

GRANT REVIEW SIGN-OFF – Health & Human Services/Health Division

GRANT NAME: FY 2020 Comprehensive Planning, Budgeting, and Contracting (CPBC) Agreement

FUNDING AGENCY: Michigan Department of Health & Human Services (MDHHS)

DEPARTMENT CONTACT PERSON: Rachel Shymkiw/(248) 452-2151

STATUS: Grant Acceptance (Greater than \$10,000)

DATE: 8/12/19

Please be advised the captioned grant materials have completed internal grant review. Below are the returned comments.

The Board of Commissioners' liaison committee resolution and grant acceptance package (which should include this sign-off email and the grant agreement/contract with related documentation) may be requested to be placed on the agenda(s) of the appropriate Board of Commissioners' committee(s) for grant acceptance by Board resolution.

DEPARTMENT REVIEW

Management and Budget:

Approved – Laurie Van Pelt (8/2/19)

Human Resources:

HR Approved – HR Action Needed – Creates new positions – Lori Taylor (8/5/19)

Risk Management:

Approved by Risk Management. – Robert Erlenbeck (8/5/19)

Corporation Counsel:

I have reviewed the CPBC FY 2020 Grant. I see no legal issues with the draft contract. However, there is one compliance issue that I believe has been addressed in past grants with the State. Kathy, it is my understanding that the Health Division can comply with the State's standard Background section?

Assuming compliance with that section please move forward per normal grant procedures. – Bradley Benn (8/8/19)

Response from department:

Per our conversation, Kathy is not in the office today. I have read the section Brad references below, and I believe the Health Division can comply with all of the terms in that section including #6 below. I also believe that Kathy would agree with me based on our conversations. – Rachel Shymkiw (8/12/19)

...I agree with Rachel and appreciate the response on my behalf. – Kathy Forzley (8/12/19)

Agreement #:

Agreement Between
Michigan Department of Health and Human Services
 hereinafter referred to as the "Department"
 and
County of Oakland
 hereinafter referred to as the "Local Governing Entity"
 on Behalf of Health Department
Oakland County Department of Health and Human Services/ Health Division
1200 N. Telegraph Rd. 34 East
Pontiac MI 48341 0432
Federal I.D.#: 38-6004876, DUNS #: 136200362
 hereinafter referred to as the "Grantee"
 for
The Delivery of Public Health Services under
the Local Health Department Agreement

Part I

1. Purpose

This agreement is entered into for the purpose of setting forth a joint and cooperative Grantee/Department relationship and basis for facilitating the delivery of public health services to the citizens of Michigan under their jurisdiction, as described in the attached Annual Budget, established Minimum Program Requirements, and all other applicable Federal, State and Local laws and regulations pertaining to the Grantee and the Department. Public health services to be delivered under this agreement include Essential Local Public Health Services (ELPHS) and Categorical Programs as specified in the attachments to this agreement.

2. Period of Agreement:

This agreement shall commence on the date of the Grantee's signature or October 1, 2019 whichever is later and continue through September 30, 2020. This agreement is in full force and effect for the period specified.

3. Program Budget and Agreement Amount

A. Agreement Amount

In accordance with Attachment IV - Funding/Reimbursement Matrix, the total State budget and amount committed for this period for the program elements covered by this agreement is \$11,202,988.00.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this agreement must be specified in the Supporting Equipment Inventory Schedule as an attachment to the Final Financial Status Report. Equipment means tangible, non-expendable, personal property having useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Budget Transfers and Adjustments

1. Transfers between categories within any program element budget supported in whole or in part by state/federal categorical sources of funding shall be limited to increases in an expenditure budget category by \$10,000 or 15% whichever is greater. This transfer authority does not authorize purchase of additional equipment items or new subcontracts with state/federal categorical funds without prior written approval of the Department.
2. Except as otherwise provided, any transfers or adjustments involving state/federal categorical funds, other than those covered by C.1, including any related adjustment to the total state amount of the budget, must be made in writing through a formal amendment executed by all parties to this agreement in accordance with Section IX. A. of Part II.
3. The C.1 and C.2 provisions authorizing transfers or changes in local funds apply also to the Family Planning program, provided statewide local maintenance of effort is not diminished in total.

Any statewide diminishing of total local effort for family planning and/or any related funding penalty experienced by the Department shall be recovered proportionately from each local Grantee that, during the course of the agreement period, chose to reduce or transfer local funds from the Family Planning program.

4. Agreement Attachments

- A. The following documents are attachments to this Agreement Part I and Part II - General Provisions, which are part of this agreement:
 1. Attachment I - Annual Budget
 2. Attachment III - Program Specific Assurances and Requirements
 3. Attachment IV - Funding/Reimbursement Matrix
 4. Attachment V - Oakland Agreement Addendum A

5. Statement of Work

The Grantee agrees to undertake, perform and complete the services described in Attachment III - Program Specific Assurances and Requirements and the other applicable attachments to this agreement which are part of this agreement.

6. Fianancial Requirements

The financial requirements shall be followed as described in Part II and Attachment I - Annual Budget and Attachment IV - Funding/Reimbursement Matrix, which are part of this agreement.

7. Performance/Progress Report Requirements

The progress reporting methods, as applicable, shall be followed as described in part II and Attachment III, Program Specific Assurances and Requirements, which are part of this agreement.

8. General Provisions

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement .

9. Administration of the Agreement

The person acting for the Department in administering this agreement (hereinafter referred to as the Contract Consultant) is:

Name: Carissa Reece
 Title: Department Analyst
 Telephone No.: 517-373-1207
 E-Mail Address ReeceC@michigan.gov

The person acting for the Grantee on the financial reporting for this agreement is:

Tina Sobocinski Accountant

Name	Title
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sobocinskit@oakgov.com	(248) 858-5468
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E-Mail Address	Telephone No.
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10. Special Conditions

- A. This agreement is valid upon approval and execution by the Department which may be contingent upon State Administrative Board and Signature by the Grantee.
- B. This agreement is conditionally approved subject to and contingent upon availability of funding and other applicable conditions.
- C. The Department has the option to assume no responsibility or liability for costs incurred by the Grantee prior to the signing of this agreement.
- D. The Grantee is required by PA 533 of 2004 to receive payments by electronic funds transfer.

11. Special Certification

The individual or officer signing this agreement certifies by his or her signature that he or she is authorized to sign this agreement on behalf of the responsible governing board, official or Grantee.

12. Signature Section**For Oakland County Department of Health and Human Services/ Health Division**

David Woodward County Commissioner

Name	Title
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For the Michigan Department of Health and Human Services

Christine H. Sanches 08/01/2019

Christine H. Sanches, Director Bureau of Grants and Purchasing	Date
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Part II General Provisions

I. Responsibilities - Grantee

The Grantee in accordance with the general purposes and objectives of this agreement will:

A. Publication Rights

1. Copyright materials only when the Grantee exclusively develops books, films or other such copyrightable materials through activities supported by this Agreement. The copyrighted materials cannot include recipient information or personal identification data. Grantee grants the Department a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials.
2. Obtain prior written authorization from the Department's Communication Office for any materials copyrighted by the Grantee or modifications bearing acknowledgment of the Department's name prior to reproduction and use of such materials. The State of Michigan may modify the material copyrighted by the Grantee and may combine it with other copyrightable intellectual property to form a derivative work. The State of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this Agreement to the Grantee. If the Grantee ceases to conduct business for any reason or ceases to support the copyrightable materials developed under this Agreement, the State of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has.
3. Obtain prior written authorization from the Department's Communication Office and give recognition to the Department in any and all publications, papers and presentations arising from the Agreement activities.
4. Notify the Department's Bureau of Grants and Purchasing 30 days before applying to register a copyright with the U.S. Copyright Office. The Grantee must submit an annual report for all copyrighted materials developed by the Grantee through activities supported by this Agreement and must submit a final invention statement and certification within 60 days of the end of the Agreement period.
5. Not make any media releases related to this agreement, without prior written authorization from the Department's Communication Office.

B. Fees

1. Guarantee that any claims made to the Department under this Agreement shall not be financed by any sources other than the

Department under the terms of this Agreement. If funding is received through any other source, the Grantee agrees to budget the additional source of funds and reflect the source of funding on the Financial Status Report.

2. Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any underrecoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

C. Grant Program Operation

Provide the necessary administrative, professional, and technical staff for operation of the grant program. Obtain and maintain all necessary licenses, permits and insurances consistent with requirements under Part II.1.T. or other authorizations necessary for the performance of this Agreement.

D. Reporting

Utilize all report forms and reporting formats required by the Department at the effective date of this agreement, and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

E. Record Maintenance/Retention

Maintain adequate program and fiscal records and files, including source documentation, to support program activities and all expenditures made under the terms of this agreement, as required. Assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this agreement will be maintained for a period of not less than three years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved. This Section applies to Grantee, any parent, affiliate, or subsidiary organization of Grantee, and any subcontractor that performs Agreement Activities in connection with this Agreement.

F. Authorized Access

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Inspector Generals, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, papers, files, documentation and personnel related to this agreement, to the extent authorized by applicable state or federal law, rule or regulation.
2. The rights of access in this section are not limited to the required retention period but last as long as the records are retained.
3. Grantee must cooperate and provide reasonable assistance to

authorized representatives of the Department and others when those individuals have access to Grantee's grant records.

G. Audits

1. Single Audit

Grantee must submit to the Department a Single Audit consistent with the regulations set forth in Title 2 Code of Federal Regulations (CFR) Part 200, Subpart F. The Single Audit reporting package must include all components described in Title 2 Code of Federal Regulations, Section 200.512 (c) including a Corrective Action Plan, and management letter (if one is issued) with a response to the Department. The Grantee must assure that the Schedule of Expenditures of Federal Awards includes expenditures for all federally-funded grants.

2. Other Audits

The Department or federal agencies, may also conduct or arrange for "agreed upon procedures" or additional audits to meet their needs.

3. Due Date and Where to Send

The Single Audit reporting package, management letter (if one is issued) with a response and Corrective Action Plan shall be submitted to the Department within nine months after the end of the Grantee's fiscal year by e-mail at, MDHHS-AuditReports@michigan.gov. The required submission must be assembled as one document in a PDF file and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

4. Penalty

a. Delinquent Single Audit or Financial Related Audit

If the Grantee does not submit the required Single Audit reporting package, management letter (if one is issued) with a response, and Corrective Action Plan within nine months after the end of the Grantee's fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Grantee is more than 180 days delinquent in meeting the filing

requirements and an extension has not been approved by the cognizant or oversight agency for audit.

b. Delinquent Audit Exemption Notice

Failure to submit the Audit Exemption Notice, when required, may result in withholding payment from Department to Grantee an amount equal to one percent of the audit year's grant funding until the Audit Exemption Notice is received.

H. Subrecipient/Contractor Monitoring

When passing federal funds through to a subrecipient (if the agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:

1. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.331 (a).
2. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.331(b).
3. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes in compliance with federal statutes, regulations, and the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.331(d) are met including reviewing financial and programmatic reports, following up on corrective actions, and issuing management decisions for audit findings.
4. Verify that every subrecipient is audited as required by Subpart F of 2 CFR 200.
5. Monitor the activities of the subrecipient to ensure the subrecipient complies with all the requirements of this grant agreement.

The Grantee must develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations, and the provisions of contracts, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight and monitoring activities, such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.

The Grantee must establish requirements to ensure compliance for for-profit subrecipients as required by Title 2 (CFR), Section 200.501(h), as applicable.

The Grantee must ensure that transactions with contractors comply with laws, regulations, and provisions of contracts or grant agreements in compliance with Title 2 CFR, Section 200.501(h), as applicable.

I. Notification of Modifications

Provide timely notification to the Department, in writing, of any action by the

Grantee, its governing board or any other funding source which would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

J. Software Compliance

Ensure software compliance and compatibility with the Department's data systems for services provided under this agreement including, but not limited to: stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Grantee's business operations for processing date/time data. All information systems, electronic or hard copy that contain state or federal data must be protected from unauthorized access.

K. Human Subjects

Comply with Protection of Human Subjects Act, 45 CFR, Part 46. The Grantee agrees that prior to the initiation of any research, the Grantee will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the State of Michigan, to the Department's IRB for review and approval. Alternatively the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally-approved IRB Authorization Agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Grantee's Authorized Official.

L. Mandatory Disclosures

1. Disclose to the Department in writing within 14 days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor, or an officer or director of Grantee or subcontract, or that arises during the term of this Agreement including:
 - a. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the agreement.
 - b. A criminal Proceeding;
 - c. A parole or probation Proceeding;
 - d. A Proceeding under the Sarbanes-Oxley Act;
 - e. A civil Proceeding involving:
 1. A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability;
 or

2. A governmental or public entity's claim or written allegation of fraud; or
 - f. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.
2. Notify the Department, at least 90 calendar days before the effective date, of a change in Grantee's ownership and/or executive management.

M. Minimum Program Requirements

Comply with Minimum Program Requirements established in accordance with Section 2472.3 of 1978 PA 368 as amended, MCL 333.2472 (3), MSA 14.15 (2472.3), for each applicable program element funded under this agreement.

N. Annual Budget and Plan Submission

To submit an Annual Budget and Plan request to the Department, in accordance with instructions established by the Department, to serve as the basis for completion of specific details for Attachments I, III, and IV of this agreement via Grantee/Department negotiated amendment(s). Failure to submit a complete Annual Budget and Plan by the due date through MI E-Grants will result in the deferral of Department payments until these documents are submitted.

O. Maintenance of Effort

Comply with maintenance of effort requirements for Essential Local Public Health Services (ELPHS), as defined in the current Department appropriation act, and Family Planning in accordance with federal requirements, except as noted in Section 3.C.3 of Part I.

P. Accreditation

1. Comply with the local public health accreditation standards and follow the accreditation process and schedule established by the Department to achieve full accreditation status.
 - a. Grantees that fail to meet all accreditation requirements or implement corrective plans of action within the prescribed time period will receive the status of "Not Accredited." Grantees designated as "Not Accredited" may have their Department allocations reduced for costs incurred in the assurance of service delivery.
 - b. Grantees that disagree with on-site review findings or their accreditation status may request an inquiry through written request to the Department. The request must identify the disagreement and resolution sought. The inquiry participants will be comprised of Grantee staff, Department staff, the Accreditation Commission Chair, and the Accreditation Coordinator as needed. Participants will clarify facts, verify

information and seek resolution.

2. Consent Agreements/Administrative Compliance Orders/Administrative Hearings for "Not Accredited" Grantees:
 - a. Grantees designated as "Not Accredited", will receive a Consent Agreement Package from the Department. Grantees and their local governing entities shall be given 75 days to review the package, meet with the Department, and sign and return the Consent Agreement.
 - b. Fulfillment of the terms and conditions of the Consent Agreement will not affect accreditation status, but impacts the Grantees' ability to fulfill its contractual obligations under the Local Health Department Grant Agreement. Grantees designated as "Not Accredited", will retain this designation until the subsequent accreditation cycle.
 - c. Grantee failure to fulfill the terms and conditions of the Consent Agreement within the prescribed time period will result in the issuance of an Administrative Compliance Order by the Department.
 - d. Within 60 working days after receipt of an Administrative Compliance Order and proposed compliance period, a local governing entity may petition the Department for an administrative hearing. If the local governing entity does not petition the Department for a hearing within 60 days after receipt of an Administrative Compliance Order, the order and proposed compliance date shall be final. After a hearing, the Department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.
 - e. If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the Department may petition the appropriate circuit court for a writ of mandamus to compel correction.

Q. Medicaid Outreach Activities Reimbursement

The Grantee agrees to report allowable costs and request reimbursement for the Medicaid Outreach activities it provides in accordance with 2 CFR, Part 200 and the requirements in Medicaid Bulletin number: MSA 05-29.

The Grantee agrees to submit a Cost Allocation Plan Certification to the Department to bill for the Medicaid Outreach Activities. The Cost Allocation Plan Certification is valid until a change is made to the cost allocation plan or the Department determines it is invalid.

The Grantee will submit quarterly FSRs for the Medicaid Outreach activities and an annual FSR for the Children with Special Health Care Services

Medicaid Outreach activities in accordance with the instructions contained in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Grantee agrees to target their Medicaid outreach effort toward Department established priorities. For fiscal year 2018, the Department priorities are: lead testing, outreach and enrollment for the Family Planning waiver, and outreach for pregnant women, mothers and infants for the Maternal and Infant Health Program. The Grantee will submit a report using the MDHHS Local Health Department Medicaid Outreach form describing their outreach activities targeting the priorities 30 days after the end of a fiscal year quarter and at the same time as the final FSR is due to the Department. The Local Health Department Medicaid Outreach report are to be sent through MI E-Grants as an attachment report to the Financial Status Report.

R. Conflict of Interest and Code of Conduct Standards

1. The Grantee is subject to the provisions of 1968 PA 317, as amended, 1973 PA 196, as amended, and Title 2 Code of Federal Regulations, Section 200.318 (c) (1) and (2).
2. The Grantee will uphold high ethical standards and is prohibited from:
 - a. Holding or acquiring an interest that would conflict with this Agreement;
 - b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
 - c. Attempting to influence or appearing to influence any State employee by the direct or indirect offer of anything of value; or
 - d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.
3. Immediately notify the Department of any violation or potential violation of these standards. This Section applies to Grantee, any parent, affiliate, or subsidiary organization of Grantee, subrecipient and any subcontractor that performs Agreement activities in connection with this agreement.

S. Travel Costs

1. Be reimbursed for travel cost (including mileage, meals, and lodging) budgeted and incurred related to services provided under this agreement.
2. If the Grantee has a documented policy related to travel reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the State of Michigan travel reimbursement rate applies.

3. State of Michigan travel rates may be found at the following website:
http://www.michigan.gov/dtmb/0.5552.7-150-9141_13132-.00.html.

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T. Insurance Requirements

1. Maintain a minimum of the insurances or governmental self-insurances listed below and is responsible for all deductibles. All required insurance or self-insurance must:
 - a. Protect the State of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;
 - b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the State; and
 - c. Be provided by a company with an A.M. Best rating of "A" or better and a financial size of VII or better.
2. Insurance Types
 - a. Commercial General Liability Insurance or Governmental Self-Insurance: Except for Governmental Self—Insurance, policies must be endorsed to add "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement CG 2010 07 04 and CG 2037 07 04.

If the Grantee will deal with children, schools, or the cognitively impaired, coverage must not have exclusions or limitations related to sexual abuse and molestation liability.
 - b. Workers' Compensation Insurance or Governmental Self-Insurance: Coverage according to applicable laws governing work activities. Waiver of subrogation, except where waiver is prohibited by law.
 - c. Employers Liability Insurance or Governmental Self-Insurance
 - d. Privacy and Security (Cyber) Liability insurance covering information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.
3. Grantees must require that subcontractors maintain the required insurances contained in this Section.
4. This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of the Grantee from any obligations under this agreement.
5. Each Party must promptly notify the other Party of any knowledge regarding an occurrence which the notifying Party reasonably believes may result in a claim against either Party. The Parties must cooperate with each other regarding such claim.

U. Fiscal Questionnaire

1. Complete and upload the yearly fiscal questionnaire to the Department to the EGrAMS agency profile within three months of the start of the agreement.
2. Fiscal Questionnaire template can be found in EGrAMS documents.

V. Criminal Background Check

1. Conduct or cause to be conducted a search that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with clients or has access to client information.
 - a. ICHAT: <http://apps.michigan.gov/ichat>
 - b. Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
 - c. National Sex Offender Registry: <http://www.nsopw.gov>
2. Conduct or cause to be conducted a Central Registry (CR) check for each employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with children or vulnerable adults.
 - a. Central Registry: http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330---,00.html
3. Require each new employee, employee, subcontractor, subcontractor employee or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.
4. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with clients or accessing client information related to clients under this Agreement, based on the results of a positive ICHAT response or reported criminal felony conviction or perpetrator identification.
5. Determine whether to prohibit any employee, subcontractor, subcontractor employee or volunteer from performing work directly with children and/or vulnerable adults under this Agreement, based on the results of a positive CR response or reported perpetrator identification.
6. Require any employee, subcontractor, subcontractor employee or volunteer who may have access to any databases of information

maintained by the federal government that contains confidential or personal information, including, but not limited to, federal tax information, to have a fingerprint background check performed by the Michigan State Police.

II. **Responsibilities - Department**

The Department in accordance with the general purposes and objectives of this agreement will:

A. **Reimbursement**

Provide reimbursement in accordance with the terms and conditions of this agreement based upon appropriate reports, records, and documentation maintained by the Grantee.

B. **Report Forms**

Provide any report forms and reporting formats required by the Department at the effective date of this agreement, and provide to the Grantee any new report forms and reporting formats proposed for issuance thereafter at least 90 days prior to their required usage in order to afford the Grantee an opportunity to review and offer comment.

C. **Notification of Modifications**

To notify the Grantee in writing of modifications to federal or state laws, rules and regulations affecting this agreement.

D. **Identification of Laws**

To identify for the Grantee relevant laws, rules, regulations, policies, procedures, guidelines and state and federal manuals, and provide the Grantee with copies of these documents to the extent they are not otherwise available to the Grantee.

E. **Modification of Funding**

To notify the Grantee in writing within 30 calendar days of becoming aware of the need for any modifications in agreement funding commitments made necessary by action of the federal government, the governor, the legislature or the Department of Technology Management and Budget on behalf of the governor or the legislature. Implementation of the modifications will be determined jointly by the Grantee and the Department.

F. **Monitor Compliance**

To monitor compliance with all applicable provisions contained in federal grant awards and their attendant rules, regulations and requirements pertaining to program elements covered by this agreement.

G. **Technical Assistance**

To make technical assistance available to the Grantee for the implementation of this agreement.

H. Accreditation

The Department agrees to adhere to the accreditation requirements including the process for “Not Accredited” Grantees. The process includes developing and monitoring consent agreements, issuing and monitoring administrative compliance orders, participating in administrative hearings and petitioning appropriate circuit courts.

I. Medicaid Outreach Activities Reimbursement

The Department agrees to reimburse the Grantee for all allowable Medicaid Outreach activities that meet the standards of the Medicaid Bulletin: MSA 05-29 including the cost allocation plan certification and that are billed in accordance with the requirements in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Department will identify each fiscal year the Medicaid Outreach priorities and establish a reporting requirement for the Grantee.

III. Assurances

The following assurances are hereby given to the Department:

A. Compliance with Applicable Laws

The Grantee will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Grantee will also comply with all applicable general administrative requirements, such as Title 2 Code of Federal Regulations (CFR) covering cost principles, grant/agreement principles, and audits, in carrying out the terms of this agreement. The Grantee will comply with all applicable requirements in the original grant awarded to the Department if the Grantee is a subgrantee. The Department may determine that the Grantee has not complied with applicable federal or state laws, guidelines, rules, and regulations in carrying out the terms of this agreement and may then terminate this agreement under Part II Section V.

B. Anti-Lobbying Act

The Grantee will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies section of the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-208). Further, the Grantee shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

C. Non-Discrimination

1. The Grantee must comply with the Department’s non-discrimination statement: The Michigan Department of Health and Human Activities

will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting therefrom, will contain a provision requiring non-discrimination in employment, activity delivery and access, as herein specified, binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (1976 PA 453, as amended; MCL 37.2101 et seq.) and the Persons with Disabilities Civil Rights Act (1976 PA 220, as amended; MCL 37.1101 et seq.), and any breach thereof may be regarded as a material breach of this Agreement.

2. The Grantee will comply with all federal statutes relating to nondiscrimination. These include but are not limited to:
 - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin;
 - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
 - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of disabilities;
 - d. the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
 - e. the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
 - f. the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
 - g. §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records
 - h. any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and,

- i. the requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority owned and women owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

D. Debarment and Suspension

The Grantee will comply with Federal Regulation, 2 CFR 180 and certifies to the best of its knowledge and belief that the Grantee's local health department employees, official of the Grantee's local health department and the Grantee's subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or Grantee;
2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;
4. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

E. Federal Requirement: Pro-Children Act

1. The Grantee will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The

law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's services.

2. The Grantee also assures, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this agreement will be delivered in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities or services are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant or private work site), the activities or services shall be smoke-free.

F. Hatch Political Activity Act and Intergovernmental Personnel Act

The Grantee will comply with the Hatch Political Activity Act, 5 USC 1501-1509 and 7324-7328, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728 - 4763. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally-assisted programs.

G. National Defense Authorization Act Employee Whistleblower Protections

The Grantee will comply with the National Defense Authorization Act "Pilot Program for Enhancement of Grantee Employee Whistleblower Protections".

1. This agreement and employees working on this agreement will be subject to the whistleblower rights and remedies in the pilot program on Grantee employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2012 and FAR 3.908.
2. The Grantee shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.
3. The Grantee shall insert the substance of this clause, including this paragraph (3), in all subcontracts over the simplified acquisition threshold.

H. Clean Air Act and Federal Water Pollution Control Act

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended.

- a) This agreement and anyone working on this agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all applicable standards, orders or regulations issue pursuant to these Acts. Violations must be reported to the Department.

I. Trafficking Victims Protection Act

The Grantee will comply with the Trafficking Victims Act of 2000, as amended.

- a) This agreement and anyone working on this agreement will be subject to the Trafficking Victims Protection Act and must comply with all applicable standards, orders or regulations issued pursuant to this Act. Violations must be reported to the Department.

J. Subcontracts

For any subcontracted service, activity or product, the Grantee will ensure:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity. Exceptions to this policy may be granted by the Department upon written request.
2. That any executed subcontract shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail. A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:
 - a. Contains additional non-conflicting provisions not set forth in this agreement; or
 - b. Restates provisions of this agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or
 - c. Requires the subcontractor to perform duties and services in less time than that afforded the Grantee in this agreement.
3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.
4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.
6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$10,000 shall contain provisions or conditions

that will:

- a. Allow the Grantee or Department to seek administrative, contractual or legal remedies in instances in which the subcontractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.
 - b. Provide for termination by the Grantee, including the manner by which termination will be effected and the basis for settlement.
7. That all subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government of amounts in excess of \$100,000 shall contain a provision that requires compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857(h)), Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).
 8. That all subcontracts and subgrants in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$2,000 for construction or repair, awarded by the Grantee shall include a provision:
 - a. For compliance with the Copeland "Anti-Kickback" Act (18 USC 874) as supplemented in Department of Labor regulations (29 CFR, Part 3).
 - b. For compliance with the Davis-Bacon Act (40 USC 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR, Part 5) (if required by Federal Program Legislation).
 - c. For compliance with Section 103 and 107 of the Contract Work Hours and Safety Standards Act (40 USC 327-330) as supplemented by Department of Labor regulations (29 CFR, Part 5). This provision also applies to all other contracts in excess of \$2,500 that involve the employment of mechanics or laborers.

K. Procurement

Grantee will ensure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of Title 2 Code of Federal Regulations, Part 200. Funding from this agreement shall not be used for the purchase of foreign goods or services or both. Records shall be sufficient to document the significant history of all purchases are maintained for a minimum of three years after the end of the agreement period.

L. Health Insurance Portability and Accountability Act

To the extent that this act is pertinent to the services that the Grantee provides

to the Department under this agreement, the Grantee assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements including the following:

1. The Grantee must not share any protected health data and information provided by the Department that falls within HIPAA requirements except as permitted or required by applicable law; or to a subcontractor as appropriate under this agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information for the purposes of this agreement.
4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach, and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures.
6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Agreement Termination.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information by the Grantee received from the Department or any other source.
8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

M. Home Health Services

If the Grantee provides Home Health Services (as defined in Medicare Part B), the following requirements apply:

1. The Grantee shall not use State ELPHS or categorical grant funds provided under this agreement to unfairly compete for home health services available from private providers of the same type of services in

the Grantee's service area.

2. For purposes of this agreement, the term "unfair competition" shall be defined as offering of home health services at fees substantially less than those generally charged by private providers of the same type of services in the Grantee's area, except as allowed under Medicare customary charge regulations involving sliding fee scale discounts for low-income clients based upon their ability to pay.
3. If the Department finds that the Grantee is not in compliance with its assurance not to use state ELPHS and categorical grant funds to unfairly compete, the Department shall follow the procedure required for failure by local health departments to adequately provide required services set forth in Sections 2497 and 2498 of 1978 PA 368 as amended (Public Health Code), MCL 333.2497 and 2498, MSA 14.15 (2497) and (2498).

N. Website Incorporation

The Department is not bound by any content on Grantee's website unless expressly incorporated directly into this Agreement.

O. Survival

The provisions of this Agreement that impose continuing obligations will survive the expiration or termination of this Agreement.

P. Non-Disclosure of Confidential Information

1. The Grantee agrees that it will use Confidential Information solely for the purpose of this agreement. The Grantee agrees to hold all Confidential information in strict confidence and not to copy, reproduce, sell, transfer or otherwise dispose of, give or disclose such Confidential Information to third parties other than employees, agents, or subcontracts of a party who have a need to know in connection with this Agreement or to use such Confidential Information for any purpose whatsoever other than the performance of this Agreement. The Grantee must take all reasonable precautions to safeguard the Confidential Information. These precautions must be at least as great as the precautions the Grantee takes to protect its own confidential or proprietary information.

2. Meaning of Confidential Information

For the purpose of this Agreement the term "Confidential Information" means all information and documentation that:

- a. Has been marked "confidential" or with words or similar meaning, at the time of disclosure by such part;
- b. If disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of

- similar meaning;
- c. Should reasonably be recognized as confidential information of the disclosing party;
 - d. Is unpublished or not available to the general public; or
 - e. Is designated by law as confidential.
3. The term "Confidential Information" does not include any information or documentation that was:
 - a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);
 - b. Already in the possession of the receiving party without an obligation of confidentiality;
 - c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party's proprietary rights;
 - d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or
 - e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through or on behalf of, the receiving part).
 4. The Grantee must notify the Department within one business day after discovering any unauthorized use or disclosure of Confidential Information. The Grantee will cooperate with the Department in every way possible to regain possession of the Confidential Information and prevent further unauthorized use or disclosure.

Q. Cap on Salaries

None of the funds awarded to the Grantee through this Agreement shall be used to pay, either through a grant or other external mechanism, the salary of an individual at a rate in excess of Executive Level II. The current rates of pay for the Executive Schedule are located on the United States Office of Personnel Management web site, <http://www.opm.gov>, by navigating to Policy - Pay & Leave - Salaries & Wages. The salary rate limitation does not restrict the salary that a Grantee may pay an individual under its employment; rather, it merely limits the portion of that salary that may be paid with funds from this Agreement.

IV. Financial Requirements

A. Operating Advance

Under the pre-payment reimbursement method, no additional operating advances will be issued.

B. Payment Method

1. Prepayments

- a. The Department will make monthly prepayments equal to 1/12th of the agreement amount for each non-fee-for-service program contained in Attachment IV of this agreement. One single payment covering all non-fee-for-service programs will be made within the first week of each month. The Grantee can view their monthly prepayment within the MI E-Grants system.
 - b. Prepayments for the months of October thru January will be based upon the initial agreement amounts in Attachment IV. Subsequent monthly prepayments may be adjusted based upon agreement amendments or Grantee adjustment requests.
 - c. If the sum of the prepayments does not equal at least 90% of the Grantee's expenditures for a quarter of the contract period, the Grantee may submit documentation for an adjustment to the monthly prepayment amount via the following process:
 - i. Submit a written request for the adjustment to the Department's Accounting Division, Expenditure Operations Section.
 - ii. The adjustment request must be itemized by program and must list the amount received from the Department, the expenditure amount reported per the quarterly Financial Status Report (FSR), and the difference. The amount received from the Department and the expenditures must be for the same reporting quarterly FSR period.
 - iii. The Department will review the requests and if an adjustment is approved, it will be included in the next scheduled monthly prepayment.
 - iv. Adjustment requests will not be accepted prior to submission of the FSR for the quarter ending December 31. No adjustments will be made prior to the February monthly prepayment.
 - v. The ability of the Department to approve adjustments may be limited by the quarterly allotments of spending authority in the Department's appropriation account mandated by the Office of the State Budget Director. The quarterly allotment limits the amount of each account (program) that the Department may expend during each fiscal quarter.
2. Fixed Fee Reimbursement
- a. Quarterly reimbursement for fixed fee projects is based on Attachment IV and approved quarterly Financial Status Reports.

C. Financial Status Report Submission

1. A Financial Status Report (FSR) must be submitted on a quarterly basis no later than 30 days after the close of the calendar quarter for all programs listed on Attachment IV and fee for services project budgeted. Failure to meet financial reporting responsibilities as identified in this agreement may result in withholding future payments.
2. FSR's must report total actual program expenditures regardless of the source of funds. The Department will reimburse the Grantee for expenditures in accordance with the terms and conditions of this agreement. Failure to comply with the reporting due dates will result in the deferral of the Grantee's monthly prepayment.
3. By submitting the FSR the individual is certifying to the best of their knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.
4. The instructions for completing the FSR form are available on the website <http://egram-mi.com/dch>. Send FSR questions to FSRMDHHS@michigan.gov.

D. Reimbursement Method

The Grantee will be reimbursed in accordance with the reimbursement methods for applicable program elements described as follows:

1. Performance Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of state funds. Any local funds used to support program elements operated under such provisions of this agreement may be transferred by the Grantee within, among, to or from the affected elements without Department approval, subject to applicable provisions of Sections 3.B. and 3.C.3 of Part I and Section XIV of Part II. If Grantee's performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance.
2. Staffing Grant Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that state dollars will be paid up to total costs in relation to the state's share of the total costs and up to the total state allocation as agreed to in the

approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable as a source before any local funding requirement unless a specific local match condition exists.

3. Fixed Unit Rate Reimbursement - A reimbursement method by which Grantee are reimbursed a specific amount for each output actually delivered and reported.
4. Essential Local Public Health Services (ELPHS) - A reimbursement method by which Grantees are reimbursed a share of reasonable and allowable costs incurred for required services, as noted in the current Appropriations Act.

E. Reimbursement Mechanism

All Grantees must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits. Vendor registration information is available through the Department of Technology, Management and Budget's web site: <http://www.michigan.gov/sigmavss>

F. Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

G. Final Obligation Reporting Requirements

An Obligation Report, based on annual guidelines, just be submitted by the due date using the format provided by the Department through MI E-Grants. The Grantee must provide, by program, an estimate of total expenditures for the entire agreement period (October 1 through September 30). This report must represent the Grantee's best estimate of total program expenditures for the agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables by program for this Agreement. The report assists the Department in reserving sufficient funding to reimburse the final expenditures that will be reported on the Final FSR without materially overstating or understating the year-end obligations for this agreement. The Department compares the total estimated expenditures from this report to the total amount reimbursed to the Grantee in the monthly prepayments and quarterly fee-for-service payments to establish accounts payable and accounts receivable entries at fiscal year-end. The Department recognizes that based upon payment adjustments and timing of agreement amendments, the Grantee may owe the Department funding for overpayment of a program and may be due funds from the Department for underpayment of

a program at fiscal year-end.

Within 75 days after the agreement fiscal year-end, the Grantee must liquidate any unpaid year-end commitments and obligations. Any obligation remaining unliquidated after 75 days from the end of the agreement period shall revert to the Department for disposition in accordance with applicable state and/or federal requirements, except as specifically authorized in writing by the Department.

H. Final Financial Status Reporting Requirements

Final FSRs are due on the following dates following the agreement period

<u>Project</u>	<u>Final FSR Due Date</u>
Public Health Emergency Preparedness	11/15/2019
All Remaining Projects	11/30/2019

Upon receipt of the final FSR electronically through MI E-Grants, the Department will determine by program, if funds are owed to the Grantee or if the Grantee owes funds to the Department. If funds are owed to the Grantee, payment will be processed. However, if the Grantee underestimated their year-end obligations in the Obligation Report as compared to the final FSR and the total reimbursement requested does not exceed the agreement amount that is due to the Grantee, the Department will make every effort to process full reimbursement to the Grantee per the final FSR. Final payment may be delayed pending final disposition of the Department's year-end obligations.

If funds are owed to the Department, it will generally not be necessary for Grantee to send in a payment. Instead the Department will make the necessary entries to offset other payments and as a result the Grantee will receive a net monthly prepayment. When this does occur, clarifying documentation will be provided to the Grantee by the Department's Accounting Division.

I. Penalties for Reporting Noncompliance

For failure to submit the final total Grantee FSR report by December 15, through MI E-Grants after the agreement period end date, the Grantee may be penalized with a one-time reduction in their current ELPHS allocation for noncompliance with the fiscal year-end reporting deadlines. Any penalty funds will be reallocated to other Local Health Department Grantees. Reductions will be one-time only and will not carryforward to the next fiscal year as an ongoing reduction to a Grantee's ELPHS allocation. Penalties will be assessed based upon the submitted date in MI E-Grants:

ELPHS Penalties for Noncompliance with Reporting Requirements:

1. 1% - 1 day to 30 days late;
2. 2% - 31 days to 60 days late;
3. 3% - over 60 days late with a maximum of 3% reduction in the

Grantee's ELPHS allocation.

J. Indirect Costs and Cost Allocations/Distribution Plans

The Grantee is allowed to use approved federal indirect rate, 10% de minimis indirect rate or cost allocation/distribution plans in their budget calculations.

1. Costs must be consistently charged as indirect, direct or cost allocated, but may not be double charged or inconsistently charged.
2. If the Grantee does not have an existing approved federal indirect rate, they may use a 10% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200 to recover their indirect costs.
3. Grantees using the cost allocation/distribution method must develop certified plan in accordance with the requirements described in Title 2 CFR, Part 200 which includes detailed budget narratives and is retained by the Grantee and subject to Department review.
4. There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles and subject to Department review.

V. Agreement Termination

The Department may terminate this agreement without further liability or penalty to the Department for any of the following reasons:

- A. This agreement may be terminated by either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.
- B. This agreement may also be terminated by either party with 30 days prior written notice upon the failure of either party to carry out the terms and conditions of this agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the 30 day period.
- C. This agreement may be terminated immediately if the Grantee's local health department, or an official of the Grantee's local health department, is convicted of any activity referenced in Part II, Section III.D, of this agreement during the term of this agreement or any extension thereof.
- D. This agreement may be terminated or modified immediately upon a finding by the Department in accordance with MCL 333.2235 that the Grantee local health department for the delivery of public health services under this agreement is unable or unwilling to provide any or all of the services as provided in this agreement, and the Department may redirect funds as necessary to ensure that the public health services are provided within the Grantee's jurisdiction.

VI. Stop Work Order

The Department may suspend any or all activities under this Agreement at any time. The Department will provide the Grantee with a written stop order detailing the

suspension. Grantee must comply with the stop work order upon receipt. The Department will not pay for Activities, Grantee's lost profits, or any additional compensation during a stop work period.

VII. Final Reporting upon Termination

Should this agreement be terminated by either party, within 30 days after the termination, the Grantee shall provide the Department with all financial, performance and other reports required as a condition of this agreement. The Department will make payments to the Grantee for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Grantee shall immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenditures. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

VIII. Severability

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

IX. Amendments

- A. Except as otherwise provided, any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement.

In the event that circumstances occur that are not reasonably foreseeable, or are beyond the Grantee's or Department's control, which reduce or otherwise interfere with the Grantee's or Department's ability to provide or maintain specified services or operational procedures, immediate written notification must be provided to the other party. Any change proposed by the Grantee which would affect the state funding of any project, in whole or in part as provided in Part I, Section 3.C. of the agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

- B. Except as otherwise provided, amendments to this agreement shall be made within thirty days after receipt and approval of a change proposed by the Grantee.

Amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the agreement scope, amount of funding to be provided by the Department or, the total amount of the budget may be submitted by the Grantee at any time prior to May 1. The Department will provide a written response within 30 calendar days.

All amendments must be submitted to the Department within three weeks of receipt through MI E-Grants to assure the amendment can be executed prior to the end of the agreement period.

1. Any change proposed by the Grantee which would affect the state funding of any element funded in whole or in part by funds provided by the Department, subject to Part I, Section 3.C, of the agreement, must

be submitted in writing to the Department immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

Within thirty (30) days after receipt of the proposed change, the Department shall advise the Grantee in writing of its determination. Subsequently the Department will initiate any necessary formal amendment to the agreement for execution by all parties to the agreement.

Any changes proposed by the Department must be agreed to in writing by the Grantee and upon such written agreement, the Department shall initiate any necessary formal amendment as above.

2. Other amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the agreement scope, amount of funding to be provided by the Department or, the total amount of the budget may be submitted by the Grantee at any time prior to June 2. The Department will provide a written response within 30 calendar days.

All amendments must be submitted to the Department by June 15 through MI E-Grants to assure the amendment can be executed prior to the end of the agreement period.

X. Liability

- A. A. All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, by the Grantee, Grantee's subcontractors or anyone directly or indirectly employed by the Grantee in the performance of this agreement shall be the responsibility of the Grantee, and not the responsibility of the Department. Nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by law.
- B. B. In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Grantee and the Department in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Grantee and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein shall be construed as a waiver of any governmental immunity by the Grantee, the state, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

XI. Waiver

Failure to enforce any provision of this Agreement will not constitute a waiver.

Any clause or condition of this agreement found to be an impediment to the intended

and effective operation of this agreement may be waived in writing by the Department or the Grantee, upon presentation of written justification by the requesting party. Such waiver may be temporary or for the life of the agreement and may affect any or all program elements covered by this agreement.

XII. State of Michigan Agreement

This is a State of Michigan Agreement and must be exclusively governed by the laws and construed by the laws of Michigan, excluding Michigan's choice-of-law principle. All claims related to or arising out of this agreement, or its breach, whether sounding in contract, tort, or otherwise, must likewise be governed exclusively by the laws of Michigan, excluding Michigan's choice-of-law principles. Any dispute as a result of this agreement shall be resolved in the State of Michigan.

XIII. Funding

- A. State funding for this agreement shall be provided from the applicable and available Department appropriations for the current fiscal year. The Department provided funds shall be as stated in the approved Annual Budget - Attachment I Instructions for the Annual Budget, Attachment III, Program Specific Assurances and Requirements, and as outlined in Attachment IV, Funding/Reimbursement Matrix.
- B. The funding provided through the Department for this agreement shall not exceed the amount shown for each federal and state categorical program element except as adjusted by amendment. The Grantee must advise the Department in writing by May 1, if the amount of Department funding may not be used in its entirety or appears to be insufficient for any program element. ELPHS transfer requests between MDHHS, MDARD and MDEQ must also be requested in writing by May 1. All ELPHS required services must be maintained throughout the entire period of the agreement.
- C. The Department may periodically redistribute funds between agencies during the agreement period in order to ensure that funds are expended to meet the varying needs for services.

