calendar year)
1/1/2028	12/31/2028	\$1,145	
1/1/2029	12/31/2029	\$1,192	
Program Supervisor Abbreviated NHV Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2027	12/31/2027	\$947	Per Program Supervisor Attendee (Price is based on the calendar year)
1/1/2028	12/31/2028	\$995	
1/1/2029	12/31/2029	\$1,005	
(Available to recently promoted Program Supervisors who have taken NHV Education within the last 2 years.)			

Administrator Standard Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2027	12/31/2027	\$713	Per Administrator Attendee (Price is based on the calendar year)
1/1/2028	12/31/2028	\$749	
1/1/2029	12/31/2029	\$756	
Nursing Practice Overview Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2027	12/31/2027	\$333	Per Administrator Attendee (Price is based on the calendar year)
1/1/2028	12/31/2028	\$349	
1/1/2029	12/31/2029	\$353	
NHV Educational Materials Fee (Invoiced upon completion of in-person or virtual training NHV education session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2027	12/31/2027	\$765	Per NHV or Program Supervisor Attendee (Price is based on the calendar year)
1/1/2028	12/31/2028	\$803	
1/1/2029	12/31/2029	\$811	
Section 3: Replacement, Expansion, and Optional Fees			
Program Supervisor Replacement Fee (Invoiced at the time of occurrence)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2027	12/31/2027	\$4,013	One time per Replacement of Program Supervisor per Occurrence
1/1/2028	12/31/2028	\$4,214	
1/1/2029	12/31/2029	\$4,257	
Team Addition Expansion Fee (Invoiced at the time of occurrence)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2027	12/31/2027	\$23,377	One time per Expansion per Occurrence per Team
1/1/2028	12/31/2028	\$24,546	
1/1/2029	12/31/2029	\$24,801	
Section 4: Annual Fees			

NFP Network Partner <u>Annual</u> Program Support Fee <i>per team</i>			
(Invoiced annually on Contract Anniversary Date)			
Price Effective Date	End Date	Unit Price	Unit of Measure
Two NHV Team 1/1/2027	12/31/2027	\$23,595	Annual per first team per year (The fee total is based on the number of funded Nurse Home Visitors per team)
Two NHV Team 1/1/2028	12/31/2028	\$24,775	
Two NHV Team 1/1/2029	12/31/2029	\$25,032	
Three NHV Team 1/1/2027	12/31/2027	\$24,807	
Three NHV Team 1/1/2028	12/31/2028	\$26,047	
Three NHV Team 1/1/2029	12/31/2029	\$26,317	
Four NHV Team 1/1/2027	12/31/2027	\$26,030	
Four NHV Team 1/1/2028	12/31/2028	\$27,332	
Four NHV Team 1/1/2029	12/31/2029	\$27,615	
Five NHV Team 1/1/2027	12/31/2027	\$27,538	
Five NHV Team 1/1/2028	12/31/2028	\$28,915	
Five NHV Team 1/1/2029	12/31/2029	\$29,215	
Six NHV Team 1/1/2027	12/31/2027	\$28,824	
Six NHV Team 1/1/2028	12/31/2028	\$30,265	
Six NHV Team 1/1/2029	12/31/2029	\$30,579	
Seven NHV Team 1/1/2027	12/31/2027	\$29,849	
Seven NHV Team 1/1/2028	12/31/2028	\$31,342	
Seven NHV Team 1/1/2029	12/31/2029	\$31,667	
Eight NHV Team 1/1/2027	12/31/2027	\$31,098	
Eight NHV Team 1/1/2028	12/31/2028	\$32,653	
Eight NHV Team 1/1/2029	12/31/2029	\$32,992	