|                                                                                                                                                                                               |                    |                       | Form AA-14 (1/8/2019)              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|------------------------------------|
| Note: All sections must be completed. Incomplete forms will be returned to the originating department.                                                                                        |                    |                       |                                    |
| I. CONTRACT INFORMATION:                                                                                                                                                                      |                    |                       |                                    |
| Agency/Department:     Auditor of Accounts/     Contract #: 45480     Amendment #: 1       Number of Number of Accounts/     VISION Number of Accounts/     VISION Number of Accounts/        |                    |                       |                                    |
| Vendor Name:CliftonLarsonAllen LLPVISION Vendor No: 366757Vendor Address:1966 Greenspring Dr. Suite 300, Timonium, MD 21093                                                                   |                    |                       |                                    |
| Vendor Address:1966 Greenspring Dr. Suite 300, Timonium, MD 21Starting Date:4/01/23Ending Date:6/30/2026                                                                                      | 093                | Amonda                | nent Date: 11/15/2023              |
| Summary of agreement or amendment: CLA will perform nonaudit servi                                                                                                                            | ices relating to V |                       |                                    |
| II. FINANCIAL & ACCOUNTING INFORMATION                                                                                                                                                        |                    |                       |                                    |
| Maximum Payable: $\$4,519,687.0$<br>0Prior Maximum: $\$4,489,687$                                                                                                                             |                    | Prior Contract        | t # (If Renewal):                  |
| Current Amendment: \$30,000.00 Cumulative amendments:                                                                                                                                         | \$ 30,000.00       | %                     | 6 Cumulative Change: 0.67          |
| <b>Business Unit(s):</b> 1250; ; - [notes: ]                                                                                                                                                  | VISION A           | Account(s): 507       | 100;                               |
| Estimated % GF % SF                                                                                                                                                                           |                    | % EF                  | 100.00 % Other                     |
| Funding Split: % TF % GC                                                                                                                                                                      |                    | % FF                  | SARF (name)                        |
| III. PROCUREMENT & PERFORMANCE INFORMATION                                                                                                                                                    |                    |                       |                                    |
| A. Identify applicable procurement process utilized.                                                                                                                                          |                    |                       |                                    |
| Standard Bid/RFP Simplified Sole Source (See B.)                                                                                                                                              | Qualifica          | tion Based Sele       | ection Statutory                   |
| B. If Sole Source Contract, contract form includes self-certification la                                                                                                                      | inguage?           | Yes 🛛 N/A             |                                    |
| C. Contract includes <b>performance measures/guarantees</b> to ensure the                                                                                                                     | ne quality and     | l/or results of th    | e service? 🛛 Yes 🗌 No              |
| IV. TYPE OF AGREEMENT (select all that apply)                                                                                                                                                 |                    |                       |                                    |
| Personal Service Construction Arch/Eng. Mark                                                                                                                                                  | teting 🗌 Inf       | o. Tech. 🔀 Pro        | of. Service                        |
| Non-Personal Service                                                                                                                                                                          |                    | ~ " □ ~               |                                    |
| Commodity Retiree/Former SOV EE Financia                                                                                                                                                      | l Trans 🔄 Z        | ero-Dollar 🔄 P        | rivatization 🗌 Other               |
| V. SUITABILITY FOR CONTRACT FOR SERVICE                                                                                                                                                       | C I 1              | 1                     |                                    |
| $\boxtimes$ Yes $\square$ No $\square$ n/aDoes this contract meet the determination<br>must be set up and paid on payroll through                                                             |                    |                       | tor? If "NO", the contractor       |
| VI. CONTRACTING PLAN APPLICABLE                                                                                                                                                               |                    |                       |                                    |
| Is any element of this contract subject to a pre-approved Agency/Dept. Contra                                                                                                                 | acting Waiver      | Plan? 🔀 Yes           | ∐ No                               |
| VII. CONFLICT OF INTEREST                                                                                                                                                                     |                    |                       |                                    |
| By signing below, I (Agency/Dept. Head) certify that no person able to control or influe performance, either personally or through a member of his or her household, family, or               |                    | this contract had a p | pecuniary interest in its award or |
| $\Box$ Yes $\boxtimes$ No<br>Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain) |                    |                       |                                    |
| VIII. PRIOR APPROVALS REQUIRED OR REQUESTED                                                                                                                                                   |                    |                       |                                    |
| $\Box \text{ Yes } \boxtimes \text{ No } \text{ Agreement must be Certified by the Attorney Gener}$                                                                                           | al under 3 V S     | A & 3/2 (sign li      | ne #1 below)                       |
| $\square$ Yes $\square$ No Attorney General review As To Form is required (\$2                                                                                                                |                    |                       |                                    |
| $\square$ Yes $\square$ No Agreement must be approved by the Secretary of ADS/CIO                                                                                                             |                    |                       |                                    |
| Yes No Agreement must be approved by the CMO: for Marketing services over \$25,000                                                                                                            |                    |                       |                                    |
| Yes X No Agreement must be approved by Comm. Human Resources: for Privatization, Retirees, Former Employees, & if a                                                                           |                    |                       |                                    |
| Contract fails the IRS test.       Yes     No       Agreement must be approved by the Secretary of Administration                                                                             |                    |                       |                                    |
| IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL                                                                                                                                            |                    |                       |                                    |
| I have made reaspenditional and the accuracy of the above information (sign in order):                                                                                                        |                    |                       |                                    |
| 1/15/2023 Doug Hoffer                                                                                                                                                                         |                    |                       |                                    |
| 1-Date 1-Agency//Bepartment Head                                                                                                                                                              | 2-Date             | 2-Agency Secr         | etary (if required)                |
|                                                                                                                                                                                               |                    |                       |                                    |
| 3a-Date 3a-CIO 3b-Date 3b-CMO                                                                                                                                                                 |                    | 3c-Date               | 3c-Commissioner DHR                |
|                                                                                                                                                                                               |                    | JUDAN                 |                                    |
| A Data A Attomacy Concernal                                                                                                                                                                   | 5 Data             | E Sometrie C          | Administration                     |
| 4-Date 4-Attorney General                                                                                                                                                                     | 5-Date             | 5-Secretary of        | Administration                     |