AA Attachments

A1 Attachment I - Instructions for the Annual Budget

[Attachment I - Instructions for the Annual Budget](#)

A2 Attachment III - Program Specific Assurances and Requirements

[Attachment III - Program Specific Assurances and Requirements](#)

[Oakland County FY Agreement Addendum A](#)

DRAFT

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ATTACHMENT IV - Local Health Department - 2020
 CONTRACT MANAGEMENT SECTION
 Oakland County Department of Health and Human Services/ Health Division

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Percent	Contractor / Subrecipient (f)
Adolescent STD Screening	Reg. Alloc.	F	73,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Body Art Fixed Fee	Calc. Amt.		250.00/Numbers	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Recipient
Children's Special Hlth Care Services (CSHCS) Care Coordination	Calc. Amt.		150.00/Various	Fixed Unit Rate (1), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Reg. Alloc.	F	147,203	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	147,202							
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Calc. Amt.		201.58/Various	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
EGLE On-site Wastewater Treatment	ELPHS On-site Wastew	S	413,718	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
EGLE Private and Type III Water Supply	ELPHS Private and Ty	S	571,324	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Emerging Threats - Hepatitis C	Reg. Alloc.	S	76,221	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Enabling Services Women - MCH	Local MCH	S	268,033	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Fetal Infant Mortality Review (FIMR) Case Abstraction	Calc. Amt.		270.00/Various	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
FIMR Interviews	Calc. Amt.		85.00/Numbers	Fixed Unit Rate (2), (11)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Food ELPHS	ELPHS Food	S	954,477	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Recipient
General Communicable Disease ELPHS	ELPHS MDHHS Other	S	650,148	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Gonococcal Isolate Surveillance Project	Reg. Alloc.	F	15,750	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	47,250							

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ATTACHMENT IV - Local Health Department - 2020
 CONTRACT MANAGEMENT SECTION
 Oakland County Department of Health and Human Services/ Health Division

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
Hearing ELPHS	ELPHS Hearing	S	253,969	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV Data to Care	Reg. Alloc.	P	128,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	N/A
HIV ELPHS	ELPHS MDHHS Other	S	287,124	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV Prevention	Reg. Alloc.	F	164,938	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	405,387							
HIV Surveillance Support	Reg. Alloc.	F	46,572	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Action Plan (IAP)	Reg. Alloc.	F	502,297	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization ELPHS	ELPHS MDHHS Other	S	1,066,586	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Immunization Fixed Fees	Calc. Amt.		300.00/Numbers	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Vaccine Quality Assurance	Reg. Alloc.	S	113,362	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Infant Safe Sleep	Reg. Alloc.	F	2,250	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	20,250							
Laboratory Services Bio	Reg. Alloc.	F	20,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Nurse Family Partnership Services	Reg. Alloc.	F	383,724	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	255,816							
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Reg. Alloc.	F	219,102	Staffing (6), (14), (18)	N/A	N/A	N/A	N/A	N/A	Subrecipient

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTACHMENT IV - Local Health Department - 2020
CONTRACT MANAGEMENT SECTION
Oakland County Department of Health and Human Services/ Health Division

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Reg. Alloc.	F	150,607	Staffing (6), (14), (18)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Hlth Functions & Infratruct - MCH	Local MCH	S	53,424	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Sexually Transmitted Disease (STD) Control	Reg. Alloc.	F	40,135	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Sexually Transmitted Disease (STD-ELPHS)	Reg. Alloc.	S	42,515							
	ELPHS	S	553,358	ELPHS(3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
	MDHHS									
	Other									
Tuberculosis (TB) Control	Reg. Alloc.	F	30,209	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Vision ELPHS	ELPHS Vision	S	253,968	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
West Nile Virus Community Surveillance	Reg. Alloc.	F	10,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Breastfeeding	Reg. Alloc.	F	219,199	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Resident Services	Reg. Alloc.	F	2,615,870	Performance (8)	# Average Monthly Participation	N/A	N/A	97	0	Subrecipient

TOTAL MDHHS FUNDING **11,202,988**
***SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

Attachment IV Notes
[Attachment IV Notes](#)

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Adolescent STD Screening			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	41,864.00	41,864.00
2	Fringe Benefits	16,460.00	16,460.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	5,685.00	5,685.00
6	Travel	725.00	725.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	3,121.00	3,121.00
Total Program Expenses		67,855.00	67,855.00
TOTAL DIRECT EXPENSES		67,855.00	67,855.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	15,352.00	15,352.00
Total Indirect Costs		15,352.00	15,352.00
TOTAL INDIRECT EXPENSES		15,352.00	15,352.00
TOTAL EXPENDITURES		83,207.00	83,207.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	73,000.00	73,000.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	10,207.00	0.00	10,207.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	83,207.00	73,000.00	10,207.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse Notes : GFGP position - overtime only	0.1087	106150.000	0.000	FTE	11,539.00
	Public Health Nurse Notes : GFGP Position-overtime only	0.1082	106170.000	0.000	FTE	11,488.00
	Technician	0.1231	58558.000	0.000	FTE	7,208.00
	Assistant	0.2769	41996.000	0.000	FTE	11,629.00
Total for Salary & Wages						41,864.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance	0.0000	39.318	41864.000		16,460.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		425.00
	Medical Supplies	0.0000	0.000	0.000		1,099.00
	Printing	0.0000	0.000	0.000		350.00
	Educational Supplies	0.0000	0.000	0.000		3,811.00
Total for Supplies and Materials						5,685.00
6	Travel					
	Mileage Notes : 1,250 miles @ .58	0.0000	0.000	0.000		725.00
7	Communication					
8	County-City Central Services					

	Line Item	Qty	Rate	Units	UOM	Total
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance	0.0000	0.000	0.000		97.00
	Information Technology	0.0000	0.000	0.000		3,024.00
Total for All Others (ADP, Con. Employees, Misc.)						3,121.00
Total Program Expenses						67,855.00
TOTAL DIRECT EXPENSES						67,855.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		5,145.00
	Health Adm Distribution	0.0000	0.000	0.000		7,460.00
	Nursing Adm Distribution	0.0000	0.000	0.000		2,747.00
Total for Cost Allocation Plan / Other						15,352.00
Total Indirect Costs						15,352.00
TOTAL INDIRECT EXPENSES						15,352.00
TOTAL EXPENDITURES						83,207.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Public Health Emergency Preparedness (PHEP) 10/1 - 6/30			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	106,333.00	106,333.00
2	Fringe Benefits	70,612.00	70,612.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	14,845.00	14,845.00
6	Travel	7,816.00	7,816.00
7	Communication	1,238.00	1,238.00
8	County-City Central Services	0.00	0.00
9	Space Costs	15,300.00	15,300.00
10	All Others (ADP, Con. Employees, Misc.)	12,494.00	12,494.00
Total Program Expenses		228,638.00	228,638.00
TOTAL DIRECT EXPENSES		228,638.00	228,638.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	37,002.00	37,002.00
Total Indirect Costs		37,002.00	37,002.00
TOTAL INDIRECT EXPENSES		37,002.00	37,002.00
TOTAL EXPENDITURES		265,640.00	265,640.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	21,910.00	0.00	21,910.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	219,102.00	219,102.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	24,628.00	0.00	24,628.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	265,640.00	219,102.00	46,538.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Coordinator	0.7500	57214.000	0.000	FTE	42,911.00
Health Educator	0.3750	58565.000	0.000	FTE	21,962.00
Specialist	0.3750	52258.000	0.000	FTE	19,597.00
Health Educator	0.3750	43232.000	0.000	FTE	16,212.00
Administrator Notes : MATCH	0.0601	94039.000	0.000	FTE	5,651.00
Total for Salary & Wages					106,333.00
2 Fringe Benefits					
All Composite Rate Notes : MATCH \$3,296.00 FICA Unemp Ins Retirement Hospital Ins Life Ins Vision Ins Short/Long Term Disability Dental Ins Work Comp	0.0000	66.407	106333.000		70,612.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Office Supplies	0.0000	0.000	0.000		3,000.00
Printing	0.0000	0.000	0.000		1,500.00
Disaster Supplies	0.0000	0.000	0.000		10,145.00
Postage	0.0000	0.000	0.000		200.00
Total for Supplies and Materials					14,845.00
6 Travel					
Mileage Notes : 5,200 miles @ .58	0.0000	0.000	0.000		3,016.00
Conferences	0.0000	0.000	0.000		4,800.00
Total for Travel					7,816.00
7 Communication					
Telephone Communications	0.0000	0.000	0.000		1,238.00

	Line Item	Qty	Rate	Units	UOM	Total
8	County-City Central Services					
9	Space Costs					
	Building Space Rental Notes : MATCH	0.0000	0.000	0.000		15,300.00
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance	0.0000	0.000	0.000		300.00
	Copier	0.0000	0.000	0.000		1,400.00
	IT Operations Notes : MATCH \$1,056	0.0000	0.000	0.000		10,794.00
Total for All Others (ADP, Con. Employees, Misc.)						12,494.00
Total Program Expenses						228,638.00
TOTAL DIRECT EXPENSES						228,638.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		12,374.00
	Health Adm Distribution	0.0000	0.000	0.000		24,628.00
Total for Cost Allocation Plan / Other						37,002.00
Total Indirect Costs						37,002.00
TOTAL INDIRECT EXPENSES						37,002.00
TOTAL EXPENDITURES						265,640.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Body Art Fixed Fee			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	50,000.00	50,000.00
Total Indirect Costs		50,000.00	50,000.00
TOTAL INDIRECT EXPENSES		50,000.00	50,000.00
TOTAL EXPENDITURES		50,000.00	50,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Body Art Fee	50,000.00	50,000.00	0.00	0.00
	Totals	50,000.00	50,000.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Distributions for Fees-from Environmental Administration	0.0000	0.000	0.000		50,000.00
Total Indirect Costs						50,000.00
TOTAL INDIRECT EXPENSES						50,000.00
TOTAL EXPENDITURES						50,000.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Children's Special Hlth Care Services (CSHCS) Care Coordination			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	197,753.00	197,753.00
Total Indirect Costs		197,753.00	197,753.00
TOTAL INDIRECT EXPENSES		197,753.00	197,753.00
TOTAL EXPENDITURES		197,753.00	197,753.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	CSHCS Care Coordination	197,753.00	197,753.00	0.00	0.00
	Totals	197,753.00	197,753.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Distributions for Fees-from CSHCS Outreach & Advoc	0.0000	0.000	0.000		197,753.00
Total Indirect Costs						197,753.00
TOTAL INDIRECT EXPENSES						197,753.00
TOTAL EXPENDITURES						197,753.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / CSHCS Medicaid Outreach			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	482,291.00	482,291.00
Total Indirect Costs		482,291.00	482,291.00
TOTAL INDIRECT EXPENSES		482,291.00	482,291.00
TOTAL EXPENDITURES		482,291.00	482,291.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	162,484.00	162,484.00	0.00	0.00
	Required Match - Local	162,484.00	0.00	162,484.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	157,323.00	0.00	157,323.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	482,291.00	162,484.00	319,807.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Distributions for Medicaid	0.0000	0.000	0.000		482,291.00
Total Indirect Costs						482,291.00
TOTAL INDIRECT EXPENSES						482,291.00
TOTAL EXPENDITURES						482,291.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / CSHCS Medicaid Elevated Blood Lead Case Mgmt			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	25,000.00	25,000.00
Total Indirect Costs		25,000.00	25,000.00
TOTAL INDIRECT EXPENSES		25,000.00	25,000.00
TOTAL EXPENDITURES		25,000.00	25,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	CSHCS Medicaid Elevated Blood Lead Case	25,000.00	25,000.00	0.00	0.00
	Totals	25,000.00	25,000.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Distributions for Fees-Fees for Lead Case Mgt	0.0000	0.000	0.000		25,000.00
Total Indirect Costs						25,000.00
TOTAL INDIRECT EXPENSES						25,000.00
TOTAL EXPENDITURES						25,000.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	70,877.00	70,877.00
2	Fringe Benefits	38,994.00	38,994.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	11,223.00	11,223.00
6	Travel	11,516.00	11,516.00
7	Communication	1,400.00	1,400.00
8	County-City Central Services	0.00	0.00
9	Space Costs	10,044.00	10,044.00
10	All Others (ADP, Con. Employees, Misc.)	13,492.00	13,492.00
Total Program Expenses		157,546.00	157,546.00
TOTAL DIRECT EXPENSES		157,546.00	157,546.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	25,051.00	25,051.00
Total Indirect Costs		25,051.00	25,051.00
TOTAL INDIRECT EXPENSES		25,051.00	25,051.00
TOTAL EXPENDITURES		182,597.00	182,597.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	15,061.00	0.00	15,061.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	150,607.00	150,607.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	16,929.00	0.00	16,929.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	182,597.00	150,607.00	31,990.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Specialist	0.3750	52258.000	0.000	FTE	19,597.00
Health Educator	0.3750	43232.000	0.000	FTE	16,212.00
Health Educator	0.1923	43232.000	0.000	FTE	8,314.00
Health Educator	0.3750	58565.000	0.000	FTE	21,962.00
Administrator Notes : MATCH	0.0510	93965.000	0.000	FTE	4,792.00
Total for Salary & Wages					70,877.00
2 Fringe Benefits					
All Composite Rate Notes : MATCH \$2,795.00 FICA Unemp Ins Retirement Hospital Insurance Life Insurance Vision Ins. Short/Long Term Disability Dental Insurance Work Comp	0.0000	55.017	70877.000		38,994.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Disaster Supplies	0.0000	0.000	0.000		8,000.00
Postage	0.0000	0.000	0.000		270.00
Office Supplies	0.0000	0.000	0.000		1,953.00
Printing	0.0000	0.000	0.000		1,000.00
Total for Supplies and Materials					11,223.00
6 Travel					
Mileage Notes : 3,000 miles @ .58	0.0000	0.000	0.000		1,740.00
Conferences	0.0000	0.000	0.000		9,776.00
Total for Travel					11,516.00
7 Communication					
Telephone	0.0000	0.000	0.000		1,400.00

	Line Item	Qty	Rate	Units	UOM	Total
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs Notes : MATCH \$7,474	0.0000	0.000	0.000		10,044.00
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance	0.0000	0.000	0.000		148.00
	IT Operations	0.0000	0.000	0.000		7,344.00
	Workshops & Meetings	0.0000	0.000	0.000		3,000.00
	Staff Training	0.0000	0.000	0.000		3,000.00
Total for All Others (ADP, Con. Employees, Misc.)						13,492.00
Total Program Expenses						157,546.00
TOTAL DIRECT EXPENSES						157,546.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29 %	0.0000	0.000	0.000		8,122.00
	Health Adm Distribution	0.0000	0.000	0.000		16,929.00
Total for Cost Allocation Plan / Other						25,051.00
Total Indirect Costs						25,051.00
TOTAL INDIRECT EXPENSES						25,051.00
TOTAL EXPENDITURES						182,597.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	255,180.00	255,180.00
2	Fringe Benefits	119,661.00	119,661.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	9,000.00	9,000.00
6	Travel	1,395.00	1,395.00
7	Communication	4,535.00	4,535.00
8	County-City Central Services	0.00	0.00
9	Space Costs	20,493.00	20,493.00
10	All Others (ADP, Con. Employees, Misc.)	48,475.00	48,475.00
Total Program Expenses		458,739.00	458,739.00
TOTAL DIRECT EXPENSES		458,739.00	458,739.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	-164,334.00	-164,334.00
Total Indirect Costs		-164,334.00	-164,334.00
TOTAL INDIRECT EXPENSES		-164,334.00	-164,334.00
TOTAL EXPENDITURES		294,405.00	294,405.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	294,405.00	294,405.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	294,405.00	294,405.00	0.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Supervisor	1.0000	89127.000	0.000	FTE	89,127.00
Public Health Nurse	0.4808	59737.000	0.000	FTE	28,722.00
Public Health Nurse	0.4808	56507.000	0.000	FTE	27,169.00
Outreach Worker	0.4808	44213.000	0.000	FTE	21,258.00
Assistant	1.0000	31187.000	0.000	FTE	31,187.00
Assistant	1.0000	38090.000	0.000	FTE	38,090.00
Assistant	0.4808	36633.000	0.000	FTE	17,613.00
OVERTIME	0.0385	52300.000	0.000	FTE	2,014.00
Total for Salary & Wages					255,180.00
2 Fringe Benefits					
All Composite Rate Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance	0.0000	46.893	255180.000		119,661.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Office Supplies	0.0000	0.000	0.000		3,500.00
Postage	0.0000	0.000	0.000		3,500.00
Printing	0.0000	0.000	0.000		2,000.00
Total for Supplies and Materials					9,000.00
6 Travel					
Mileage Notes : 7,000 miles @ .58	0.0000	0.000	0.000		350.00
Conferences	0.0000	0.000	0.000		300.00

	Line Item	Qty	Rate	Units	UOM	Total
	client transportation	0.0000	0.000	0.000		745.00
Total for Travel						1,395.00
7	Communication					
	Telephone	0.0000	0.000	0.000		4,535.00
8	County-City Central Services					
9	Space Costs					
	Building Space Rental	0.0000	0.000	0.000		20,493.00
10	All Others (ADP, Con. Employees, Misc.)					
	Convenience Copier	0.0000	0.000	0.000		3,400.00
	Insurance	0.0000	0.000	0.000		379.00
	IT Operations	0.0000	0.000	0.000		44,696.00
Total for All Others (ADP, Con. Employees, Misc.)						48,475.00
Total Program Expenses						458,739.00
TOTAL DIRECT EXPENSES						458,739.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-CSHCS Care Coord Fees	0.0000	0.000	0.000		-197,753.00
	Health Adm Distribution	0.0000	0.000	0.000		50,441.00
	Other Cost Distributions-Nursing Staff	0.0000	0.000	0.000		413,326.00
	Nursing Adm Distribution	0.0000	0.000	0.000		18,524.00
	Other Cost Distributions-CSHCS - Medicaid Outreach	0.0000	0.000	0.000		-482,291.00
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		33,419.00
Total for Cost Allocation Plan / Other						-164,334.00
Total Indirect Costs						-164,334.00
TOTAL INDIRECT EXPENSES						-164,334.00
TOTAL EXPENDITURES						294,405.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Enabling Services Women - MCH			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	144,324.00	144,324.00
2	Fringe Benefits	86,960.00	86,960.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	9,909.00	9,909.00
6	Travel	3,944.00	3,944.00
7	Communication	566.00	566.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	4,593.00	4,593.00
Total Program Expenses		250,296.00	250,296.00
TOTAL DIRECT EXPENSES		250,296.00	250,296.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	55,212.00	55,212.00
Total Indirect Costs		55,212.00	55,212.00
TOTAL INDIRECT EXPENSES		55,212.00	55,212.00
TOTAL EXPENDITURES		305,508.00	305,508.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	268,033.00	268,033.00	0.00	0.00
	Local Funds - Other	37,475.00	0.00	37,475.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	305,508.00	268,033.00	37,475.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Nutritionist/Dietician	0.4808	53268.000	0.000	FTE	25,611.00
Nutritionist/Dietician	1.0000	61871.000	0.000	FTE	61,871.00
Public Health Nurse	0.7500	68981.000	0.000	FTE	51,736.00
OVERTIME	0.0481	106160.000	0.000	FTE	5,106.00
Total for Salary & Wages					144,324.00
2 Fringe Benefits					
Composite Rate Notes : FICA, UNEMPLY INS, RETIREMENT, HOSPITAL INS, LIFE INS, VISION, DENTAL, WORK COMP, SHORT/LONG- TERM DISABILITY	0.0000	60.253	144324.000		86,960.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Printing	0.0000	0.000	0.000		2,500.00
Educational Supplies	0.0000	0.000	0.000		5,409.00
Office Supplies	0.0000	0.000	0.000		2,000.00
Total for Supplies and Materials					9,909.00
6 Travel					
Mileage Notes : 6,800 miles @ .58	0.0000	0.000	0.000		3,944.00
7 Communication					
Telephone	0.0000	0.000	0.000		566.00
8 County-City Central Services					
9 Space Costs					
10 All Others (ADP, Con. Employees, Misc.)					
IT operations	0.0000	0.000	0.000		3,264.00
Interpretation	0.0000	0.000	0.000		1,129.00
Memberships, Dues & Publications	0.0000	0.000	0.000		200.00
Total for All Others (ADP, Con. Employees, Misc.)					4,593.00
Total Program Expenses					250,296.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL DIRECT EXPENSES						250,296.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		17,737.00
	Health Adm Distribution	0.0000	0.000	0.000		27,389.00
	Nursing Adm Distribution	0.0000	0.000	0.000		10,086.00
Total for Cost Allocation Plan / Other						55,212.00
Total Indirect Costs						55,212.00
TOTAL INDIRECT EXPENSES						55,212.00
TOTAL EXPENDITURES						305,508.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Emerging Threats - Hepatitis C			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	36,002.00	36,002.00
2	Fringe Benefits	28,772.00	28,772.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	263.00	263.00
6	Travel	1,064.00	1,064.00
7	Communication	312.00	312.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	5,383.00	5,383.00
Total Program Expenses		71,796.00	71,796.00
TOTAL DIRECT EXPENSES		71,796.00	71,796.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	12,214.00	12,214.00
Total Indirect Costs		12,214.00	12,214.00
TOTAL INDIRECT EXPENSES		12,214.00	12,214.00
TOTAL EXPENDITURES		84,010.00	84,010.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	76,221.00	76,221.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	7,789.00	0.00	7,789.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	84,010.00	76,221.00	7,789.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Outreach Worker	1.0000	36002.000	0.000	FTE	36,002.00
2	Fringe Benefits					
	All Composite Rate	0.0000	79.918	36002.000		28,772.00
	Notes : Fica					
	Unemp Ins					
	Retirement					
	Hosp Ins					
	Life Ins					
	Vision Ins					
	Dental Ins					
	Work Comp					
	Short/Long Term Disability					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Postage	0.0000	0.000	0.000		263.00
6	Travel					
	Mileage	0.0000	0.000	0.000		1,064.00
	Notes : 1,835 miles @ .58 per mile					
7	Communication					
	Telephone Communications	0.0000	0.000	0.000		312.00
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	IT Operations	0.0000	0.000	0.000		3,172.00
	Insurance	0.0000	0.000	0.000		101.00
	Interpretation Fees	0.0000	0.000	0.000		250.00
	Advertising	0.0000	0.000	0.000		1,860.00
Total for All Others (ADP, Con. Employees, Misc.)						5,383.00
Total Program Expenses						71,796.00
TOTAL DIRECT EXPENSES						71,796.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					

	Line Item	Qty	Rate	Units	UOM	Total
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		4,425.00
	Health Adm Distribution	0.0000	0.000	0.000		7,789.00
Total for Cost Allocation Plan / Other						12,214.00
Total Indirect Costs						12,214.00
TOTAL INDIRECT EXPENSES						12,214.00
TOTAL EXPENDITURES						84,010.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Fetal Infant Mortality Review (FIMR) Case Abstraction			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	6,480.00	6,480.00
Total Indirect Costs		6,480.00	6,480.00
TOTAL INDIRECT EXPENSES		6,480.00	6,480.00
TOTAL EXPENDITURES		6,480.00	6,480.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Fetal Infant Mortality Review	6,480.00	6,480.00	0.00	0.00
	Totals	6,480.00	6,480.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Distributions for Fees-FIMR Cases Notes : Cost Distribution for FIMR fees from Community Nursing	0.0000	0.000	0.000		6,480.00
Total Indirect Costs						6,480.00
TOTAL INDIRECT EXPENSES						6,480.00
TOTAL EXPENDITURES						6,480.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Food ELPHS			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	6,515,988.00	6,515,988.00
Total Indirect Costs		6,515,988.00	6,515,988.00
TOTAL INDIRECT EXPENSES		6,515,988.00	6,515,988.00
TOTAL EXPENDITURES		6,515,988.00	6,515,988.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	1,245,000.00	0.00	1,245,000.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	954,477.00	954,477.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	4,316,511.00	0.00	4,316,511.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	6,515,988.00	954,477.00	5,561,511.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Environmental Hlth Adm Distribution	0.0000	0.000	0.000		4,852,939.00
	Health Adm Distribution	0.0000	0.000	0.000		1,663,049.00
Total for Cost Allocation Plan / Other						6,515,988.00
Total Indirect Costs						6,515,988.00
TOTAL INDIRECT EXPENSES						6,515,988.00
TOTAL EXPENDITURES						6,515,988.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / General Communicable Disease ELPHS			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	1,980,347.00	1,980,347.00
Total Indirect Costs		1,980,347.00	1,980,347.00
TOTAL INDIRECT EXPENSES		1,980,347.00	1,980,347.00
TOTAL EXPENDITURES		1,980,347.00	1,980,347.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	650,148.00	650,148.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	1,330,199.00	0.00	1,330,199.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	1,980,347.00	650,148.00	1,330,199.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-CD Unit Staff Notes : 50% of FTE Medical Director's salary and fringes 100% of CD Staff Unit time includes,Epidemiologists, PHN's, PHN Supervisor, Office Assistants	0.0000	0.000	0.000		1,633,089.00
	Other Cost Distributions-Misc Cost distribution Notes : 1% of total Health Division Clinic Expenses (based on a workload management program that tracks Clinic Nursing time)	0.0000	0.000	0.000		118,928.00
	Health Adm Distribution Notes : 1.14 % of Central Support Unit Staff expenses 0.18% of Lab Support staff expenses Adm O'head distribution	0.0000	0.000	0.000		166,879.00
	Nursing Adm Distribution	0.0000	0.000	0.000		61,451.00
Total for Cost Allocation Plan / Other						1,980,347.00
Total Indirect Costs						1,980,347.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL INDIRECT EXPENSES						1,980,347.00
TOTAL EXPENDITURES						1,980,347.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Gonococcal Isolate Surveillance Project			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	31,586.00	31,586.00
2	Fringe Benefits	21,303.00	21,303.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	845.00	845.00
6	Travel	5,300.00	5,300.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	84.00	84.00
Total Program Expenses		59,118.00	59,118.00
TOTAL DIRECT EXPENSES		59,118.00	59,118.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	12,691.00	12,691.00
Total Indirect Costs		12,691.00	12,691.00
TOTAL INDIRECT EXPENSES		12,691.00	12,691.00
TOTAL EXPENDITURES		71,809.00	71,809.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	63,000.00	63,000.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	8,809.00	0.00	8,809.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	71,809.00	63,000.00	8,809.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.2231	70790.000	0.000		15,793.00
	Public Health Nurse	0.2231	70790.000	0.000		15,793.00
Total for Salary & Wages						31,586.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance	0.0000	67.445	31586.000		21,303.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Lab Supplies	0.0000	0.000	0.000		845.00
6	Travel					
	Conferences	0.0000	0.000	0.000		5,300.00
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance	0.0000	0.000	0.000		84.00
Total Program Expenses						59,118.00
TOTAL DIRECT EXPENSES						59,118.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		3,882.00
	Health Adm Distribution	0.0000	0.000	0.000		6,438.00

	Line Item	Qty	Rate	Units	UOM	Total
	Nursing Adm Distribution	0.0000	0.000	0.000		2,371.00
Total for Cost Allocation Plan / Other						12,691.00
Total Indirect Costs						12,691.00
TOTAL INDIRECT EXPENSES						12,691.00
TOTAL EXPENDITURES						71,809.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Hearing ELPHS			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	265,404.00	265,404.00
2	Fringe Benefits	76,220.00	76,220.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	3,397.00	3,397.00
6	Travel	4,515.00	4,515.00
7	Communication	1,405.00	1,405.00
8	County-City Central Services	0.00	0.00
9	Space Costs	20,057.00	20,057.00
10	All Others (ADP, Con. Employees, Misc.)	5,748.00	5,748.00
Total Program Expenses		376,746.00	376,746.00
TOTAL DIRECT EXPENSES		376,746.00	376,746.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	392,849.00	392,849.00
Total Indirect Costs		392,849.00	392,849.00
TOTAL INDIRECT EXPENSES		392,849.00	392,849.00
TOTAL EXPENDITURES		769,595.00	769,595.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	253,969.00	253,969.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	515,626.00	0.00	515,626.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	769,595.00	253,969.00	515,626.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Supervisor	1.0000	51190.000	0.000	FTE	51,190.00
Technician	0.4086	36005.000	0.000	FTE	14,712.00
Technician	0.4086	36005.000	0.000	FTE	14,712.00
Technician	0.4086	36005.000	0.000	FTE	14,712.00
Technician	0.4086	36005.000	0.000	FTE	14,712.00
Technician	0.4086	36005.000	0.000	FTE	14,712.00
Technician	0.4086	36005.000	0.000	FTE	14,712.00
Technician	0.4087	40106.000	0.000	FTE	16,391.00
Technician	0.4087	40106.000	0.000	FTE	16,391.00
Technician	0.4086	33955.000	0.000	FTE	13,874.00
Technician	0.4086	36005.000	0.000	FTE	14,712.00
Coordinator	0.5000	74654.000	0.000	FTE	37,327.00
Auxillary Health Worker	0.5000	38058.000	0.000	FTE	19,029.00
Assistant	0.2404	34186.000	0.000		8,218.00
Total for Salary & Wages					265,404.00
2 Fringe Benefits					
All Composite Rate Notes : FICA UNEMPLOYMENT INS RETIREMENT HOSPITAL INS LIFE INS VISION INS HEARING INS DENTAL INS WORK COMP SHORT/LONG TERM DISABILITY	0.0000	28.719	265404.000		76,220.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Medical Supplies	0.0000	0.000	0.000		731.00
Office Supplies	0.0000	0.000	0.000		860.00
Printing	0.0000	0.000	0.000		1,806.00
Total for Supplies and Materials					3,397.00

	Line Item	Qty	Rate	Units	UOM	Total
6	Travel					
	Personal Mileage Notes : 7,784.48 miles @ .58	0.0000	0.000	0.000		4,515.00
7	Communication					
	Telephone	0.0000	0.000	0.000		1,405.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		20,057.00
10	All Others (ADP, Con. Employees, Misc.)					
	Copier	0.0000	0.000	0.000		132.00
	Insurance	0.0000	0.000	0.000		1,316.00
	Equipment Repair	0.0000	0.000	0.000		1,935.00
	Staff Training	0.0000	0.000	0.000		2,365.00
Total for All Others (ADP, Con. Employees, Misc.)						5,748.00
Total Program Expenses						376,746.00
TOTAL DIRECT EXPENSES						376,746.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		32,618.00
	Health Adm Distribution	0.0000	0.000	0.000		41,831.00
	Other Cost Distributions-Misc Distributions	0.0000	0.000	0.000		318,400.00
Total for Cost Allocation Plan / Other						392,849.00
Total Indirect Costs						392,849.00
TOTAL INDIRECT EXPENSES						392,849.00
TOTAL EXPENDITURES						769,595.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / HIV ELPHS			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	948,425.00	948,425.00
Total Indirect Costs		948,425.00	948,425.00
TOTAL INDIRECT EXPENSES		948,425.00	948,425.00
TOTAL EXPENDITURES		948,425.00	948,425.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	287,124.00	287,124.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	661,301.00	0.00	661,301.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	948,425.00	287,124.00	661,301.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		21,718.00
	Other Cost Distributions-Misc	0.0000	0.000	0.000		926,707.00
Total for Cost Allocation Plan / Other						948,425.00
Total Indirect Costs						948,425.00
TOTAL INDIRECT EXPENSES						948,425.00
TOTAL EXPENDITURES						948,425.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / HIV Data to Care			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	67,519.00	67,519.00
2	Fringe Benefits	43,867.00	43,867.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	265.00	265.00
6	Travel	435.00	435.00
7	Communication	681.00	681.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	6,935.00	6,935.00
Total Program Expenses		119,702.00	119,702.00
TOTAL DIRECT EXPENSES		119,702.00	119,702.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	26,194.00	26,194.00
Total Indirect Costs		26,194.00	26,194.00
TOTAL INDIRECT EXPENSES		26,194.00	26,194.00
TOTAL EXPENDITURES		145,896.00	145,896.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	128,000.00	128,000.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	17,896.00	0.00	17,896.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	145,896.00	128,000.00	17,896.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Public Health Nurse	1.0000	67519.000	0.000	FTE	67,519.00
2 Fringe Benefits					
All Composite Rate Notes : FICA, UNEMP INS, RETIREMENT, HOSPITAL INS, LIFE INS, VISION INS, HEARING INS, DENTAL, WORK COMP, SHORT/LONG TERM DISABILITY	0.0000	64.970	67519.000		43,867.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Printing	0.0000	0.000	0.000		265.00
6 Travel					
Mileage Notes : 750 miles @ .58	0.0000	0.000	0.000		435.00
7 Communication					
Telephone	0.0000	0.000	0.000		681.00
8 County-City Central Services					
9 Space Costs					
10 All Others (ADP, Con. Employees, Misc.)					
Professional Svcs-TOL Database	0.0000	0.000	0.000		3,200.00
Info Tech Operations	0.0000	0.000	0.000		3,264.00
Advertising	0.0000	0.000	0.000		300.00
Insurance	0.0000	0.000	0.000		171.00
Total for All Others (ADP, Con. Employees, Misc.)					6,935.00
Total Program Expenses					119,702.00
TOTAL DIRECT EXPENSES					119,702.00
INDIRECT EXPENSES					
Indirect Costs					
1 Indirect Costs					
2 Cost Allocation Plan / Other					
Cost Allocation Plan Notes : 12.29% of salaries	0.0000	0.000	0.000		8,298.00

	Line Item	Qty	Rate	Units	UOM	Total
	Health Adm Distribution	0.0000	0.000	0.000		13,080.00
	Nursing Adm Distribution	0.0000	0.000	0.000		4,816.00
Total for Cost Allocation Plan / Other						26,194.00
Total Indirect Costs						26,194.00
TOTAL INDIRECT EXPENSES						26,194.00
TOTAL EXPENDITURES						145,896.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / HIV Prevention			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	290,765.00	290,765.00
2	Fringe Benefits	151,658.00	151,658.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	18,494.00	18,494.00
6	Travel	22,037.00	22,037.00
7	Communication	2,892.00	2,892.00
8	County-City Central Services	0.00	0.00
9	Space Costs	6,306.00	6,306.00
10	All Others (ADP, Con. Employees, Misc.)	42,438.00	42,438.00
Total Program Expenses		534,590.00	534,590.00
TOTAL DIRECT EXPENSES		534,590.00	534,590.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	100,177.00	100,177.00
Total Indirect Costs		100,177.00	100,177.00
TOTAL INDIRECT EXPENSES		100,177.00	100,177.00
TOTAL EXPENDITURES		634,767.00	634,767.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	570,325.00	570,325.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	64,442.00	0.00	64,442.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	634,767.00	570,325.00	64,442.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Coordinator	1.0000	74654.000	0.000	FTE	74,654.00
	Assistant	0.7404	41994.000	0.000	FTE	31,092.00
	Public Health Nurse	0.3846	67519.000	0.000	FTE	25,969.00
	Public Health Nurse	1.0000	70797.000	0.000	FTE	70,797.00
	Specialist	0.4808	80855.000	0.000	FTE	38,875.00
	Outreach Worker	1.0000	38058.000	0.000	FTE	38,058.00
	OVERTIME	0.1351	83793.000	0.000	FTE	11,320.00
Total for Salary & Wages						290,765.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance	0.0000	52.158	290765.000		151,658.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		2,000.00
	Medical Supplies	0.0000	0.000	0.000		5,531.00
	Postage	0.0000	0.000	0.000		1,000.00
	Lab Supplies	0.0000	0.000	0.000		1,963.00
	Printing	0.0000	0.000	0.000		6,000.00
	Incentives-gas cards	0.0000	0.000	0.000		2,000.00
Total for Supplies and Materials						18,494.00
6	Travel					
	Mileage Notes : 10,970 miles @ .58	0.0000	0.000	0.000		6,363.00
	Client Transportation	0.0000	0.000	0.000		10,174.00

	Line Item	Qty	Rate	Units	UOM	Total
	Conferences	0.0000	0.000	0.000		5,500.00
Total for Travel						22,037.00
7	Communication					
	Telephone	0.0000	0.000	0.000		2,892.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		6,306.00
10	All Others (ADP, Con. Employees, Misc.)					
	IT Operations	0.0000	0.000	0.000		15,780.00
	Convenience Copier	0.0000	0.000	0.000		3,400.00
	Insurance	0.0000	0.000	0.000		758.00
	Lab Fees	0.0000	0.000	0.000		2,500.00
	Advertising	0.0000	0.000	0.000		20,000.00
Total for All Others (ADP, Con. Employees, Misc.)						42,438.00
Total Program Expenses						534,590.00
TOTAL DIRECT EXPENSES						534,590.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		35,735.00
	Health Adm Distribution	0.0000	0.000	0.000		64,442.00
Total for Cost Allocation Plan / Other						100,177.00
Total Indirect Costs						100,177.00
TOTAL INDIRECT EXPENSES						100,177.00
TOTAL EXPENDITURES						634,767.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / HIV Surveillance Support			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	8,588.00	8,588.00
8	County-City Central Services	0.00	0.00
9	Space Costs	37,984.00	37,984.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		46,572.00	46,572.00
TOTAL DIRECT EXPENSES		46,572.00	46,572.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	6,511.00	6,511.00
Total Indirect Costs		6,511.00	6,511.00
TOTAL INDIRECT EXPENSES		6,511.00	6,511.00
TOTAL EXPENDITURES		53,083.00	53,083.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	6,511.00	0.00	6,511.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	46,572.00	46,572.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	53,083.00	46,572.00	6,511.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
	Telephone Communications	0.0000	0.000	0.000		8,588.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		37,984.00
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						46,572.00
TOTAL DIRECT EXPENSES						46,572.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Health Adm Distribution	0.0000	0.000	0.000		4,759.00
	Nursing Adm Distribution	0.0000	0.000	0.000		1,752.00
Total for Cost Allocation Plan / Other						6,511.00
Total Indirect Costs						6,511.00
TOTAL INDIRECT EXPENSES						6,511.00
TOTAL EXPENDITURES						53,083.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Immunization Action Plan (IAP)			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
CITY Pontiac			STATE MI	ZIP CODE 48341-0432
FEDERAL ID NUMBER 38-6004876				
AMENDMENT # 0				

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	262,915.00	262,915.00
2	Fringe Benefits	181,846.00	181,846.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	16,200.00	16,200.00
6	Travel	4,823.00	4,823.00
7	Communication	3,050.00	3,050.00
8	County-City Central Services	0.00	0.00
9	Space Costs	8,983.00	8,983.00
10	All Others (ADP, Con. Employees, Misc.)	17,506.00	17,506.00
Total Program Expenses		495,323.00	495,323.00
TOTAL DIRECT EXPENSES		495,323.00	495,323.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	80,745.00	80,745.00
Total Indirect Costs		80,745.00	80,745.00
TOTAL INDIRECT EXPENSES		80,745.00	80,745.00
TOTAL EXPENDITURES		576,068.00	576,068.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	25,338.00	0.00	25,338.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	502,297.00	502,297.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	48,433.00	0.00	48,433.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	576,068.00	502,297.00	73,771.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Coordinator	1.0000	74654.000	0.000	FTE	74,654.00
	Vaccine Supply Clerk Notes : Shared Vaccine Quality	0.7740	46440.000	0.000	FTE	35,945.00
	Public Health Nurse	1.0000	60970.000	0.000	FTE	60,970.00
	Office Leader	1.0000	46573.000	0.000	FTE	46,573.00
	Assistant	1.0000	41994.000	0.000	FTE	41,994.00
	Overtime	0.0385	72170.000	0.000	FTE	2,779.00
Total for Salary & Wages						262,915.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance	0.0000	69.165	262915.000		181,846.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		1,000.00
	Postage	0.0000	0.000	0.000		13,000.00
	Printing	0.0000	0.000	0.000		2,000.00
	Educational Supplies	0.0000	0.000	0.000		200.00
Total for Supplies and Materials						16,200.00
6	Travel					
	Mileage Notes : 4350 miles @ .58	0.0000	0.000	0.000		2,523.00
	Conferences	0.0000	0.000	0.000		2,300.00
Total for Travel						4,823.00
7	Communication					
	Telephone	0.0000	0.000	0.000		3,050.00

	Line Item	Qty	Rate	Units	UOM	Total
8	County-City Central Services					
9	Space Costs					
	Building Space Rental	0.0000	0.000	0.000		8,983.00
10	All Others (ADP, Con. Employees, Misc.)					
	Equipment Repair	0.0000	0.000	0.000		200.00
	Convenience Copier	0.0000	0.000	0.000		3,860.00
	IT Operation	0.0000	0.000	0.000		12,780.00
	Insurance	0.0000	0.000	0.000		666.00
Total for All Others (ADP, Con. Employees, Misc.)						17,506.00
Total Program Expenses						495,323.00
TOTAL DIRECT EXPENSES						495,323.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-Nurse Train/VFC/AFIX	0.0000	0.000	0.000		-25,338.00
	Cost Allocation Plan Notes : 12.79 %	0.0000	0.000	0.000		32,312.00
	Health Adm Distribution	0.0000	0.000	0.000		53,917.00
	Nursing Adm Distribution	0.0000	0.000	0.000		19,854.00
Total for Cost Allocation Plan / Other						80,745.00
Total Indirect Costs						80,745.00
TOTAL INDIRECT EXPENSES						80,745.00
TOTAL EXPENDITURES						576,068.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Immunization ELPHS			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	3,794,222.00	3,794,222.00
Total Indirect Costs		3,794,222.00	3,794,222.00
TOTAL INDIRECT EXPENSES		3,794,222.00	3,794,222.00
TOTAL EXPENDITURES		3,794,222.00	3,794,222.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	1,444,452.00	0.00	1,444,452.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	1,066,586.00	1,066,586.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	1,283,184.00	0.00	1,283,184.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	3,794,222.00	1,066,586.00	2,727,636.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-Clinic	0.0000	0.000	0.000		2,333,683.00
	Federally Provided Vaccines Notes : Used 2017-18 budgetary figure/current not available yet.	0.0000	0.000	0.000		1,444,452.00
	Health Adm Distribution	0.0000	0.000	0.000		15,556.00
	Nursing Adm Distribution	0.0000	0.000	0.000		531.00
Total for Cost Allocation Plan / Other						3,794,222.00
Total Indirect Costs						3,794,222.00
TOTAL INDIRECT EXPENSES						3,794,222.00
TOTAL EXPENDITURES						3,794,222.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Infant Safe Sleep			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	4,053.00	4,053.00
2	Fringe Benefits	2,638.00	2,638.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	11,903.00	11,903.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	3,408.00	3,408.00
Total Program Expenses		22,002.00	22,002.00
TOTAL DIRECT EXPENSES		22,002.00	22,002.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	3,644.00	3,644.00
Total Indirect Costs		3,644.00	3,644.00
TOTAL INDIRECT EXPENSES		3,644.00	3,644.00
TOTAL EXPENDITURES		25,646.00	25,646.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	22,500.00	22,500.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	3,146.00	0.00	3,146.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	25,646.00	22,500.00	3,146.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Health Educator Notes : Step 4 GFGP	0.0601	55409.000	0.000	FTE	3,330.00
Chief Community Health Nursing Notes : Step 5 GFGP	0.0077	94039.000	0.000	FTE	723.00
Total for Salary & Wages					4,053.00
2 Fringe Benefits					
All Composite Rate Notes : FICA Unemployment Ins Retirement Ins Hospital Ins Life Ins Vision Ins Dental Ins Workers Comp Short/Long Terms Disability Ins	0.0000	65.090	4053.000		2,638.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Printing Notes : "We print a significant quantity of locally developed client education materials and distribute them to 15,000+ WIC clients annually, as well as our other community outreach."	0.0000	0.000	0.000		4,752.00
Client Support Materials	0.0000	0.000	0.000		3,375.00
Office Supplies	0.0000	0.000	0.000		200.00
Educational Supplies	0.0000	0.000	0.000		3,576.00
Total for Supplies and Materials					11,903.00
6 Travel					
7 Communication					
8 County-City Central Services					
9 Space Costs					
10 All Others (ADP, Con. Employees, Misc.)					
Advertising	0.0000	0.000	0.000		3,375.00

