AMENDMENT COVER SHEET

(Minn. Stat. §§ 16C.05, subd. 2(c), 16C.08, subd. 2 and 3)

Instructions:

- 1. Complete this form for contract amendments that extend the end date of a contract, add/reduce work and money, or change any other term or condition of the contract.
- 2. Attach this form to the amendment when sending to the Department of Administration for approval. Please always include copies of the original certification form, solicitation document, single source justification, the original contract, and any previous amendments as these are used for reference.
- 3. Admin will retain this cover sheet for its files.

Agency: Corrections	Name of Contractor: Ramsey County Medical Examiner's Office
Current Contract Term: <u>8/3/2020 – 6/30/2024</u>	Project Identification: SWIFT Contract #181187
closely related to the original contract that it would be impra commissioner or an agency official to whom the commissione	tially similar to those in the original contract or involve tasks that are so cticable for a different contractor to perform the work. The er has delegated contracting authority under Minn. Stat. § 16C.03, subd. rest of the state better than a new contract and would cost no more. An

What changes are being made to the to the contract? Complete appropriate box(es) for the amendment submitted.

- **1.** ⊠ Amendment to the Expiration Date of the contract
 - a. Proposed New Expiration Date: 06/30/2025
 - b. Why is it necessary to amend the Expiration Date? Continue to provide a facility in which to conduct inmate autopsies by an independent, contracted, board-certified, Forensic Pathologist and laboratories to provide drug quantification, blood testing, toxicology, and X-rays in the review of all Department of Corrections incarcerated deaths. The contract certification allows for up to three one-year extensions to this agreement. This will be the DOC's third one-year extension of the current original contract.
- 2.

 Amend Duties and Cost

 Amend Duties Only
 - a. Describe the amendment: This amendment extends the term for one year, adding funds that will allow for continued use of a facility in which to conduct inmate autopsies by an independent, contracted board-certified Forensic Pathologist.
 - b. If cost is amended, insert the amount of the original contract AND amount of each amendment below:

Original contract: \$42,000.00

Amendment No. 1: \$21,000.00

Amendment No. 2: \$21,000.00

Amendment No. 3: \$21,000.00

Rev. 5/2022 Page 1 of 4

- 3.

 Amendment to change other terms and conditions of the contract:
 - a. Describe the changes that are being made:

Amendment #3 to SWIFT Contract No. 181187

Contract Effective Date:	8/10/2020	Total Contract Amount:	\$105,000.00
Original Contract Expiration Date:	6/30/2022	Original Contract:	\$42,000.00
Current Contract Expiration Date:	6/30/2024	Previous Amendment(s) Total:	\$42,000.00
Requested Contract Expiration Date:	6/30/2025	This Amendment:	\$21,000.00

This amendment is by and between the State of Minnesota, acting through its Commissioner of Corrections, Office of Special Investigations ("State") and Ramsey County on behalf of Ramsey County Medical Examiner's Office whose designated business address is 300 E. University Ave., St. Paul, MN 55101 ("Governmental Unit").

Recitals

- 1. The State has a contract with the Governmental Unit identified as SWIFT Contract Number 181187 ("Original Contract") to provide a facility in which to conduct inmate autopsies by an independent, contracted, board-certified, Forensic Pathologist and laboratories to provide drug quantification, blood testing, toxicology and X-rays in the review of all Department of Corrections incarcerated deaths as per Minnesota Statues, Section 390.11, subd. 1a.
- 2. The State has a need to continue to use a facility to conduct inmate autopsies by an independent, contracted, board-certified, Forensic Pathologist.
- 3. The State and the Governmental Unit are willing to amend the Original Contract as stated below.

Contract Amendment

In this Amendment, changes to pre-existing Contract language will use strike through for deletions and <u>underlining</u> for insertions.

REVISION 1. Clause 1. "Term of Contract" is amended as follows:

1. Term of Contract

- 1.1 Effective date. August 3, 2020, or the date the State obtains all required signatures under Minn. Stat. § 16C.05, subd. 2, whichever is later. The Contractor must not begin work under this Contract until this Contract is fully executed and the Contractor has been notified by the State's Authorized Representative to begin the work.
- 1.2 Expiration date. June 30, 2024 June 30, 2025, or until all obligations have been satisfactorily fulfilled, whichever occurs first. The contract may not be extended by the State.

REVISION 2. Clause 3. "Payment" is amended as follows:

The Ramsey County Medical Examiner's Office will invoice the Minnesota Department of Corrections for services provided in each occurrence. The estimated cost for these services provided by the Ramsey County Medical Examiner's Office is \$2,100 per examination. Payment will be made to Ramsey County

Rev. 5/2022 Page 2 of 4

Title: Date:_____

Rev. 5/2022

per occurrence. The total obligation of the State under this agreement will not exceed \$84,000 (eighty four thousand dollars) \$105,000 (one hundred five thousand dollars).

The Original Contract and any previous amendments are incorporated into this amendment by reference. Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.

1. State Encumbrance Verification Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05 Print Name: Docusigned by: Blair Bjerkeset Signature: Bur Burksut	3. State Agency With delegated authority Print Name: Signature:	
Title: Accounting Officer Sparie 16/25/2024	Title:Date:	
SWIFT Contract No.181187 PO 3-164920 2. Governmental Unit	4. Commissioner of Administration As delegated to The Office of State Procurement Print Name:	
Print Name: Holly Pratt	Signature:	
Signature: Holly Health	Title:Date:	
Title: Controller Date:	Admin ID:	
Signature: Kelly Mills Title: President/CEO Date: 06/27/2024 Print Name: Shanika Alston Signature: Shanika Alston Title: Assistant Ramsey County Attorney Date: 06/27/2024		
Print Name:		
Signature:		
Title:Date:		
Print Name:		
Signature:		

Rev. 5/2022 Page 4 of 4

From: Dougherty, Rachel (ADM) [rachel.dougherty@state.mn.us]

To: Ryan, Lauri (DOC) [lauri.ryan@state.mn.us], User, Procurement (ADM)

[procurement.user@state.mn.us]

Subject: RE: Retainage Waiver Request: Ramsey Co ME

Sent: Mon 7/20/2020 2:38 PM GMT-07:00

Importance: Normal

Retainage waiver is granted.

From: Ryan, Lauri (DOC) <lauri.ryan@state.mn.us>

Sent: Monday, July 20, 2020 3:15 PM

To: Dougherty, Rachel (ADM) <rachel.dougherty@state.mn.us>; User, Procurement

(ADM) procurement.user@state.mn.us>

Cc: Jaworski, Cherilyn (DOC) <cherilyn.jaworski@state.mn.us>; MN DOC PT

Coordinator <PT.Coordinator.doc@state.mn.us>

Subject: Retainage Waiver Request: Ramsey Co ME

Please see the attached request for a retainage waiver for Ramsey County Medical Examiner services for FY21. Please reply with your approval or denial.

Thank you!

Lauri Ryan

Office of Special Investigations

Minnesota Department of Corrections

1450 Energy Park Drive

St. Paul, MN, 55108

Phone: 651-361-7254

Fax: 651-642-0403

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Thank you.