Contract #45480 Amendment #1

## STATE OF VERMONT CONTRACT AMENDMENT

It is hereby agreed by and between the State of Vermont, Office of the State Auditor (the "State") and CliftonLarsonAllen LLP (CLA), with a principal place of business in Timonium, Maryland (the "Contractor") that the contract between them originally dated as of April 1, 2023, Contract #45480, as amended to date, (the "Contract") is hereby amended as follows:

I. <u>Maximum Amount</u>. The maximum amount payable under the Contract, wherever such reference appears in the Contract, shall be changed from \$4,489,687 to \$4,519,687, representing an increase of \$30,000.

II. <u>Attachment A, Scope of Services</u>. The scope of services will remain unchanged except for the following amendment:

A new item is added to Attachment A, Section B to read:

"19. CLA will provide the nonaudit service of preparing VDOL's 2023 financial statements of the Unemployment Compensation Trust Fund, Contingent Fund, Domestic & Sexual Violence Program fund, and Health Care fund based on the information in VDOL's trial balance. VDOL must accept responsibility for these financial statements and submit these financial statements to the Department of Finance and Management for their inclusion in the Statewide ACFR.

If necessary, CLA will also perform additional procedures (above and beyond procedures required for the State's Annual Comprehensive Financial Report audit) to identify differences between VDOL's trial balance amounts and the supporting detail. This does not constitute a conflict or independence issue since the results of CLA's procedures will be presented to VDOL to post as audit adjustments to their trial balance. VDOL will need to review, accept, and post any audit adjustments to their financial accounting systems. In addition, CLA is not making any management decisions and are not party to the original transactions posted.

For all nonaudit services CLA may provide to VDOL, VDOL management agrees to assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, and/or experience to understand and oversee the services; evaluate the adequacy and results of the services; and accept responsibility for the results of the services. VDOL management is also responsible for ensuring that its data and records are complete and that VDOL has received sufficient information to oversee the services."

III. <u>Attachment B, Payment Provisions</u>. The price to perform the scope of work in this amendment shall not exceed \$30,000. The Contractor shall only bill for actual time incurred and shall bill the work in this amendment separately from all other work performed under this contract. Hourly rates shall be billed per the 2023 Rates below.

| CLA Staff      | 2023 Rates | 2024 Rates | 2025 Rates |
|----------------|------------|------------|------------|
| Partner        | \$295      | \$304      | \$313      |
| Manager        | \$200      | \$206      | \$212      |
| Senior Auditor | \$150      | \$155      | \$159      |
| Staff Auditor  | \$120      | \$124      | \$127      |
| Specialist     | \$160      | \$165      | \$170      |
| Subcontractors | \$220      | \$227      | \$233      |

<u>Taxes Due to the State</u>. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, the Contractor is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

<u>Certification Regarding Suspension or Debarment</u>. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, neither Contractor nor Contractor's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds. Contractor further certifies under pains and penalties of perjury that, as of the date this contract amendment is signed, Contractor is not presently debarred, suspended, nor named on the State's debarment list at: http://bgs.vermont.gov/purchasing-contracting/debarment

This document consists of 2 pages. Except as modified by this Amendment No. 1, all provisions of the Contract remain in full force and effect.

The signatures of the undersigned indicate that each has read and agrees to be bound by this Amendment to the Contract.

| STATE             |                 |
|-------------------|-----------------|
| By:               | Doug Hoffer     |
|                   | 611ECBFD5A6346B |
| Name: Doug Hoffer |                 |

Title: State Auditor

Date: \_\_\_\_\_

| CliftonLarsonAllen LLP |                 |  |
|------------------------|-----------------|--|
|                        | DocuSigned by:  |  |
| By:                    | loo f-          |  |
|                        | 4A5CECBCAA3C4A0 |  |
| Name: Jim Piotrowski   |                 |  |

| Title: I | Principal, CLA |
|----------|----------------|
| Data     | 11/15/2023     |