	Line Item	Qty	Rate	Units	UOM	Total
	Insurance	0.0000	0.000	0.000		33.00
Total for All Others (ADP, Con. Employees, Misc.)						3,408.00
Total Program Expenses						22,002.00
TOTAL DIRECT EXPENSES						22,002.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		498.00
	Health Adm Distribution	0.0000	0.000	0.000		2,299.00
	Nursing Adm Distribution	0.0000	0.000	0.000		847.00
Total for Cost Allocation Plan / Other						3,644.00
Total Indirect Costs						3,644.00
TOTAL INDIRECT EXPENSES						3,644.00
TOTAL EXPENDITURES						25,646.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Laboratory Services Bio			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	3,644.00	3,644.00
2	Fringe Benefits	2,274.00	2,274.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	13,032.00	13,032.00
6	Travel	0.00	0.00
7	Communication	575.00	575.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	27.00	27.00
Total Program Expenses		19,552.00	19,552.00
TOTAL DIRECT EXPENSES		19,552.00	19,552.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	2,492.00	2,492.00
Total Indirect Costs		2,492.00	2,492.00
TOTAL INDIRECT EXPENSES		2,492.00	2,492.00
TOTAL EXPENDITURES		22,044.00	22,044.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	20,000.00	20,000.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	2,044.00	0.00	2,044.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	22,044.00	20,000.00	2,044.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Supervisor Notes :	0.0481	75787.000	0.000	FTE	3,644.00
2 Fringe Benefits					
All Composite Rate Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance	0.0000	62.400	3644.000		2,274.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Lab supplies	0.0000	0.000	0.000		13,032.00
6 Travel					
7 Communication					
Telephone	0.0000	0.000	0.000		575.00
8 County-City Central Services					
9 Space Costs					
10 All Others (ADP, Con. Employees, Misc.)					
Insurance	0.0000	0.000	0.000		27.00
Total Program Expenses					19,552.00
TOTAL DIRECT EXPENSES					19,552.00
INDIRECT EXPENSES					
Indirect Costs					
1 Indirect Costs					
2 Cost Allocation Plan / Other					
Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		448.00
Health Adm Distribution	0.0000	0.000	0.000		2,044.00

	Line Item	Qty	Rate	Units	UOM	Total
Total for Cost Allocation Plan / Other						2,492.00
Total Indirect Costs						2,492.00
TOTAL INDIRECT EXPENSES						2,492.00
TOTAL EXPENDITURES						22,044.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Nurse Family Partnership Services			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	348,462.00	348,462.00
2	Fringe Benefits	216,852.00	216,852.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	18,312.00	18,312.00
5	Supplies and Materials	5,737.00	5,737.00
6	Travel	6,525.00	6,525.00
7	Communication	4,268.00	4,268.00
8	County-City Central Services	0.00	0.00
9	Space Costs	14,329.00	14,329.00
10	All Others (ADP, Con. Employees, Misc.)	25,055.00	25,055.00
Total Program Expenses		639,540.00	639,540.00
TOTAL DIRECT EXPENSES		639,540.00	639,540.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	89,417.00	89,417.00
Total Indirect Costs		89,417.00	89,417.00
TOTAL INDIRECT EXPENSES		89,417.00	89,417.00
TOTAL EXPENDITURES		728,957.00	728,957.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	639,540.00	639,540.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	89,417.00	0.00	89,417.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	728,957.00	639,540.00	89,417.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.2500	70797.000	0.000	FTE	17,699.00
	Public Health Nurse	1.0000	70797.000	0.000	FTE	70,797.00
	Public Health Nurse	1.0000	67519.000	0.000	FTE	67,519.00
	Public Health Nurse	1.0000	67519.000	0.000	FTE	67,519.00
	Public Health Nurse	1.0000	70797.000	0.000	FTE	70,797.00
	OVERTIME Notes : Overtime (PHNs)	0.0096	105212.000	0.000	FTE	1,010.00
	Coordinator	0.7115	74660.000	0.000	FTE	53,121.00
Total for Salary & Wages						348,462.00
2	Fringe Benefits					
	All Composite Rate Notes : Fica Unemp Ins Retirement Hosp Ins Life Ins Vision Ins Dental Ins Work Comp Short/Long Term Disability	0.0000	62.231	348462.000		216,852.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	NFP National Office Program Support	0.0000	0.000	0.000		8,328.00
	NFP Consultation	0.0000	0.000	0.000		9,984.00
Total for Contractual						18,312.00
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		417.00
	Client Support Materials	0.0000	0.000	0.000		2,000.00
	Educational Supplies	0.0000	0.000	0.000		3,320.00
Total for Supplies and Materials						5,737.00
6	Travel					
	Mileage Notes : 11,250 miles @ .580	0.0000	0.000	0.000		6,525.00
7	Communication					

	Line Item	Qty	Rate	Units	UOM	Total
	Telephone Communications	0.0000	0.000	0.000		4,268.00
8	County-City Central Services					
9	Space Costs					
	Building Space Rental	0.0000	0.000	0.000		14,329.00
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance	0.0000	0.000	0.000		875.00
	Copier	0.0000	0.000	0.000		7,860.00
	IT Operations-laptops	0.0000	0.000	0.000		16,320.00
Total for All Others (ADP, Con. Employees, Misc.)						25,055.00
Total Program Expenses						639,540.00
TOTAL DIRECT EXPENSES						639,540.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Health Adm Distribution	0.0000	0.000	0.000		65,352.00
	Nursing Adm Distribution	0.0000	0.000	0.000		24,065.00
Total for Cost Allocation Plan / Other						89,417.00
Total Indirect Costs						89,417.00
TOTAL INDIRECT EXPENSES						89,417.00
TOTAL EXPENDITURES						728,957.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Medicaid Outreach			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	1,221,264.00	1,221,264.00
2	Fringe Benefits	685,018.00	685,018.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	28,162.00	28,162.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		1,934,444.00	1,934,444.00
TOTAL DIRECT EXPENSES		1,934,444.00	1,934,444.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	363,104.00	363,104.00
Total Indirect Costs		363,104.00	363,104.00
TOTAL INDIRECT EXPENSES		363,104.00	363,104.00
TOTAL EXPENDITURES		2,297,548.00	2,297,548.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	1,042,269.00	1,042,269.00	0.00	0.00
	Required Match - Local	1,042,269.00	0.00	1,042,269.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	213,010.00	0.00	213,010.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	2,297,548.00	1,042,269.00	1,255,279.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Multiple positons Notes : Amount determined based on time studies.	1.0000	1221264.000	0.000	FTE	1,221,264.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA UNEMPLOY RETIREMENT HOSPITAL LIFE INSURANCE VISION DENTAL WORKERS COMP SHORT/LONG TERM DISABILITY	0.0000	56.091	1221264.00	0	685,018.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
	Office Space Rental	0.0000	0.000	0.000		28,162.00
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						1,934,444.00
TOTAL DIRECT EXPENSES						1,934,444.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		150,093.00
	Health Adm Distribution	0.0000	0.000	0.000		213,011.00
Total for Cost Allocation Plan / Other						363,104.00
Total Indirect Costs						363,104.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL INDIRECT EXPENSES						363,104.00
TOTAL EXPENDITURES						2,297,548.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Public Hlth Functions & Infratruct - MCH			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	21,535.00	21,535.00
2	Fringe Benefits	13,108.00	13,108.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	6,889.00	6,889.00
6	Travel	4,005.00	4,005.00
7	Communication	1,135.00	1,135.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	4,105.00	4,105.00
Total Program Expenses		50,777.00	50,777.00
TOTAL DIRECT EXPENSES		50,777.00	50,777.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	2,865,269.00	2,865,269.00
Total Indirect Costs		2,865,269.00	2,865,269.00
TOTAL INDIRECT EXPENSES		2,865,269.00	2,865,269.00
TOTAL EXPENDITURES		2,916,046.00	2,916,046.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	53,424.00	53,424.00	0.00	0.00
	Local Funds - Other	2,862,622.00	0.00	2,862,622.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	2,916,046.00	53,424.00	2,862,622.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Coordinator	0.2885	74645.000	0.000	FTE	21,535.00
2 Fringe Benefits					
All Composite Rate Notes : FICA, LIFE INS, DENTAL, UNEMPLOYMENT, VISION, WORK COMP, RETIREMENT, HOSPITALIZATION, SHORT/LONG TERM DISABILITY	0.0000	60.870	21535.000		13,108.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Office Supplies	0.0000	0.000	0.000		1,030.00
Printing	0.0000	0.000	0.000		3,082.00
Educational Supplies	0.0000	0.000	0.000		2,777.00
Total for Supplies and Materials					6,889.00
6 Travel					
Mileage Notes : 1,733 miles @ .58	0.0000	0.000	0.000		1,005.00
Conferences	0.0000	0.000	0.000		3,000.00
Total for Travel					4,005.00
7 Communication					
Telephone	0.0000	0.000	0.000		1,135.00
8 County-City Central Services					
9 Space Costs					
10 All Others (ADP, Con. Employees, Misc.)					
Info Tech Operations	0.0000	0.000	0.000		3,172.00
Insurance	0.0000	0.000	0.000		433.00
Workshops & Meetings	0.0000	0.000	0.000		500.00
Total for All Others (ADP, Con. Employees, Misc.)					4,105.00
Total Program Expenses					50,777.00
TOTAL DIRECT EXPENSES					50,777.00
INDIRECT EXPENSES					

	Line Item	Qty	Rate	Units	UOM	Total
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		2,647.00
	Health Adm Distribution	0.0000	0.000	0.000		6,503.00
	Other Cost Distributions-Nursing Notes : This distribution takes total costs of Field Nursing and allocates them back to various cost centers by a time study. The % back to MCH is 31.869%	0.0000	0.000	0.000		2,825,459.00
	Nursing Adm Distribution	0.0000	0.000	0.000		2,046.00
	Other Cost Distributions-Education Notes : this distribution takes total costs of Education and allocates them back to various cost centers by a time study. The % back to MCH is .8640 %	0.0000	0.000	0.000		28,614.00
Total for Cost Allocation Plan / Other						2,865,269.00
Total Indirect Costs						2,865,269.00
TOTAL INDIRECT EXPENSES						2,865,269.00
TOTAL EXPENDITURES						2,916,046.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / EGLE On-site Wastewater Treatment			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	1,629,781.00	1,629,781.00
Total Indirect Costs		1,629,781.00	1,629,781.00
TOTAL INDIRECT EXPENSES		1,629,781.00	1,629,781.00
TOTAL EXPENDITURES		1,629,781.00	1,629,781.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	413,718.00	413,718.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	1,216,063.00	0.00	1,216,063.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	1,629,781.00	413,718.00	1,216,063.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Environmental Hlth Adm Distribution	0.0000	0.000	0.000		1,213,845.00
	Health Adm Distribution	0.0000	0.000	0.000		415,936.00
Total for Cost Allocation Plan / Other						1,629,781.00
Total Indirect Costs						1,629,781.00
TOTAL INDIRECT EXPENSES						1,629,781.00
TOTAL EXPENDITURES						1,629,781.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / FIMR Interviews			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	2,000.00	2,000.00
Total Indirect Costs		2,000.00	2,000.00
TOTAL INDIRECT EXPENSES		2,000.00	2,000.00
TOTAL EXPENDITURES		2,000.00	2,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Sudden Infant Death Syndrome Fees	2,000.00	2,000.00	0.00	0.00
	Totals	2,000.00	2,000.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Health Adm Distribution Notes : Cost Distributions for FIMR Interviews (SIDS) Fees from Health Administration	0.0000	0.000	0.000		2,000.00
Total Indirect Costs						2,000.00
TOTAL INDIRECT EXPENSES						2,000.00
TOTAL EXPENDITURES						2,000.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Sexually Transmitted Disease (STD) Control			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	49,083.00	49,083.00
2	Fringe Benefits	33,567.00	33,567.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		82,650.00	82,650.00
TOTAL DIRECT EXPENSES		82,650.00	82,650.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	17,441.00	17,441.00
Total Indirect Costs		17,441.00	17,441.00
TOTAL INDIRECT EXPENSES		17,441.00	17,441.00
TOTAL EXPENDITURES		100,091.00	100,091.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	82,650.00	82,650.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	17,441.00	0.00	17,441.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	100,091.00	82,650.00	17,441.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Medical Technologist	0.7216	68020.000	0.000	FTE	49,083.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance	0.0000	68.388	49083.000		33,567.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						82,650.00
TOTAL DIRECT EXPENSES						82,650.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Health Adm Distribution	0.0000	0.000	0.000		17,441.00
Total Indirect Costs						17,441.00
TOTAL INDIRECT EXPENSES						17,441.00
TOTAL EXPENDITURES						100,091.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Sexually Transmitted Disease (STD-ELPHS)			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	2,298,915.00	2,298,915.00
Total Indirect Costs		2,298,915.00	2,298,915.00
TOTAL INDIRECT EXPENSES		2,298,915.00	2,298,915.00
TOTAL EXPENDITURES		2,298,915.00	2,298,915.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	553,358.00	553,358.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	1,745,557.00	0.00	1,745,557.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	2,298,915.00	553,358.00	1,745,557.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		34,562.00
	Other Cost Distributions-Clinic & Lab distributions	0.0000	0.000	0.000		2,264,353.00
Total for Cost Allocation Plan / Other						2,298,915.00
Total Indirect Costs						2,298,915.00
TOTAL INDIRECT EXPENSES						2,298,915.00
TOTAL EXPENDITURES						2,298,915.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Tuberculosis (TB) Control			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	14,638.00	14,638.00
2	Fringe Benefits	845.00	845.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	51,950.00	51,950.00
6	Travel	4,188.00	4,188.00
7	Communication	105.00	105.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	29,685.00	29,685.00
Total Program Expenses		101,411.00	101,411.00
TOTAL DIRECT EXPENSES		101,411.00	101,411.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	2,158,477.00	2,158,477.00
Total Indirect Costs		2,158,477.00	2,158,477.00
TOTAL INDIRECT EXPENSES		2,158,477.00	2,158,477.00
TOTAL EXPENDITURES		2,259,888.00	2,259,888.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	30,209.00	30,209.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	2,229,679.00	0.00	2,229,679.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	2,259,888.00	30,209.00	2,229,679.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES					
Program Expenses					
1 Salary & Wages					
Outreach Worker Notes : GRANT POSITION	0.3846	38058.000	0.000	FTE	14,638.00
2 Fringe Benefits					
All Composite Rate Notes : Social Security Unemployment Ins Retirement Hospital Ins Life Ins Vision Ins Dental Ins Work Comp GRANT FRINGES	0.0000	5.770	14638.000		845.00
3 Cap. Exp. for Equip & Fac.					
4 Contractual					
5 Supplies and Materials					
Office Supplies Notes : TB GRANT	0.0000	0.000	0.000		200.00
Client Supp Material/Incentives Enablers Notes : TB GRANT	0.0000	0.000	0.000		1,700.00
Postage Notes : TB GRANT	0.0000	0.000	0.000		50.00
Drugs/Pharm - COUNTY BUDGET	0.0000	0.000	0.000		50,000.00
Total for Supplies and Materials					51,950.00
6 Travel					
Mileage Notes : 3,600 miles @ .58 TB GRANT	0.0000	0.000	0.000		2,088.00
Conferences Notes : TB GRANT	0.0000	0.000	0.000		2,000.00
Client Transporation Notes : TB GRANT	0.0000	0.000	0.000		100.00
Total for Travel					4,188.00
7 Communication					

	Line Item	Qty	Rate	Units	UOM	Total
	Telephone Communications - COUNTY BUDGET	0.0000	0.000	0.000		105.00
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance Notes : TB GRANT	0.0000	0.000	0.000		41.00
	Lab Fees Notes : TB GRANT \$6,748.00 COUNTY BUDGET \$1,500.00	0.0000	0.000	0.000		8,248.00
	Copier - COUNTY BUDGET Notes :	0.0000	0.000	0.000		96.00
	Memberships & Dues-COUNTY BUDGET	0.0000	0.000	0.000		1,300.00
	Professional Services-COUNTY BUDGET	0.0000	0.000	0.000		10,000.00
	TB Cases/Outside-COUNTY BUDGET	0.0000	0.000	0.000		10,000.00
Total for All Others (ADP, Con. Employees, Misc.)						29,685.00
Total Program Expenses						101,411.00
TOTAL DIRECT EXPENSES						101,411.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29% TB GRANT BUDGET	0.0000	0.000	0.000		1,799.00
	Health Adm Distribution	0.0000	0.000	0.000		22,673.00
	Nursing Adm Distribution	0.0000	0.000	0.000		14,430.00
	Other Cost Distributions-Misc Distribution	0.0000	0.000	0.000		2,119,575.00
Total for Cost Allocation Plan / Other						2,158,477.00
Total Indirect Costs						2,158,477.00
TOTAL INDIRECT EXPENSES						2,158,477.00
TOTAL EXPENDITURES						2,259,888.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Immunization Fixed Fees			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	30,107.00	30,107.00
Total Indirect Costs		30,107.00	30,107.00
TOTAL INDIRECT EXPENSES		30,107.00	30,107.00
TOTAL EXPENDITURES		30,107.00	30,107.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	IMM: VFC - AFIX Visits	30,107.00	30,107.00	0.00	0.00
	Totals	30,107.00	30,107.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Distributions for Fees-from IAP	0.0000	0.000	0.000		30,107.00
Total Indirect Costs						30,107.00
TOTAL INDIRECT EXPENSES						30,107.00
TOTAL EXPENDITURES						30,107.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Vision ELPHS			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	353,515.00	353,515.00
2	Fringe Benefits	102,848.00	102,848.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	4,503.00	4,503.00
6	Travel	5,985.00	5,985.00
7	Communication	1,862.00	1,862.00
8	County-City Central Services	0.00	0.00
9	Space Costs	26,587.00	26,587.00
10	All Others (ADP, Con. Employees, Misc.)	7,619.00	7,619.00
Total Program Expenses		502,919.00	502,919.00
TOTAL DIRECT EXPENSES		502,919.00	502,919.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	417,678.00	417,678.00
Total Indirect Costs		417,678.00	417,678.00
TOTAL INDIRECT EXPENSES		417,678.00	417,678.00
TOTAL EXPENDITURES		920,597.00	920,597.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	253,968.00	253,968.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	666,629.00	0.00	666,629.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	920,597.00	253,968.00	666,629.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Supervisor	1.0000	41686.000	0.000	FTE	41,686.00
	Technician	0.4808	36000.000	0.000	FTE	17,309.00
	Technician	0.4808	33950.000	0.000	FTE	16,323.00
	Technician	0.6000	48639.000	0.000	FTE	29,183.00
	Technician	0.4808	44213.000	0.000	FTE	21,258.00
	Technician	0.4808	36000.000	0.000	FTE	17,309.00
	Technician	0.4808	36000.000	0.000	FTE	17,309.00
	Technician	0.4808	38055.000	0.000	FTE	18,297.00
	Technician	0.4808	34616.000	0.000	FTE	16,643.00
	Technician	0.4808	38055.000	0.000	FTE	18,297.00
	Technician	0.4808	33950.000	0.000	FTE	16,323.00
	Technician	0.4808	36000.000	0.000	FTE	17,309.00
	Technician	0.4808	36000.000	0.000	FTE	17,309.00
	Technician	0.4808	33950.000	0.000	FTE	16,323.00
	Technician	0.4808	36000.000	0.000	FTE	17,309.00
	Coordinator	0.5000	74654.000	0.000	FTE	37,327.00
	Auxillary Health Worker	0.5000	36002.000	0.000	FTE	18,001.00
Total for Salary & Wages						353,515.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA UNEMPLOYMENT INS RETIREMENT HOSPITAL INS LIFE INS VISION INS HEARING INS DENTAL INS WORK COMP SHORT/LONG TERM DISABILITY	0.0000	29.093	353515.000		102,848.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		1,140.00

	Line Item	Qty	Rate	Units	UOM	Total
	Medical Supplies	0.0000	0.000	0.000		969.00
	Printing	0.0000	0.000	0.000		2,394.00
Total for Supplies and Materials						4,503.00
6	Travel					
	Personal Mileage Notes : 10,318.97 miles @ .58	0.0000	0.000	0.000		5,985.00
7	Communication					
	Telephone	0.0000	0.000	0.000		1,862.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		26,587.00
10	All Others (ADP, Con. Employees, Misc.)					
	Staff Training	0.0000	0.000	0.000		3,135.00
	Equipment Repair	0.0000	0.000	0.000		2,565.00
	Copier	0.0000	0.000	0.000		175.00
	Insurance	0.0000	0.000	0.000		1,744.00
Total for All Others (ADP, Con. Employees, Misc.)						7,619.00
Total Program Expenses						502,919.00
TOTAL DIRECT EXPENSES						502,919.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		43,447.00
	Health Adm Distribution	0.0000	0.000	0.000		55,831.00
	Other Cost Distributions-Misc Distribution	0.0000	0.000	0.000		318,400.00
Total for Cost Allocation Plan / Other						417,678.00
Total Indirect Costs						417,678.00
TOTAL INDIRECT EXPENSES						417,678.00
TOTAL EXPENDITURES						920,597.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / Immunization Vaccine Quality Assurance			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	2,835,552.00	2,835,552.00
2	Fringe Benefits	1,358,353.00	1,358,353.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,763,834.00	1,763,834.00
6	Travel	6,762.00	6,762.00
7	Communication	40,690.00	40,690.00
8	County-City Central Services	0.00	0.00
9	Space Costs	337,225.00	337,225.00
10	All Others (ADP, Con. Employees, Misc.)	264,800.00	264,800.00
Total Program Expenses		6,607,216.00	6,607,216.00
TOTAL DIRECT EXPENSES		6,607,216.00	6,607,216.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	-5,112,842.00	-5,112,842.00
Total Indirect Costs		-5,112,842.00	-5,112,842.00
TOTAL INDIRECT EXPENSES		-5,112,842.00	-5,112,842.00
TOTAL EXPENDITURES		1,494,374.00	1,494,374.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

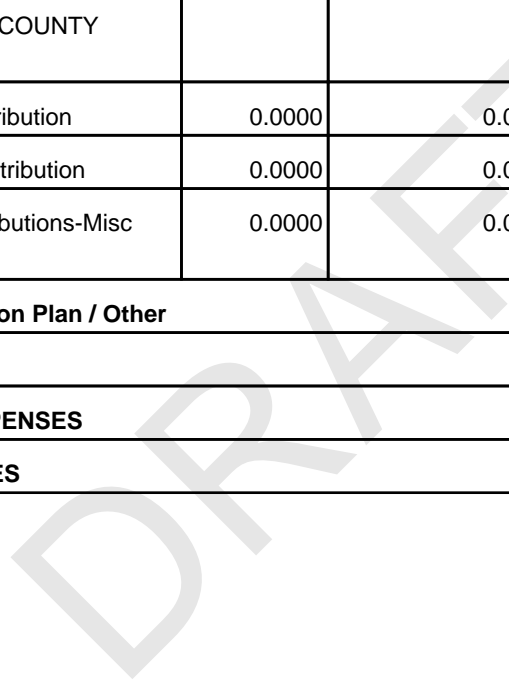
	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	1,109,012.00	0.00	1,109,012.00	0.00
	Fees and Collections - 3rd Party	272,000.00	0.00	272,000.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	113,362.00	113,362.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	1,494,374.00	113,362.00	1,381,012.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Coordinator Notes : VQA GRANT	1.0000	46438.000	0.000	FTE	46,438.00
	Coordinator Notes : Shared IAP	0.2260	46430.000	0.000	FTE	10,493.00
	PH Clinic Nurses-COUNTY BUDGET	1.0000	2778621.000	0.000	FTE	2,778,621.00
Total for Salary & Wages						2,835,552.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance VQA GRANT	0.0000	85.060	56931.000		48,426.00
	Composite Rate - COUNTY BUDGET Notes : FICA Unemployment Insurance Retirement Insurance Hospital Insurance Life Insurance Vision Insurance Dental Insurance Workers Comp Short and Long Term Disability Insurance	0.0000	100.000	1309927.00 0		1,309,927.00
Total for Fringe Benefits						1,358,353.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Drugs/Vaccines-COUNTY	0.0000	0.000	0.000		1,675,230.00

Line Item	Qty	Rate	Units	UOM	Total
BUDGET					
Medical Supply-COUNTY BUDGET	0.0000	0.000	0.000		77,675.00
Office Supply-COUNTY BUDGET	0.0000	0.000	0.000		7,200.00
Postage-COUNTY BUDGET	0.0000	0.000	0.000		200.00
Printing-COUNTY BUDGET	0.0000	0.000	0.000		3,250.00
Materials & Supplies Notes : VQA GRANT	0.0000	0.000	0.000		279.00
Total for Supplies and Materials					1,763,834.00
6 Travel					
Mileage Notes : COUNTY BUDGET	0.0000	0.000	0.000		5,700.00
Conferences Notes : COUNTY BUDGET	0.0000	0.000	0.000		482.00
Mileage Notes : 1,000 miles @ .58 VQA GRANT	0.0000	0.000	0.000		580.00
Total for Travel					6,762.00
7 Communication					
Telephone-COUNTY BUDGET	0.0000	0.000	0.000		40,690.00
8 County-City Central Services					
9 Space Costs					
Space/Rental Costs Notes : COUNTY BUDGET	0.0000	0.000	0.000		337,225.00
10 All Others (ADP, Con. Employees, Misc.)					
Insurance Notes : VQA GRANT	0.0000	0.000	0.000		149.00
Insurance Notes : COUNTY BUDGET	0.0000	0.000	0.000		7,436.00
Professional Services-COUNTY BUDGET	0.0000	0.000	0.000		26,000.00
IT Oper-COUNTY BUDGET	0.0000	0.000	0.000		211,692.00
Copier \$2,083, Equip Rental \$840-COUNTY	0.0000	0.000	0.000		2,923.00
Staff Training Notes : COUNTY BUDGET	0.0000	0.000	0.000		200.00
Laundry-COUNTY BUDGET	0.0000	0.000	0.000		2,900.00
Softward Support Maint-COUNTY BUDGET	0.0000	0.000	0.000		13,500.00

	Line Item	Qty	Rate	Units	UOM	Total
Total for All Others (ADP, Con. Employees, Misc.)						264,800.00
Total Program Expenses						6,607,216.00
TOTAL DIRECT EXPENSES						6,607,216.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.79% VQA GRANT	0.0000	0.000	0.000		6,997.00
	Cost Allocation Plan Notes : 12.29 % COUNTY BUDGET	0.0000	0.000	0.000		341,493.00
	Health Adm Distribution	0.0000	0.000	0.000		710,777.00
	Nursing Adm Distribution	0.0000	0.000	0.000		261,733.00
	Other Cost Distributions-Misc Distributions	0.0000	0.000	0.000		-6,433,842.00
Total for Cost Allocation Plan / Other						-5,112,842.00
Total Indirect Costs						-5,112,842.00
TOTAL INDIRECT EXPENSES						-5,112,842.00
TOTAL EXPENDITURES						1,494,374.00



1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / WIC Breastfeeding			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	80,845.00	80,845.00
2	Fringe Benefits	35,255.00	35,255.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	73,397.00	73,397.00
5	Supplies and Materials	9,342.00	9,342.00
6	Travel	2,740.00	2,740.00
7	Communication	3,853.00	3,853.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	3,831.00	3,831.00
Total Program Expenses		209,263.00	209,263.00
TOTAL DIRECT EXPENSES		209,263.00	209,263.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	32,335.00	32,335.00
Total Indirect Costs		32,335.00	32,335.00
TOTAL INDIRECT EXPENSES		32,335.00	32,335.00
TOTAL EXPENDITURES		241,598.00	241,598.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	219,199.00	219,199.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	22,399.00	0.00	22,399.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	241,598.00	219,199.00	22,399.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Lactation Specialist	1.0000	29846.000	0.000	FTE	29,846.00
	Lactation Specialist	0.4808	29845.000	0.000	FTE	14,349.00
	Lactation Specialist	0.4808	29845.000	0.000	FTE	14,349.00
	Lactation Specialist	0.4808	29845.000	0.000	FTE	14,349.00
	Nutritionist/Dietician	0.0962	64835.000	0.000	FTE	6,237.00
	Nutritionist/Dietician	0.0265	64700.000	0.000	FTE	1,715.00
Total for Salary & Wages						80,845.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA UNEMP INS RETIREMENT HOSPITAL INS LIFE INS VISION INS DENTAL INS WORK COMP SHORT/LONG TERM DISABILITY	0.0000	43.608	80845.000		35,255.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency-OLSHA	0.0000	0.000	0.000		73,397.00
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		750.00
	Printing	0.0000	0.000	0.000		3,500.00
	Medical Supplies	0.0000	0.000	0.000		4,000.00
	Postage	0.0000	0.000	0.000		481.00
	Educational Supplies	0.0000	0.000	0.000		611.00
Total for Supplies and Materials						9,342.00
6	Travel					
	Mileage Notes : 3,000 miles @ .58	0.0000	0.000	0.000		1,740.00
	Conferences	0.0000	0.000	0.000		1,000.00
Total for Travel						2,740.00
7	Communication					

	Line Item	Qty	Rate	Units	UOM	Total
	Telephone Communications	0.0000	0.000	0.000		3,853.00
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance	0.0000	0.000	0.000		300.00
	Advertising	0.0000	0.000	0.000		1,000.00
	Staff Training	0.0000	0.000	0.000		2,331.00
	Interpretation	0.0000	0.000	0.000		200.00
Total for All Others (ADP, Con. Employees, Misc.)						3,831.00
Total Program Expenses						209,263.00
TOTAL DIRECT EXPENSES						209,263.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		9,936.00
	Health Adm Distribution	0.0000	0.000	0.000		22,399.00
Total for Cost Allocation Plan / Other						32,335.00
Total Indirect Costs						32,335.00
TOTAL INDIRECT EXPENSES						32,335.00
TOTAL EXPENDITURES						241,598.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / WIC Resident Services			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

Category		Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	1,028,098.00	1,028,098.00
2	Fringe Benefits	666,290.00	666,290.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	551,700.00	551,700.00
5	Supplies and Materials	28,197.00	28,197.00
6	Travel	4,386.00	4,386.00
7	Communication	10,195.00	10,195.00
8	County-City Central Services	0.00	0.00
9	Space Costs	98,229.00	98,229.00
10	All Others (ADP, Con. Employees, Misc.)	102,422.00	102,422.00
Total Program Expenses		2,489,517.00	2,489,517.00
TOTAL DIRECT EXPENSES		2,489,517.00	2,489,517.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	486,987.00	486,987.00
Total Indirect Costs		486,987.00	486,987.00
TOTAL INDIRECT EXPENSES		486,987.00	486,987.00
TOTAL EXPENDITURES		2,976,504.00	2,976,504.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	2,615,870.00	2,615,870.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	360,634.00	0.00	360,634.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	2,976,504.00	2,615,870.00	360,634.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Supervisor	1.0000	80011.000	0.000	FTE	80,011.00
	Supervisor	1.0000	51190.000	0.000	FTE	51,190.00
	Supervisor	1.0000	61870.000	0.000	FTE	61,870.00
	Outreach Worker	1.0000	44217.000	0.000	FTE	44,217.00
	Outreach Worker	1.0000	44217.000	0.000	FTE	44,217.00
	Outreach Worker	1.0000	33951.000	0.000	FTE	33,951.00
	Outreach Worker	1.0000	36002.000	0.000	FTE	36,002.00
	Outreach Worker	1.0000	36002.000	0.000	FTE	36,002.00
	Outreach Worker	1.0000	40110.000	0.000	FTE	40,110.00
	Outreach Worker	1.0000	38058.000	0.000	FTE	38,058.00
	Technician	1.0000	46573.000	0.000	FTE	46,573.00
	Technician	1.0000	37925.000	0.000	FTE	37,925.00
	Technician	1.0000	40089.000	0.000	FTE	40,089.00
	Technician	1.0000	46573.000	0.000	FTE	46,573.00
	Technician	1.0000	35762.000	0.000	FTE	35,762.00
	Technician	1.0000	46573.000	0.000	FTE	46,573.00
	Nutritionist/Dietician	0.9038	64870.000	0.000	FTE	58,630.00
	Nutritionist/Dietician	1.0000	61871.000	0.000	FTE	61,871.00
	Nutritionist/Dietician	1.0000	61871.000	0.000	FTE	61,871.00
	Nutritionist/Dietician	1.0000	68016.000	0.000	FTE	68,016.00
	Health Educator	1.0000	45837.000	0.000	FTE	45,837.00
	OVERTIME	0.1803	70716.000	0.000	FTE	12,750.00
Total for Salary & Wages						1,028,098.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA Unemployment Ins. Retirement Hospital Ins. Life Ins. Vision Ins. Hearing Ins. Dental Ins. Work Comp	0.0000	64.808	1028098.00	0	666,290.00

	Line Item	Qty	Rate	Units	UOM	Total
	Short/Long Term Disability					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency-OLSHA-WIC svcs in Oakland Co.	0.0000	0.000	0.000		551,700.00
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		7,575.00
	Medical Supplies	0.0000	0.000	0.000		8,159.00
	Educational Supplies	0.0000	0.000	0.000		5,763.00
	Postage	0.0000	0.000	0.000		750.00
	Printing	0.0000	0.000	0.000		5,000.00
	Materials & Supplies	0.0000	0.000	0.000		750.00
	Computer Supplies	0.0000	0.000	0.000		200.00
Total for Supplies and Materials						28,197.00
6	Travel					
	Mileage Notes : 6,700 miles @ .58	0.0000	0.000	0.000		3,886.00
	Conferences	0.0000	0.000	0.000		500.00
Total for Travel						4,386.00
7	Communication					
	Telephone	0.0000	0.000	0.000		10,195.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		98,229.00
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance	0.0000	0.000	0.000		3,580.00
	Equipment Repair	0.0000	0.000	0.000		950.00
	Info Tech Print Managed Svcs	0.0000	0.000	0.000		5,750.00
	IT Operatons	0.0000	0.000	0.000		85,392.00
	Advertising	0.0000	0.000	0.000		3,000.00
	Staff Training	0.0000	0.000	0.000		2,000.00
	Interpretation	0.0000	0.000	0.000		400.00
	Laundry & Cleaning	0.0000	0.000	0.000		850.00
	Expendable Equipment	0.0000	0.000	0.000		500.00
Total for All Others (ADP, Con. Employees, Misc.)						102,422.00
Total Program Expenses						2,489,517.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL DIRECT EXPENSES						2,489,517.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		126,353.00
	Health Adm Distribution	0.0000	0.000	0.000		267,306.00
	Other Cost Distributions-Misc Distributions	0.0000	0.000	0.000		93,328.00
Total for Cost Allocation Plan / Other						486,987.00
Total Indirect Costs						486,987.00
TOTAL INDIRECT EXPENSES						486,987.00
TOTAL EXPENDITURES						2,976,504.00

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1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / West Nile Virus Community Surveillance			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	4,547.00	4,547.00
2	Fringe Benefits	3,223.00	3,223.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,657.00	1,657.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	14.00	14.00
Total Program Expenses		9,441.00	9,441.00
TOTAL DIRECT EXPENSES		9,441.00	9,441.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	1,581.00	1,581.00
Total Indirect Costs		1,581.00	1,581.00
TOTAL INDIRECT EXPENSES		1,581.00	1,581.00
TOTAL EXPENDITURES		11,022.00	11,022.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	10,000.00	10,000.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	1,022.00	0.00	1,022.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	11,022.00	10,000.00	1,022.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Sanitarian	0.0870	52258.000	0.000	FTE	4,547.00
2	Fringe Benefits					
	All Composite Rate Notes : FICA, UNEMP INS, RETIREMENT, HOSP INS, LIFE INS, VISION INS, HEARING INS, DENTAL INS, WORK COMP, SHORT/LONG TERM DISABILITY	0.0000	70.882	4547.000		3,223.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Testing Materials	0.0000	0.000	0.000		1,657.00
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	Insurance	0.0000	0.000	0.000		14.00
Total Program Expenses						9,441.00
TOTAL DIRECT EXPENSES						9,441.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 12.29%	0.0000	0.000	0.000		559.00
	Health Adm Distribution	0.0000	0.000	0.000		1,022.00
Total for Cost Allocation Plan / Other						1,581.00
Total Indirect Costs						1,581.00
TOTAL INDIRECT EXPENSES						1,581.00
TOTAL EXPENDITURES						11,022.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2020 / EGLE Private and Type III Water Supply			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	1,938,845.00	1,938,845.00
Total Indirect Costs		1,938,845.00	1,938,845.00
TOTAL INDIRECT EXPENSES		1,938,845.00	1,938,845.00
TOTAL EXPENDITURES		1,938,845.00	1,938,845.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	571,324.00	571,324.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	1,367,521.00	0.00	1,367,521.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	1,938,845.00	571,324.00	1,367,521.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Environmental Hlth Adm Distribution	0.0000	0.000	0.000		1,256,807.00
	Other Cost Distributions-Misc. Distribution	0.0000	0.000	0.000		251,341.00
	Health Adm Distribution	0.0000	0.000	0.000		430,697.00
Total for Cost Allocation Plan / Other						1,938,845.00
Total Indirect Costs						1,938,845.00
TOTAL INDIRECT EXPENSES						1,938,845.00
TOTAL EXPENDITURES						1,938,845.00

Summary of Budget

PROGRAM / PROJECT Local Health Department - 2020 / Local Health Department - 2020			DATE PREPARED 8/1/2019	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2019 To : 9/30/2020	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Pontiac	STATE MI	ZIP CODE 48341-0432	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	7,538,005.00	7,538,005.00
2	Fringe Benefits	3,956,624.00	3,956,624.00
3	Contractual	643,409.00	643,409.00
4	Supplies and Materials	1,987,170.00	1,987,170.00
5	Travel	98,161.00	98,161.00
6	Communication	87,350.00	87,350.00
7	Space Costs	623,699.00	623,699.00
8	All Others (ADP, Con. Employees, Misc.)	601,235.00	601,235.00
Total Program Expenses		15,535,653.00	15,535,653.00
TOTAL DIRECT EXPENSES		15,535,653.00	15,535,653.00
INDIRECT EXPENSES			
Indirect Costs			
1	Cost Allocation Plan / Other	21,825,401.00	21,825,401.00
Total Indirect Costs		21,825,401.00	21,825,401.00
TOTAL INDIRECT EXPENSES		21,825,401.00	21,825,401.00
TOTAL EXPENDITURES		37,361,054.00	37,361,054.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st and 2nd Party	2,354,012.00	0.00	2,354,012.00	0.00

2	Fees and Collections - 3rd Party	272,000.00	0.00	272,000.00	0.00
3	Federal or State (Non MDHHS)	25,338.00	0.00	25,338.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	1,444,452.00	0.00	1,444,452.00	0.00
6	Federal Medicaid Outreach	1,204,753.00	1,204,753.00	0.00	0.00
7	Required Match - Local	1,248,235.00	0.00	1,248,235.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	5,876,859.00	5,876,859.00	0.00	0.00
14	ELPHS - MDHHS Hearing	253,969.00	253,969.00	0.00	0.00
15	ELPHS - MDHHS Vision	253,968.00	253,968.00	0.00	0.00
16	ELPHS - MDHHS Other	2,557,216.00	2,557,216.00	0.00	0.00
17	ELPHS - Food	954,477.00	954,477.00	0.00	0.00
18	ELPHS - Private / Type III Water Supply	571,324.00	571,324.00	0.00	0.00
19	ELPHS - On-Site Wastewater Treatment	413,718.00	413,718.00	0.00	0.00
20	MCH Funding	321,457.00	321,457.00	0.00	0.00
21	Local Funds - Other	19,297,936.00	0.00	19,297,936.00	0.00
22	Inkind Match	0.00	0.00	0.00	0.00
23	MDHHS Fixed Unit Rate	311,340.00	311,340.00	0.00	0.00
	TOTAL	37,361,054.00	12,719,081.00	24,641,973.00	0.00

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

FY 19/20 AGREEMENT ADDENDUM A

1. This addendum adds the following section to Part I and Renumbers existing 11 Special Certification to 12 and existing 12 Signature Section to 13:

Part I

11. Agreement Exceptions and Limitations

Notwithstanding any other term or condition in this Agreement including, but not limited to, any provisions related to any services as described in the Annual Action Plan, any Contractor (Oakland County) services provided pursuant to this Agreement, or any limitations upon any Department funding obligations herein, the Parties specifically intend and agree that the Contractor may discontinue, without any penalty or liability whatsoever, any Contractor services or performance obligations under this Agreement when and if it becomes apparent that State or Department funds for any such services will be no longer available. Notwithstanding any other term or condition in this Agreement, the Parties specifically understand and agree that no provision in this Agreement shall operate as a waiver, bar or limitation of any kind, on any legal claim or right the Contractor may have at any time under any Michigan constitutional provision or other legal basis (e.g., any Headlee Amendment limitations) to challenge any State or Department program funding obligations; and, the parties further agree that no term or condition in this Agreement is intended and no such provision shall be argued to state or imply that the Contractor voluntarily assumed or undertook to provide any services as described in the Annual Action Plan, and thereby, waived any rights the Contractor may have had under any legal theory, in law or equity, without regard to whether or not the Contractor continued to perform any services herein after any State or Department funding ends.

2. This addendum modifies the following sections of Part II, General Provisions:

Part II

I. Responsibilities-Contractor

- J. **Software Compliance**. This section will be deleted in its entirety and replaced with the following language:

The Michigan Department of Health and Human Services and the County of Oakland will work together to identify and overcome potential data incompatibility problems.

III. Assurances

- A. Compliance with Applicable Laws.** This first sentence of this paragraph will be stricken in its entirety and replace with the following language:

The Contractor will comply with applicable Federal and State laws, and lawfully enacted administrative rules or regulations, in carrying out the terms of this agreement.

- I. Health Insurance Portability and Accountability Act.** The provisions in this section shall be deleted in their entirety and replaced with the following language:

Contractor agrees that it will comply with the Health Insurance Portability and Accountability Act of 1996, and the lawfully enacted and applicable Regulations promulgated there under.

- IX. Liability.** Paragraph A. will be deleted in its entirety and replaced with the following language.

- A.** Except as otherwise provided by law neither Party shall be obligated to the other, or indemnify the other for any third party claims, demands, costs, or judgments arising out of activities to be carried out pursuant to the obligations of either party under this Contract, nothing herein shall be construed as a waiver of any governmental immunity for either party or its agencies, or officers and employees as provided by statute or modified by court decisions.

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Local Health Department Agreement
October 1, 2019- September 30, 2020
Fiscal Year 2020

INSTRUCTIONS
FOR THE
ANNUAL BUDGET

INSTRUCTIONS FOR THE ANNUAL BUDGET FOR LOCAL HEALTH DEPARTMENT SERVICES

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**INSTRUCTIONS FOR THE
ANNUAL BUDGET
FOR LOCAL HEALTH SERVICES**

I. INTRODUCTION

The Annual Budget for Local Health Services is completed on a state fiscal year basis and is used to establish budgets for many Department programs. In the Annual Budget, the Department consolidates many of its categorical programs' funding and Essential Local Public Health Services (ELPHS) (formerly known as the local public health operation's funding) into a single, Comprehensive Agreement for local health departments. The Department's Plan and Budget Framework serves as a principal reference point for budget development.

The Annual Budget for Local Health Services must be completed in accordance with and adhere to the established requirements as specified in these instructions and submitted to the Department as required by the agreement.

II. MINIMUM BUDGETING REQUIREMENTS

- A. Cost Principles** - Types or items of cost which will be considered for reimbursement are generally consistent with definitions contained in Title 2 Code of Federal Regulations CFR, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- B. Federal Block Grant Funds** - Maternal & Child Health and Preventive Health Block Grant funds may not be used to: provide inpatient services; make cash payments to intended recipients of health services; purchase or improve land; purchase, contract or permanently improve (other than minor remodeling defined as work required to change the interior arrangements or other physical characteristics of any existing facility or installed equipment when the cost of the remodeling incident does not exceed \$2,000) any building or other facility; or purchase major medical equipment (any item of medical equipment having a unit cost of over \$10,000 and used in the diagnosis or treatment of patients, excluding equipment typically used in a laboratory); satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of Federal funds; or provide financial assistance to any entity other than a public or nonprofit private entity.
- C. Expenditure and Funding Source Breakdown** - For purposes of development, analysis and negotiation activities must be budgeted at the individual expenditure and funding source category level on the Annual Budget for Local Health Services.
- D. Special Budget Requirements for Certain Categorical Program Elements** - The Annual Budget for Local Health Services is completed in the MI E-Grants System through the application budget to include details for all program elements (excluding Administration and Grantee Support).

- E. **Local MCH** - Local MCH funds can be used for general Maternal Child Health (MCH) activity. These funds are to be budgeted as a funding source under any of the appropriate program element(s) listed or a locally defined program which is defined in the LMCH Plan. The Local MCH projects need to be budgeted separately:

- 1 Public Health Functions & Infrastructure-MCH
2. Direct Services Children-MCH
3. Direct Services Women- MCH
4. Enabling Services Children -MCH
5. Enabling Services Women -MCH

These funding sources cannot be used under the WIC element except in extreme circumstances where a waiver is requested in advance of expenditures, and evidence is provided that the expenditures satisfy all funding requirements. The MCH activities and strategies should address one or more of the Title V Maternal Child Health Block Grant national/state performance measures and/or a local MCH priority need identified in the community.

III. **REIMBURSEMENT CHART**

A. **Program Element/Funding Source**

The Program Element/Funding Source column has been moved to Attachment III and provides the listing of all currently funded MDHHS programs that are included in the Comprehensive Local Health Department Agreement.

B. **Type of Project**

The type of project designation is indicated by footnote and is used if the project meets the Research and Development Project criteria. Research and Development Projects are defined by Title 2 CFR, Section 200.87, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Research and development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. Research is defined as a systematic study directed toward fuller scientific knowledge or understanding of the subject studied. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other research and development activities and where such activities are not included in the instruction function. Development is the systematic use of knowledge and understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes.

C. **Reimbursement Chart**

The Reimbursement Chart notes elements/funding sources, applicable payment methods, target levels, output measures for each program/element having a performance reimbursement option. In addition, the chart also provides the subrecipient, contractor, or recipient designations, as in prior years:

IV. LOCAL ACCOUNTING SYSTEM STRUCTURE OF ACCOUNTS/COST ALLOCATION PROCEDURES

As in past years, no additional accounting system detail is being required beyond local uniform accounting procedures prescribed by the Michigan Department of Treasury, Local Financial Management System requirements, documentation requirements of categorical program funding sources and any local requirements. Some agencies may already have separate cost centers in their accounting system to directly identify costs and related funding of required services, but such breakdowns are not essential to being able to meet minimum reporting requirements if proper allocation procedures are used and adequate documentation is maintained. All allocations must have clearly measurable bases that directly apply to the amounts being allocated, must be documented with work papers that will provide an adequate audit trail and must result in a representative reporting of costs and funding for affected programs. More specific guidance can be found in Title 2 CFR, Part 200 Appendix V State/Local Government and Indian Tribe-Wide Central Service Cost Allocation Plans and the brochure published by the Department of Health and Human Services entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government.

V. FORM PREPARATION - GENERAL

The MI E-Grants System on-line application, including the budget entry forms, are utilized to develop a budget summary for each program element administered by the local Grantee. The system is designed to accommodate any number of local program elements including those unique to a particular local Grantee. Applications, including budget forms, are completed for all program elements, regardless of the reimbursement mechanism, including Agency administration(s) fee for service program elements, categorical program elements, performance-based program elements and Medicaid Outreach associated program elements. Budget entry is required for each major expenditure and source of fund categories for which costs/funds are identified.

VI. FORM PREPARATION - EXPENDITURE CATEGORIES

Budgeted expenditures are to be entered for each program element, project or group of services by applicable major category.

- A. Salaries and Wages**- This category includes the compensation budgeted for all permanent and part-time employees on the payroll of the Grantee and assigned directly to the program. This does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, vendor services, professional fees or personnel hired on a private contracting basis should be included in "Other Expenses." Contracts with secondary recipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Sub-contract) Expenses.
- B. Fringe Benefits** - This category is to include, for at least the specified elements, all Grantee costs for social security, retirement, insurance and other similar benefits for all permanent and part-time employees assigned to the specified elements.
- C. Cap Exp for Equip & Fac** - This category includes expenditures for budgeted stationary and movable equipment used in carrying out the objectives of each program element, project or service group. The cost of a single unit or piece of equipment includes necessary accessories, installation costs, freight and other applicable expenses associated with the purchase of the equipment. Only budgeted equipment items costing \$5,000 or more may be reported under this category. Small equipment items costing less than \$5,000 are properly classified as Supplies and Materials or Other Expenses. This category also includes capital outlay for purchase or renovation of facilities.

- D. **Contractual (Subcontracts/Subrecipient)** - Use for expenditures applicable to written contracts or agreements with secondary recipient organizations such as cooperating service delivery institutions or delegate agencies. Payments to individuals for consulting or contractual services, or for vendor services are to be included under Other Expenses. Specify subcontractor(s) address, amount by subcontractor and total of all subcontractors.
- E. **Supplies and Materials** - Use for all consumable items and materials including equipment-type items costing less than \$5,000 each. This includes office, printing, janitorial, postage and educational supplies; medical supplies; contraceptives and vaccines; tape and gauze; prescriptions and other appropriate drugs and chemicals. Federal Provided Vaccine Value should be reported and identified on in Other Cost Distributions category. Do not combine with supplies.
- F. **Travel** - Travel costs of permanent and part-time employees assigned to each program element. This includes costs of mileage, per diem, lodging, meals, registration fees and other approved travel costs incurred by the employee. Travel of private, non-employee consultants should be reported under Other Expenses.
- G. **Communication Costs** - These are costs for telephone, Internet, telegraph, data lines, websites, fax, email, etc., when related directly to the operation of the program element.
- H. **County/City Central Services** - These are costs associated with central support activities of the local governing unit allocated to the local health department in accordance with Title 2 CFR, part 200.
- I. **Space Costs** - These are costs of building space necessary for the operation of the program.
- J. **All Others (Line 11)** - These are costs for all other items purchased exclusively for the operation of the program element and not appropriately included in any of the other categories including items such as repairs, janitorial services, consultant services, vendor services, equipment rental, insurance, Automated Data Processing (ADP) systems, etc.
- K. **Total Direct Expenditures** – The MI E-Grants System sums the direct expenditures budgeted for each program element, project or service grouping and records in the Total Direct Expenditure line of the Budget Summary.
- L. **Indirect Cost** – These cost categories are used to distribute costs of general administrative operations that have not been directly charged to individual subrecipient programs. The Indirect Cost expenditures distribute administrative overhead costs to each program element, project or service grouping. Two separate local rates may apply to the agreement period (i.e., one for each local fiscal year). Use Calendar Rate 1 to reflect the rate applicable to the first part of the agreement period and Calendar Rate 2 for the rate applicable to the latter part. Indirect costs are not allowed on programs elements designated as vendor relationship

An indirect rate proposal and related supporting documentation must be retained for audit in accordance with records retention requirements. In addition, these documents are reviewed as part of the Single Audit, subrecipient monitoring visit, or other State of Michigan reviews.

Following is further clarification regarding indirect rate and/or cost allocation approval requirements to distribute administrative overhead costs, in accordance with Title 2 CFR Part 200 (formerly Circular A-87 2 CFR Part 225, Appendix E), for Local Health Departments budgeting indirect costs:

1. Local Health Departments receiving more than \$35 million in direct Federal awards are required to have an approved indirect cost rate from a Federal Cognizant Agency. If your Local Health Department has received an approved indirect rate from a Federal Cognizant agency, attach the Federal approval letter to your MI E-Grants Grantee Profile.
2. Local Health Departments receiving \$35 million or less in direct Federal awards are required to prepare indirect cost rate proposals in accordance with Title 2 CFR and maintain the documentation on file subject to review.
3. Local Health Departments that received approved indirect cost rates from another State of

Michigan Department should attach their State approval letter to their MI E-Grants Grantee Profile.

4. Local Health Departments with cost allocation plans should reflect these allocations in the Other Cost Distributions budget category. See Section M. Other Cost Distribution for budgeting guidance.
5. As a Subrecipient of federal funds from MDHHS, a Local Health Department that has never received a negotiated indirect cost rate, your Local Health Department may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) based on Title 2 CFR part 200 requirements.

MTDC includes all direct salaries and wages, fringe benefits, supplies and materials, travel, services, and contractual expenses up to the first \$25,000 of each contract. MTDC excludes all equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and portions subcontractual/subaward expenses in excess of \$25,000 per contract.

Attach a current copy of the letter stating the applicable indirect costs rate or calculation information justifying the de minimis rate calculation to you MI E-Grants Grantee profile. **Detail on how the indirect costs was calculated must be shown on the Budget Detail Schedule.**

The amount of Indirect Cost should be allocated to all appropriate program elements with the total equivalent amount reflected as a credit or minus in the Administration projects.

- M. Other Cost Distributions** – Use to distribute various contributing activity costs to appropriate program areas based upon activity counts, time study supporting data or other reasonable and equitable means. An example of Other Cost Distributions is nursing supervision. The distribution process permits costs reflected in a single program element to be subsequently distributed, perhaps only in part, to other programs or projects as appropriate. If an allocation is made, the charges must be reflected in the appropriate program element and the offsetting credit reflected in the program element being distributed. **There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles** Local Health Departments using the cost distribution or cost allocation must develop the plan in accordance with the requirements described in Title 2 CFR, Part 200. Local Health Departments should maintain supporting documentation for audit in accordance with record retention requirements. The plan should include a Certification of Cost Allocation plan in accordance with Title 2 CFR, Part 200 Appendix V. The cost allocation plan documentation is not required to be submitted unless specifically requested.

Cost associated with the Essential Local Public Health Services (ELPHS), Maternal and Child Health (MCH) Block Grant and Fixed Fee may be budgeted in the associated program element and distributed to the associated projects.

Federal Provided Vaccine Value should be reported on a separate line and clearly identified.

- N. Total Direct & Admin. Expenditures** – The MI E-Grants System sums the indirect expenditures program element and records in the Total Indirect Expenditure line of the Budget Summary.
- O. Total Expenditures** – The MI E-Grants System sums the direct and indirect expenditures and records in the Total Expenditure line of the Budget Summary.

VII. **FORM PREPARATION - SOURCE OF FUNDS**

Source of Funds are to be entered for each program element, project or group of services by applicable major category as follows:

A. **Fees & Collections - Fees 1st & 2nd Party**

- i. 1st party funds projected to be received from private payers, including patients, source users and any member of the general population receiving services.
- ii. 2nd party funds received from organizations, private or public, who might reimburse services for a group or under a special plan.
- iii. Any Other Collections

B. **Fees & Collections - 3rd Party** – 3rd Party Fees - Funds projected to be received from private insurance, Medicaid, Medicare or other applicable titles of the Social Security Act directly related to the cost of providing patient care or other services (e.g., includes Early Periodic Screening, Detection and Treatment [EPSDT] Screening, Family Planning.)

C. **Federal/State Funding (Non-MDHHS)** - Funds received directly from the federal government and from any state Contractor other than MDHHS, such as the Department of Natural Resources and Environment (MDNRE). This line should also be used to exclude state aid funds such as those provided through the Michigan Department of Treasury under P.A. 264 of 1987 (cigarette tax).

D. **Federal Cost Based Reimbursement** – Funds received for Federal Cost Based Reimbursement which should be budgeted in the program in which they were earned.

E. **Federally Provided Vaccines** – The projected value of federally provided vaccine.

F. **Federal Medicaid Outreach** – (**Please note:** to be used only for Medicaid Outreach, CSHCS Medicaid Outreach or Nurse Family Partnership Medicaid Outreach program elements.) Funds projected to be received from the federal government for allowable Medicaid Outreach activities. This amount represents the anticipated 50% federal administrative match of local contributions.

G. **Required Match - Local** – Funds projected to be local contribution for programs that have a match contribution requirement (**Please note:** for Medicaid Outreach, CSHCS Medicaid Outreach, or Nurse Family Partnership Medicaid Outreach, this amount represents the 50% matching local contribution for allocable Medicaid Outreach Activities. Federal Medicaid Outreach and Required Local match amounts should equal each other.)

H. **Local Non-ELPHS** - Local funds budgeted for the following expenditures:

1. Expenditures for services not designated as required and allowable for ELPHS funding (e.g., medical examiner and inpatient maternity services); expenditures determined not to be reasonable; and, expenditures in excess of the maximum state share of funds available.
2. Any losses arising from uncollectible accounts and other related claims. Under-recovery of reimbursable expenditures from, or failure to bill, available funding sources that would otherwise result in exclusions from ELPHS funding, if recovered.

However, no exclusion is required where the local jurisdiction has made and documented a decision to have local funds underwrite:

- a. The cost of uncollectible accounts or bad debts incurred in support of providing required or allowable health services. An example of this condition would be for services provided to indigents who are billed as a matter of procedure with little chance for receipt of payment.
- b. Potential recoveries or under-recoveries from other sources for the principal purpose of providing required and allowable health services at free or reduced cost to the public served by the Grantee. An example would be keeping fees for services at a reduced level for the benefit

of the people served by the Grantee while recognizing that to do so limits recovery from third parties for the same types of services.

3. Contributions to a contingency reserve or any similar provisions for unforeseen events.
 4. Charitable contributions and donations.
 5. Salaries and other incidental expenditures of the chief executive of a political subdivision (i.e., county executive and mayor).
 6. Legislative expenditures; such as, salaries and other incidental expenditures of local governing bodies (i.e., county commissioners and city councils). Do not enter board of health expenses.
 7. Expenditures for amusements, social activities and other incidental expenditures related thereto; such as, meals, beverages, lodging, rentals, transportation and gratuities.
 8. Fines, penalties and interest on borrowings.
 9. Capital Expenditures - Local capital outlay for purchase of facilities and equipment (assets) are excluded from ELPHS funding.
- I. **Other Non- ELPHS** - Funds budgeted from sources other than state, federal and local appropriations to the extent that they are not eligible for ELPHS (e.g., funding from local substance abuse coordinating grantee, local area on aging grantees).
- J. **MDHHS - NON-COMPREHENSIVE** - Funds budgeted for services provided under separate MDHHS agreements. Examples include: funding provided directly by the Community Services for Substance Abuse for community grants, etc.
- K. **MDHHS - COMPREHENSIVE** - This section includes all funding projected to be due under the Comprehensive Agreement from categorical programs and needs to equal the allocation.
- L. **ELPHS - MDHHS Hearing** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Hearing program and has to equal the MDHHS ELPHS Hearing allocation. Additional ELPHS to be budgeted for the Hearing Program must be entered into ELPHS – MDHHS Other. Hearing allocations may only be spent on the Hearing Program.
- M. **ELPHS - MDHHS Vision** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Vision program and has to equal the ELPHS MDHHS Vision allocation. Additional ELPHS to be budgeted for the Vision Program must be entered into ELPHS – MDHHS Other. Vision allocations may only be spent on the Vision Program.
- N. **ELPHS – MDHHS Other** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Other program for eligible program elements. Please note: The MI E-Grants System validates the ELPHS MDHHS Other budgeted funds across the applicable program elements to assure the agreement does exceed the ELPHS – MDHHS Other allocation.
- O. **ELPHS – Food** - This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS Food program and has to equal the ELPHS Food allocation.
- P. **ELPHS – Drinking Water** - This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS Drinking Water program and has to equal the ELPHS Drinking Water allocation.
- Q. **ELPHS – On-site Sewage** - This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS On-site Sewage program and has to equal the ELPHS On-site Sewage allocation.
- R. **MCH Funding** - This section includes all funding projected to be due under Comprehensive Agreement specific to the MCH eligible program elements. Please note: The MI E-Grants System validates the MCH budgeted funds across applicable program elements to assure the agreement does

exceed the MCH allocation.

- S. **Local Funds - Other** - Enter all local support in the appropriate element, project or service group column. This may include local property tax, and other local revenues (does not include fees).
- T. **Inkind Match** – Enter Local Support from donated time or services.
- U. **MDHHS Fixed Unit Rate** – Select the type of fee-for-services from the lookup to correspond with the program element.

VIII. SPECIAL BUDGET INSTRUCTIONS

Certain elements are supported by federal or other categorical program funds for which special budgeting requirements are placed upon grantees and subgrantees. These include:

<u>Element</u>	<u>Federal or Other Funding Contractor</u>
Public Health Emergency Preparedness	U.S. Department of Health & Human Services, Centers for Disease Control
WIC	U.S. Department of Agriculture, Food & Nutrition Service
Family Planning	U.S. Department of Health & Human Services, Public Health Service
Breast and Cervical Cancer	U.S. Department of Health & Human Services, Centers for Disease Control
CSHCS Outreach & Advocacy	Michigan Department of Health & Human Services
Medicaid Outreach Activities	Centers for Medicare and Medicaid Services

In general, subgrantee budgets must provide sufficient budget detail to support grantee budget requests and be in a format consistent with grantor Contractor requirements. Certain types of costs must receive approval of the federal grantor Contractor and/or the grantee prior to being incurred.

A. Public Health Emergency Preparedness (PHEP) Special Budget Requirements

Local Health Departments will receive the initial FY 18/19 allocation of the CDC Public Health Emergency Preparedness (PHEP) funds in nine equal prepayments for the period October 1, 2018 through June 30, 2019. LHDs must submit a nine-month budget and a quarterly Financial Status Report (FSR) for each of the following COMPREHENSIVE Local Health Department program elements:

1. Public Health Emergency Preparedness (PHEP) (October 1, 2018 – June 30, 2019)
2. Public Health Emergency Preparedness (PHEP)– Cities of Readiness (October 1, 2018 –June 30, 2019)
3. Laboratory Services - Bioterrorism (October 1, 2018 – September 30, 2019)

B. WIC Special Budget Requirements

1. **Cost/Funding Categories** - The following local budget breakdowns are required to fulfill WIC grant application budget requirements each fiscal year:

- Salaries & Fringe Benefits
- Automated Management Systems
- Space Utilization Costs
- Equipment
- Supplies
- Communications & Travel
- All Other Direct Costs
- Indirect Costs
- All Funding Sources by Type

The WIC cost/funding categories and supporting budget detail requirements are satisfied by completion of an application budget form in the MI E-Grants System. General instructions for these forms are contained at the end of this section.

Agencies receiving WIC-USDA Infrastructure grants must budget these funds as a separate element. Agencies must track and report expenditures separately on the FSR.

Agencies receiving WIC-USDA Breastfeeding Peer Counselor funds must budget these funds as a separate element. Agencies must track and report expenditures separately on the FSR. And comply with special reporting requirements.

2. **Costs Allowable Only With Prior Approval** - The following costs are allowable only with prior review/approval of the Michigan Department of Health & Human Services as specified by the U.S. Department of Agriculture, Food and Nutrition Service (Ref.: 7 CFR Part 246, and USDA-WIC Administrative Cost Handbook 3/86). Prior approval is accomplished by providing appropriate detail in the budget request approved by MDHHS or subsequently in a written request approved in writing by MDHHS.
 - A. **Automated Information Systems** - which are required by a local Grantees except for those used in general management and payroll, including acquisition of automated data processing hardware or software whether by outright purchase or rental-purchase agreement or other method of acquisition.
 - B. **Capital Expenditures of \$2,500 or More** - such as the cost of facilities, equipment, including medical equipment, other capital assets and any repairs that materially increase the value or useful life of capital assets.
 - C. **Management Studies** - performed by agencies or departments other than the local Grantee or those performed by outside consultants under contract with the local Grantee.
 - D. **Accounting and Auditing Services** - performed by private sector firms under professional service contracts for purposes of preparation or audit of program and financial records/reports.
 - E. **Other Professional Services** - rendered by individuals or organizations, not a part of the local Grantee, such as:
 1. Contractual private physician providing certification data.
 2. Contractual organization providing laboratory data.
 3. Contractual translators and interpreters at the local Grantee level.

- F. Training and Education - provided for employee development, which directly or indirectly benefits the grant program, to the extent that such training is contracted for or involves out-of-service training over extended periods of time.
- G. Building Space and Related Facilities - the cost to buy, lease or rent space in privately or publicly owned buildings for the benefit of the program.
- H. Non-Fringe Insurance and Indemnification Costs
All charges to WIC must be necessary, reasonable, allowable and allocable for the proper and efficient administration of the program. Further information and cost standards are provided in federal instructions including Title 2 CFR, Part 200 and 7 CFR Part 3015.

C. Family Planning Special Budget Requirements

- 1. **Cost/Funding Categories** - The following local budget breakdowns are required to fulfill Family Planning grant application budget requirements each fiscal year:

- Salaries & Wages
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual
- Construction
- All Other Direct Costs
- Indirect Costs
- All Funding Sources by Type

The Family Planning cost/funding categories and supporting budget detail requirements are satisfied by completion of an application budget in the MI E-Grants System. General instructions for these forms are contained at the end of this section.

- 2. **Costs Allowable Only With Prior Approval** - The following costs are allowable only with prior review/approval of MDHHS. Prior approval is accomplished by providing appropriate detail in the budget request approved by MDHHS or subsequently in a written request approved in writing by MDHHS.
 - A. Alterations and Renovations - to change the interior arrangements or other physical characteristics of existing facilities or installed equipment, to the extent that such changes cost more than \$1,000 each.
 - B. Audiovisual Materials and Activities - acquired, produced, presented, or disseminated to the general public.
 - C. Consultant Contracts for General Support Services - including equipment and supplies, that will cost in excess of \$25,000 or 10% of the total direct cost budget (whichever is greater).
 - D. Equipment - including general purpose and special equipment (e.g., air conditioning) costing \$5,000 or more per unit.
 - E. Insurance - contributions to a reserve for a self-insurance program.
 - F. Public Information Service Costs – for the cost of providing public information services.
 - G. Publication and Printing Costs - for the cost of publications.
 - H. Capital Expenditures - for land or buildings.
 - I. Indemnification Against Third Parties Costs - insurance against potential liabilities.
 - J. Mass Severance Pay - involving grant-supported personnel.

- K. Organization/Reorganization Costs - allocable to the program.
- L. Overtime Premium - involving grant-supported personnel.
- M. Patient Care Costs - rebudgeting out of or reduction in patient care costs (considered a change in scope).
- N. Professional Services - in connection with Patent/Copyright Infringement Litigation.
- O. Trailers or Modular Units – for costs of trailers and modular units.
- P. Transfers Between Construction and Nonconstruction - for approved construction funds.
- Q. Transfers Between Indirect and Direct Costs - for amounts awarded for indirect costs to absorb increases in direct costs.
- R. Transfers for Substantive Programmatic Work - to a third party, by contracting, or any other means used for the actual performance of substantive programmatic work.

All charges to Family Planning must be necessary, reasonable, allowable, and allocable, for the proper and efficient administration of the program. Further information and cost standards are provided in federal instructions including 2 CFR, Part 225 (OMB Circular A-87), A-102 Common Rule and 2 CFR, Part 215 (OMB Circular A-110)

D. Breast and Cervical Cancer Control Coordination Program Special Budget Requirements

1. The Breast and Cervical Cancer Control Navigation Program (BCCCNP) budget is to be developed in the following way:

BCCCNP Coordination should be used to budget costs associated with coordination of the program in assuring implementation of all minimum program requirements and policies and procedures. . Only coordination expenses will be reimbursed through the Comprehensive Agreement. All Direct Service claims, including MTA Navigation Services and Navigation-Only Services, must be billed to the MDHHS Cancer Prevention and Control Section for claim processing. The Local Coordinating Agency (LCA) and/or direct service providers with contracts or letters of agreement with the LCA will be responsible for billing Direct Service claims to the MDHHS Cancer Prevention and Control Section. **No Direct Services or MTA Navigation or Navigation-Only Service expenses will be reimbursed through the Comprehensive Agreement.**

The Coordination amount \$200 per woman based on a target caseload established by MDHHS.

There is no longer a match requirement. Match is recorded by the program and reported to MDHHS.

For specific billing requirements refer to the most recent BCCCNP Billing Manual. For specific program requirements, including current fiscal year Direct Service Reimbursement Rates and documentation related to the match requirement, refer to the current fiscal year Special Budgeting and Other Program Instructions for the BCCCNP issued in August of each fiscal year. The above referenced documents are available at www.michigancancer.org/BCCCNP.

2. The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) budget is to be developed in the following way:

WISEWOMAN Coordination and Screening should be used to budget costs associated with

coordination of the program and delivery of the initial screening and risk reduction counseling to WISEWOMAN participants. This includes administration and interpretation of health risk instrument, WISEWOMAN screening services (height, weight, body mass index, 2 blood pressure readings, total cholesterol, HDL cholesterol, and glucose or A1C), and delivery of risk reduction counseling.

All Direct Service claims must be billed to the MDHHS Cancer Prevention and Control Section for claim processing. The Local Coordinating Agency (LCA) and/or direct service providers with contracts or letters of agreements with the LCA will be responsible for billing Direct Service claims to the MDHHS Cancer Prevention and Control Section. This includes follow-up fasting lipid panel, fasting glucose, A1c, and one diagnostic exam. **No Direct Services expenses will be reimbursed through the Comprehensive Agreement.**

The Coordination and Screening amount is \$200 per woman based on a target caseload established by MDHHS.

Performance reimbursement will be based upon the understanding that a certain level of performance (measured by outputs) must be met. There is a **95% caseload performance requirement** for this project.

For specific billing requirements refer to the most recent Billing Manual. For specific program requirements, including current fiscal year Direct Service Reimbursement rates and documentation related to the match requirement, refer to the current fiscal year Special Budgeting and other Program instructions for the WISEWOMAN Program issued in August of each fiscal year. The above referenced documents are available at www.michigan.gov/cancer.

- E. **Children's Special Health Care Services (CSHCS) Outreach and Advocacy** - The program element, titled CSHCS Outreach and Advocacy should be used to budget costs associated with this program.

- I. **Program Budget - Online Detail Budget Application Entry**

- Complete the appropriate budget forms contained within the MI E-Grants System for each program element. An example of this form is attached (see Attachment 1 for reference).

- 1. **Salary and Wages** -

- a. **Position Description** - Select from the expenditure row look-up all position titles or job descriptions required to staff the program. If the position is missing from the list, please use Other and type in the position in the drop-down field provided.
 - b. **Positions Required** - Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal (e.g., Full-Time Equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of time reports to support time charged to the program.


- c. **Amount** – The MI E-Grants System calculates the salary for the position required and records it on the Budget Detail. Enter this amount in the Amount column.
 - d. **Total Salary** –The MI E-Grants System totals the amount of all positions required and records it on the Budget Summary.
 - e. **Notes** - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).
2. **Fringe Benefits** – Select from the expenditure row look-up applicable fringe benefits for staff working in this program. Enter the percentage for each. The MI E-Grants system updates the total amount for salary and wages in the unit field and calculates the fringe benefit amount. If the “Composite Rate” fringe benefit item is selected from the expenditure row look up, record the applicable fringe benefit items (i.e. FICA, Life insurance, etc.) in the “Notes” tab.
3. **Equipment** - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment purchases.
4. **Contractual** - Specify subcontractor(s)/subrecipient(s) working on this program, including the subcontractor’s/subrecipient’s address, amount by subcontractor/subrecipient and total of all subcontractor(s)/subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts).
5. **Supplies and Materials** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
6. **Travel** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
7. **Communication** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
8. **County-City Central Services** - Enter amount by category and total for all categories.
9. **Space Costs** - Enter amount by category and total for all categories.
10. **Other Expenses** - Enter amount by category and total for all categories. **A description is required if the budget category exceeds 10% of total expenditures.**
11. **Indirect Cost Calculation** - Enter the base(s), rate(s) and amount(s).
12. **Other Cost Distributions** - Enter a description of the cost, percent distributed to this program and the amount distributed.
13. **Total Exp.** - MI E-grants totals the amount of all positions required and records it on the Budget Summary.

F. Program Budget-Cost Detail Schedule Preparation


B1 Attachment B1-Program Budget Summary

EGrAMS Application					
Budget Category Application		Timeout : 20 mins		Date : Mar-25-13	
Agency	ABC Health Department		Program : Comprehensive Agreement - FY 20XX		
Application :	Family Planning Services SAMPLE		Show Documents		
Facesheet Certifications Budget Miscellaneous Index					
Save Save Validate Errors PDF Copy					
Close Show Tree					
Budget Summary					
Description	Total	Amount	Cash	Inkind	Narr.
DIRECT EXPENSES					
Program Expenses					
Salary & Wages	83,419.00	83,419.00	0.00	0.00	
Fringe Benefits	34,202.00	34,202.00	0.00	0.00	
Cap. Exp. for Equip & Fac.					
Contractual					
Supplies and Materials	23,275.00	23,275.00	0.00	0.00	
Travel	3,340.00	3,340.00	0.00	0.00	
Communication	7,262.00	7,262.00	0.00	0.00	
County-City Central Services					
Space Costs	10,131.00	10,131.00	0.00	0.00	
All Others (ADP, Con. Employees, Misc.)	3,894.00	3,894.00	0.00	0.00	
Total Program Expenses	165,523.00	165,523.00	0.00	0.00	
TOTAL DIRECT EXPENSES	165,523.00	165,523.00	0.00	0.00	
INDIRECT EXPENSES					
Indirect Costs					
Indirect Costs	29,405.00	29,405.00	0.00	0.00	
Other Costs Distributions	1,685.00	1,685.00	0.00	0.00	
Total Indirect Costs	31,090.00	31,090.00	0.00	0.00	
TOTAL INDIRECT EXPENSES	31,090.00	31,090.00	0.00	0.00	
TOTAL EXPENDITURES	196,613.00	196,613.00	0.00	0.00	

Source of Funds



EGrAMS Application



Budget Category Application
Timeout : 20 mins Date : Mar-25-13

Agency : ABC Health Department
Program : Comprehensive Agreement - FY 20XX

Application : Family Planning Services SAMPLE
[Show Documents](#)

Facesheet
Certifications
Budget
Miscellaneous
Index

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Show Tree


Source of Funds

TOTAL EXPENDITURES		196,613.00	0.00	0.00	196,613.00
Del.	Description	Amount	Cash	Inkind	Total
Source of Funds					
<input checked="" type="checkbox"/>	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Fees and Collections - 3rd Party	0.00	66,000.00	0.00	66,000.00
<input checked="" type="checkbox"/>	Federal or State (Non MDCH)	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Federal Cost Based Reimbursement	0.00	19,000.00	0.00	19,000.00
<input checked="" type="checkbox"/>	Federally Provided Vaccines	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Required Match - Local	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Local Non-ELPHS	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Local Non-ELPHS	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Other Non-ELPHS	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	MDCH Non Comprehensive	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	MDCH Comprehensive	66,813.00	0.00	0.00	66,813.00
<input checked="" type="checkbox"/>	ELPHS – MDCH Hearing	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS – MDCH Vision	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS – MDCH Other	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS – Food	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS – Drinking Water	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS – On-Site Sewage	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	MCH Funding	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Local Funds - Other	0.00	44,800.00	0.00	44,800.00
<input checked="" type="checkbox"/>	Inkind Match	0.00	0.00	0.00	0.00
MDCH Fixed Unit Rate					
<input checked="" type="checkbox"/>		0.00	0.00	0.00	0.00

B2 Attachment B2-Program Budget Cost Detail



EGrAMS Application



Budget Category Application
Timeout : 20 mins
Date : Mar-25-13

Agency : ABC Health Department
Program : Comprehensive Agreement - FY 20XX

Application : Family Planning Services SAMPLE
Show Documents

Facesheet
Certifications
Budget
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Budget Detail

Category : Program Expenses - Salary & Wages
Type : Expenditure

Classification Seq. : 1
Sub Type : Direct
Narrative :

Instructions : Select the position description. Identify the quantity as FTEs. Identify the rate as average cost per FTE.

	Description	Qty	Rate	UoM	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nurse Practitioner	0.19	91000.000	FTE	17,290.00	17,290.00	0.00	0.00	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Public Health Nurse	0.46	34932.430	FTE	16,069.00	16,069.00	0.00	0.00	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Coordinator	0.41	51036.000	FTE	20,925.00	20,925.00	0.00	0.00	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Clerk	1.09	26729.240	FTE	29,135.00	29,135.00	0.00	0.00	

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Budget Detail

Category : Program Expenses - Cap. Exp. for Equip & Fac.
Type : Expenditure

Classification Seq. : 1
Sub Type : Direct
Narrative :

Instructions : Equipment is defined as the cost of a single item valued at \$5,000 or more and with a useful life of more than one year. Costs should include the item and any applicable expenses such as installation costs, maintenance fees, etc. Items costing less than \$5,000 should be entered into the supplies and materials line.

	Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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Budget Detail

Category : Program Expenses - Contractual
Type : Expenditure

Classification Seq. : 1
Sub Type : Direct
Narrative :

Instructions : Contractual refers to secondary recipient organizations only. Please enter the contact information.
Consultants and supporting service subcontracts should be budgeted under the other expense line.

	Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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Budget Detail

Category : Program Expenses - Supplies and Materials
Type : Expenditure

Classification Seq. : 1
Level : Line Item Category
Sub Type : Direct
Narrative :

Instructions : Items that cost less than \$5,000.

	Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/>	<input checked="" type="checkbox"/> Printing	100.00	100.00	0.00	0.00	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Postage	700.00	700.00	0.00	0.00	

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Budget Detail

Category : Program Expenses - Travel
Type : Expenditure

Classification Seq. : 1
Level : Line Item Category
Sub Type : Direct
Narrative :

Instructions :

	Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/>	<input checked="" type="checkbox"/> Mileage	3,000.00	3,000.00	0.00	0.00	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Conferences	340.00	340.00	0.00	0.00	

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Budget Detail

Category: Program Expenses - Communication Type: Expenditure

Classification Seq.: 1 Level: Line Item Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Other phones and IT lines	7,262.00	7,262.00	0.00	0.00	<input type="button" value="Notes"/>

Budget Detail

Category: Program Expenses - County-City Central Services Type: Expenditure

Classification Seq.: 1 Level: Line Item Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/>					<input type="button" value="Notes"/>
<input type="checkbox"/> <input checked="" type="checkbox"/>					<input type="button" value="Notes"/>

Budget Detail

Category: Program Expenses - Space Costs Type: Expenditure

Classification Seq.: 1 Level: Line Item Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Rent	6,923.00	6,923.00	0.00	0.00	<input type="button" value="Notes"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> Other Utilities	2,608.00	2,608.00	0.00	0.00	<input type="button" value="Notes"/>

Budget Detail

Category: Program Expenses - All Others (ADP, Con. Employees, Misc) Type: Expenditure

Classification Seq.: 1 Level: Line Item Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Supporting Services	2,279.00	2,279.00	0.00	0.00	<input type="button" value="Notes"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> Lab Fees	300.00	300.00	0.00	0.00	<input type="button" value="Notes"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> Other	300.00	300.00	0.00	0.00	<input type="button" value="Notes"/>

Budget Detail

Category: Indirect Costs - Indirect Costs Type: Expenditure

Classification Seq.: 3 Sub Type: Indirect Narrative:

Instructions:

Description	Percent.	Units	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Fiscal Year Rate	25.000	117621.0	29,405.00	29,405.00	0.00	0.00	<input type="button" value="Notes"/>
<input type="checkbox"/> <input checked="" type="checkbox"/>							<input type="button" value="Notes"/>

Budget Detail

Category: Indirect Costs - Other Costs Distributions Type: Expenditure

Classification Seq.: 3 Sub Type: Indirect Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Nursing Adm Distribution	1,685.00	1,685.00	0.00	0.00	<input type="button" value="Notes"/>
<input type="checkbox"/> <input checked="" type="checkbox"/>					<input type="button" value="Notes"/>

G. Medicaid Outreach Activities Reimbursement Procedures

Medicaid Outreach Activities that are funded by local dollars and meet federal requirements are eligible for reimbursement at a 50% federal administrative match rate. Local Health Departments must maintain proper documentation of the activities performed and those activities must conform with the activities outlined in MSA Bulletin 05-29. Medicaid Outreach Activities funding is a subrecipient relationship.

I. Budget Preparation

A. Medicaid Outreach Activities

Complete the MI E-Grants application and budget forms for the application **Medicaid Outreach Activities** that occur during the fiscal year: 10/1/18-09/30/19. Reimbursable activities included in the budget must conform to the requirements as specified in the MSA Bulletin 05-29. Complete the MI E-Grants application and budget forms for this program.

1. Expenditure Category Tab

Enter the expenditures budgeted for the fiscal year: 10/01/18-09/30/19. Expenses budgeted for each of the listed expenditure categories are allowable and must be specific to the Medicaid program as described in MSA Bulletin 05-29. Outreach activities must not be part of direct service. Expenditures must be reflected in the cost allocation plan.

2. Source of Funds Tab

Budget the amount expected from the federal government for allowable Medicaid Outreach Activities. **Federal Medicaid Outreach** represents the anticipated 50% federal administrative match of local contributions. Budget the local contribution. **Required Match - Local** represents the 50% matching local contribution for Medicaid Outreach activities. **These two amounts must match.**

3. Sources of Local Funds Types

Local Health Departments may utilize their county appropriation, any earned income, funds received from local or private foundations, local contributors or donators, and from other non-state/non-federal grant agreements that are specific to Medicaid outreach or are to be used at the discretion of the Health Department as a source for matching funds. Other state and/or federal grant awards for Medicaid Outreach must be recorded on the appropriate line as indicated in the Comprehensive Budget Instructions - Attachment I.

B. Nurse-Family Partnership Outreach (applicable only for Berrien, Calhoun, Ingham, Kalamazoo, Kent, Oakland, and Saginaw)

Complete the MI E-Grants application and budget forms for the application titled **Nurse-Family Partnership** Medicaid Outreach for the timeframe: 10/01/18-09/30/19. Complete the MI E-Grants application and budget forms for this program.

Expenditures related to Nurse-Family Partnership Medicaid Outreach should be reflected under one program element and adhere to Section VIII, Special Budget Instructions section found in the

Comprehensive Budget Instructions - Attachment I. The budget should reflect the entire fiscal year period: 10/1/18-09/30/19.

1. **Federal Medicaid Outreach**

Fifty percent (50%) of local funds after the percentage of Medicaid clients enrolled in the LHD Nurse-Family Partnership program has been applied. The formula for calculating the federal funding is as follows:

Federal funding = (Local funds x % of Medicaid Participation Rate) x 50% Federal Administrative Match rate)

2. **Required Match - Local**

Represents the 50% match of local contributions. Budget the local match contribution in Required Match – Local. Federal Medicaid Outreach and Required Match – Local must equal each other. **Additional local contribution related to service provision for non-Medicaid eligible participants which are not eligible for the 50% federal match should be reported in Local Funds – Other.**

3. **Sources of Local Fund Types**

Local Health Departments may utilize their county appropriation, funds received from local or private foundations, local contributors or donators, and from other non-state/non-federal grant agreements that are specific to Medicaid Outreach or are to be used at the discretion of the Health Department as a source for matching funds.

C. CSHCS Medicaid Outreach

Complete the MI E-Grants application and budget forms for the application titled **CSHCS Medicaid Outreach** for the timeframe: 10/01/18-09/30/19.

Expenditures related to CSHCS Medicaid Outreach should be reflected under one program element and adhere to Section IV, Special Instruction Section found in the Comprehensive Budget Instructions - Attachment I. The budget should reflect the entire fiscal year period: 10/1/18-09/30/19.

1. **Federal Medicaid Outreach**

Fifty percent (50%) of local funds after the percentage of Medicaid clients enrolled in the LHD CSHCS program has been applied. A table containing each health jurisdiction Medicaid Participation Rate is located in the MI E-Grants site. The formula for calculating the federal funding is as follows:

Federal funding = (Local funds x % of Medicaid Participation Rate) x 50% Federal Administrative Match rate)

2. **Required Match - Local**

Represents the 50% match of local contributions. Budget the local match contribution. Federal Medicaid Outreach and Required Match – Local must equal each other. **Additional local**

contribution that is not eligible for the 50% federal match should be reported on the Local Funds – Other line.

3. Sources of Local Fund Types

Local Health Departments may utilize their county appropriation, funds received from local or private foundations, local contributors or donators, and from other non-state/non-federal grant agreements that are specific to Medicaid Outreach or are to be used at the discretion of the health department as a source for matching funds to be used at the discretion of the health department as a source for matching funds.

4. Comprehensive CSHCS Outreach and Advocacy and Case Management/Care Coordination Funds

Should be reported in a separate program element.

D. Indirect Costs

There are three (3) options for indirect costs. They are:

1. an approved federal or state indirect rate;
2. a 10% de minimis rate; or
3. a cost allocation/distribution plan

For further detail, go to VI. Form Preparation, L. Indirect Cost, on page 5 of this document.

E. Cost Allocation Certification

The Cost Allocation Certification remains on file with the Department until there is a change in the Cost Allocation Plan. When the cost allocation plan on file with the program (MDHHS-Medicaid-Outreach), the local health department must: 1) submit a copy of the revised cost allocation plan with the budget request; and 2) complete a revised cost allocation methodology certification. Both documents are to be attached to a Detailed Budget line in EGrAMS.

II. Financial Status Report (FSR) – LHDs seeking 50% federal administrative match must request reimbursement by submitting their actual expenses for allowable Medicaid Outreach activities on their quarterly FSRs through MI E-Grants.

A. Quarterly and Final FSR

LHDs must reflect the actual Medicaid Outreach expenses incurred on the quarterly and final FSR. Actual expenses incurred must be specific to Medicaid Outreach as defined by the MSA Bulletin 05-29 and not part of a direct service. All expenses should be supported by an approved methodology and appropriate support documentation.

1. Federal Medicaid Outreach
Should be used to request the 50% federal administrative match for Medicaid Outreach.
2. Required Match - Local

Should be used to report the local match for Medicaid Outreach, both the federal and local amounts must match.

3. Source of Funds Category

Other source of funds that are non-reimbursable for Medicaid Outreach (i.e., other federal grants, other MDHHS grants, etc.) should be reported on the appropriate line has indicated in the Comprehensive Budget Instructions - Attachment I (e.g., Local non-ELPHS or Local Funds – Other).

Total Source of Funds must equal Total Expenditures.

B. Nurse-Family Partnership Medicaid Outreach – Quarterly and Final FSRs

For Quarters 1-3, LHDs must reflect the actual Medicaid Outreach expenses incurred in a separate program element titled Medicaid Outreach. Actual expenses incurred for each of the listed expenditure categories are allowable, but must be specific to Medicaid Outreach as defined by MSA Bulletin 05-29 and not part of a direct service. Expenses should be supported by a time study or other federally approved methodology.

1. Federal Medicaid Outreach

Should be used to request the 50% federal administrative match. Match is determined by multiplying local contribution for the program by the percentage of Medicaid enrollees. This product is then multiplied by 50% in order to determine the eligible federal administrative match.

2. Required Match - Local

Should be used to report the remaining portion of the local contribution for the Medicaid Outreach Match. Both lines should equal. **Additional local contribution related to service provision for non-Medicaid eligible participants which are not eligible for the 50% federal match should be reported in Local Funds - Other.**

3. Source of Funds Category

Other source of funds that are non-reimbursable for Medicaid Outreach (i.e., other federal grants, other MDHHS grants, etc.) should be reported on the appropriate line has indicated in the Comprehensive Budget Instructions - Attachment I (e.g., Local non-ELPHS or Local Funds – Other).

C. CSHCS Medicaid Outreach – Final FSR

CSHCS Medicaid Outreach billing should occur on the final FSR through the MI E-Grants system after Comprehensive Agreement CSHCS Outreach and Advocacy funds have been expended. **Local contributions eligible for the Medicaid Outreach match should be cost distributed to the CSHCS Medicaid Outreach program element from the CSHCS Outreach and Advocacy program element and reported as indicated below.**

1. Federal Medicaid Outreach

Should be used to request the 50% federal administrative match. Match is determined by multiplying local contribution for the program by the percentage of Medicaid enrollees. This product is then multiplied by 50% in order to determine the eligible federal administrative match.

2. Required Match - Local

Should be used to report the remaining portion of the local contribution for the Medicaid Outreach Match. **Additional local contribution that is not eligible for the 50% federal match should be reported in Local Funds - Other.**

3. Source of Funds Category

Other source of funds that are non-reimbursable for Medicaid Outreach (i.e., other federal grants, other MDHHS grants, etc.) should be reported on the appropriate line as indicated in the Comprehensive Budget Instructions - Attachment I.

4. Comprehensive CSHCS Outreach and Advocacy and Care Coordination

Should be billed as separate program element.

III. **Comprehensive Local Health Department Agreement Obligation Report – filed in September 20xx.**

The Obligation report is used to estimate the payable amount due to Local Health Departments from MDHHS for each program element.

- A. In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach Activities to be earned from Medicaid Outreach on the Federal Medicaid Outreach row.
- B. In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach activities to be earned from CSHSC – Medicaid Outreach. This should reflect the local contribution multiplied by the Medicaid enrollment participation rate x 50% federal match rate.
- C. In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach activities to be earned from Nurse Family Partnership Outreach. This should reflect the local contribution multiplied by the Medicaid enrollment participation rate x 50% federal match rate.

Note: CSHCS Outreach and Advocacy and CSHCS Care Coordination activities funded through the Comprehensive Agreement are recorded as separate program element.

Example 1

Medicaid Outreach Cost Allocation Plan

Orange County Health Department

**Cost Allocation Methodology
For Medicaid Outreach Activities**

Orange County Health Department allocated costs for Medicaid Outreach as follows:

Salaries & Fringes: Distributed based on the actual amount of time each employee spends in each program for which they work. Vacation/sick/holiday pay is allocated in the same manner.

Supplies and Materials: Directly expensed to the specific program(s) identified by the employee as needed. Costs that benefit all programs will be allocated based on percentage staff in each program.

Travel: All travel costs are charged directly to the program for which the travel was incurred.

Communications: Distributed based on the percentage of time staff worked in each program.

Space Costs: Distributed based on the square footage used by the FTE and the percentage of time they worked in each program. Common area square footage is allocated based on percentage staff in each program.

All Others: (Translation services, miscellaneous services, insurances, dues, etc...) Costs are charged directly to the program for which the service occurred.

Indirect costs: distributed across all programs based on the salaries and fringes of staff in each program.

Example 2

Orange County Health Department

Medicaid Outreach Cost Allocation Methodology Certification

This is to certify that I have reviewed the cost allocation plan and to the best of my knowledge and belief that:

1. All costs contained in this proposal to establish cost allocations or billings for Medicaid Outreach Activities are allowable in accordance with the requirements of Title 2 CFR Part 200, "Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards," and the federal and state awards to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.
2. All costs included in this proposal are properly allocable to the Medicaid Outreach Activities Administration award on a basis of a beneficial causal relationship between the expenses incurred and the Medicaid Outreach Administration award to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.
3. This certification will be resubmitted if a significant change occurs that impacts the Medicaid Outreach activities or upon a Department review that results in a finding of non-compliance. If neither of these conditions exists, the certification remains valid in subsequent fiscal years.

I declare that the foregoing is true and correct:

Health Department: _____

Signature: _____

Name of Official: _____

Title: _____

Date: _____

An authorized official of the organization must certify that the plan has been prepared in accordance with authorizing legislation and regulations, and state or other applicable requirements. Every cost allocation plan must include a certification.

**ORANGE COUNTY HEALTH DEPARTMENT
Budgeted Costs for Medicaid Outreach Activities**

1 Program Budget Summary

PROGRAM / PROJECT Comprehensive Agreement - 2016 / Medicaid Outreach			DATE PREPARED 08/17/2015		
CONTRACTOR NAME Orange County Health Department			BUDGET PERIOD From : 10/1/2015 To : 9/30/2016		
MAILING ADDRESS (Number and Street) 123 Acme Rd.			BUDGET AGREEMENT Original Amendment		AMENDMENT # 0
CITY Orangegrove	STATE MI	ZIP CODE 49555	FEDERAL ID NUMBER 38-5555555		
Category	Amount	Cash	Inkind	Total	
DIRECT EXPENSES					
Program Expenses					
1	Salary & Wages	153,556.00	0.00	0.00	153,556.00
2	Fringe Benefits	71,204.00	0.00	0.00	71,204.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00	0.00	0.00
4	Contractual	0.00	0.00	0.00	0.00
5	Supplies and Materials	2,500.00	0.00	0.00	2,500.00
6	Travel	500.00	0.00	0.00	500.00
7	Communication	5,000.00	0.00	0.00	5,000.00
8	County-City Central Services	0.00	0.00	0.00	0.00
9	Space Costs	8,000.00	0.00	0.00	8,000.00
10	All Others (ADP, Con. Employees, Misc.)	4,500.00	0.00	0.00	4,500.00
Total Program Expenses		245,260.00	0.00	0.00	245,260.00
TOTAL DIRECT EXPENSES		245,260.00	0.00	0.00	245,260.00
INDIRECT EXPENSES					
Indirect Costs					
1	Indirect Costs	37,220.00	0.00	0.00	27,610.00
2	Other Costs Distributions	35,000.00	0.00	0.00	35,000.00
Total Indirect Costs		72,220.00	0.00	0.00	72,220.00
TOTAL INDIRECT EXPENSES		72,220.00	0.00	0.00	72,220.00
TOTAL EXPENDITURES		317,480.00	0.00	0.00	317,480.00

2 Program Budget - Source of Funds

Source of Funds				
Category	Amount	Cash	Inkind	Total
Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
Federal or State (Non MDCH)	0.00	0.00	0.00	0.00
Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
Federally Provided Vaccines	0.00	0.00	0.00	0.00
Federal Medicaid Outreach	158,740.00	0.00	0.00	158,740.00
Required Match - Local	0.00	158,740.00	0.00	158,740.00
Local Non-ELPHS	0.00	0.00	0.00	0.00
Local Non-ELPHS	0.00	0.00	0.00	0.00
Local Non-ELPHS	0.00	0.00	0.00	0.00
Other Non-ELPHS	0.00	0.00	0.00	0.00
MDCH Non Comprehensive	0.00	0.00	0.00	0.00
MDCH Comprehensive	0.00	0.00	0.00	0.00
ELPHS - MDCH Hearing	0.00	0.00	0.00	0.00
ELPHS - MDCH Vision	0.00	0.00	0.00	0.00
ELPHS - MDCH Other	0.00	0.00	0.00	0.00
ELPHS - Food	0.00	0.00	0.00	0.00
ELPHS - Drinking Water	0.00	0.00	0.00	0.00
ELPHS - On-Site Sewage	0.00	0.00	0.00	0.00
MCH Funding	0.00	0.00	0.00	0.00
Local Funds - Other	0.00	0.00	0.00	0.00
Inkind Match	0.00	0.00	0.00	0.00
MDCH Fixed Unit Rate				
Totals	158,740.00	158,740.00	0.00	317,480.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	UOM	Amount	Cash	Inkind	Total
DIRECT EXPENSES								
Program Expenses								
1	Salary & Wages							
	Public Health Nurse	1.0370	54,545.00	FTE	56,563.17	0.00	0.00	56,563
	Social Worker	0.2800	51,876.00	FTE	14,525.28	0.00	0.00	14,525
	Technician	0.5850	40,650.00	FTE	23,780.25	0.00	0.00	23,780
	Health Educator	0.5550	50,955.00	FTE	28,280.03	0.00	0.00	28,280
	Clerical	0.4850	34,071.00	FTE	16,524.44	0.00	0.00	16,524
	Supervisor	0.2200	63,102.00	FTE	13,882.44	0.00	0.00	13,882
Total for Salary & Wages					153,555.60	0.00	0.00	153,556
2	Fringe Benefits							
	All Composite Rate Notes : FICA, FUTA, LIFE, HEALTH, DENTAL/VISION, PENSION, UNEMPLOYMENT, WORKMANS COMP.	0.0000	46,370		71,203.73	0.00	0.00	71,204
3	Cap. Exp. for Equip & Fac.							
4	Contractual							
5	Supplies and Materials							
	Printing				750.00	0.00	0.00	750.00
	Office Supplies				1,250.00	0.00	0.00	1,250.00
	Postage				500.00	0.00	0.00	500.00
6	Travel							
	Mileage				500.00	0.00	0.00	500.00
7	Communication							
	Telephone, Cell				5,000.00	0.00	0.00	5,000.00
8	County-City Central Services							
9	Space Costs							
	Space Costs				8,000.00	0.00	0.00	8,000.00
10	All Others (ADP, Con. Employees, Misc.)							
	Translation Services				4,000.00	0.00	0.00	4,000.00
	Miscellaneous				500.00	0.00	0.00	500.00

Total Program Expenses					245,260.00	0.00	0.00	245,260.00
TOTAL DIRECT EXPENSES					245,260.00	0.00	0.00	245,260.00
INDIRECT EXPENSES								
Indirect Costs								
1	Indirect Costs							
	Fiscal Year Rate	0.0000	16.560		37,220.15	0.00	0.00	37,220
2	Other Costs Distributions							
	Nursing Admin Distribution		0.00	0.00	35,000.00	0.00	0.00	35,000
Total Indirect Costs					72,220.15	0.00	0.00	72,220
TOTAL INDIRECT EXPENSES					72,220.15	0.00	0.00	72,220
TOTAL EXPENDITURES					317,480.15	0.00	0.00	\$317,480

H. Michigan Colorectal Cancer Screening Program – The Michigan Colorectal Cancer Early Detection program (MCRCEDP) budget is to be developed in the following ways:

1. This budget is intended to cover all staffing and coordination for the program. All allowable expenses will be reimbursed through the Comprehensive Agreement.
2. All direct service claims must be billed through the MDHHS Cancer Prevention and Control Section. The LHD and/or direct service providers with contracts or letters of agreement with the LHD will be responsible for billing.
3. The staffing, coordination and direct service total amount is \$255 per woman or man based on a target caseload established by MDHHS. Performance reimbursement will be based upon the understanding that a certain level of performance (measured by outputs) must be met. There is a 90% performance requirement for this program. The performance target output measure is the number of women and men that complete a screening test for colorectal cancer.
4. For specific program requirements, including current direct service reimbursement rates and other documentation refer to the most current MCRCEDP manual.

Allowable Uses of 317 and VFC FA Operations Funds

POB developed the following table to assist awardees in preparing budgets that are in compliance with federal grants policies and CDC award requirements. The table was developed using a combination of OMB Circular A-87, PHS Grants Policy Statement 9505, and POB-identified program priorities.

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with Pan VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Personnel							
Salary/wages	✓	✓	✓	✓	✓	✓	✓
Fringe							
Compensation/fringe benefits	✓	✓	✓	✓	✓	✓	✓
Travel							
State/local/Regional conference travel expenses	✓	✓	✓	✓	✓		✓
Local meetings/conferences (Ad hoc) (excluding meals)	✓	✓		✓	✓		✓
In-state travel costs	✓	✓		✓	✓		✓
Out of state travel costs (e.g. NIC, Hep B Coordinator's Meeting, Program Managers/PHA Meeting, ACIP meetings, AFIX and VFC trainings, Program Managers Orientation, and other CDC-sponsored immunization program meetings)*	✓	✓ (VFC-related)		✓ (VFC-related)	✓ (preparedness-related)		✓
*Please refer to Operations Funding Categories, pgs. 10 – 11 for additional information.							

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operations funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
VFC-only site visits	✓	✓		✓			✓
AFIX-only site visits	✓			✓			✓
Combined (AFIX & VFC site visits)	✓	✓		✓			✓
Perinatal hospital record reviews	✓						✓
Equipment*							
Fax machines for vaccine ordering	✓	✓	✓				✓
Vaccine storage equipment for VFC vaccine	✓	✓				✓ (for distribution facility)	✓
Copy machines	✓	✓	✓	✓	✓	✓	✓
<i>*Equipment: an article of tangible nonexpendable personal property having useful life of more than one year and an acquisition cost of \$5,000 or more per unit. If cost is below this threshold amount, item may be included in supplies.</i>							
Supplies							
Vaccine administration supplies (including, but not limited to, nasal pharyngeal swabs, syringes for emergency vaccination clinics)	✓						✓
Office supplies-computers, general office (pens, paper, paper clips, etc.), ink cartridges, calculators	✓	✓	✓	✓	✓	✓	✓
Personal computers / Laptops / Tablets	✓	✓	✓	✓	✓	✓	✓
Pink Books, Red Books, Yellow Books	✓						✓
Printers	✓	✓	✓	✓	✓	✓	✓

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flt funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Laboratory supplies (influenza cultures and PCRs, cultures and molecular, lab media serotyping)	✓						✓
Digital data logger with valid certificate of calibration/validation/testing report	✓	✓				✓	✓
Vaccine shipping supplies (storage containers, ice packs, bubble wrap, etc.)	✓					✓	✓
Contractual							
State/local conferences expenses (conference site, materials printing, hotel accommodations expenses, speaker fees) <i>Food cost is not allowable.</i>	✓	✓			✓		✓
Regional/Local meetings	✓	✓		✓	✓		✓
General contractual services (e.g., IAPs, local health departments, contractual staff, advisory committee media, provider trainings)	✓	✓	✓	✓	✓		✓ (FA only)
GSA Contractual services (CDC managed)	✓	✓					
Other IIS contractual agreements (support, enhancement, upgrades)	✓	✓ (VFC-related)			✓ (preparedness-related)		✓ (FA only)
Financial Assistance (FA)							
Non-CDC Contract vaccines							
317 vaccine funds must be requested in funding application (eGrATIS) under 317 FA vaccines							

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operations funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Indirect							
Indirect costs	✓	✓	✓	✓	✓	✓	✓
Miscellaneous							
Accounting services	✓	✓					✓
Advertising (restricted to recruitment of staff or trainees, procurement of goods and services, disposal of scrap or surplus materials)	✓	✓					✓
Audit Fees	✓	✓					✓
BRFSS Survey	✓						✓
Committee meetings (room rental, equipment rental, etc.)	✓	✓			✓		✓
Communication (electronic/computer transmittal, messenger, postage, local and long distance telephone)	✓	✓	✓	✓	✓		✓
Consumer information activities	✓	✓			✓		✓
Consumer / provider board participation (travel reimbursement)	✓						✓
Data processing	✓	✓	✓	✓	✓		✓
Laboratory services (tests conducted for immunization programs)	✓						✓
Local service delivery activities	✓						✓
Maintenance operation/repairs	✓						✓
Malpractice insurance for volunteers	✓						✓
Memberships/subscriptions	✓						✓
NIS Oversampling	✓						✓
Pagers/cell phones	✓	✓		✓	✓		✓
Printing of vaccine accountability forms	✓	✓					✓

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Professional service costs directly related to immunization activities (limited term staff), Attorney General Office services	✓						✓
Public relations	✓				✓		✓
Publication/printing costs (all other immunization related publication and printing expenses)	✓	✓		✓	✓		✓
Rent (requires explanation of why these costs are not included in the indirect cost rate agreement or cost allocation plan)	✓	✓				✓ (vaccine distribution facility)	✓
Shipping for materials (other than vaccine)	✓	✓					✓
Shipping (vaccine)						✓	✓
Software license/Renewals (ORACLE, etc.)	✓						✓ (FA only)
Stipend Reimbursements	✓						✓
Toll-free phone lines for vaccine ordering	✓	✓	✓				✓
Training costs – Statewide, staff, providers	✓	✓		✓	✓		✓
Translations (translating materials)	✓						✓
Vehicle lease (restricted to awardees with policies that prohibit local travel reimbursement)	✓						✓
VFC enrollment materials	✓	✓					✓
VFC provider feedback surveys	✓	✓					✓
VIS camera-ready copies	✓	✓					✓

Non-Allowable Expenses with Federal Immunization Funds

Expense	NOT allowable with federal immunization funds
Honoraria	✓
Advertising costs (<i>e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs</i>)	✓
Alcoholic beverages	✓
Building purchases, construction, capital improvements	✓
Land purchases	✓
Legislative/lobbying activities	✓
Bonding	✓
Depreciation on use charges	✓
Research	✓
Fundraising	✓
Interest on loans for the acquisition and/or modernization of an existing building	✓
Clinical care (<i>non-immunization services</i>)	✓
Entertainment	✓
Payment of bad debt	✓
Dry cleaning	✓
Vehicle Purchase	✓
Promotional and/or Incentive Materials (<i>e.g., plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, conference bags</i>)	✓
Purchase of food (<i>unless part of required travel per diem costs</i>)	✓

Other restrictions which must be taken into account while writing the budget:

- Funds may be spent only for activities and personnel costs that are directly related to the Immunization and Vaccines for Children Cooperative Agreement. Funding requests not directly related to immunization activities are outside the scope of this cooperative agreement program and will not be funded.
- Pre-award costs will not be reimbursed.

**MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
LOCAL HEALTH DEPARTMENT AGREEMENT
October 1, 2019 – September 30, 2020
Fiscal Year 2020**

PROGRAM SPECIFIC ASSURANCES AND REQUIREMENTS

Local health service program elements funded under this agreement will be administered by the Grantee and the Department in accordance with the Public Health Code (P.A. 368 of 1978, as amended), rules promulgated under the Code, minimum program requirements and all other applicable Federal, State and Local laws, rules and regulations. These requirements are fulfilled through the following approach:

- A. Development and issuance of minimum program requirements, further describing the objective criteria for meeting requirements of law, rule, regulation, or professionally accepted methods or practices for the purpose of ensuring the quality, availability and effectiveness of services and activities.
- B. Utilization of a Minimum Reporting Requirements Notebook listing specific reporting formats, source documentation, timeframes and utilization needs for required local data compilation and transmission on program elements funded under this agreement.
- C. Utilization of annual program and budget instructions describing special program performance and funding policies and requirements unique to each State fiscal year.
- D. Execution of an agreement setting forth the basic terms and conditions for administration and local service delivery of the program elements.
- E. Emphasis and reliance upon service definitions, minimum program requirements, local budgets and projected output measures reports, State/local agreements, and periodic department on-site program management evaluation and audits, while minimizing local program plan detail beyond that needed for input on the State budget process.

Many program specific assurances and other requirements are defined within the referenced documents including Minimum Program Requirements established for the following program elements as of October 1, 2006:

- | | |
|---------------------------------------|--|
| A. Breast and Cervical Cancer Control | I. Immunization (Essential Local Public Health Services & Categorical) |
| B. Clinical Laboratory | J. LHD/CSHCS |
| C. Family Planning | K. Michigan Care Improvement Registry |
| D. Food Service Sanitation | L. On-Site Wastewater Treatment |
| E. General Communicable Disease | M. Private and Type III Water Supply |
| F. Healthy Homes and Lead Poisoning | N. Vision |
| G. Hearing | O. WIC |
| H. HIV/STD Prevention & Treatment | |

For Fiscal Year 2020, special requirements are applicable for the remaining program elements listed in the attached pages.

Attachment IV Reimbursement Chart

Program Element:

The Program Element indicates currently funded Department programs that are included in the Comprehensive Local Health Department Agreement.

Reimbursement Methods

The Reimbursement Methods specifies the type of method used for each of the program element/funding sources. Funding under the Comprehensive Local Health Department Agreement can generally be grouped under four (4) different methods of reimbursement. These methods are defined as follows:

Performance Reimbursement

A reimbursement method by which local agencies are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of state funds prior to any utilization of local funds. Performance targets are negotiated starting from the last year's negotiated target and the most recent year's actual numbers except for programs in which caseload targets are directly tied to funding formulas/annual allocations. Other considerations in setting performance targets include changes in state allocations from past years, local fiscal and programmatic factors requiring adjustment of caseloads, etc. Once total performance targets are negotiated, a minimum state funded performance target percentage is applied (typically 90% unless otherwise specified). If local Grantee actual performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation for cost reimbursement will be reduced equivalent to actual performance in relation to the minimum performance.

Fixed Unit Rate Reimbursement

A reimbursement method by which local health departments are reimbursed a specific amount for each output actually delivered and reported.

ELPHS

A reimbursement method by which local health departments are reimbursed a share of reasonable and allowable costs incurred for required Essential Local Public Health Services (ELPHS), as noted in the current Appropriations Act.

Staffing Grant Reimbursement

A reimbursement method by which local health departments are reimbursed based upon the understanding that State dollars will be paid up to total costs in relation to the State's share of the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable and a source before any local funding requirements unless a special local match condition exists.

Performance Level If Applicable

The Performance Level column specifies the minimum state funded performance target percentage for all program elements/funding sources utilizing the performance reimbursement method (see above). If the program elements/funding source utilizes a reimbursement method other than performance or if a target is not specified, N/A (not available) appears in the space provided.

Performance Target Output Measures

Performance Target Output Measure column specifies the output indicator that is applicable for the program elements/ funding source utilizing the performance reimbursement method. Output measures are based upon counts of services delivered.

Relationship Designation

The Subrecipient, Contractor, or Recipient Designation column identifies the type of relationship that exists between the Department and grantee on a program-by-program basis. Federal awards expended as a subrecipient are subject to audit or other requirements of Title 2 Code of Federal Regulations (CFR). Payments made to or received as a Contractor are not considered Federal awards and are, therefore, not subject to such requirements.

A. Subrecipient

A subrecipient is a non-Federal entity that expends Federal awards received from a pass-through entity to carry out a Federal program, but does not include an individual that is a beneficiary of such a program; or is a recipient of other Federal awards directly from a Federal Awarding agency. Therefore, a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor. Subrecipient characteristics include:

- Determines who is eligible to receive what Federal assistance;
- Has its performance measured in relation to whether the objectives of a Federal program were met;
- Has responsibility for programmatic decision making;
- Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and
- In accordance with its agreements uses the Federal funds to carry out a program for a public purpose specified in authorizing status as opposed to providing goods or services for the benefit of the pass-through entity.

B. Contractor

A Contractor is for the purpose of obtaining goods and services for the non-Federal entity's own user and creates a procurement relationship with the Grantee. Contractor characteristics include:

- Provides the goods and services within normal business operations;
- Provides similar goods or services to many different purchasers;
- Normally operates in a competitive environment;
- Provides goods or services that are ancillary to the operation of the Federal program; and
- Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

In determining whether an agreement between a pass-through entity and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement. All of the characteristics

listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

C. Recipient

A Recipient is for grant agreement with no federal funding.

PROJECT	CONTRACT MANAGER	PHONE	EMAIL
Administration Projects	Orlando Todd / Laura de la Rambilje	(517) 335-9377 / 517-284-9002	toddo@michigan.gov / DelaRambiljeL@michigan.gov
Administration-ELPHS	Orlando Todd / Laura de la Rambilje	(517) 335-9377 / 517-284-9002	toddo@michigan.gov / DelaRambiljeL@michigan.gov
Adolescent STD Screening	Patricia Villegas	(517) 241-7341	villegasp@michigan.gov
Asthma Demonstration Project	Orlando Todd / Laura de la Rambilje	(517) 335-9377 / 517-284-9002	toddo@michigan.gov / DelaRambiljeL@michigan.gov
Body Art Fixed Fee (facility Licensing)	Joseph Coyle	(517) 284-4915	coylej@michigan.gov
Breast & Cervical Cancer Control (BCCCP) Coordination	E.J. Siegl	(517) 335-8814	siegle@michigan.gov
Building Healthy Places	Linda Scarpetta	(517) 335-8397	scarpettal@michigan.gov
Childhood Lead Poisoning Education and Outreach	Michelle Twichell	(517) 284-0053	twichellm@michigan.gov
Childhood Lead Poisoning Prevention	Michelle Twichell	(517) 284-0053	twichellm@michigan.gov
Children's Special Hlth Care Services (CSHCS) Care Coordination	Kelly Gram	(517) 335-8630	Gramk2@michigan.gov
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Kelly Gram	(517) 335-8630	Gramk2@michigan.gov
Children's Special Hlth Care Services (CSHCS) School Clinic Healthcare	Kelly Gram	(517) 335-8630	Gramk2@michigan.gov
Comprehensive Cancer Control Community Implementation Project	Angela McFall	(517) 335-9420	mcfalla@michigan.gov
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Michelle Twichell	(517) 284-0053	twichellm@michigan.gov
CSHCS Medicaid Outreach	Kelly Gram	(517) 335-8630	Gramk2@michigan.gov
Direct Services Children - MCH	Trudy Esch/Robin Orsborn	(517)241-3593 / (517) 335-8976	MDHHS-Maternal-Child-Health@michigan.gov
Direct Services Women - MCH	Trudy Esch/Robin Orsborn	(517)241-3593 / (517) 335-8976	MDHHS-Maternal-Child-Health@michigan.gov
Eat Safe Fish	Jennifer Gray / Hope McElhone	(517) 281-3483 / (517) 284-9610	grayji@michigan.gov / McElhoneH@michigan.gov
Emerging Threats - Hepatitis C	Joseph Coyle	(517) 284-4915	coylej@michigan.gov
Enabling Services Children - MCH	Trudy Esch/Robin Orsborn	(517)241-3593 / (517) 335-8976	MDHHS-Maternal-Child-Health@michigan.gov
Enabling Services Women - MCH	Trudy Esch/Robin Orsborn	(517)241-3593 / (517) 335-8976	MDHHS-Maternal-Child-Health@michigan.gov
Family Planning Services	Steve Utter	(517) 241-0114	utters@michigan.gov
Fetal Alcohol Spectrum Disorder	Aurea Booncharoen	(517) 335-9750	booncharoena@michigan.gov
Fetal Infant Mortality Review (FIMR) Case Abstraction	Audra brummel	(517) 335-9017	BrummelA@michigan.gov
FIMR Interviews	Audra brummel	(517) 335-9017	BrummelA@michigan.gov
Food ELPHS	Adam Christenson	(517) 284-5706	christensona@michigan.gov
General Communicable Disease ELPHS	Jim Collins / Tiffany Henderson	(517) 284-4911/ (517) 284-4949	CollinsJ12@michigan.gov / HendersonT1@michigan.gov
Gonococcal Isolate Surveillance Project	Kristine Tuinier	(313) 456-4426	judd-tuinierk@michigan.gov
Harm Reduction	Joseph Coyle	(517) 284-4915	coylej@michigan.gov
Health Education Communication Plan	Orlando Todd / Laura de la Rambilje	(517) 335-9377 / 517-284-9002	toddo@michigan.gov / DelaRambiljeL@michigan.gov
Hearing ELPHS	Jennifer Dakers	(517) 335-8353	DakersJ@michigan.gov
Hepatitis A Response	Orlando Todd / Laura de la Rambilje	(517) 335-9377 / 517-284-9002	toddo@michigan.gov / DelaRambiljeL@michigan.gov
HIV & STD Testing and Prevention	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV / STD Partner Services	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV Care Coordination	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV Data to Care	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov

HIV ELPHS	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV PrEP Data Collection	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV Prevention	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV Prevention Non Categorical	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV Ryan White Part B	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV Ryan White Part B MAI	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
HIV Surveillance Support	Mary Grace Brandt	(517) 284-4928	brandtm4@michigan.gov
HIV/AIDS Linkage to Care Project	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
Housing Opportunities for People Living with HIV/AIDS	Jessica Altenbernt	517-284-8016	AltenberntJ@michigan.gov
Immunization Action Plan (IAP)	Robert Swanson	(517) 335-8934	Swansonr@Michigan.gov
Immunization ELPHS	Robert Swanson	(517) 335-8934	Swansonr@Michigan.gov
Immunization Field Services Rep	Robert Swanson	(517) 335-8934	Swansonr@Michigan.gov
Immunization Fixed Fees	Robert Swanson	(517) 335-8934	Swansonr@Michigan.gov
Immunization Michigan Care Improvement Registry (MCIR) Regions	Robert Swanson	(517) 335-8934	Swansonr@Michigan.gov
Immunization Vaccine Quality Assurance	Robert Swanson	(517) 335-8934	Swansonr@Michigan.gov
Infant Safe Sleep	Colleen Nelson	(517) 335-1954	nelsonc7@michigan.gov
Informed Consent	Orlando Todd / Laura de la Rambelje	(517) 335-9377 / 517-284-9002	toddo@michigan.gov / DelaRambeljeL@michigan.gov
Kent County Exposure Assessment	Jennifer Gray / Hope McElhone	(517) 281-3483 / (517) 284-9610	grayj@michigan.gov / McElhoneH@michigan.gov
Laboratory Services Bio	Shannon Sharp	(517) 335-9653	sharps1@michigan.gov
Lactation Consultant	Margaret Cyrul	(517) 373-6486	cyrulm@michigan.gov
Local Health Department (LHD) Sharing Support	Orlando Todd / Laura de la Rambelje	(517) 335-9377 / 517-284-9002	toddo@michigan.gov / DelaRambeljeL@michigan.gov
Local MCH	Trudy Esch/Robin Orsborn	(517)241-3593 / (517) 335-8976	MDHHS-Maternal-Child-Health@michigan.gov
Maternal Infant Eryl Chd Home Visiting Initiative Rural Local Home Visiting Grp	Charisse Sanders	(517) 241-1676	sandersc2@michigan.gov
Maternal Infant Eryl Chd Home Visiting Initiative Rural Local Home Visiting Grp3	Charisse Sanders	(517) 241-1676	sandersc2@michigan.gov
Maternal Infant Eryl Childhood Home Visiting Initiative Local Home Visiting Grp	Charisse Sanders	(517) 241-1676	sandersc2@michigan.gov
MDEQ On-site Wastewater Treatment	Dana DeBruyn	(517) 930-6463	debruyn@michigan.gov
MDEQ Private and Type III Water Supply	Dana DeBruyn	(517) 930-6463	debruyn@michigan.gov
Medicaid Outreach	Robin Orsborn	(517) 335-8976	orsbornr@michigan.gov
MI Adolescent Pregnancy & Parenting Program	Hillary Brandon	(517) 335-5928	brandonh@michigan.gov
MI Home Visiting Initiative Rural Expansion Grant	Charisse Sanders	(517) 241-1676	sandersc2@michigan.gov
MI Home Visiting Initiative Rural Expansion Grant Region 3	Charisse Sanders	(517) 241-1676	sandersc2@michigan.gov
Michigan Colorectal Cancer Early Detection Program	Robin Roberts	(517) 335-1178	robertsr6@michigan.gov
MIECHVP Healthy Families America Expansion	Charisse Sanders	(517) 241-1676	sandersc2@michigan.gov
Nurse Family Partnership Services	Charisse Sanders	(517) 241-1676	sandersc2@michigan.gov
Public Health Emergency Preparedness (PHEP) CRI 10/1/18 - 6/30/19	Katie Dunkle / Allan Marshall	517-335-9972 / 517-335-9026	DunkleK@michigan.gov / MarshallA11@michigan.gov
Public Health Emergency Preparedness (PHEP) CRI 7/1/19 - 9/30/19	Katie Dunkle / Allan Marshall	517-335-9972 / 517-335-9026	DunkleK@michigan.gov / MarshallA11@michigan.gov
Public Hlth Functions & Infratruct - MCH	Trudy Esch/Robin Orsborn	(517)241-3593 / (517) 335-8976	MDHHS-Maternal-Child-Health@michigan.gov

Regional Perinatal Care System	Emily Goerge	(517) 241-4816	GoergeE@michigan.gov
SEAL! Michigan Dental Sealant	Jill Moore	(517) 373-4943	moorej14@michigan.gov
Sexually Transmitted Disease (STD) Control	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
Sexually Transmitted Disease (STD-ELPHS)	Thomas Dunn	(517) 373-3725	dunnt2@michigan.gov
Tuberculosis (TB) Control	Peter Davidson	(517) 284-4922	davidsonp@michigan.gov
Vapor Intrusion Relocation	Orlando Todd / Laura de la Rabelje	(517) 335-9377 / 517-284-9002	toddo@michigan.gov / DelaRabeljeL@michigan.gov
Vector-Borne Surveillance & Prevention	Erik Foster/Kimberly Signs	(517)284-4961/(517)284-4951	fostere@michigan.gov/signsk@michigan.gov
Vision ELPHS	Rachel Schumann	(517) 335-6596	schumannr@michigan.gov
West Nile Virus Community Surveillance	Erik Foster/Kimberly Signs	(517)284-4961/(517)284-4951	fostere@michigan.gov/signsk@michigan.gov
WIC Breastfeeding	Brittany LaRue	(517) 335-8625	LaRueB@michigan.gov
WIC Migrant	Brittany LaRue	(517) 335-8625	LaRueB@michigan.gov
WIC Resident Services	Brittany LaRue	(517) 335-8625	LaRueB@michigan.gov
Wisewoman	Robin Roberts	(517) 335-1178	robertsr6@michigan.gov

PROJECT TITLE: Adolescent Sexually Transmitted Disease (STD) Screening

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

Adolescents and young adults account for approximately half of reported cases of gonorrhea and chlamydia. The Oakland County Adolescent STD Project provides targeted screening activities in venues with access to this vulnerable populations to ensure early diagnosis and treatment.

Reporting Requirements (if different than agreement language):

N/A

Any additional requirements (if applicable):

Grant Program Operation

Project Summary: Individuals 15-24 years of age will be screened for chlamydia and gonorrhea at the following Oakland County sites:

1. Oakland County Main Jail
2. Oakland County Work Release
3. Oakland County Community Sites where Priority Population Gathers

Utilizing the identified project sites:

- Test at least 100 adolescents and young adults per month, using NAAT tests for gonorrhea and chlamydia.
- Collect race, gender, age, test result, and treatment date for all tests.
- Refer clients for further health evaluation if indicated.
- Provide client centered risk reduction plan, promoting abstinence.
- Treat all positives on site if possible.
- Contact positive clients that are released prior to treatment with treatment options in community.
- Promote self-notification of partners.
- Analyze and forward screening and treatment data to the Department quarterly: April 15, July 15, October 15, and January 15.

- Develop one annual slide set highlighting year end data by demographic variable including trend data.
- Continue to promote awareness of prevalence of STDs within adolescent and young adult populations.
- Participate in quarterly Michigan Infertility Prevention Project meetings; providing quarterly screening project data.

PROJECT: Body Art Fixed Fee

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

This agreement is intended to establish a payment schedule to the Grantee, following notification of a completed inspection and recommendation for issuance of license. The intent is to help offset costs related to the licensing of a body art facility, when fees are collected from the respective Grantee's jurisdiction in accordance with Section 13101-13111 of the Public Health Code, Public Act 149 of 2007, which was updated on December 22, 2010 and is now Public Act 375.

Reporting Requirements (if different than contract language)

The Department will reimburse the Grantee on a quarterly basis according to the following criteria:

Initial annual license for a Body Art Facility prior to July 1 (50% of state fee)	\$	264.07
Initial annual license for a Body Art Facility on or after July 1 (50% of state fee)	\$	132.04
Issue a temporary license for a Body Art Facility (% of state fee)	\$	117.53
License renewal prior to December 1 (52.32% of state fee)	\$	261.20
License renewal after December 1 (50% of state fee + 50% of penalty)	\$	396.11
Duplicate License	\$	26.40

Payment will be made for those body art facilities that have applied and paid in full to the Department, following notification of a completed inspection and recommendation for issuance of license.

Any additional requirements (if applicable)

The Grantee is authorized to enforce PA 375 and conduct an inspection of all body art facilities under its jurisdiction, investigate complaints, and enforce licensing regulations and requirements. The Grantee must complete a Body Art Facility Inspection Report [DCH-1468 (07-09)], as provided by the Department, or other report form approved by the Department that meets, at minimum, all standards of the state inspection report. Only body art facilities that have applied for licensure should be inspected. All body art facilities must be inspected annually. Licenses will only be released from the Department following notification of a completed inspection and upon recommendation by the Grantee.

Completed inspection reports should be signed by the facility owner and recommendation for licensure should be forwarded to the Department within two to four weeks following the inspection. Reports should be entered via the online interface or can be sent to:

HIV/STD and Body Art Section
Division of Communicable Diseases
333 S. Grand Ave, 3rd Floor
Lansing, Michigan 48933

PROJECT: Breast and Cervical Cancer Control Navigation Program

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

The BCCCNP (Breast and Cervical Cancer Control Navigation Program) provides individualized assistance to low-income women, \leq 250% FPL, in overcoming barriers that may impede their access to receiving breast and cervical cancer services. Program services are targeted to women in hard to reach populations, such as minorities, particularly African American, Hispanic, and Native American women, and women aged 50-64, as well as women who have insurance but do not know how to access the healthcare system to receive breast or cervical cancer services.

The BCCCNP provides specific services to uninsured, underinsured, and insured women both within and outside the program.

Breast and/or cervical screening and diagnostic services are reimbursed for uninsured and underinsured low-income women enrolled through the program that meet the following criteria:

- Age 21-64; self-referred, referred from a BCCCNP provider or a non-BCCCNP provider and requires cervical cancer screening and/or diagnostic services for an identified cervical screening abnormality.
- Age 40-64; self-referred, referred from a BCCCNP provider or a non-BCCCNP provider and requires breast cancer screening and/or diagnostic services for an identified abnormality.
- Age 21-39; referred from either a BCCCNP or non-BCCCNP provider with an abnormal clinical breast exam requiring diagnostic follow-up to rule out or confirm a breast cancer diagnosis.

The BCCCNP provides navigation services to low-income insured women, not enrolled in the program, to assist them in accessing the healthcare system so they can receive breast and/or cervical cancer screening, diagnostic, and/or treatment services through their insurance provider.

Reporting Requirements (if different than contract language)

A statewide database called MBCIS is maintained by MDHHS and the Cancer Prevention and Control Section (CPCS). Instructions for contractor use of MBCIS are provided in manuals for programs that contribute data to this database. The CPCS will exchange

relevant program reports with appropriate contractors through a secure file transfer system, as noted in the same program manuals.

Any additional requirements (if applicable)

For specific BCCCNP requirements, refer to the most current BCCCNP Policies and Procedures Manual (link provided)

<http://www.michigancancer.org/bcccp/>

PROJECT TITLE: Building Healthy Places

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

Building Healthy places is implementing policies and programs to improve healthy food access and increase physical activity where people live, work, learn and play. The project will launch a comprehensive media campaign to increase awareness of the 5-2-1-0 message. This will be reinforced in places where children and families spend a significant amount of their time. These settings include food access sites, greenspaces, healthcare, schools and worksites.

Building Healthy Places offers evidence-based programming such as Come Out and Play, Diabetes Prevention Program, Enhance Fitness and Walk Michigan. It utilizes validated assessment tools including Designing Health Environments at Work, Healthy Food Service Guidelines and the Healthy Schools Assessment Tool.

Reporting Requirements (if different than agreement language):

Submit progress and final reports according to MDHHS guidance. If the report due date falls on a weekend or holiday, you have until the next business day to submit.

Any additional requirements (if applicable):

N/A

PROJECT: Comprehensive Cancer Control Community Implementation

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

The purpose of this project is to increase local implementation activities for Cancer Prevention and Control. Projects must include at least one and preferable two evidence-based strategies from the Cancer Plan for Michigan and/or the Community Guide.

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

- Any print or media materials produced by the grant must be reviewed by the Department prior to products being finalized and distributed.
- Any print or media material produced by the grant must include CDC credit language:

“This publication (journal, article, etc.) was supported by the Cooperative Agreement NU58DP006334 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.”

- Institutional Review Board approval must be considered for focus groups, surveys and other similar activities. This should be factored into the project timeline and the Department should be involved and kept apprised.

PROJECT TITLE: CSHCS OUTREACH AND ADVOCACY

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

Local Health Departments (LHDs) throughout the state serve children with special health care needs in the community. The LHD acts as an agent of the CSHCS program at the community level. It is through the LHD that CSHCS succeeds in achieving its charge to be community-based. The LHD serves as a vital link between the CSHCS program, the family, the local community and the Medicaid Health Plan (as applicable) to assure that children with special health care needs receive the services they require covering every county in Michigan.

LHD is required to provide the following specific outreach and advocacy services:

- Program representation and advocacy
- Application and renewal assistance
- Link families to support services (e.g. The Family Center, CSHCS Family Phone Line, the CSHCS Family Support Network (FSN), transportation assistance, etc.)
- Implement any additional MPR requirements
- Care coordination
- Budget and Agreement Requirement and Grantee

Reporting Requirements (if different than agreement language):

Annual Narrative Progress Report

A brief annual narrative report is due by November 15 following the end of the fiscal year. The reporting period is October 1 – September 30. The annual report will be submitted to the Department and shall include:

- Summary of successes and challenges
- Technical assistance needs the Grantee is requesting the Department to address
- Brief description of how any local MCH funds allocated to CSHCS were used (e.g. CSHCS salaries, outreach materials, mailing costs, etc.), if applicable
- The duplicated number of clients referred for diagnostic evaluations
- The unduplicated number of CSHCS eligible clients assisted with CSHCS enrollment
- The unduplicated number of CSHCS clients assisted in the CSHCS renewal

process.

Quarterly Care Coordination and Case Management Logs

Submit the Care Coordination and Case Management Logs electronically via the Children's Healthcare Automated Support Services (CHASS) Billing Module to the Contract Manager. The quarterly logs will be submitted no later than thirty (30) days after the close of the quarter.

Unless otherwise stated, all reports and information shall be submitted electronically via the secure electronic method of communication for sharing of Protected Health Information (PHI) designated by

CSHCS:

[Kelly Gram](#)
[Contracts and Clinic Development Analyst](#)
[Policy and Program Development Section](#)
[Children's Special Health Care Services](#)

The Contract Manager shall evaluate the reports submitted as described in A above, for their completeness and adequacy. The Contract Manager will conduct case management and care coordination log audits on a quarterly basis.

Definitions

Duplicated Number of Clients Referred for Diagnostic Evaluation is defined as:

Number of individuals the Grantee referred for and/or assisted in obtaining a diagnostic evaluation during the fiscal year. Those eligible for this service must have symptoms and medical history indicating the information. Individuals currently enrolled in a commercial Health Maintenance Organization (HMO), Medicaid Health Plan (MHP) or with other commercial insurance coverage must seek an evaluation by an appropriate physician sub-specialist through their respective health insurer. Individuals assisted in obtaining a diagnostic evaluation through their health insurer should be counted.

A diagnostic may be issued for insured persons to cover the cost of the evaluation that is by policy not covered by the health insurance (e.g. co-pay, deductible). Currently enrolled clients who are referred to a sub-specialist 'in lieu of diagnostic' should be included in this count.

Unduplicated Number of CSHCS Eligible Clients Assisted with CSHCS Enrollment is defined as:

Number of CSHCS eligible clients the Grantee assisted in the CSHCS enrollment process during the fiscal year. This assistance includes but is not limited to helping the family obtain necessary medical reports to determine clinical eligibility, completing the CSHCS Application for Services, completing the CSHCS financial assessment forms, etc. "Assisted" refers to help provided either over the telephone or in person with the client.

Unduplicated Number of CSHCS Clients Assisted in the CSHCS Renewal Process
is defined as:

Number of CSHCS enrollees the Grantee assisted in the completion and/or submission of the documents required for the Department to make a determination whether to continue/renew CSHCS coverage during the fiscal year. "Assisted" refers to help provided either over the telephone or in person with the client or in collaboration with the client's Medicaid Health Plan.

Any additional requirements (if applicable):

Relationship between Grantees and Medicaid Health Plans:

The Grantee must establish and maintain care coordination agreements with all Medicaid Health Plans for CSHCS enrollees in the Grantees service area. Grantees and the Medicaid Health Plans may share enrollee information to facilitate coordination of care without specific, signed authorization from the enrollee. The enrollee has given consent to share information for purposes of payment, treatment and operations as part of the Medicaid Beneficiary Application.

Care coordination agreements between Grantees and the Medicaid Health Plans will be available for review upon request from the Department.

The agreement must address **all** the following topics:

- Data sharing
- Communication on development of Care Coordination Plan
- Reporting requirements
- Quality assurance coordination
- Grievance and appeal resolution
- Dispute resolution
- Transition planning for youth

PROJECT: Eat Safe Fish

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

The Grantee will collaborate with the Department and the EPA Region V Saginaw Community Information Office to deliver a uniform message for the Saginaw River and connected waters regarding the fish and wild game consumption advisories within the tri-county area (Midland, Saginaw, and Bay).

Bay County Health Department (BCHD) will develop a plan to distribute that message using existing health department programs, the medical community, special events, and community service providers to communicate with the at-risk population.

Bay County Health Department (BCHD) will get approval from the Department program manager and for any changes to the Saginaw and Bay County Cooperative Agreement Scope of Work including budget and budget narratives

Reporting Requirements (if different than contract language)

Track and report output measures.

Write and Submit quarterly reports and an annual report to the Department.

- Submit draft quarterly reports within 15 days after the end of each quarter.
- Annual reports upon request.

Any additional requirements (if applicable)

The Grantee will provide appropriate staff to fulfill the following objectives and outputs as detailed:

- Comply with the Saginaw and Bay County Cooperative Agreement budget and budget narratives as describe in the scopes of work provided to the BCHD program manager as applicable from October 1 to September 30.
- Provide 30 hours of health education and community outreach per week.

- Conduct health education and community outreach in Saginaw, Midland, and Bay Counties. Activities will include, but not be limited to, internal BCHD distribution, health care provider outreach, and key event participation.
- Track hours to comply with cost recovery requirements.
- Development, Printing, and Distribution of Outreach Materials and implementation of Display Booth.
- Identify, track, and record of materials distributed at additional locations within Midland, Bay, and Saginaw Counties.
- Make payment for the replacement of signage on the Tittabawassee and Saginaw Rivers.
- Conduct Capacity Building in Saginaw, Midland and Bay Counties
- Actively seek out new community partners in Saginaw, Midland and Bay Counties.
- Participate in monthly SBCA teleconference.
- Provide Presentation of display booth at select community events in coordination with EPA Region V Saginaw Community Information Office.
- Conduct Outreach through existing BCHD Programs such as WIC, Immunizations, programs for young mothers, or other programs reaching the target population.
- Assist the EPA Region V Saginaw Community Information Office with community outreach.
- Outreach to Health Care Providers.

PROJECT TITLE: Hearing ELPHS / Vision ELPHS

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The Hearing and Vision Programs screen over 1 million preschool and school-age children each year. Screening services are conducted in schools, Head Start, and preschool centers by local health department (LHD) vision technicians. Children who fail their vision screening are referred to a licensed eye doctor for an exam and treatment. Follow-up is conducted by the LHD to confirm that the child gets the care that they need. Children who do not pass their hearing screening are referred to their primary care physician or Ear, Nose, and Throat physician for diagnosis, treatment, and recommendations.

Reporting Requirements (if different than agreement language):

- Upon initiation of the FY19 contract, grantees must submit a School Based Hearing and Vision Screening Work Plan to MDHHS-Hearing-and-Vision@michigan.gov. The work plan must include:

Outcome Objectives-a goal of program improvement (%) for screening services and follow-up

- The 6 pre-populated Activities as well as a minimum of 2 additional Activities, with corresponding comments describing how the activity was/is/will be accomplished by the school-based Hearing Screening Program.
- The 6 pre-populated Activities as well as a minimum of 2 additional Activities, with corresponding comments describing how the activity was/is/will be accomplished by the school-based Vision Screening Program.
- Work plans must be approved by the MDHHS Hearing & Vision Coordinator for their respective program.
- All activities, as specified in the initial approved work plan, shall be implemented and a final report submitted by the grantee to MDHHS. The reports are due 30 days after the year end, and include the following timeframes:

Initial Work Plan is due August 1, 2018.

Final year-end report, covering the reporting period of April 1-September 30, is due October 30th.

- MDHHS will provide specific instructions and a template for reporting on the work plan objectives and activities.
- Changes to the work plan throughout the year can occur with prior approval from the MDHHS Hearing and Vision State Coordinators.
- MDHHS staff shall evaluate the reports for their completeness and accuracy.

Any additional requirements (if applicable):

Grantees must adhere to established Minimum Program Requirements for School-Based Hearing & Vision Services as outlined in the Michigan Local Public Health Accreditation Program 2019 MPR Indicator Guide.

PROJECT: Essential Local Public Health Services (ELPHS)
- Food Service Sanitation

Beginning Date: 10/1/2019

End Date: 09/30/2020

Project Synopsis

State funding for ELPHS shall support and the Grantee shall provide for all the following required services in accordance with P.A. 368, of 1978 and P.A. 92 of 2000, as amended, Part 24 and Act No. 336, of 1998 Section 909:

Infectious/Communicable Disease Control	Sexually Transmitted Disease	Immunization
On-Site Wastewater Treatment Management	Drinking Water Supply	Food Service Sanitation
Hearing	Vision	

- State funding for ELPHS can support administrative cost for the eight required services including allowable indirect cost, or a Grantee's cost allocation plan.
- ELPHS funding can also be used to fund other core health functions including: Community Health Assessment & Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating & Maintaining a Competent Work Force and Local Public Health Accreditation. These services may be budgeted separately as part of the Administrative Budget element.
- Net allowable expenditures are the authorized actual/allowable expenditures (total costs less specified exclusions). Available funding is also limited by state appropriations.
- First and second party fees earned in each required service program may be used only in that required service program.

- State ELPHS funding is subject to local maintenance of effort compliance. Distribution of state ELPHS funds shall only be made to agencies with total local general fund public health services spending in FY 18/19 of at least the amount expended in FY 92/93. To be eligible for any of the State funding increases from FY 94/95 through FY 19/20, the FY 92/93 Local Maintenance of Effort Level must be met.

Reporting Requirements (if different than contract language)

- Local maintenance of effort reports are due:
 - Projected Current Fiscal Year – October 30
 - Prior Fiscal Year Actual – March 31
- A final statewide cost settlement will be performed to assure that all available ELPHS funds are fully distributed and applied for required services.
- All final amendment ELPHS funding shift request memos need to be submitted no later than May 1st. Please send the memo to Jeanette Hensler (HenslerJ1@michigan.gov) and copy Carissa Reece (ReeceC@michigan.gov)

Food Service Establishment Licensing

- Provide updates to MDARD on the 1st and 15th of each month, as necessary to:
 - Provide a list of food service establishments approved for licensure/license issued.
 - Provide a list of food service establishment licenses that have not been approved for licensure and are considered voided or deleted.
 - Return the actual licenses to MDARD that are to be voided or deleted.
 - Return renewal license applications and licenses that require correction. Mark the corrections on the renewal application.

Temporary Food Establishment Licensing

- Provide updates to MDARD on the 1st and 15th of each month, as necessary, to provide:
 - A copy of each temporary food establishment license issued.
 - A list of lost or voided licenses by license number.

Any additional requirements (if applicable)

- Assure the availability and accessibility of services for the following basic health services: Prenatal Care; Immunizations; Communicable Disease Control; Sexually Transmitted Disease (STD) Control; Tuberculosis Control; Health/Medical Annex of Emergency Preparedness Plan.
- Fully comply with the Minimum Program Requirements for each of the required services.
- Grantee will be held to accreditation standards and follow the accreditation process and schedule established by the Department for the required services to achieve full accreditation status. Grantees designated as “not accredited” may have their Department allocations reduced for Departmental costs incurred in the assurance of service delivery. The accreditation process is based upon the Minimum Program Standards and scheduled on a three-year cycle. The Minimum Program Standards include the majority of the required Department reviews. Some additional reviews, as mandated by the funding agency, may not be included in the Program Standards and may need to be scheduled at other times.

Food Service Establishment Licensing

- Accept responsibility for all licenses specified in the “Record of Licenses Received.”
- Issue licenses in accordance with the Michigan Food Law 2000, as amended.

Temporary Food Establishment Licensing

Upon receipt, sign and return the “Record of Licenses Received” to MDARD. Issue licenses in accordance with the Michigan Food Law 2000, as amended. Make every effort to issue temporary food establishment licenses in numerical order.

Michigan Department of Agriculture and Rural Development (MDARD) Agrees to:

Food Service Establishment Licensing

- Furnish pre-printed food service establishment license applications and pre-printed licenses to the Grantee for each licensing year (May 1 through April 30) using previous year active license data.
- Provide a count of all licenses sent to the Grantee titled “Record of Licenses Received.”
- Reprint any licenses requiring correction and send corrected copies to the Grantee.
- Bill the local health department for state fees upon notification by Grantee that the license has been approved and issued.

Temporary Food Service Establishment Licensing

- Furnish blank temporary food service license application forms (forms FI-231, FI-231A) and blank Combined License/Inspection forms (FI-229) upon request from the local health department.
 - Furnish a “Record of Licenses Received” with each order of Combined Licenses/Inspection forms.
 - Periodically reconcile temporary food service establishment licenses sent to the Grantee with the licenses that have been issued (copy returned to MDARD).
 - Bill the local health department for state fees upon notification by the Grantee that the license has been approved and issued.

PROJECT: Essential Local Public Health Services (ELPHS)

- General Communicable disease
- ELPHS other funding

Beginning Date: 10/1/2019

End Date: 09/30/2020

Project Synopsis

State funding for ELPHS shall support and the Grantee shall provide for all of the following required services in accordance with P.A. 368, of 1978 and P.A. 92 of 2000, as amended, Part 24 and Act No. 336, of 1998 Section 909:

Infectious/Communicable Disease Control	Sexually Transmitted Disease	Immunization
On-Site Wastewater Treatment Management	Drinking Water Supply	Food Service Sanitation
Hearing	Vision	

- State funding for ELPHS can support administrative cost for the eight required services including allowable indirect cost, or a Grantee's cost allocation plan.
- ELPHS funding can also be used to fund other core health functions including: Community Health Assessment & Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating & Maintaining a Competent Work Force and Local Public Health Accreditation. These services may be budgeted separately as part of the Administrative Budget element.
- Net allowable expenditures are the authorized actual/allowable expenditures (total costs less specified exclusions). Available funding is also limited by state appropriations.
- First and second party fees earned in each required service program may be used only in that required service program.

- State ELPHS funding is subject to local maintenance of effort compliance. Distribution of state ELPHS funds shall only be made to agencies with total local general fund public health services spending in FY 18/19 of at least the amount expended in FY 92/93. To be eligible for any of the State funding increases from FY 94/95 through FY 19/20, the FY 92/93 Local Maintenance of Effort Level must be met.

Reporting Requirements (if different than contract language)

- Local maintenance of effort reports are due:
 - Projected Current Fiscal Year – October 30
 - Prior Fiscal Year Actual – March 31
- A final statewide cost settlement will be performed to assure that all available ELPHS funds are fully distributed and applied for required services.
- All final amendment ELPHS funding shift request memos need to be submitted no later than May 1st. Please send the memo to Jeanette Hensler (HenslerJ1@michigan.gov) and copy Carissa Reece (ReeceC@michigan.gov)

Any additional requirements (if applicable)

- Assure the availability and accessibility of services for the following basic health services: Prenatal Care; Immunizations; Communicable Disease Control; Sexually Transmitted Disease (STD) Control; Tuberculosis Control; Health/Medical Annex of Emergency Preparedness Plan.
- Fully comply with the Minimum Program Requirements for each of the required services.
- Grantee will be held to accreditation standards and follow the accreditation process and schedule established by the Department for the required services to achieve full accreditation status. Grantees designated as “not accredited” may have their Department allocations reduced for Departmental costs incurred in the assurance of service delivery. The accreditation process is based upon the

Minimum Program Standards and scheduled on a three-year cycle. The Minimum Program Standards include the majority of the required Department reviews. Some additional reviews, as mandated by the funding agency, may not be included in the Program Standards and may need to be scheduled at other times.

**PROJECT: Essential Local Public Health Services (ELPHS)
– HIV & STD Testing and Prevention**

Beginning Date: 10/1/2019

End Date: 09/30/2020

Project Synopsis

State funding for ELPHS shall support and the Grantee shall provide for all of the following required services in accordance with P.A. 368, of 1978 and P.A. 92 of 2000, as amended, Part 24 and Act No. 336, of 1998 Section 909:

Infectious/Communicable Disease Control	Sexually Transmitted Disease	Immunization
On-Site Wastewater Treatment Management	Drinking Water Supply	Food Service Sanitation
Hearing	Vision	

- State funding for ELPHS can support administrative cost for the eight required services including allowable indirect cost, or a Grantee’s cost allocation plan.
- ELPHS funding can also be used to fund other core health functions including:Community Health Assessment & Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating & Maintaining a Competent Work Force and Local Public Health Accreditation. These services may be budgeted separately as part of the Administrative Budget element.
- Net allowable expenditures are the authorized actual/allowable expenditures (total costs less specified exclusions). Available funding is also limited by state appropriations.
- First and second party fees earned in each required service program may be used only in that required service program.

- State ELPHS funding is subject to local maintenance of effort compliance. Distribution of state ELPHS funds shall only be made to agencies with total local general fund public health services spending in FY 18/19 of at least the amount expended in FY 92/93. To be eligible for any of the State funding increases from FY 94/95 through FY 19/20, the FY 92/93 Local Maintenance of Effort Level must be met.

Reporting Requirements (if different than contract language)

- Local maintenance of effort reports are due:
 - Projected Current Fiscal Year – October 30
 - Prior Fiscal Year Actual – March 31
- A final statewide cost settlement will be performed to assure that all available ELPHS funds are fully distributed and applied for required services.
- All final amendment ELPHS funding shift request memos need to be submitted no later than May 1st. Please send the memo to Jeanette Hensler (HenslerJ1@michigan.gov) and copy Carissa Reece (ReeceC@michigan.gov)

Reporting Program Objectives

- By April 30, complete a 3-year strategic planning process with community partners, to develop program focus areas and activities.
- By April 30, review and update health threat to others (HTTO) policy and procedures, in conjunction with the Department's STD Program/DIS staff.
- By September 30, provide at least six (6) community outreach forums to focus populations.
- By September 30, develop and update the STD/HIV Prevention web page to include a section for consumers, and a section for health care providers.
- By September 30, distribute \$5,000 worth of condoms, lube, dental dams, and display equipment/materials.
- By September 30, develop and begin distribution of PrEP advertising/marketing.

Any additional requirements (if applicable)

- Assure the availability and accessibility of services for the following basic health services: Prenatal Care; Immunizations; Communicable Disease Control; Sexually Transmitted Disease (STD) Control; Tuberculosis Control; Health/Medical Annex of Emergency Preparedness Plan.
- Fully comply with the Minimum Program Requirements for each of the required services.
- Grantee will be held to accreditation standards and follow the accreditation process and schedule established by the Department for the required services to achieve full accreditation status. Grantees designated as “not accredited” may have their Department allocations reduced for Departmental costs incurred in the assurance of service delivery. The accreditation process is based upon the Minimum Program Standards and scheduled on a three-year cycle. The Minimum Program Standards include the majority of the required Department reviews. Some additional reviews, as mandated by the funding agency, may not be included in the Program Standards and may need to be scheduled at other times.
- The Grantee will adhere to applicable federal and state laws, as well as policies and program standards issued by the Department. See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.” The Department may update and/or add guidance within the contract year. The Department will supply any new additions to the organization/agency. Grantees should adhere to:
 - All federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.
 - All Michigan Public Health Accreditation Standards.
 - Procedures for the confidentiality and security of client information.
 - All federal and state issued guidance(s) and policy(ies) for services provided.

- The Grantee will ensure that records are available for review by the Department auditors, staff and federal government agencies, if applicable, to monitor performance. Maintain and provide access to primary source documentation.
- Implement program standards and practices to ensure the delivery of culturally, linguistically, and developmentally appropriate services. Standards and practices must address sexual minorities.
- Participate in technical assistance/capacity development, quality assurance, and program evaluation activities as directed by Division of HIV and STD Programs/Sexually Transmitted Disease Program (DHSP/STD).
- The Grantee may enter into subcontracts or vendor agreements to fulfill the service delivery expectations of this agreement.
 - The Grantee will assure that all subcontracts issued under this funding agreement are subject to the same requirements as outlined in this agreement and subject to prior approval by the Department.
 - The Grantee will monitor subcontractors annually to assess compliance with the subcontract; take primary responsibility to monitor follow-up and remediate in cases where the subcontracted entity is not in compliance with the contract; report the results of all contract monitoring activities to the Department.
 - The Grantee will provide, upon request, a copy of all fully signed subcontracts, memorandums of understanding (MOUs) or letters of agreement related to the services in this agreement.
 - If the subcontractor conducts HIV testing using rapid HIV testing, the Grantee will assure compliance with guidelines and standards issued by the Department and:
 - Conduct quality assurance activities guided by written protocol and procedures. Protocols and procedures, as updated and revised Quality assurance activities are to be responsive to: The Department's Quality Assurance for Rapid HIV Testing.
 - Ensure provision of current Clinical Laboratory Improvement Amendments (CLIA) certificate.

- Report discordant test results to the Division of HIV and STD Programs.
- Submit quality control, daily client logs, and test inventory on a monthly basis to Department staff. This information may be emailed to ctrsupplies@michigan.gov, faxed to 517-241-5922, or mailed via US Postal Service to: HIV Prevention Unit, 109 W. Michigan Ave., 10th Floor, Lansing, MI 48913, ATTN: CTR Coordinator.
- Ensure that staff performing counseling and/or testing with rapid test technologies has completed, successfully, rapid test counselor certification course or Information Based Training (as applicable), test device training, and annual proficiency testing.
- Ensure that all staff and site supervisors have completed, successfully, appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.
- Develop, implement, and monitor protocol and procedures to ensure that patients receive confirmatory test results.
- The Grantee and its subcontractors are required to use Evaluation Web (EvalWeb) to enter HIV client and service data into the centrally managed database on a secure server.

The Grantee will receive a condom and lubrication allowance. The Grantee must:

- Distribute condoms and lubrication
 - Place orders for condoms/lubrication
 - Order condoms/lubrication by emailing ctrsupplies@michigan.gov
 - Report its condom distribution monthly using EvalWeb.
- The Grantee will have each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - Have policies and procedures to ensure time and effort reporting.

- Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
- Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for funds must match the percentage claimed on the FSR submitted for the same period.
- Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
- The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:
 - Any formal grievance initiated by a service recipient and subsequent resolution of that grievance.
 - Any event occurring, or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
- Provide immediate notification to the Department, in writing, of any staff vacancies funded for this project and/or that exceed 30 days.

This information should be emailed to MDHHS-HIVSTDoperations@michigan.gov.

- The Grantee will submit all educational materials (e.g., brochures, posters, pamphlets, and videos) used in conjunction with program activities to the Department for review and approval prior to their use, regardless of the source of funding used to purchase these materials. Materials may be emailed to MDHHS-HIVSTDoperations@michigan.gov.
- The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan. Please refer to Michigan's Record Retention policies

(http://www.michigan.gov/documents/hal_mhc_rms_local_gs7_106287_7.pdf) for further details.

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- The Grantee will participate in monitoring site visits including review of fiscal and programmatic compliance with Department policies and contract requirements.
- The Grantee will participate in the Department needs assessment and planning activities, as requested.
- The Grantee will participate in regular Grantee meetings which may be: face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the Department.
- The Grantee must use the Department's standardized Technical Assistance (TA) Request Form when requesting TA. See Department website (<http://www.michigan.gov/hivstd>) to download the form.

Sub-Recipient Objectives

By October 1, have sub-recipient contracts complete and active for fulfillment.

Henry Ford Health Systems STD Testing

- By September 30, provide STD education and testing for students at three (3) or more high schools located in Detroit.
- Report positive cases in Michigan disease surveillance system (MDSS) to include known information about the individual, specifically: demographics, site of specimen (urine), treatment, any known case management information, and co-infection when applicable.
- Provide treatment for positives within one week of test for all students available for follow-up, and documentation of efforts for any that are lost to follow-up in MDSS.
- Provide monthly reports to the Detroit Health Department within ten (10) days into the following month, documenting:

- The number of tests performed,
- The number of positive cases treated,
- The number of education activities completed, and
- Narrative of successes/challenges or other relevant issues pertinent to the purpose of this funding.

Wayne State University School of Medicine Routine ER HIV Testing

- By December 31, finalize policies and procedures (including linkage for positives) for routine HIV testing in St. John Hospital and Medical Center's emergency room.
- Link 100% of newly and previously diagnosed persons with HIV to care within 30 days.
- Refer persons with HIV negative results, who are at increased risk for exposure to HIV, to STD screening/treatment, PrEP and other prevention services.
- By July 30, 2019, WSUSOM/St. John will have analyzed outcomes to determine successes/challenges and the feasibility/value of continuing the program over time.
- By September 1, 2019, based on item "c." above, WSUSOM/St. John will submit a sustainability plan to phase out of support from the Detroit Health Department based on known funding availability for FY2020 and estimated amounts for FY2021.
- Provide monthly reports to the Detroit Health Department within ten (10) days into the following month, documenting:
 - The number of tests performed,
 - The number of positives linked to care,
 - The number referred to prevention services,
 - Narrative of successes/challenges or other relevant issues pertinent to the purpose of this funding.

UNIFIED HIV Testing in DHealth Pop-Ups and Community

- Link 100% of newly and previously diagnosed persons with HIV to care within 30 days.

- Refer persons with HIV negative results, who are at increased risk for exposure to HIV, to STD screening/treatment, PrEP and other prevention services.

The Grantee and sub-recipients will enter condom distribution data in EvalWeb by the 10th day after the end of each calendar month.

PROJECT: Essential Local Public Health Services (ELPHS)
- Private and Type III Drinking Water Supply

Beginning Date: 10/1/2019

End Date: 09/30/2020

Project Synopsis

State funding for ELPHS shall support and the Grantee shall provide for all of the following required services in accordance with P.A. 368, of 1978 and P.A. 92 of 2000, as amended, Part 24 and Act No. 336, of 1998 Section 909:

Infectious/Communicable Disease Control	Sexually Transmitted Disease	Immunization
On-Site Wastewater Treatment Management	Drinking Water Supply	Food Service Sanitation
Hearing	Vision	

- State funding for ELPHS can support administrative cost for the eight required services including allowable indirect cost, or a Grantee’s cost allocation plan.
- ELPHS funding can also be used to fund other core health functions including: Community Health Assessment & Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating & Maintaining a Competent Work Force and Local Public Health Accreditation. These services may be budgeted separately as part of the Administrative Budget element.
- Net allowable expenditures are the authorized actual/allowable expenditures (total costs less specified exclusions). Available funding is also limited by state appropriations.
- First and second party fees earned in each required service program may be used only in that required service program.

- State ELPHS funding is subject to local maintenance of effort compliance. Distribution of state ELPHS funds shall only be made to agencies with total local general fund public health services spending in FY 18/19 of at least the amount expended in FY 92/93. To be eligible for any of the State funding increases from FY 94/95 through FY 19/20, the FY 92/93 Local Maintenance of Effort Level must be met.

Reporting Requirements (if different than contract language)

- Local maintenance of effort reports are due:
- Projected Current Fiscal Year – October 30
- Prior Fiscal Year Actual – March 31

- A final statewide cost settlement will be performed to assure that all available ELPHS funds are fully distributed and applied for required services.

- All final amendment ELPHS funding shift request memos need to be submitted no later than May 1st. Please send the memo to Jeanette Hensler (HenslerJ1@michigan.gov) and copy Carissa Reece (ReeceC@michigan.gov)

Any additional requirements (if applicable)

- Assure the availability and accessibility of services for the following basic health services: Prenatal Care; Immunizations; Communicable Disease Control; Sexually Transmitted Disease (STD) Control; Tuberculosis Control; Health/Medical Annex of Emergency Preparedness Plan.

- Fully comply with the Minimum Program Requirements for each of the required services.

- Grantee will be held to accreditation standards and follow the accreditation process and schedule established by the Department for the required services to achieve full accreditation status. Grantees designated as “not accredited” may have their Department allocations reduced for Departmental costs incurred in the assurance of service delivery. The accreditation process is based upon the Minimum Program Standards and scheduled on a three-year cycle. The

Minimum Program Standards include the majority of the required Department reviews. Some additional reviews, as mandated by the funding agency, may not be included in the Program Standards and may need to be scheduled at other times.

- The Grantee shall perform the following services including but not limited to:
 - Perform water well permitting activities, pre-drilling site reviews, random construction inspections, and water supply system inspections for code compliance purposes with qualified individuals classified as sanitarians or equivalent.
 - Assign one individual to be responsible for quarterly reporting of the data and to coordinate communication with the assigned State staff. Reports shall be submitted no later than fifteen (15) days following the end of the quarter on forms provided by the State. The report form EQP 2057(8/2014) is available on the MDEQ website. All quarterly reports are submitted directly to the MDEQ address noted on the form.
 - Perform Minimum Program Requirements (MPRs) activities and associated performance indicators. These are available on the MDEQ website. Guidance regarding the MPRs and indicators is available in the “Local Health Department Guidance Manual for the Private and Type III Drinking Water Supply Program.” The guidance manual is available online at www.michigan.gov/waterwellconstruction

PROJECT: Essential Local Public Health Services (ELPHS)
Private On-Site Wastewater Treatment

Beginning Date: 10/1/2019

End Date: 09/30/2020

Project Synopsis

State funding for ELPHS shall support and the Grantee shall provide for all of the following required services in accordance with P.A. 368, of 1978 and P.A. 92 of 2000, as amended, Part 24 and Act No. 336, of 1998 Section 909:

Infectious/Communicable Disease Control	Sexually Transmitted Disease	Immunization
On-Site Wastewater Treatment Management	Drinking Water Supply	Food Service Sanitation
Hearing	Vision	

- State funding for ELPHS can support administrative cost for the eight required services including allowable indirect cost, or a Grantee’s cost allocation plan.
- ELPHS funding can also be used to fund other core health functions including: Community Health Assessment & Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating & Maintaining a Competent Work Force and Local Public Health Accreditation. These services may be budgeted separately as part of the Administrative Budget element.
- Net allowable expenditures are the authorized actual/allowable expenditures (total costs less specified exclusions). Available funding is also limited by state appropriations.
- First and second party fees earned in each required service program may be used only in that required service program.

- State ELPHS funding is subject to local maintenance of effort compliance. Distribution of state ELPHS funds shall only be made to agencies with total local general fund public health services spending in FY 18/19 of at least the amount expended in FY 92/93. To be eligible for any of the State funding increases from FY 94/95 through FY 19/20, the FY 92/93 Local Maintenance of Effort Level must be met.

Reporting Requirements (if different than contract language)

- Local maintenance of effort reports are due:
- Projected Current Fiscal Year – October 30
- Prior Fiscal Year Actual – March 31

- A final statewide cost settlement will be performed to assure that all available ELPHS funds are fully distributed and applied for required services.

- All final amendment ELPHS funding shift request memos need to be submitted no later than May 1st. Please send the memo to Jeanette Hensler (HenslerJ1@michigan.gov) and copy Carissa Reece (ReeceC@michigan.gov)

Any additional requirements (if applicable)

- Assure the availability and accessibility of services for the following basic health services: Prenatal Care; Immunizations; Communicable Disease Control; Sexually Transmitted Disease (STD) Control; Tuberculosis Control; Health/Medical Annex of Emergency Preparedness Plan.

- Fully comply with the Minimum Program Requirements for each of the required services.

- Grantee will be held to accreditation standards and follow the accreditation process and schedule established by the Department for the required services to achieve full accreditation status. Grantees designated as “not accredited” may have their Department allocations reduced for Departmental costs incurred in the assurance of service delivery. The accreditation process is based upon the Minimum Program Standards and scheduled on a three-year cycle. The

Minimum Program Standards include the majority of the required Department reviews. Some additional reviews, as mandated by the funding agency, may not be included in the Program Standards and may need to be scheduled at other times.

The Grantee shall perform the following services for private single- and two-family homes and other establishments that generate less than 10,000 gallons per day of sanitary sewage:

- Maintain an up-to-date regulation for on-site wastewater treatment systems (Systems). The regulation shall be supplemented by established internal policies and procedures. Technical guidance for staff that defines site suitability requirements, the basis for permit approval and/or denial, and issues not specifically addressed by the regulation shall be provided.
- Evaluate all parcels to determine the suitability of the site for the installation of initial and replacement Systems in accordance with applicable regulation(s). These evaluations shall be conducted by a trained sanitarian or equivalent and shall consist of a review of the permit application for the installation of a System and a physical evaluation of the site to determine suitability.
- Accurately record on the permit to install the initial or replacement System or on an attachment to the permit the site conditions for each parcel evaluated including soil profile data, seasonal high-water table, topography, isolation distances, and the available area and location for initial and replacement Systems. The requirement for identifying a replacement System applies to issuance of new construction permits only.
- Issue a permit, prior to construction, in accord with applicable regulation(s) for those sites that meet the criteria for the installation of a System. The permit shall include a detailed plan and/or specification that accurately define the location of the initial or replacement System, System size, other pertinent construction details, and any documented variances.
- Provide and keep on file formal written denials, stating the reason for denial, for those applications where site conditions are found to be unsuitable.
- Conduct a construction inspection prior to covering each System to confirm that the completed System complies with the requirements of the permit that has

been issued. Maintain, on file, an accurate individual record of each inspection conducted during construction of each system. In limited circumstances where constraints prohibit staff from completing the required construction inspection in a timely manner, an effective alternate method to confirm the adequacy of the completed System shall be established. The effective alternative method shall be utilized for no more than 10 percent of the total number of final inspections unless specific authorization has been granted by the State for other percentage. The results of all such inspections or an alternate method shall be clearly documented.

- Maintain an organized filing system with retrievable information that includes documentation regarding all site evaluations, permits issued or denied, final inspection documentation, and the results of any appeals.
- Conduct review and approval or rejection of proposed subdivisions, condominiums and also land divisions under one acre in size for site suitability according to the statutes and Administrative Rules of the Michigan Department of Environmental Quality (MDEQ).
- Utilize the State's "Michigan Criteria for Subsurface Sewage Disposal" (Criteria) for Systems other than private single- and two-family homes that generate less than 10,000 gallons per day. Systems treating less than 1,000 gallons per day may be approved in accordance with the Grantee's regulation. Advise the State prior to issuance of a variance from the Criteria. Variances are only to be issued by the Director of Environmental Health of the Grantee after consultation with the State. Appeals of any decision of the Grantee pursuant to the Criteria including systems treating less than 1,000 gallons evaluated in accordance with the Grantee's regulation shall only be made to the State.
- Maintain quarterly reports that summarize the total number of parcels evaluated, permits issued, alternative or engineered plans reviewed, and number of appeals, number of inspections during construction, number of failed systems evaluated, and number of sewage complaints received and investigated. The report form EQP 2057a is available on the MDEQ website. All quarterly reports are to be submitted directly to MDEQ to the address noted on the form within 15 days following the end of each quarter to the address noted on the form.

- Review all engineered or alternative System plans. Conduct adequate inspections during the various phases of construction to ensure proper installation.
- Collect data at the time of permit issuance when a System has failed to document the System age, design, site conditions, and other pertinent factors that may have contributed to the failure of the original System. Evaluations shall record information indicated on the MDEQ Residential and Non- Residential Failed System Data Collection forms. The results for all failed Systems evaluated shall be maintained in a retrievable file or database and summarized in an annual calendar year data report. Annual summaries of failed system data shall be provided to the MDEQ for input into the state-wide failed system database. MDEQ Failed System Data Submission Forms (Non-Residential and Residential) shall be provided to the State no later than February 1st of the year following the calendar year for which the data has been collected.
- Provide training for staff involved in the Program as necessary to maintain knowledge of current regulations and internal policies and procedures and to keep staff informed of technological improvements and advancements in Systems.
- Establish and maintain an enforcement process that is utilized to resolve violations of the Local Entity and/or State's rules and regulations.
- Maintain complaint forms and a filing system containing results of complaint investigations and documentation of final resolution. Investigate and respond to all complaints related to Systems in a timely manner.

PROJECT: Emerging Threats – Hepatitis C

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

Grantees are intended to increase their Hepatitis C Virus (HCV) case investigation and linkage to care and follow-up. Grantees may also consider expanding HCV testing and/or specimen collection at their public health clinics.

Reporting Requirements (if different than contract language)

- Grantee will have case follow-up data monitored by State staff through the Michigan Disease Surveillance System.
- Grantees may keep a log of client interactions which can be shared with MDHHS to document progress. Please email the report to MDHHS-Hepatitis@michigan.gov.
- Grantees will participate on semi-routine conference calls to discuss best practices and identify barriers.

Any additional requirements (if applicable)

- Grantees should document best practices or protocols for HCV case investigation and follow-up
- Grantees should document pathways to link patients to medical care
- Grantees may collaborate with the State Viral Hepatitis Unit for assistance
- Grantees can submit HCV specimens to the MDHHS Bureau of Laboratories at no cost to them or the client

PROJECT TITLE: Family Planning Program

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The Michigan Family Planning Program assists individuals and couples in planning and spacing births, preventing unintended pregnancy, and seeking preventive health screenings. On-site clinical services are delivered through a statewide network of 31 local agencies and 92 clinical sites. The program's strong educational and counseling component helps reduce health risks and promote healthy behaviors. Family Planning prioritizes serving low-income men and women, teens, and uninsured or underinsured individuals. The Michigan Family Planning Program serves as a safety net with providers who have been a reliable and trusted source of care, and in many cases the only regular source of health care for individuals. Referrals to other health, mental health, and social services are provided to clients, as needed. Services are charged based on ability to pay. No one is denied services because of inability to pay. Insurance is accepted, including Medicaid.

Reporting Requirements (if different than agreement language):

Each grantee shall submit the required reporting on the following dates:

Report	Time Period	Due Date to Department	Submit To
Work Plan	October 1 – September 30	September 18	Mandy Luft lufta1@michigan.gov
Needs Assessment & Health Care Plan	October 1 – September 30	September 18	Mandy Luft lufta1@michigan.gov
FPAR Mid-Year Report	January 1 – June 30	July 17	Mandy Luft lufta1@michigan.gov
FPAR Year-End Report	January 1 – December 31	January 13	Mandy Luft lufta1@michigan.gov
Medicaid Cost-Based Reimbursement Tracking Form	October 1 – September 30	December 15	EGrAMS with Final Financial Status Report

Each grantee shall indicate the following project outputs:

Target Measure	Total Performance Expectation	State Funded Minimum Performance Expected	
Unduplicated Number of Clinic Users		Percent	Number
		95%	

Any additional requirements (if applicable):

1. Each grantee must serve a minimum of 95% of proposed Title X users to access its total amount of allocated funds. Semi-annual FPAR data will be used to determine total Title X users served.
2. Each grantee will be required to adhere to Federal Statute and Regulations for Title X Family Planning Programs, including legislative mandates, executive orders, and grant administration regulations.
3. Each grantee will be required to adhere to the current Michigan Title X Family Planning Program Standards and Guidelines Manual.
4. Each grantee will provide MDHHS a minimum of 30 days advance notice of any clinic site changes, including additions, deletions, or changes to street address for all Title X services sites. Service site changes can be sent to each grantee's agency consultant.
5. Each grantee will be required to participate in program planning and evaluation, including the completion of a Family Planning Annual Plan, consisting of a needs assessment, health care plan, and work plan as detailed in the current Standards and Guidelines Manual.
6. Each grantee will provide family planning clients with a broad range of FDA-approved family planning methods, including fertility awareness-based methods and services, including basic infertility and services for minors.
7. Each grantee will provide family planning services on a voluntary basis, without coercion to accept services or any particular method of family planning, and without making acceptance of services a prerequisite to eligibility for any other service or assistance in another program.
8. Each grantee will provide confidential family planning and related preventive health services to adolescents and will not require written consent of parents or guardians for the provision of services to minors.
9. Each grantee will encourage family participation in the decision of minors to seek family planning services and must provide counseling to minors on how to resist efforts to coerce the minor into engaging in sexual activities.
10. Each grantee will comply with state laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest. No provider of services under Title X is exempt from any laws requiring mandatory reporting.
11. Each grantee will provide family planning services in a manner which protects the dignity of the individual.

12. Each grantee will provide family planning services without regard to religion, race, color, national origin, creed, handicap, sex, number of pregnancies, marital status, age, sexual orientation, and contraceptive preference.
13. Each grantee will not provide abortion as a method of family planning and will have written policy that no Title X funds are used to provide abortion as a method of family planning. Pregnant women will be offered the opportunity to be provided neutral, factual information and nondirective counseling regarding the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination.
14. Each grantee will ensure that low-income clients $\leq 100\%$ of poverty are given priority to receive family planning services.
15. Each grantee will have a sliding fee schedule, based on current Federal Poverty Guidelines, to determine a client's ability to pay for family planning services.
16. Each grantee will have a schedule of fees designed to recover the reasonable cost of providing services to clients whose income exceeds 250% of poverty.
17. Each grantee where there is legal obligation or authorization for third-party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required.
18. Each grantee will convene a Family Planning Advisory Council that will serve as their governing board, which will be broadly comprised of the population served and will meet at least once a year.
19. Each grantee will convene an Information and Education Committee comprised of five to nine members who are broadly representative of the population served or community that meets at least once a year to review and approve all informational and educational materials prior to distribution.
20. Each grantee will provide for informational and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by person to whom family planning services may be beneficial.
21. Each grantee will provide, to the extent feasible, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

22. Each grantee will provide for orientation and in-service training for all project personnel.
23. Each grantee will provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.
24. Each grantee will provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning.
25. Each grantee will provide that all services purchased for project participants will be authorized by the project director or his/her designee on the project staff.
26. Each grantee will have written clinical protocols that are in accordance with nationally recognized standards of care, signed and approved by the medical director overseeing family planning.
27. Each grantee will have a quality assurance system in place for ongoing evaluation of family planning services, including a tracking system for clients in need of follow-up or continued care, medical audits conducted quarterly, chart audits/record monitoring to determine the accuracy of medical records conducted quarterly, and a process to implement corrective actions for deficiencies.
28. Each grantee will have a current list of social services agencies and medical referral resources that is reviewed and updated annually.
29. Each grantee will provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
30. Each grantee will offer education on HIV and AIDS, risk reduction information, and either on-site testing, or provide a referral for this service.
31. Each grantee will offer client-centered counseling services on-site or by referral and ensure the information is medically accurate, balanced, provided in a non-judgmental manner, and is non-coercive.
32. Each grantee will have a separate budget for Title X funds and maintain a financial management system that meets the standards specified in 45 CFR Part 74 or Part 92, as applicable.
33. Each grantee assures that Title X funds will be expended solely for the purpose of delivering Title X Family Planning Services in accordance with an approved plan & budget, regulations, terms & conditions, and applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.

34. Each grantee assures that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by each grantee. Each grantee must be prepared to substantiate that these rates are reasonable and necessary.
35. Each grantee will comply with the Office of Population Affairs (OPA) Family Planning Annual Reports (FPAR) requirements, as well as MDHHS required FPAR Tables, for the purposes of monitoring and reporting performance.
36. Each grantee will have a data collection system in place to assure accurate FPAR reporting, and will be responsible for updating their system, as needed, to be in compliance with OPA and MDHHS FPAR reporting standards.
37. Each grantee will comply with the MDHHS Medicaid Cost-Based Reimbursement (MCBR) reporting requirements and attach the MCBR Tracking Form to their final financial status report. The MCBR Tracking Form must be completed in its entirety and include Family Planning MCBR and Other Medicaid MCBR financial information for all programs.
38. The funds appropriated in the current State Public Health Appropriations Act for pregnancy prevention programs shall not be used to provide abortion counseling, referrals or services, unless contradicts Title X Federal Law (Title X of the Public Health Service Act).
39. Pursuant to Public Act (PA) 360 (2002) Section 333.1091, grantees qualify as priority family planning providers who do not engage in any activities outlined in PA 360 (2002) Section 333.1091.
40. Grantee funding cannot be used to supplant funding for an existing program supported with another source of funds.

PROJECT TITLE: Fetal Alcohol Spectrum Disorder (FASD) Special

Start Date: 10/1/2019

End Date: 3/31/2020

Project Synopsis:

For the project period of October 1 to March 31, the Grantees will collaborate with the Department to assist local communities with evidence-based activities identified in the FASD Interagency Strategic Plan, to implement alcohol screening and prevent prenatal alcohol exposure among women of reproductive age and to refer affected children, birth to 18 years of age, and their families to an FASD Diagnostic Center for evaluation and intervention for the purpose of improving care and services for women, infants and families.

Reporting Requirements (if different than agreement language):

The Grantee will collect data using the Uniform Data Collection Tool (UDCT) project evaluation/data tracking forms to monitor the FASD community program effectiveness. The Uniform Data Collection Tool (UDCT) is available in MI E-Grants.

The Grantee shall submit the following information electronically to the Department FASD Program via the MI E-Grants system attached to FSR.

1. Grantee must provide documentation that FASD services are tracked for all individuals referred through the FASD community project program and shall submit a UDCT Data Tracking Form to be sent at the end of each quarter.

PROJECT TITLE: Fetal Infant Mortality Review (FIMR) Case Abstraction

Start Date: 10/01/2019

End Date: 09/30/2020

Project Synopsis:

Qualified individuals will perform medical record case abstraction for Fetal Infant Mortality Review to include the following:

- Review of medical records involved in fetal and infant death to include, but not limited to hospital records, prenatal records, emergency and medical examiner's records.
- Interact with other agencies and service providers involved in infant's death (Child Protective Services, local health department, law enforcement).
- Develop de-identified case summaries from the above abstracted information, as well as the FIMR interview, using Michigan FIMR Network tools and guidelines.
- Attend the review team meetings to facilitate the presentation of the cases.
- Enter cases into the National Fatality Review Case Reporting System (FIMR database) at the National Center for Fatality Review and Prevention.

Reporting Requirements (if different than agreement language):

Quarterly progress reports following the template supplied by the State coordinator. Quarterly reports are due the 15th of the month following the end of the quarter and are submitted to Audra Brummel, State coordinator, via email at brummela@michigan.gov.

	Reporting Time Period	Due Date
1st Quarter	October 1 – December 31	January 15
2nd Quarter	January 1 – March 31	April 15
3rd Quarter	April 1 – June 30	July 15
4th Quarter	July 1 – September 30	October 15

Any additional requirements (if applicable):

- Each completed case abstraction will be compensated at \$270.00 per case.
- FIMR team recommendations and information will be used to inform the State of Michigan infant mortality reduction efforts.

Maximum Program Reimbursement:

Grantee	Maximum Reimbursement Amount
Berrien County Health Department	\$ 4,050
Calhoun County Public Health Department	\$ 3,240
Detroit Health Department	\$ 2,700
Genesee County Health Department	\$ 3, 240
Ingham County Health Department	\$ 3, 240
Kalamazoo County Health and Community Services Department	\$ 6,480
Macomb County Health Department	\$ 4,050
Mid-Michigan Health District	TBD
Public Health Muskegon County	\$ 5,400
Oakland County Department of Health and Human Services/Health Division	\$ 6,480
Saginaw County Health Department	\$ 4,860

PROJECT TITLE: Fetal Infant Mortality Review (FIMR) Interviews

Start Date: 10/01/2019

End Date: 09/30/2020

Project Synopsis:

Conduct Fetal Infant Mortality Review (FIMR) interviews with the intent of informing the FIMR case abstraction process and informing the infant mortality reduction efforts both locally and statewide.

Reporting Requirements (if different than agreement language):

Mid-year progress report and final report using the FIMR interviews template provided by the State coordinator, which will address what was learned about preventability at the individual, clinical care, health system, community, and policy level are due April 15 and a final report due October 15 by submission to Audra Brummel, State coordinator, via email at brummela@michigan.gov.

Any additional requirements (if applicable):

- Each completed FIMR interview will be compensated at \$125.00 per interview. A maximum of 6 visits are reimbursable per fetal/infant death up to the contract allocation.
- FIMR team recommendations and information will be used to inform the State of Michigan infant mortality reduction efforts.

Maximum Program Reimbursement:

Grantee	Maximum Reimbursement Amount
Berrien County Health Department	\$ 1,875
Calhoun County Public Health Department	\$ 1,500
Detroit Health Department	\$ 6,750
Ingham County Health Department	\$ 2,500
Kalamazoo County Health and Community Services Department	\$ 2,250
Kent County Health Department	\$ 1,250
Macomb County Health Department	\$ 1,500
Mid-Michigan Health District	TBD
Public Health Muskegon County	\$ 625
Oakland County Department of Health and Human Services/Health Division	\$ 2,000

PROJECT: Gonococcal Isolate Surveillance Project

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

- To monitor trends in antimicrobial susceptibilities in *N. gonorrhoeae*.
- To characterize patients with gonorrhea (GC), particularly those infected with *N. gonorrhoeae* that are not susceptible to recommended antimicrobials.
- To phenotypically characterize antimicrobial-resistant isolates to describe the diversity of antimicrobial resistance in *N. gonorrhoeae*.
- To monitor trends in sexually transmitted *N. Meningitidis*

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

- For each male STD clinic patient suspected of having GC (symptoms, known partner etc.), collect a urogenital sample using a Modified Thayer Martin (MTM) plate.
- For male and female STD clinic patient suspected of having oral GC (symptoms, known partner etc.), collect a pharyngeal sample using a Modified Thayer Martin (MTM) plate.
- For each male STD clinic patient who reports same sex partners, collect sample using a MTM plate from extragenital sites of exposure (rectal, pharyngeal), regardless of symptoms.
- For clients with positive isolates, submit specimen to CDC assigned Regional Laboratory for further testing; and associated demographic and behavioral data to the CDC and MDHHS at agreed intervals.

PROJECT: Harm Reduction

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

Grantees will develop programs using MDHHS guidance documents and will address issues such as identification and registration of clients, exchange protocols, client education, trainings for staff, referrals for substance abuse treatment, project promotion, and testing for infectious diseases.

Reporting Requirements (if different than contract language)

Grantees will submit a monthly electronic report with data such as needles distributed, educational messages given, clients served and other variables to be assessed by MDHHS. Please email the report to MDHHS-HIVSTDoperations@michigan.gov and MDHHS-Hepatitis@michigan.gov

Any additional requirements (if applicable)

- Grantees will participate on quarterly conference calls to discuss best practices and identify barriers.
- Funds may not be used to buy sterile needles or syringes
- Grantees must establish relationships to link clients to care for substance use disorder treatment
- If sites are performing HIV and/or HCV testing, grantees should establish relationships to link clients to care for HIV and/or HCV follow-up testing and treatment.

PROJECT TITLE: Health Education Communication (HEC)

Start Date:10/1/2019

End Date:9/30/2020

Project Synopsis:

Funds for this project will be utilized to supplement cost for (1 FTE) Health Educator and (1 FTE) Staff support for health education activities.

Eligible Activities include:

- Meeting activities, community presentations and travel costs
- Supplies and materials
- IT cost related to the function of the position

Reporting Requirements (if different than agreement language):

Submission of monthly FSR's that detail cost allotment of funds.

Genesee Health Department will submit a final report of Activities and objectives that were completed by this position. Items of completion (Deliverables) can be listed in bulleted format and listed as "Accomplishments" or "Outcomes."

Any additional requirements (if applicable):

PROJECT TITLE: Hepatitis A Response

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The purpose of this project is to provide education and to conduct vaccination outreach to Michigan residents at high risk of contracting Hepatitis A. The purpose of the project is to also conduct epidemiological investigation into the Hepatitis A outbreak, and to provide post-exposure prophylaxis. Activities and target populations will be driven by epidemiological data of the outbreak.

Budget requirement: Questions regarding permissible expenditures should be directed to the Office of Local Health Services at deLaRambeljeL@michigan.gov or ToddO@michigan.gov.

Reporting Requirements (if different than agreement language):

Reporting for outbreak LHDs will be conducted through the Community Health Emergency Coordination Center (CHECC) Situation Reports and Vaccination Grid. Reporting for non-outbreak LHDs will be conducted through submission of the Vaccination Grid to the CHECC at checcdeptcoor@michigan.gov.

Any additional requirements (if applicable):

PROJECT TITLE: HIV and STD Testing and Prevention

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

The City of Detroit bears a disproportionate burden of reported sexually transmitted diseases, including HIV. As a complement to public health clinical services, the Detroit Health Department provides community level education and awareness building, along with targeted screening activities to ensure additional access to service for early case detection and link to care.

Reporting Requirements (if different than agreement language):

Report	Period	Due Date(s)	How to Submit Report
Activity Report	Quarterly	30 days after the end of the quarter	STD Section

Any additional requirements (if applicable):

- In partnership with MDHHS, provide technical assistance and capacity building to ensure the Public Health STD Clinic adheres to MDHHS and CDC screening, diagnostic and treatment recommendations and guidelines
- Monitoring and evaluation of targeted screening and referrals provided internally and supported via contractual agreements.
 - Ensure timely entry of client encounter information into EvaluationWeb (EvalWeb)
- Conduct community awareness building activities to increase STD and HIV knowledge, including points of access for service.
- By September 30, distribute MDHHS determined allocation worth of condoms, lube, dental dams, and display equipment/materials.
- By September 30, develop and begin distribution of HIV Prevention advertising/marketing materials.

PROJECT: HIV/AIDS Linkage to Care

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

Reporting Requirements (if different than contract language)

- The Grantee must assure that all CAREWare data is complete, cleaned, and entered into CAREWare by the 10th of the following month.
- The Grantee will submit quarterly progress report and must provide the following:
- Detail progress made on work plan objectives and activities during the reported quarter.
- Respond to any questions or clarifications of the quarterly progress report that the Department requests.
- The report should be emailed to MDHHS-HIVSTDoperations@michigan.gov on or before the due dates:

Report Period	Report Due
October 1 – December 31	January 31
January 1 - March 31	April 30
April 1 - June 30	July 31
July 1 - September 30	October 31

The Grantee must respond to any questions or clarifications of the quarterly progress report that the Department requests.

Any additional requirements (if applicable)

- Grantee must enter Not in Care (NIC) lists into CAREWare for sharing with agencies.

- Grantee must maintain password protected NIC lists on secure server locations and not in any portable storage devices
- Grantee must store NIC lists on shared servers and not on desktop or personal computers
- Grantee and Community-based Organizations must not email NIC lists or individual health information contained on NIC lists either internally or externally
- Grantee and Community-based Organizations must transmit updated surveillance data to MDHHS in pre-approved secure manners (e.g. DCH file transfer)
- Grantee and Community-based Organizations must keep all printed materials in locked storage cabinets in locked rooms
- If NIC lists or partial lists are sent via US Mail, list size must not exceed 10 individuals in a given mailing and words indicated HIV infection must not be contained in the sent documents
- Grantee and Community-based Organizations will document all data sharing agreements and share a copy with MDHHS. The data sharing agreements may be emailed to MDHHS-HIVSTDoperations@michigan.gov.
- Grantee and Community-based Organizations must provide written documentation of annual Security and Confidentiality training for all staff that have access to NIC lists.
- Grantee and Community-based Organizations will maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs, <https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>

The Grantee should adhere to:

- All federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.
- Procedures for the confidentiality and security of client information

- Ryan White is payer of last resort; as such, the Grantee must adhere to the Ryan White HIV/AIDS Treatment Extension Act. See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.”
- The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:
 - Any formal grievance initiated by a client and subsequent resolution of that grievance.
 - Any event occurring, or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
 - Any staff vacancies funded for this project that exceed 30 days.
- When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:
 - The percentage of the total costs of the program or project that will be financed with Federal money.
 - The dollar amount of Federal funds for the project or program.
 - Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
- The Grantee will participate in the Department needs assessment and planning activities, as requested.
- Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - Have policies and procedures to ensure time and effort reporting.

- Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
- Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for Ryan White funds must match the percentage claimed on the Ryan White FSR for the same period.
- Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
- If applicable, the Grantee and its subcontractors are required to use the HRSA-supported software CAREWare to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - Enter all Ryan White services delivered to HIV-infected and affected clients.
 - Enter all data by the 10th of the following month.
 - Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
- The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the Department.
- The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - Regular back-up of client records with back-up files stored in a secure location.
 - Use of passwords to prevent unauthorized access to the computer or Client Level Data program.
 - Use of virus protection software to guard against computer viruses.

- Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning Sharing and Secured Electronic Data.
- If using CAREWare to record program activities, the Grantee must include the following language in all Client Consent and Release of Information forms used for services in this agreement:

“I also understand that some limited information in the electronic data may be shared with other agencies if they also provide me with services and are part of the same care and data network. [AGENCY] is mandated to collect certain personal information that is entered and saved in a database system called CAREWare. CAREWare records are maintained in an encrypted and secure statewide database. The CAREWare database program allows for certain medical and support service information to be shared among providers involved with your care, this includes but is not limited to medical visits, lab results, medications, case management, transportation, substance abuse, and mental health counseling.”

PROJECT TITLE: HIV Data to Care

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

Michigan has implemented a Centers for Disease Control (CDC) program called Data to Care (D2C) to specifically focus on people living with HIV (PLWH) that are not engaged in care. D2C employs an intensive individualized outreach program which works to eliminate barriers (transportation issues, lack of insurance, lack of access/knowledge of access to medical care, stigma-related mental health issues, etc.) to accessing care through a combination of referrals and linkage to existing Early Intervention Services (EIS) providers, Ryan White Service providers and other community services. D2C is an essential program that facilitates access to HIV treatment.

Reporting Requirements (if different than agreement language):

The Department will evaluate NIC list progress monthly. The Grantee shall maintain up to date information in CW in preparation for evaluation:

Report	Period	Due Date(s)	How to Submit Report
NIC list progress evaluation	Monthly	10 th of the following month	Enter into CAREWare

Any additional requirements (if applicable):

The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by the Contract Manager.

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

- The percentage of the total costs of the program or project that will be financed with Federal money.
- The dollar amount of Federal funds for the project or program.
- Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Fees

Ryan White is payer of last resort; as such, the Grantee must adhere to the Ryan White HIV/AIDS Treatment Extension Act and bill for services that are billable.

Grant Program Operation

- If Grantee is receiving Not in Care (NIC) list via secure transfer (e.g. DCH file transfer):
 - Grantees must enter Not in Care (NIC) lists into CAREWare for sharing with agencies.
 - Grantees must maintain password protected NIC lists on secure server locations and not in any portable storage devices.
 - Grantees must store NIC lists on shared servers and not on desktops or personal computers.
 - Grantees must transmit updated surveillance data to MDHHS in pre-approved secure manners (e.g. DCH file transfer).
- If NIC lists or partial lists are sent via US Mail, list size must not exceed 10 individuals in a given mailing and words indicating HIV infection must not be contained in the sent documents.
 - If Grantee is receiving Not in Care (NIC) list via direct CAREWare (CW) import, grantee must complete necessary fields in CW for transfer back to Surveillance.
 - Grantees and Community-Based Organizations must not email NIC lists or individual health information contained on NIC lists either internally or externally.
 - Grantees must keep all printed materials in locked storage cabinets in locked rooms.
 - Grantees and Community-Based Organizations will document all data sharing agreements and share a copy with the Department. The data sharing agreements may be emailed to MDHHS-HIVSTDoperations@michigan.gov.
 - Grantees and Community-Based Organizations must provide written documentation of annual Security and Confidentiality training for all staff that have access to NIC lists.
 - Grantees and Community-Based Organizations will maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis,

Sexually Transmitted Disease, and Tuberculosis Programs,
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>

- The Grantee will participate in the Department needs assessment and planning activities, as requested.
- The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the Department.
- If using CAREWare to report program activities, the Grantee must include the following language in all Client Consent and Release of Information forms used for services in this agreement: "I also understand that some limited information in the electronic data may be shared with other agencies if they also provide me with services and are part of the same care and data network. [AGENCY] is mandated to collect certain personal information that is entered and saved in a database system called CAREWare. CAREWare records are maintained in an encrypted and secure statewide database. The CAREWare database program allows for certain medical and support service information to be shared among providers involved with your care, this includes but is not limited to medical visits, lab results, medications, case management, transportation, substance abuse, and mental health counseling.
- The Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.

Record Maintenance/Retention

The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

Software Compliance

- The Grantee and its subcontractors are required to use the HRSA-supported software CAREWare to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - Enter all Ryan White services delivered to HIV-infected and affected clients.
 - Enter all data by the 10th of the following month.

- Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
- The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - Regular back-up of client records with back-up files stored in a secure location.
 - Use of passwords to prevent unauthorized access to the computer or Client Level Data program.
 - Use of virus protection software to guard against computer viruses.
 - Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning Sharing and Secured Electronic Data.

Mandatory Disclosures

The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:

- Any formal grievance initiated by a client and subsequent resolution of that grievance.
- Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
- Any staff vacancies funded for this project that exceed 30 days.
- This information may be emailed to MDHHS-HIVSTDoperations@michigan.gov.

Technical Assistance

To request TA, please send an email to MDHHS-HIVSTDoperations@michigan.gov.

ASSURANCES

Compliance with Applicable Laws

- The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and

confidentiality.

- Ryan White is payer of last resort; as such, the Grantee must adhere to the Ryan White HIV/AIDS Treatment Extension Act.
- The Grantee should have procedures to protect the confidentiality and security of client information.

PROJECT TITLE: HIV Prevention Program.

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

The purpose of this program is to assure that all priority populations and persons living with HIV (PLWH) have access to HIV prevention services and HIV medical care to ensure healthy outcomes and reduced risk for HIV infection.

Reporting Requirements (if different than agreement language):

Report	Period	Due Date(s)	How to Submit Report
Quality Control Reports	Monthly	10 th of the following month	Department Staff
Daily Client Logs	Monthly	10 th of the following month	Department Staff
Reactive Results	As needed	Within 48 hours of test	EvalWeb
Non-Reactive Results	As needed	Within 7 days of test	EvalWeb
Linkage to Care and Partner Services Interview (e.g. client attended a medical care appointment within 30 days of diagnosis, and was interviewed by Partner Services within 30 days of diagnosis)	As needed	Within 30 days of service	EvalWeb, PSWeb
Condom Distribution Data	Monthly	10 th of the following month	EvalWeb
Disposition on Partners of HIV Cases	Ongoing	Within 30 days of service	PSWeb
HIV Testing Competencies	Annually	Reviewed during site visits	
SSP Data Report	Quarterly	10 th of the following month	Department Staff

- The Grantee will clean-up missing data by the 10th day after the end of each calendar month.
- The Quality Control and Daily Client Logs may be sent to DHSP via:
 - Email - ctrsupplies@michigan.gov
 - Fax - (517) 241-5922
 - Mail - HIV Prevention Unit, Attn: CTR Coordinator, 109 W. Michigan

Ave., 10th Floor, Lansing, MI 48913

- DHSP shall evaluate the reports submitted as described in Attachment III, Item D. for their completeness and accuracy.

Any additional requirements (if applicable):

Grantees will provide HIV Counseling, Testing, and Referral (CTR) and, if applicable, Partner Services (PS), and Syringe Service Programs (SSP) within their jurisdiction, pursuant to applicable federal and state laws; and policies and program standards issued by the Division of HIV & STD Programs (DHSP). See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.”

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal funds, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

- The percentage of the total costs of the program or project that will be financed with Federal funds.
- The dollar amount of Federal funds for the project or program.
- Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Grant Program Operation

- The Grantee will participate in DHSP needs assessment and planning activities, as requested.
- The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by DHSP.
- Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - Have policies and procedures to ensure time and effort reporting.
 - Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - Denote accurately the percent of effort to the project. The percent of effort

may vary from month to month, and the effort recorded for funds must match the percentage claimed on the FSR for the same period.

- Submit a budget modification to DHSP in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
- The Grantee will receive a condom and lubrication allowance. The Grantee must:
 - Distribute condoms and lubrication
 - Place orders for condoms/lubrication by emailing ctrsupplies@michigan.gov
 - Report its condom distribution monthly using EvalWeb.
- If conducting HIV testing using rapid HIV testing, the Grantee will comply with guidelines and standards issued by DHSP and:
 - Conduct quality assurance activities guided by written protocol and procedures. Protocols and procedures, as updated and revised Quality assurance activities are to be responsive to: Quality Assurance for Rapid HIV Testing, MDHHS. See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.”
 - Ensure provision of Clinical Laboratory Improvement Amendments (CLIA) certificate.
 - Report discordant test results to DHSP.
 - Ensure that staff performing counseling and/or testing with rapid test technologies has successfully completed rapid test counselor certification course or Information Based Training (as applicable), test device training, and annual proficiency testing.
 - Ensure that all staff and site supervisors have successfully completed appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.
 - Develop, implement, and monitor protocol and procedures to ensure that patients receive confirmatory test results.
- If conducting PS, the Grantee will comply with guidelines and standards issued by the Department. See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.” The Grantee must:
 - Provide Confidential PS follow-up to infected clients and their at-risk partners to ensure disease management and education is offered to reduce

transmission.

- Effectively link infected clients and/or at-risk partners to HIV care and other support services.
- Work with Early Intervention Specialist to ensure infected clients are retained in HIV care.
- If conducting SSP, the grantee will develop programs using MDHHS guidance documents and will address issues such as identification and registration of clients, exchange protocols, education, and trainings for staff, and referrals.
- Grantees will participate on quarterly conference calls to discuss best practices and identify barriers.
- The Grantee shall permit DHSP or its designee to visit and to make an evaluation of the project as determined by DHSP.

Record Maintenance/Retention

The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

Software Compliance

The Grantee and its subcontractors are required to use Evaluation Web (EvalWeb) to enter HIV client and service data into the centrally managed database on a secure server.

The Grantee and its subcontractors are required to use Partner Services Web (PSWeb) to enter Partner Services interview and linkage to care data, where appropriate.

Mandatory Disclosures

The Grantee will provide immediate notification to DHSP, in writing, including but not limited to the following events:

- Any formal grievance initiated by a client and subsequent resolution of that grievance.
- Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.

- Any staff vacancies funded for this project that exceed 30 days.
- All notifications should be made to DHSP by MDHHS-HIVSTDoperations@michigan.gov.

The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.

PROJECT TITLE: HIV Ryan White Part B
HIV Ryan White Part B MAI

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

The Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. The program provides funding to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

Reporting Requirements (if different than agreement language):

The Grantee shall submit the following reports on the following dates:

Report	Period	Due Date(s)	How to Submit Report
All Agencies: Ryan White services delivered to HIV-infected and affected clients	Monthly	10 th of the following month	Enter into CAREWare
All Ryan White federally funded agencies: Ryan White Services Report (RSR)	Annual	Generally, Grantee submission will open in early February and close early March.	Enter into CAREWare
All Ryan White federally funded agencies: Complete and submit at least one Plan-Do-Study-Act worksheets to document progress of QI project	10/1/19 – 9/30/20	As completed over contract year	Email report to MDHHS-HIVSTDoperations@michigan.gov
All Ryan White federally funded agencies: FY20 actual expenditures by service category, program income, and administrative costs through the RW Reporting Tool	Quarterly	January 30, 2020 April 30, 2020 July 30, 2020 December 15, 2020	Attached to FSR
All Ryan White federally funded agencies: RW Form 2100 and RW Form 2300	Annually	December 31, 2019	Uploaded to EGrAMS Portal Agency Profile

To complete the Ryan White Services Report (RSR), a Health Resources and Services Administration (HRSA) required annual data report, the Grantee must assure that all CAREWare data is complete, cleaned, and entered into an online form via the HRSA Electronic Handbook. RSR submission requirements include:

- The RSR shall have no more than 5% missing data variables.
- Exact dates for the Grantee submission will be provided by the Department each reporting year.
- The Department validates the data within the Grantee's RSR submission before receipt by HRSA.

The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by the Contract Manager.

Any additional requirements (if applicable):

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

- The percentage of the total costs of the program or project that will be financed with Federal money.
- The dollar amount of Federal funds for the project or program.
- Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Fees

Ryan White is payer of last resort; as such, the Grantee must adhere to the Ryan White HIV/AIDS Treatment Extension Act and bill for services that are billable.

Grant Program Operation

- The Grantee will participate in the Department needs assessment and planning activities, as requested.
- The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, trainings, etc. The Grantee is highly encouraged

to participate in other training offerings and information-sharing opportunities provided by the Department.

- The Grantee is responsible for ensuring that staff retain minimum educational requirements for staff positions and are proficient in Ryan White-funded service delivery in their respective roles within the organization. Ensure that Ryan White funded staff receive MDHHS required case management training within one (1) year of hire.
- Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - Have policies and procedures to ensure time and effort reporting.
 - Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for Ryan White funds must match the percentage claimed on the Ryan White FSR for the same period.
 - Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
- The Grantee must include the following language in all Client Consent and Release of Information forms used for services in this agreement:

“Consent for the collection and sharing of client information to providers for persons living with HIV under the Ryan White Program provided through (grantee name) is mandated to collect certain personal information that is entered and saved in a federal data system called CAREWare. CAREWare records are maintained in an encrypted and secure statewide database. I understand that some limited information in the electronic data may be shared with other agencies if they also provide me with services and are part of the same care and data network for the purpose of informing and coordinating my treatment and benefits that I receive under this Program. The CAREWare database program allows for certain medical and support service information to be shared among providers involved with my care, this includes but is not limited to health information, medical visits, lab results, medications, case management, transportation, Housing Opportunities for Persons with AIDS (HOPWA) program, substance abuse, and mental health counseling. I acknowledge that if I fail to show for scheduled medical appointments, I may be contacted by an authorized representative of (grantee name) in order to re-engage and link me back to care.”

- The Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.

Subrecipient quality management program should:

- Include: leadership support, dedicated staff time for QM activities, participation of staff from various disciplines, ongoing review of performance measure data and assessment of consumer satisfaction.
- Include consumer engagement which includes, but is not limited to, agency-level consumer advisory board, participation on quality management committee, focus groups and consumer satisfaction surveys.
- Include conduction of at least one quality improvement (QI) project throughout the year, using the Plan-Do-Study-Act (PDSA) method to document progress. This QI project must be aimed at improving client care, client satisfaction, or health outcomes.
- If the Grantee is federally funded for Ryan White services (one of which is a core medical service), the Grantee will develop and/or revise a Quality Management Plan (QMP) annually, to be kept on file at agency. **QM Plans must contain these eleven components:**
 - Quality statement
 - Quality infrastructure
 - Annual quality goals
 - Capacity building
 - Performance measurement
 - Quality improvement
 - Engagement of stakeholders
 - Procedures for updating the QM plan
 - Communication
 - Evaluation
 - Work Plan

Record Maintenance/Retention

- The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.
- The Grantee will maintain client files and charts from last date of service plus seven (7) years. For minors, Grantee will maintain client files and records from last date of service and until minor reaches the age of 18, whichever is longer, plus

seven (7) years.

Software Compliance

The Grantee and its subcontractors are required to use the HRSA-supported software CAREWare to enter client and service data into the centrally managed database on a secure server. The Grantee must:

- Enter all Ryan White services delivered to HIV-infected and affected clients.
- Enter all data by the 10th of the following month.
- Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.

The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:

- Regular back-up of client records with back-up files stored in a secure location.
- Use of passwords to prevent unauthorized access to the computer or Client Level Data program.
- Use of virus protection software to guard against computer viruses.
- Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning sharing and Secured Electronic Data.
- New staff needing access to CAREWare are required to email the [New User Form](#) to MDHHS-CAREWareSupport@michigan.gov. The Grantee shall deactivate CAREWare users who are terminated or who have separated from the agency within 30 days or notify MDHHS within this time frame.

Mandatory Disclosures

The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:

- Any formal grievance initiated by a client and subsequent resolution of that grievance.
- Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices

related to grievances by service recipients or Grantee or subcontractor employees.

- Any staff vacancies funded for this project that exceed 30 days.
- This information may be emailed to MDHHS-HIVSTDoperations@michigan.gov.

ASSURANCES

Compliance with Applicable Laws

- The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.
- Ryan White is payer of last resort; as such, the Grantee must adhere to the Ryan White HIV/AIDS Treatment Extension Act.

PROJECT: HIV Surveillance

Beginning Date: 10/1/2019

End Date: 9/30/2019

Project Synopsis

Provide the resources necessary to house the Department's HIV Surveillance Staff at the South Oakland Health Center, 27725 Greenfield Road, Southfield, MI 48076.

Support includes overhead costs for the office space and includes costs and technical support for phone and technology lines.

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

PROJECT TITLE: HIV/STD Partner Services Program

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

Central Michigan District Health Department will provide STD and HIV partner services (PS) for select low morbidity health departments within the State of Michigan in accordance with program standards and Department oversight.

Reporting Requirements (if different than agreement language):

1. The Grantee shall submit the following reports on the following dates:

Report	Period	Due Date(s)	How to Submit Report
HIV testing notification/services to delivered to individuals	Monthly	10 th of the following month	Enter in EvalWeb
Partner Services delivered to individuals	Within 72 hours	10 th of the following month	Enter in PSWeb
Syphilis Partner Counseling and Referral	Within 72 hours	Within 72 hours	MDSS

2. The Contract Manager shall evaluate the reports submitted for their completeness and accuracy.
3. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by the Contract Manager.

Any additional requirements (if applicable):

Publication Rights

1. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:
 - The percentage of the total costs of the program or project that will be financed with Federal money.
 - The dollar amount of Federal funds for the project or program.

- Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
2. The Grantee will submit all educational materials (e.g., brochures, posters, pamphlets, and videos) used in conjunction with program activities to the Department for review and approval prior to their use, regardless of the source of funding used to purchase these materials. These materials should be emailed to MDHHS-HIVSTDOperations@michigan.gov.

Grant Program Operation

1. Pursuant to a protocol established by the Department, the Grantee will provide positive test notification, HIV/STD and syphilis partner counseling and referral services, victim notification and recalcitrant investigation for the following local health departments: Bay County Health Department, Benzie-Leelanau District Health Department, Central Michigan District Health Department, Chippewa County Health Department, Dickinson-Iron District Health Department, District Health Department # 2, District Health Department # 4, District Health Department #10, Grand Traverse County Health Department, Luce-Mackinac-Alger-Schoolcraft District Health Department, Marquette County Health Department, Mid- Michigan District Health Department, Midland County Health Department, Northwest Michigan Community Health Agency, Public Health, Delta and Menominee Counties, and Western Upper Peninsula District Health Department.
2. The Grantee will establish, maintain and document (e.g., via MOU or MOA) linkages with community resources that are necessary and appropriate to addressing the needs of clients and that are essential to the success and effectiveness of services supported under this agreement.
3. The Grantee will provide these services fifty-two weeks a year.
4. The Grantee will participate in the Department needs assessment and planning activities, as requested.
5. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the Department.
6. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - Have policies and procedures to ensure time and effort reporting.
 - Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.

- Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for Ryan White funds must match the percentage claimed on the Ryan White FSR for the same period.
 - Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
7. The Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.

Record Maintenance/Retention

1. The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.
2. The Grantee will maintain client records of HIV Positive or Negative with Syphilis diagnosis. MDHHS recommends that this information be retained indefinitely or until it is determined the client is deceased.

Software Compliance

1. The Grantee will adhere to reporting deadlines for all contractual Grantee Reporting requirements.
2. The Grantee is required to use the following data systems to enter HIV and Syphilis case investigation data: EvalWeb, PSWeb, Michigan Disease Surveillance System (MDSS)
 - All reactive results must be entered into EvalWeb within 48 hours
 - All non-reactive results must be entered into EvalWeb within seven days
 - All EvalWeb/PSWeb must be entered and missing variables entered by the 10th day after the end of each calendar month.
3. The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - Regular back-up of client records with back-up files stored in a secure location.
 - Use of passwords to prevent unauthorized access to the computer or Client

Level Data program.

- Use of virus protection software to guard against computer viruses.
- Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning Sharing and Secured Electronic Data.

Mandatory Disclosures

1. The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:
 - Any formal grievance initiated by a client and subsequent resolution of that grievance.
 - Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
 - Any staff vacancies funded for this project that exceed 30 days.
2. This information may be emailed to MDHHS-HIVSTDoperations@michigan.gov.

ASSURANCES

Compliance with Applicable Laws

The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.

PROJECT TITLE: Housing Opportunities for Persons with AIDS (HOPWA)

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The purpose of this project is to increase housing stability, reduce the risk of homelessness, and increase access to care and support for low-income individuals living with HIV/AIDS and their families

Reporting Requirements (if different than agreement language):

Subrecipients must submit required program data through HMIS. It is expected that data entry into HMIS will be completed within 15 days of the event requiring data entry (entry into the program; end of the operating year; changes in participant status regarding benefits, income, programs provided, household size, location of housing, and so on as described by HMIS guidelines). It is expected that data in HMIS be complete, up-to-date, and without errors or omissions by July 31 (or the first business date immediately following July 31) of each year.

Any assistance needed for HMIS data entry or reporting should be directed to the MDHHS contracted technical assistance provider:

David Youngs
Center for Innovation in Health and Human Services (CIHHS)
dave@cihhs.org
941-840-0833

The subrecipient must submit the Annual Progress Report (APR) each grant term prior to July 31st. All requirements for reporting are outlined in the HOPWA program manual. Please contact Lynn Nee, HOPWA Program Specialist, from the Housing and Homeless Services Division with any questions about reporting requirements.

Lynn Nee
HOPWA Program Specialist
Housing and Homeless Services
NeeL@michigan.gov
517-275-2791

Any additional requirements (if applicable):

The subrecipient shall undertake, perform, and complete activities and services for the program as outlined in the Program Manual provided by the Michigan Department of Health and Human Services (MDHHS) Housing and Homeless Services Division. The grantee is expected to adhere to all applicable federal and state laws, regulations, and notices.

PROJECT: IMMUNIZATION ACTION PLAN

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

Offer immunization services to the public.

- Collaborate with public and private sector organizations to promote childhood, adolescent and adult immunization activities in the county including but not limited to recall activities.
- Educate providers about vaccines covered by Medicare and Medicaid.
- Provide and implement strategies for addressing the immunization rates of special populations (i.e., college students, educators, health care workers, long term care centers, detention centers, homeless, tribal and migrant and childcare employees).
- Develop mechanisms to improve jurisdictional and LHD immunization rates for children, adolescents and adults.
- Ensure clinic hours are convenient and accessible to the community, operating both walk-in and scheduled appointment hours.
- Coordinate immunization services, including WIC, Family Planning, and STD, developing plans or memorandums of understanding.
- Collaboratively work with regional MCIR staff to ensure providers are using MCIR appropriately.
- Develop strategies to identify and target local pocket of need areas.

Reporting Requirements (if different than contract language)

- IAP Reports are submitted electronically in accordance with due dates set by the Department.

- IAP Plan will be submitted electronically using a template provided by the Department, in accordance with due dates set by the Department.
- Utilize VAERS to report all adverse vaccine reactions
- Ensure that all reportable diseases are reported to the Department in the time specified in the public health code and appropriate case investigation is completed.
- By April 1, of each year provide one copy of the VFC provider with an online re-enrollment form which includes a profile for each provider who receives vaccine from the state. These documents must be submitted electronically in MCIR no later than April 1.

Any additional requirements (if applicable)

- Adhere to federal and state appropriation laws pertaining to use of programmatic funds. See Immunization Allowable Expenditures in Attachment I for appropriate use of Federal Funds.
- Adhere to requirements set forth in the Omnibus Budget Reconciliation Act of 1993, section 1928 Part IV – Immunizations and the most current CDC Vaccines for Children Operations Manual, Michigan Resource Book for VFC Providers, and documents that are updated throughout the year pertaining to the Vaccines for Children (VFC) Program.
- Ensure that federally procured vaccine is administered to eligible children only and is properly documented per VFC guidelines.
 - The VFC Program provides VFC vaccine to only eligible children who meet the following criteria: are Medicaid eligible, have no health insurance, are American Indian or Alaskan Native, are served at a Federally Qualified Health Center (FQHC), a Rural Health Center (RHC) or a public health clinic affiliated with a FQHC and are also under-insured.
 - Ensure state-supplied vaccines provided in the jurisdiction are administered only to eligible clients as determined by the state. This program allows for the immunization of select populations who are underinsured and not served at a FQHC, RHC, or a public health immunization clinic affiliated with a FQHC as defined by current state program requirements.
 - Ensure that all providers receiving vaccine from the state screen children for VFC eligibility for children

- Fraud or abuse of federally procured vaccine must be monitored and reported.
- Adhere to all Federal and Michigan Laws pertaining to immunization administration and reporting including reporting to the MCIR, VAERS and schools and daycare reporting
- Coordinate the submission of immunization data from schools and childcare centers in your jurisdiction and follow-up with programs providing incomplete or inaccurate data. Assure compliance levels are adequate to protect the public.
- Provide education to the parents of children seeking a non-medical exemption in your jurisdiction.
- Monitor any provider receiving federally procured vaccine including but not limited to VFC/IQIP site visit.
- Ensure on-site attendance of at least 1 LHD immunization program staff to two (2) Immunization Action Plan (IAP) meetings each year.
- Implements Perinatal Hepatitis B program activities to prevent the spread of Hepatitis B Virus (HBV) from mother to newborn.
 - Verify pregnancy status on all hepatitis B surface antigen (HBsAg) positive pregnant women of childbearing years (10-60 years of age.)
 - Ensure HBsAg positive pregnant women are reported to the Perinatal Hepatitis B case manager and according to the Public Health Code.
 - Coordinate Perinatal Hepatitis B case management activities between local health department, provider, and Perinatal Hepatitis B Case Manager to:
- Ensure that all infants, born to women who are HBsAg positive receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of life, a complete hepatitis B vaccine series with post vaccination serology testing and program support services.
- Ensure that all susceptible household and sexual contacts associated with HBsAg positive women receive appropriate testing, vaccination, and support services.

- Ensure birthing hospitals are able to offer hepatitis B vaccine to all newborns prior to hospital discharge by enrolling them in the Universal Hepatitis B Vaccination Program for Newborns.

- Surveillance of vaccine preventable disease (VPD) activities
 - Conduct active surveillance when indicated (i.e. during an outbreak) and contact hospitals, laboratories, and/or other providers on a regular basis.

PROJECT: IMMUNIZATION MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR) REGIONAL

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

Reporting Requirements

- Ensure the quarterly submission of status reports on work plan progress. Reports are due within 30 days of the end of each quarter:

Report Period	Report Due
October 1 – December 31	January 31
January 1 - March 31	April 30
April 1 - June 30	July 31
July 1 - September 30	October 31

- Final quarterly report shall be an annual report. The annual report will be distributed to the Department. The report shall include a summary of all the required activities listed above in the quarterly reports.
- Any other information as specified in the special requirements shall be developed and submitted by the Grantee as required by the Department.
 - Reports and information should be submitted to:

Bea Salada, MCIR Coordinator
Michigan Department of Health & Human Services
Immunization Division
333 South Grand Ave
Lansing, MI 48909
Phone: (517) 284-4889

- The Grantee shall permit the Department or its designee to visit and to evaluate on an as- needed basis.

Any additional requirements (if applicable)

- The Grantee shall ensure the performance of the following activities on behalf of the Department to support the MCIR:
- Promote and train providers and Health Care Organizations (HCOs) on all features of the MCIR Web application.
- Support regional MCIR users by operating the regional help desk in accordance with Department approved procedures.
- Monitor and develop strategies to increase private provider and HCO enrollment and participation in the MCIR which includes development of strategies to encourage all providers to fully participate with the MCIR, (such as sites of excellence awards).
- Process all user/usage agreements, according to the Department's approved procedures, to create user accounts.
- Implement and update marketing plans in support of increased provider and parent acceptance and use of the MCIR.
- Keep regional users updated on MCIR status and system changes.
- Conduct ad hoc reporting and querying on behalf of MCIR users.
- Work with local health departments to establish a mechanism and internal process to assure persons who have died within their county are appropriately flagged in the MCIR.
- Maintain a listing of HCO private and public immunization providers. This listing should be as comprehensive as possible and should include all providers in the region.
- Conduct regular de-duplication activities to assure that duplicate records are removed from the MCIR as quickly as possible.
- Process user petitions to change MCIR data according to Department approved procedures.

- Monitor ongoing immunization data submission for all local health departments and private providers.
- Conduct training functions as needed to assure that local health department staff can train and educate providers on how to access and submit data into MCIR.
- Maintain a policy/procedure manual, approved by the Department.
- Process and file all “opt out” forms according to the Department approved procedures.
- Attend regular MCIR regional Grantee/coordinator meeting.
- Conduct Onboarding activities as required for providers submitting immunization data via HL7 messaging to MCIR.
- Perform quality assurance checks on the MCIR data for the region as prescribed by the Department.
 - Assist local health departments and private providers with methodologies to “clean up” their data.
 - Provide assistance to the Department on User Acceptance Testing (UAT) when required to verify MCIR system releases of bug fixes and enhancements.
 - Attend all UAT training sessions as required by the Department.
- The Grantee shall provide to the MCIR Regional Coordinator:
 - a) permanent office space
 - b) general office supplies
 - c) a land-based telephone
 - d) a computer with high speed internet capabilities
 - e) a printer
 - f) a cellular telephone
 - g) use of a vehicle or in the alternative reimbursement mechanism for transportation unless otherwise arranged
- When sufficient funding is available, provide to the MCIR Regional Coordinator reimbursement for travel to attend the National Registry related meetings if approved by the Department. This includes travel related expenses concerning air fare, lodging, baggage processing, taxi services, etc.

- Consult with the Department on any personnel or performance issues that could affect the above-mentioned contract requirements.
- Facilitate the Department's attendance in the interview process for hiring of a MCIR Regional Coordinator / MCIR staff. This process includes consultation with the Department regarding selection of interview candidates as well as participation in the hiring determination.

PROJECT: IMMUNIZATION QUALITY IMPROVEMENT FOR PROVIDERS (IQIP) FOLLOW-UP

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

The rate of reimbursement per IQIP follow-up visit is \$100 for completion of check in calls with the clinic practice at 2-month, 4 month and in-person follow-up at 12 months after the IQIP/VFC site visit.

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

- Conduct IQIP follow-up with all VFC providers that receive an IQIP/VFC site visit during the current year/cycle.
- IQIP follow-up calls are required to occur at 2 and 4 months from date of VFC/IQIP site visit.
- The 12-month IQIP follow-up must be in person using current Department guidelines.
- Document the 2, 4, and 12-month follow-up information in the IQIP database system using current Department IQIP guidelines within 10 days of each IQIP follow-up.

PROJECT: IMMUNIZATION – VACCINE QUALITY ASSURANCE PROGRAM

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

- Follow-up on vaccine losses and replacement for compromised vaccines for immunization providers within the jurisdiction.
- Monitor and approve all temperature logs, doses administered reports, and ending inventory reports received from participating VFC providers within the jurisdiction,
- Monitor and approve vaccine orders for participating VFC providers within the jurisdiction
- Act as the Primary Point of Contact (PPOC) for VFC providers within the jurisdiction.
- Provide education and intervention on inappropriate use of publicly purchased vaccine.
- Follow-up on VFC site visit non-compliance issues.
- Assist VFC providers within the jurisdiction on issues related to balancing vaccine inventories.
- Assist with the redistribution of short dated vaccine for providers within the jurisdiction.
- Assist with the equitable allocation of vaccines to providers in the jurisdiction during a vaccine shortage.

PROJECT: IMMUNIZATION VFC/IQIP SITE VISIT

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

The format of the site visit will be based on the complete site visit questionnaire and IQIP database system reviewed at the most recent Fall IAP meeting and the site visit guidance documents (VFC and IQIP) provided by the department and the CDC. All site visit information shall be entered online at the time of the visit as preferred by CDC, into the appropriate database as required by CDC (PEAR and IQIP database system) within 10 days of the site visit by the individual who conducted the site visit.

Reporting Requirements (if different than contract language)

- All reimbursement requests should be submitted on the quarterly Comprehensive Financial Status Report (FSR).
 - The submission should include, as an attachment, detail all the visits during the quarter using the spreadsheet information provided by the Department.
- The rate of reimbursement is \$150 for a VFC Enrollment or a VFC Only visit, \$350 for a combined VFC/IQIP or birthing hospital visit. An enrollment visit is required for all new VFC enrolled provider sites. All LHD staff involved with any IQIP site visits must complete the Department IQIP training webinar, presented by the Department IQIP Coordinator, prior to conducting any IQIP visits. Annual VFC and IQIP visit guidance and review will be provided to each LHD at the IAP Meetings and consult will be conducted by the Department Immunization Field Representative for each Grantee.
- 4Data from the CDC PEAR and IQIP systems regarding the number and type of site visits will be used to reconcile the agency request for reimbursement. For additional detail on the program requirements, refer to the Resource Book for Vaccine for Children Providers and the current IQIP and the VFC site visit guidance documents, as well as other current guidance provided by the Department /Immunization Program in correspondence to Immunization Action Plan (IAP), Immunization Coordinators, or through health officers.

Any additional requirements (if applicable)

- Local health departments must complete a VFC or VFC/IQIP site visit for every VFC provider every two years, using the date of their previous visit as a starting point. Visits must not exceed the two-year time frame. Annual visits are encouraged but must not be conducted sooner than 11 months from the previous visit date.
- Detroit Department of Health and Wellness Promotion Immunization Program is required to complete visits annually to 100% of the VFC providers in accordance with the SEMHA Quality Assurance Specialist (QAS) contractual obligations. Combined VFC/IQIP site visits will be conducted using registry based IQIP reports and IQIP tools developed by the Department. Follow-up of outstanding issues must be completed within CDC guidelines.

PROJECT: IMMUNIZATION – FIELD SERVICE REPRESENTATIVES

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

Field Representative Roles and Responsibilities- District #10, Marquette, and St. Clair Counties

This position serves as a liaison, resource person and as a regional expert for local health jurisdictions regarding all the Department immunization programs and initiatives.

PROGRAM SUPPORT:

- Assist with the regional MCIR activities and act as a regional resource on MCIR processes and assessment protocols.
- Assist with the local implementation and monitoring of all state programs at the regional level- including IAP implementation, VFC, IQIP, Accreditation, Perinatal Hepatitis B, School / Childcare reporting, special projects and the INE program.
- Participate in planning for regional conferences, IAP Coordinator meetings, and other Department programs and initiatives as needed.
- Assist state, regional and local epidemiologists and communicable disease staff as needed with VPD surveillance and outbreak control.

PROGRAM QUALITY ASSURANCE:

- Assist in the orientation of new IAP Coordinators.
- Work with local health departments to assess and increase immunization levels for all age groups, especially identifying and targeting pockets of need.

- Identify evidence-based strategies that support improved coverage levels in the region, including use of recall, coordination of LHD services, and provider and LHD staff education.
- Consult with the local health department on the immunization component of the accreditation process, including preparation for reviews and conducting a walk through or mock accreditation review.
- Consult with local coalitions and private stakeholders to promote immunizations and ensure consistent messages are relayed to the public.
- Consult with local health departments on the school and day care assessment process.
- Encourage or provide educational updates and interventions on all immunization issues with staff at local health departments, healthcare providers, school and childcare staff and other stakeholders, may also include INE presentation if applicable.

PROGRAM COMPLIANCE:

- Monitor compliance with policies/legislation at national/state and local levels such as:
 - VFC program requirements and vaccine distribution and storage.
 - VAERS program
 - Public Health Code
 - Administrative Rules
 - School and childcare legislation and reporting requirements
 - MCIR legislation and rules
 - Communicable Disease Rules

PROGRAM OVERSIGHT and PROGRAM REVIEW:

- Perform oversight of the following programs with assigned local health departments.
- Accreditation-Conduct reviews and monitor corrective actions.
- VFC including orientation and observation of LHD staff to annual VFC site visit process, monitoring of VFC vaccine losses, submission of mandatory reports, annual LHD VFC site visits and quality assurance review of all provider public vaccine orders, and unannounced VFC storage and handling site visits.

- IQIP—including the required IQIP follow-up with VFC providers, and full implementation of recommendations.
- Perinatal Hepatitis B-regional birth dose levels and universal vaccine program.
- Review and summarize LHD IAP Annual Plans and Biannual IAP Reports.
- Monitor LHD compliance with Comprehensive agreements and special requirements relating to the Immunization program.
- Subrecipient monitoring of funds.

District #10. Marquette and St. Clair Counties

- Employ and oversee a full-time Immunization Field Representative for the Immunization Program who shall be acceptable to the Department and who shall be supported by this agreement, understanding that their full time is to be devoted for regional immunization related activities, including travel time.
- Provide the Immunization Field Representative with permanent office space and supplies, including, but not limited to a telephone, general office supplies, a computer with high speed internet capabilities, a printer, a cellular telephone and a use of vehicle or reimbursement mechanism for transportation unless otherwise arranged.
- Ensure the Immunization Field Representative will be available to all local health departments in the assigned regions to provide Immunization Program activities equitable and at the direction of the Department. Refer to field representative responsibilities as defined by the Department and distributed to the Grantee.
- Provide for reimbursement for reasonable telephone charges incurred in the conduct of business by the Immunization Field Representative unless otherwise arranged.
- Provide reasonable reimbursement for any travel and subsistence expenses incurred by the Immunization Field Representative necessary to the conduct of the Immunization Program. Travel could include the annual National Immunization Conference or other professional immunization related conferences, attendance at the Department Immunization staff meetings and trainings, and accreditation visits made in other areas of the state, as determined by the Division of Immunization.

Kent, Livingston and Monroe Counties

- Provide adequate office space, telephone connections, high-speed internet access, as well as access to fax and photocopiers.
- Provide feedback to Section Manager as needed, on employee work related conduct.

PROJECT TITLE: Infant Safe Sleep

Start Date: 10/1/2019

End Date: 09/30/2020

Project Synopsis:

Local health departments will provide educational activities, conduct community outreach efforts and/or expand community awareness of infant safe sleep.

Reporting Requirements (if different than agreement language):

1. LHD will attach completed "Infant Safe Sleep Mini-Grant Work Plan" to the indirect cost line of the budget for review and approval by the Infant Safe Sleep program.
2. Prior to the submission of the proposed work plan, LHD will participate in a meeting (by person or phone) with all mini-grantees facilitated by the Infant Safe Sleep Program to review current data, discuss infant safe sleep best practices and answer any questions related to mini-grant requirements.
3. LHD will attach "Infant Safe Sleep Mini-Grant Work Plan" with reporting column completed and completed "Infant Safe Sleep Mini-Grant Report Grid" to the indirect cost line of the 2nd quarter FSR. The reporting period will cover October 1, 2019 - March 31, 2020. The reports are due by April 30, 2020.
4. LHD will participate in a technical assistance call with the Infant Safe Sleep Program to review progress to date.
5. LHD will attach "Infant Safe Sleep Mini-Grant Work Plan" with reporting column completed and completed "Infant Safe Sleep Mini-Grant Report Grid" to the indirect cost line of the final FSR. The reporting period will cover October 1, 2019 - September 30, 2020. The reports are due by December 15, 2020.

Any additional requirements (if applicable):

1. Grantee must provide educational activities, conduct community outreach efforts and/or expand community awareness of infant safe sleep. These efforts must adhere to the updated policy statement titled "SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment" issued by the American Academy of Pediatrics in October 2016.
2. Activities are to be data driven, to the extent possible, and culturally relevant to at-risk, high-risk families in the community and reflect diversity in terms of race,

ethnicity, language, and socioeconomic status. In addition, activities should support families and encourage open and nonjudgmental conversations with families about infant sleep practices.

3. Grantee must participate in and/or coordinate a local advisory team or regional group (such as the county's Regional Perinatal Quality Collaborative) to coordinate efforts to promote infant safe sleep and reduce infant deaths related to unsafe sleep environments.
4. Activities of the grantee must align with the Mother Infant Health and Equity Improvement Plan to address preventable infant deaths and disparities through evidence-based infant safe sleep program activities.
5. Funds may be used for the purchase of demonstration and/or educational items, however, grantee is encouraged to use department-provided educational materials when possible. Additionally, a maximum of 15% of the funding may be used for giveaway items that are directly related to infant safe sleep such as cribs, pack-and-plays, and/or sleep sacks. A maximum of 15% of the funding may be used for advertising, including billboards, bus signage and the purchase of radio, TV, and/or print media.
6. Grantee must adhere to the approved work plan. Deviations to the work plan must be approved by the Program Coordinator.

Program Coordinator

Colleen Nelson
Washington Square Building
109 Michigan Avenue
3rd floor
P.O. Box 30195
Lansing, Michigan 48909
nelsonc7@michigan.gov
517-335-1954

PROJECT: Informed Consent

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

The Department will provide funding, at the fixed rate of \$50 per woman served, for each woman that expressly states that she is seeking a pregnancy test or confirmation of a pregnancy for the purpose of obtaining an abortion and is provided a pregnancy test with a determination of the probable gestational stage of a confirmed pregnancy.

Reporting Requirements (if different than contract language)

The number of services, rate per service and total amount due must be noted as a funding source, under the element where the staff providing the services are funded, on the FSR through the MI E-Grants system.

Any additional requirements (if applicable)

The following requirements apply to all Grantees, whether the Grantee operates a Family Planning Clinic or not:

- When a woman states that she is seeking an abortion and is requesting services for that purpose the Grantee will provide:
 - A pregnancy test with a determination of the probable gestational stage of a confirmed pregnancy.

Note: The Grantee must destroy the individual “informed consent” files containing identifying information (Name, Address, etc.) after 30 days.

- When a woman seeks a pregnancy test and does not explicitly state that she is doing so for the purpose of obtaining an abortion, she should be directed to a family planning clinic or to her primary care provider for a pregnancy test. Services to comply with PA 345 of 2000 should not be provided to a woman in a Title X funded family planning clinic.

PROJECT: Kent County Exposure Assessment

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

This funding is provided to adequately staff clinic operations for the singular purpose of completing the MDHHS and Kent County Health Department (Grantee) North Kent County Exposure Assessments clinics.

Reporting Requirements (if different than contract language)

The Grantee will partner with MDHHS to conduct exposure assessment clinics at Kent County Health Department facilities. During these clinics, the Grantee will:

- Provide staff to conduct interviews (exposure questionnaires)
- Provide contracted phlebotomists to draw blood samples
- Provide clinic facilities and other clinic staff as necessary to conduct the exposure assessment
- The Grantee will submit all staff time and activities related to the Exposure Assessment project monthly to the Program Coordinators via email. MDHHS will supply the staff activity sheet for the Grantee to complete. Grantee will attach cumulative sheets to the quarterly FSR.

Any additional requirements (if applicable)

- Grantee must protect information obtained as part of this agreement as required by federal or state law, rule or regulation. Grantee must hold potentially identifiable information confidential and must not divulge that information without the written consent of the persons surveyed/served, or a person responsible for the persons surveyed or served, except as may be otherwise permitted or required by state or federal law/regulation, or as directed by MDHHS.
- Grantee must use information obtained as part of this agreement solely for carrying out the activities previously agreed upon by MDHHS. Grantee must restrict access to information obtained as part of this agreement to persons who require access to complete the activities and ensure that any agent(s) or subcontractor(s) who access the information agree to the same restrictions and conditions that apply to Grantee.
- Potentially identifiable information must not be released or used without prior written approval by MDHHS. Appropriate procedures must be used to restrict access to these data. Data files and reports must not be copied for retention or resold or otherwise

provided to another person or agency. Grantee must not attempt to re-identify data files provided in a de-identified form.

- Grantee must dispose of potentially identifiable information obtained as part of this agreement when no longer necessary for this research, upon termination of the contract, or upon direction of MDHHS, whichever occurs sooner.
- Grantee will ensure that any and all staff, agents, or subcontractors assigned to this project, sign the Medical Research Project Acknowledgment form, prior to training conducted by MDHHS.
- The Grantee will propose changes in budget line items to MDHHS, prior to implementing new or altered budget line items.
- The Grantee will ensure all funds provided for the North Kent County PFAS Exposure Assessment, including clinic operations, will be spent in accordance with the MDHHS protocol and procedures and with oversight and in coordination with MDHHS Principle Investigator of this study.

PROJECT: Laboratory Services

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

Reporting Requirements (if different than contract language)

Provide the Bureau of Laboratories records and reports as required.

Any additional requirements (if applicable)

- The Department will provide notifications and explicit instruction for stop and start days to Grantee laboratory regarding this contractual arrangement prior to its implementation.
- The Department will provide access to LIMS, support for LIMS hardware and software, user training for LIMS utilized for testing performed under contract, advanced training for LIMS liaisons for test master and Grantee specific data. The Department will maintain the sole contract with LIMS vendor. Backups and maintenance of all module(s)/customization(s) will be performed by the Department staff.
- Analyze data from reports submitted from Grantee. Supply timely feedback of statistical analysis and other data related to ongoing program activities.
- Assist in technical training of personnel and computer software utilization.
- Supply Grantee with a copy of the contracts associated with this program.
- Meet established standards of performance and objectives in the following areas:
- Public Health Emergency Preparedness:
- Maintain a current list of contact information for local community hospital laboratories to facilitate communication.

- Facilitate response with local community hospital laboratories in preparation for and during public health threats.
- Coordinate and facilitate specimen collection and transport with facilities within jurisdiction. This may include specimen packaging and shipping and coordination with the courier service.
- Provide 24/7 contact information to hospital partners and BOL.
- Participate in and provide support for Department PHEP exercises with community hospital laboratories within jurisdiction.
- The Grantee will designate one staff member as a liaison to the Bureau of Laboratories. Each Grantee must designate appropriate staff to take part in LIMS training activities.
- Provide information on specimen submission to local health jurisdictions to assure that specimens are submitted to the BOL LRN laboratory, or other appropriate LRN laboratory as determined by the Department.

PROJECT: Lactation Consultant

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

Reporting Requirements (if different than contract language)

Upon initiation of the FY18 contract, grantees must submit a Lactation Consultant work plan to CyrulM@michigan.gov. The work plan must include:

- Outcome objectives (a minimum of 2) for improved breastfeeding rates in Genesee County.
- Activities (a minimum of 3 per objective) that include names and numbers of specific populations targeted for interventions.
- The estimated cost, person responsible and deliverable quantifiable outcomes for each activity.

❖ ***Initial Work plan submission required by 8/1/2019***

- Work plans must be approved by the MDHHS State Breastfeeding Coordinator.
- Changes to the work plan throughout the year can occur with prior approval from the MDHHS State Breastfeeding Coordinator.
- All activities, as specified in the initial approved work plan, shall be implemented.

Any additional requirements (if applicable)

PROJECT: Local Health Department Sharing

Beginning Date: 10/1/19

End Date: 9/30/20

Project Synopsis

Local health departments participating in the project will utilize funds to support activities pertinent to the exploration, preparation, planning, implementing, and improving sharing of local health department services, programs or personnel.

Reporting Requirements (if different than contract language)

Grantees will receive notification of reports along with reporting templates. Reporting is twice per year based on reporting dates required by the CDC.

Any additional requirements (if applicable)

Local health departments must submit a continuation workplan and budget for continuation funding of the project "Local Health Department Collaboration and Exploration of Shared Approach to Delivery of Services,"

Eligible Activities:

- Meeting activities, including time and travel costs
- Cost of research activities
- Supplies and presentation materials
- Legal fees and other professional services related to the project
- IT cost related to service sharing (grant funds may not be used to reimburse equipment costs)

PROJECT TITLE: Local Maternal Child Health (LMCH)

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis: Local Maternal Child Health (LMCH)

LMCH funds support Maternal Child Health (MCH) priority strategic issues identified through the MCH Needs Assessment at the local level. Strategic Issues are developed and described into an LMCH Action Plan. The LMCH allocated funds are to be budgeted as a funding source under any of the project categories which are based on federally defined service categories from the MCH Pyramid of Services. Each LMCH project needs a separate workplan and must be budgeted separately. Please note only the following project titles can be supported:

	<i>Local Maternal and Child Health (MCH)</i>
OTHER-MCH	Direct Services Children – MCH
OTHERMCHW	Direct Services Women – MCH
ESCMCH	Enabling Services Children – MCH
ESWMCH	Enabling Services Women - MCH
OTHERMCHV	Public Hlth Functions & Infratruct - MCH

Reporting Requirements (if different than agreement language):

1. The LMCH Plan submission and due date will be communicated through a notification mailing. The department will provide the format for the LMCH Plan. The LMCH Plan, approved by the department, is to be uploaded with the budget application into EGrAMS.
2. The FY20 LMCH Year-End Report submission and due date will be communicated through a notification mailing. The department will provide the format for the LMCH Year-End Report. The Local MCH Year-End, approved by the department, is to be uploaded in EGrAMS with the final FSR.

Any additional requirements (if applicable):

1. Local MCH funding must be used to address the unmet needs of the maternal child health population and based on data and need(s) identified through the Local Health Department community health assessment process.
2. Activities and programs supported with Local MCH funds must be evidence-based or evidence-informed. Exceptions must be submitted in writing and pre-approved by MDHHS.
3. Local MCH funding cannot be used under the WIC element, except in extreme circumstances where a waiver is requested in advance of the expenditures and evidence is provided that the expenditures satisfy all funding requirements.
4. Local MCH funds may not be used to supplant available/billable program income such as Medicaid or Healthy Michigan Plan fees or additional funding under the

Medicaid Cost-Based Reimbursement process.

5. Local Health Departments should leverage all other funding sources, especially third-party payers (Medicaid, private insurers) before utilizing LMCH MCH block grant funds. LMCH funds are to be used for those services that cannot be paid for through other sources or for gap filling services.
6. LMCH has adopted Title 2 Code of Federal Regulations 200 Cost principles.

PROJECT: Medicaid Outreach

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

Medicaid Outreach activities are performed to inform Medicaid beneficiaries or potential beneficiaries about Medicaid, enroll individuals in Medicaid and improve access and utilization of Medicaid covered services. All outreach activities must be specific to Medicaid. Reference bulletin: MSA 18-41

Additional instructions can be found in Attachment I.

Reporting Requirements (if different than contract language)

- Submit quarterly reports **no later than 1 month after** the end of the quarter. The exception is the 4th quarter report which is due at the time as the final FSR. If the report due date falls on a weekend or holiday, the report the next business day.

<u>Quarter</u>	<u>Reporting Period</u>	<u>Due Date</u>
1 st	October 1 – December 31	January 31
2 nd	January 1 – March 31	April 30
3 rd	April 1 – June 30	July 31
4 th	July 1 – September 30	no later than December 15

- Quarterly reports **must** be attached/uploaded on the **Source of Funds/Federal Medicaid Outreach** line on the FSR in **EGrAMS**.
- Reimbursements occur based on actual expenditures reported on Financial Status Reports (FSR) using the reporting format and deadlines as required by the Department through EGrAMS.

Any additional requirements (if applicable)

- All claimable outreach activities **must be in support of the Medicaid program**. Activities that are part of a direct service are not claimable as Medicaid Outreach.
- Must maintain documentation in support of administrative claims which are sufficiently detailed to allow determination of whether the activities were necessary for the proper and efficient administration of the Medicaid State Plan.
- Must maintain a system to appropriately identify the activities and costs in

accordance with federal requirements.

- Must provide quarterly summary reports of Medicaid outreach activities conducted during the quarter. The following reporting elements **must** be included in the quarterly report:
 - Name of Health Department
 - Name and contact information of the individual completing the report
 - Time period the report covers (e.g., *FY 20: 1st quarter*, or *October-December 2019*)
 - Types of services provided during the quarter (**Note:** *the types of services provided do not have to include every single activity the LHD conducted during the quarter. Rather, simply include examples of the types of services provided. The Grantee can include as much or as little detail as they chose.*)
 - Number of clients served
 - Amount of funds expended during the quarter and total expenditures
 - Number of FTEs who provided these activities

Successes/Challenges

This is **not a reporting requirement** but provides an opportunity for the LHD to share **successes** during the quarter (e.g., For the first time, someone from the school board attended the Infant Mortality Reduction Coalition meeting) or to describe any **challenges** encountered during the quarter (e.g., the health advocate quit and the lactation consultant went on maternity leave, so we are down 2 staff)

PROJECT TITLE: MI HOME VISITING INITIATIVE RURAL EXPANSION
GRANT (MHVIRE)
MI HOME VISITATION INITIATIVE RURAL EXPANSION GRANT REGION
3 (MHVIRE3)

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The Healthy Families America (HFA) program was designed by Prevent Child Abuse America and is built on the tenants of trauma-informed care. The program is designed to promote positive parent-child relationships and healthy attachment. It is a strengths-based and family-centered approach.

Reporting Requirements (if different than agreement language):

The Local Implementing Agency (LIA) shall submit all required reports in accordance with the Department reporting requirements. See the Michigan Home Visiting Initiative (MHVI) Guidance Manual for details about what must be included in each report.

- a. Staff Roster: within 30 days of the beginning of each fiscal year and within 30 days of a staffing change.
- b. HFA Work Plan that includes a community Outreach Plan: within two weeks of notification of the application.
- c. Family Stories: at a minimum, one home visiting experience, as told from the perspective of a currently enrolled family, due within 30 days of the end of the first or third quarter (January 30 or July 30).
- d. Work Plan Reports: must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30 and October 30) and include detailed and specific activities that have taken place during the quarter including updates regarding the Outreach Plan.

All reports (a-d) and information shall be submitted electronically to the MHVI mailbox at MDHHS-HVInitiative@michigan.gov.

- e. Implementation Monitoring Date and HRSA data collection requirements on the 5th business day of each month.
- f. Continuous Quality Improvement reporting for the Learning Collaborative due on the 15th of each month.
- g. Continuous quality Improvement reporting for LIA specific projects due by the 15th of the next month following the end of the quarter (January 15, April 15, July 15 and October 15).

All reports (e-g) shall be submitted to the appropriate MPH staff as designated in the MVHI Guidance Manual.

Any additional requirements (if applicable):

Grantee Specific Requirements:

The LIA shall serve the target population approved by the Michigan Department of Health and Human Services (MDHHS), which supports the findings of their community's Needs Assessment.

- a. The Health Department of NWMI HFA Program (Region 2) will serve the applicable number of families with children at high risk per section d. below.
- b. The Health Department of NWMI HFA Program (Region 3) will serve the applicable number of families with children at high risk per section d. below.
- c. The Luce-Mackinac-Alger-Schoolcraft Health Department HFA Program (Region 1) will serve the applicable number of families with children at high risk per section d. below.
- d. In general, across all regions, the home visitor-to-family ratio should agree with the following:
 - a. 16 families per 1.0 FTE serving one county
 - b. 15 families per 1.0 FTE serving two counties
 - c. 14 families per 1.0 FTE serving three or more counties

See the MHVI Guidance Manual for requirements related to the development of a Work Plan and the timeframe for reaching full caseloads.

Maintain Fidelity to the Model

The LIA shall adhere to the Healthy Families America (HFA) Best Practice Standards.

P.A. 291

The LIA shall comply with the provisions of Public Act 291 of 2012. See the MHVI Guidance Manual for requirements related to PA 291.

Staffing

The LIA's HFA home visiting staff will reflect the community served.

The LIA will provide documentation to demonstrate due diligence if unable to fully meet this requirement within 90 days of a MHVI site visit in which this was a finding.

See the MHVI Guidance Manual for requirements related to program staffing.

Comply with MHVI Program Requirements

The LIA shall operate the program with fidelity to the requirements of the MDHHS as outlined in the MHVI Guidance Manual.

Program Monitoring, Assessment, Support and Technical Assistance (TA):

The LIA shall fully participate with the Department and the Michigan Public Health Institute (MPHI) with regards to program development and monitoring (including annual site visits), training, support and technical assistance services. See the MHVI Guidance Manual for requirements related to program monitoring, assessment, support and TA.

Professional Development and Training:

All of the LIA's HFA program staff associated with this funding will participate in professional development and training activities, as required by both HFA and the Department. All LIA HFA program staff must receive HFA-specific training from a Michigan-based approved HFA training entity.

See the MHVI Guidance Manual for requirements related to professional development and training activities.

Supervision:

The LIA shall adhere to the HFA supervision requirements of weekly 1.5 - 2 hour individual supervision per 1.0 FTE and pro-rated as allowed by the Best Practice Standards. Written policies and procedures shall specify how Reflective Supervision is included in, or added to, that time to ensure provision for each home visitor at a minimum of 1.0 hour per month.

Engage and Coordinate with Community Stakeholders:

The LIA shall assure that there is a broad-based community advisory committee that is providing oversight for HFA.

The LIA shall build upon and maintain diverse community and target population collaboration and support.

The LIA shall participate in the Local Leadership Group (LLG) (if not the HFA community advisory committee) or, if none, the Great Start Collaborative.

See the MHVI Guidance Manual for requirements related to engagement and coordination with community stakeholders.

Data Collection:

The LIA shall comply with all HFA and MDHHS data training, collection, entry and submission requirements. See the MHVI Guidance Manual for requirements related to data collection.

Continuous Quality Improvement (CQI):

The LIA shall participate in all HFA quality initiatives including research, evaluation and continuous quality improvement.

The LIA shall participate in all State and local Home Visiting CQI activities as required by MDHHS. Required activities include, but are not limited to:

- a. QI team participating in one Quality Improvement (QI) Learning Collaborative per fiscal year, with all required training, reporting requirements and deliverables.

- b. Conducting and completing two LIA-specific PDSA cycles per fiscal year, with all required reporting and deliverables.

See the MHVI Guidance Manual for requirements related to CQI.

Work Plan Requirements:

Within two weeks of notification of the application, the LIA must submit a Work Plan (inclusive of an Outreach Plan and outlining all program activities) to the MHVI mailbox at MDHHS-HVInitiative@michigan.gov. See the MHVI Guidance Manual for information related to Work Plan requirements.

Promotional Materials:

If the LIA wishes to produce any marketing, advertising or educational materials, using contract funds, they must follow the requirements outlined in the MHVI Guidance Manual.

PROJECT TITLE: Michigan Adolescent Pregnancy and Parenting Program (MI-APPP)

Start Date: 10/1/2019

End Date: 9/31/2020

Project Synopsis:

The goal of MI-APPP is to create an integrated system of care, including linkages to support services, for pregnant and parenting adolescents 15-19 years of age, the fathers, and their families. MI-APPP grantees implement the Adolescent Family Life Program-Positive Youth Development (AFLP-PYD; a California model), an evidence-informed case management curriculum designed to elicit strengths, address various risk behaviors, the impact of trauma, and provide a connection to health care and community services. In addition, MI-APPP grantees engage communities through locally driven steering committees, a comprehensive needs assessment, and creation of support services to ensure the program is responsive to the needs of pregnant and parenting teens.

MI-APPP aims to:

1. Reduce repeat, unintended pregnancies,
2. Strengthen access to and completion of secondary education,
3. Improve parental and child health outcomes, and
4. Strengthen familial connections between adolescents and their support networks

Reporting Requirements (if different than agreement language):

Report	Time Period	Due Date	Submit To
Program Narrative	October 1- December 31, 2019	January 15, 2020	Program Coordinator
	January 1-March 31, 2020	April 15, 2020	
	April 1-June 30, 2020	July 15, 2020	
	July 1-September 30, 2020	October 15, 2020	
Evaluation/Data Submission	Monthly	Submit the 7 th of every month	REDCap

Any additional requirements (if applicable):

1. Information provided must be medically accurate, age-appropriate, culturally relevant, and up to date.
2. Pregnancy prevention education must be delivered separate and apart from any religious education or promotion. MI-APPP funding cannot not be used to support inherently religious activities including, but not limited to, religious

instruction, worship, prayer, or proselytizing (45 CFR Part 87).

3. Family planning drugs and/or devices cannot be prescribed, dispensed, or otherwise distributed on school property as part of the pregnancy prevention education funded by MI-APPP as mandated in the Michigan School Code.
 4. Abortion services, counseling and/or referrals for abortion services cannot be provided as part of the pregnancy prevention education funded under MI-APPP.
 5. Must adhere to the Minimum Program Requirements for MI-APPP.
 6. MI-APPP funding cannot be used to supplant funding for an existing program supported with another source of funds.
-

PROJECT TITLE: Michigan Colorectal Cancer Early Detection Program (MCRCEDP)

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The Michigan Colorectal Cancer Early Detection Program (MCRCEDP) provides colorectal screening services to program eligible men and women:

- Aged 50-64 years
- Average risk for colorectal cancer – screened by Fecal Immunochemical Test (FIT) or colonoscopy
- Increased risk for colorectal cancer – screened by colonoscopy
-
- Low income (up to 250% of the Federal poverty level)
- Who have inadequate or no health insurance

Reporting Requirements (if different than agreement language):

N/A

Any additional requirements (if applicable):

For specific MCRCEDP requirements please refer to the most current MCRCEDP manual available at <http://www.michigancancer.org/Colorectal/>.

PROJECT TITLE: MATERNAL INFANT CHILDHOOD HOME VISITING PROGRAM (MIECHVP) HEALTHY FAMILIES AMERICA EXPANSION

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The Healthy Families America (HFA) program was designed by Prevent Child Abuse America and is built on the tenants of trauma-informed care. The program is designed to promote positive parent-child relationships and healthy attachment. It is a strengths-based and family-centered approach.

Reporting Requirements (if different than agreement language):

The Local Implementing Agency (LIA) shall submit all required reports in accordance with the Department reporting requirements. See the Michigan Home Visiting Initiative (MHVI) Guidance Manual for details about what must be included in each report.

The following reports and information shall be submitted electronically to the MHVI mailbox at MDHHS-HVInitiative@michigan.gov.

- Staff Roster: within 30 days of the beginning of each fiscal year and within 30 days of a staffing change.
- HFA Work Plan that includes a community Outreach Plan: within two weeks of notification of the application.
- Family Stories: at a minimum, one home visiting experience, as told from the perspective of a currently enrolled family, due within 30 days of the end of the first or third quarter (January 30 or July 30).
- Work Plan Reports: must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30 and October 30) and include detailed and specific activities that have taken place during the quarter including updates regarding the Outreach Plan.

The following reports shall be submitted to the appropriate MPH staff as designated in the MVHI Guidance Manual.

- Implementation Monitoring Date and HRSA data collection requirements on the 5th business day of each month.
- Continuous Quality Improvement reporting for the Learning Collaborative due on the 15th of each month.

- Continuous Quality Improvement reporting for LIA-specific projects due by the 15th of the month following the end of the quarter (January 15, April 15, July 15 and October 15).

Work Plan Requirements

Within two weeks of notification of the application, the LIA must submit a Work Plan (inclusive of an Outreach Plan and outlining all program activities) to the MHVI mailbox at MDHHS-HVInitiative@michigan.gov. See the MHVI Guidance Manual for information related to Work Plan requirements.

Any additional requirements (if applicable):

The LIA shall serve the target population approved by the Michigan Department of Health and Human Services (MDHHS), which supports the findings of their community's Needs Assessment.

- The Kalamazoo County Health and Community Services Dept. HFA program will serve 48 families with children who are at high risk in the areas of Comstock Township, City of Kalamazoo-Arcadia, Vine, Eastside neighborhoods, Richland Township, City of Portage, Texas Township, Oshtemo and Galesburg.
- The Wayne County Babies HFA program will serve 32 families who are young parents, through age 24, living in the cities of Hamtramck, Highland Park, Redford, Inkster, Taylor, Romulus, Van Buren Township and Westland.

See the MHVI Guidance Manual for requirements related to the development of a Work Plan and the timeframe for reaching full caseloads.

Maintain Fidelity to the Model

The LIA shall adhere to the Healthy Families America Best Practice Standards.

P.A. 291

The LIA shall comply with the provisions of Public Act 291 of 2012. See the MHVI Guidance Manual for requirements related to PA 291.

Staffing

The LIA's HFA home visiting staff will reflect the community served.

The LIA will provide documentation to demonstrate due diligence if unable to fully meet this requirement within 90 days of a MHVI site visit in which this was a finding.

See the MHVI Guidance Manual for requirements related to program staffing.

Comply with MHVI Program Requirements

The LIA shall operate the program with fidelity to the requirements of the MDHHS as outlined in the MHVI Guidance Manual.

Program Monitoring, Assessment, Support and Technical Assistance (TA)

The LIA shall fully participate with the Department and the Michigan Public Health Institute (MPHI) with regards to program development and monitoring (including annual site visits), training, support and technical assistance services. See the MHVI Guidance Manual for requirements related to program monitoring, assessment, support and TA.

Professional Development and Training

All of the LIA's HFA program staff associated with this funding will participate in professional development and training activities as required by both HFA and the Department. All LIA HFA program staff must receive HFA-specific training from a Michigan-based approved HFA training entity.

See the MHVI Guidance Manual for requirements related to professional development and training activities.

Supervision

The LIA shall adhere to the HFA supervision requirements of weekly 1.5 - 2 hour individual supervision per 1.0 FTE and pro-rated as allowed by the Best Practice Standards. Written policies and procedures shall specify how Reflective Supervision is included in, or added to, that time to ensure provision for each home visitor at a minimum of 1.0 hour per month.

Engage and Coordinate with Community Stakeholders

The LIA shall assure that there is a broad-based community advisory committee that is providing oversight for HFA.

The LIA shall build upon and maintain diverse community and target population collaboration and support.

The LIA shall participate in the Local Leadership Group (LLG) (if not the HFA community advisory committee) or, if none, the Great Start Collaborative.

See the MHVI Guidance Manual for requirements related to engagement and coordination with community stakeholders.

Data Collection:

The LIA shall comply with all HFA and MDHHS data training, collection, entry and submission requirements. See the MHVI Guidance Manual for requirements related to data collection.

Continuous Quality Improvement (CQI)

The LIA shall participate in all HFA quality initiatives including: research, evaluation and continuous quality improvement.

The LIA shall participate in all State and local Home Visiting CQI activities as required by MDHHS. Required activities include, but are not limited to:

- a. QI team participating in one Quality Improvement (QI) Learning Collaborative per fiscal year, with all required training, reporting requirements and deliverables.
- b. Conducting and completing two LIA-specific PDSA cycles per fiscal year, with all required reporting and deliverables.

See the MHVI Guidance Manual for requirements related to CQI.

Promotional Materials

If the LIA wishes to produce any marketing, advertising or educational materials, using contract funds, they must follow the requirements outlined in the MHVI Guidance Manual.

PROJECT TITLE: MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING INITIATIVE LOCAL HOME VISITING LEADERSHIP GROUP (MIECHVLLG)

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The purpose of the Local Leadership Group (LLG) is to support the development of a local home visiting system that leads to improvement and coordination of home visiting programs at the community or regional level.

Reporting Requirements (if different than agreement language):

The Grantee shall submit the following reports:

1. LLG Work Plans are due annually within two weeks of notification of application in E-GrAMS. Work Plan Reports must be submitted within 30 days after the end of each quarter (January 30, April 30, July 30, and October 30) and include detailed and specific activities that have taken place during the quarter. Work Plan reports should be submitted to the Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov. See the Michigan Department of Health and Human Services (MDHHS) Home Visiting Guidance Manual for specific details regarding what must be provided in the reports.
2. Any such other information as specified in the Work Plan shall be developed and submitted by the Grantee as required by the Contract Manager.
3. See the MDHHS Home Visiting Guidance Manual for specific CQI reporting requirements which include monthly data tracking and PDSA cycle updates (due the 15th of each month) and Story Board and Team Charter submissions.
4. Any other required reports or information are to be submitted electronically to the Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov. This includes staff changes which are due within 30 days of a staffing change and should be incorporated into the budget and face-sheet during the next amendment cycle as appropriate. The face-sheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director identified in E-GrAMS can make the face-sheet changes once the agreement is available to be amended.
5. The Contract Manager shall evaluate the reports submitted as described for their completeness and adequacy.
6. The Grantee shall permit the Department or its designee to visit and make an evaluation of the project as determined by the Contract Manager.

Any additional requirements (if applicable):

Comply with MDHHS Home Visiting Program Requirements:

The Grantee shall operate the program with fidelity to the requirements of the MDHHS as outlined in the MDHHS Home Visiting Guidance Manual.

1. The LLG will work with the MDHHS contractors: Early Childhood Investment Corporation (ECIC) and the Michigan Public Health Institute (MPHI). See the MDHHS Home Visiting Guidance Manual for details related to working with ECIC and MPHI.
2. The LLG will continue the following efforts started in previous years:
 - a. Ensure recruitment and participation of both required and strongly encouraged LLG representatives.
 - b. Integrate parent leaders as active members of the LLG. Membership on the LLG CQI team must include a parent leader. This includes their attendance at local CQI meetings and the three LLG Grantee meetings.
 - c. Implement one strategy from the respective community's local Home Visiting Continuum of Models Project Plan.
 - d. Participate in the LLG Quality Improvement Learning Collaborative to identify strategies and activities for the purposes of improving outreach and enrollment in evidence-based home visiting.
 - e. Implement one goal from the community's Sustainability Plan.

See the MDHHS Home Visiting Guidance Manual for requirements related to LLG membership/participation, development of CQI strategies, as well as the implementation of Continuum and Sustainability Plans.

Funding Requirements:

The funding can be used to:

- a. Enable the LLG to pay for staff support.
- b. Financially support LLG parent leaders to attend the Michigan Home Visiting Conference.
- c. Financially support LLG members, including parent leaders, to be part of the LLG.
- d. Carry out MIECHV activities as specified in this agreement.

Promotional Materials

If the LLG wishes to produce any marketing, advertising, or educational materials using grant agreement funds, they must follow the requirements as outlined in the MDHHS Home Visiting Guidance Manual.

PROJECT TITLE: MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING INITIATIVE RURAL LOCAL HOME VISITING LEADERSHIP GROUP (MHVRLH) and MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING INITIATIVE RURAL LOCAL HOME VISITING GROUP 3 (MHVRLH3)

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The purpose of the Local Leadership Group (LLG) is to support the development of a local home visiting system that leads to improvement and coordination of home visiting programs at the community or regional level.

Reporting Requirements (if different than agreement language):

The Grantee shall submit the following reports:

1. LLG Work Plans are due annually within two weeks of notification of application in E-GrAMS. Work Plan Reports must be submitted within 30 days after the end of each quarter (January 30, April 30, July 30, and October 30) and include detailed and specific activities that have taken place during the quarter. Work Plan reports should be submitted to the Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov. See the Michigan Department of Health and Human Services (MDHHS) Home Visiting Guidance Manual for specific details regarding what must be provided in the reports.
2. Any such other information as specified in the Work Plan shall be developed and submitted by the Grantee as required by the Contract Manager.
3. See the MDHHS Home Visiting Guidance Manual for specific CQI reporting requirements which include: monthly data tracking and PDSA cycle updates (due the 15th of each month) and Story Board and Team Charter submissions.
4. Any other required reports or information are to be submitted electronically to the Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov. This includes staff changes which are due within 30 days of a staffing change and should be incorporated into the budget and face-sheet during the next amendment cycle as appropriate. The face-sheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director identified in E-GrAMS can make the face-sheet changes once the agreement is available to be amended.
5. The Contract Manager shall evaluate the reports submitted as described for their completeness and adequacy.
6. The Grantee shall permit the Department or its designee to visit and make an evaluation of the project as determined by the Contract Manager.

Any additional requirements (if applicable):

Comply with MDHHS Home Visiting Program Requirements:

The Grantee shall operate the program with fidelity to the requirements of the MDHHS, as outlined in the MDHHS Home Visiting Guidance Manual.

1. The LLG will work with the MDHHS contractors: Early Childhood Investment Corporation (ECIC) and the Michigan Public Health Institute (MPHI). See the MDHHS Home Visiting Guidance Manual for details related to working with ECIC and MPHI.
2. The LLG will continue the following efforts started in previous years:
 - a. Ensure recruitment and participation of both required and strongly encouraged LLG representatives.
 - b. Integrate parent leaders as active members of the LLG. Membership on the LLG CQI team must include a parent leader. This includes their attendance at local CQI meetings and the three LLG Grantee meetings.
 - c. Implement one strategy from the respective community's local Home Visiting Continuum of Models Project Plan.
 - d. Participate in the LLG Quality Improvement Learning Collaborative to identify strategies and activities for the purposes of improving outreach and enrollment in evidence-based home visiting.
 - e. Implement one goal from the community's Sustainability Plan.

See the MDHHS Home Visiting Guidance Manual for requirements related to LLG membership/participation, development of CQI strategies, as well as the implementation of Continuum and Sustainability Plans.

Funding Requirements:

The funding can be used to:

- a. Enable the LLG to pay for staff support.
- b. Financially support LLG parent leaders to attend the Michigan Home Visiting Conference.
- c. Financially support LLG members, including parent leaders, to be part of the LLG.
- d. Carry out MIECHV activities as specified in this agreement.

Promotional Materials

If the LLG wishes to produce any marketing, advertising, or educational materials using grant agreement funds, they must follow the requirements as outlined in the MDHHS Home Visiting Guidance Manual.

PROJECT TITLE: NURSE FAMILY PARTNERSHIP (NFP) SERVICES

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

The Nurse Family Partnership (NFP) program offers families one-on-one home visits with a registered nurse. The model is grounded in human attachment, human ecology, and self-efficacy theories. Home visitors use model-specific resources to build on a parent's own interests to attain the model goals.

Reporting Requirements (if different than agreement language):

The Local Implementing Agency (LIA) shall submit all required reports in accordance with the Department reporting requirements. See the Michigan Home Visiting Initiative (MHVI) Guidance Manual for details about what must be included in each report.

1. Staff Roster: Within 30 days of the beginning of each fiscal year and within 30 days of a staffing change. Staff changes should be submitted electronically to the Michigan Department of Health and Human Services (MDHHS) Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov and incorporated into the budget and face-sheet during the next amendment cycle as appropriate. The face-sheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director in E-GrAMS can make the face-sheet changes once the agreement is available to be amended.
2. NFP Work Plan that includes a community Outreach Plan: Due annually within two weeks of notification of application in EGRAMS.
3. Family Stories: At a minimum, one home visiting experience, as told from the perspective of a currently enrolled family, due within 30 days of the end of the first or third quarter (January 30 or July 30).
4. Medicaid Outreach Report (Berrien, Calhoun, Kalamazoo and Kent only): Due within 30 days of the end of each quarter.
5. Work Plan Reports: Must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30 and October 30) and include detailed and specific activities that have taken place during the quarter including updates regarding the Outreach Plan.

All reports (1-5) and information shall be submitted electronically to the MHVI mailbox at MDHHS-HVInitiative@michigan.gov .

6. Implementation Monitoring Date and HRSA data collection requirements on the 5th business day of each month.
7. Continuous Quality Improvement reporting for the Learning Collaborative due the 15th of each month.

8. Continuous Quality Improvement reporting for LIA-specific projects due by the 15th of the next month following the end of the quarter (January 15, April 15, July 15 and October 15).

All reports (6-8) shall be submitted to the appropriate MPHI staff, as designated in the MHVI Guidance Manual.

Any additional requirements (if applicable):

Maintain Fidelity to the Model:

The LIA shall adhere to the Nurse Family Partnership National Service Office (NSO) program standards and operate the program with fidelity to the NSO Application Review Team Approved Implementation Plan.

P.A. 291:

The LIA shall comply with the provisions of Public Act 291 of 2012. See the MHVI Guidance Manual for requirements related to PA 291.

Comply with MHVI Program Requirements:

The LIA shall operate the program with fidelity to the requirements of the MDHHS as outlined in the MHVI Guidance Manual.

Staffing:

The LIA's NFP home visiting staff will reflect the community served. The LIA will provide documentation to demonstrate due diligence if unable to fully meet this requirement, within 90 days of a MHVI site visit in which this was a finding. See the MHVI Guidance Manual for requirements related to program staffing.

Target Population:

Michigan is using NFP as a specialized home visiting service strategy for low income, first-time mothers whose population group contributes to the community's excess pre-term births (based on the Kitagawa analysis provided by MDHHS). This specialized service strategy is a focused way of using limited resources, directing them to the most at-risk populations. The LIA will conduct outreach activities to the population group identified in their Kitagawa analysis, in order to enroll families from those outreach efforts.

The MDHHS expects LIAs to maintain a caseload capacity of 25 families per 1.0 FTE. See the MHVI Guidance Manual for requirements related to the development of a Work Plan and timeframe for reaching full caseloads.

Program Monitoring, Assessment, Support and Technical Assistance (TA):

The LIA shall fully participate with the NFP NSO, the Department, and the Michigan Public Health Institute (MPHI) with regards to program monitoring (including annual site visits), assessment, support and technical assistance services. See the MHVI Guidance Manual for requirements related to program monitoring, assessment, support and TA.

Professional Development and Training:

All of the LIA's NFP staff associated with this funding will participate in professional development and training activities, as required by both NFP and the Department. See the MHVI Guidance Manual for requirements related to professional development and

training activities.

Supervision:

The LIA shall adhere to the NFP supervision requirements.

Engage and Coordinate with Community Stakeholders:

The LIA shall assure that there is a broad-based community advisory committee that is providing oversight for NFP.

The LIA shall build upon and maintain diverse community and target population collaboration and support.

The LIA shall participate in the Local Leadership Group (LLG) (if not the NFP community advisory body) or, if none, the Great Start Collaborative.

See the MHVI Guidance Manual for requirements related to engagement and coordination with community stakeholders.

Data collection:

The LIA shall comply with all NFP and MDHHS data training, collection and entry, and submission requirements. See the MHVI Guidance Manual for requirements related to data collection.

Continuous Quality Improvement (CQI):

The LIA shall participate in all NFP quality initiatives including research, evaluation and continuous quality improvement.

The LIA shall participate in all State and local Home Visiting CQI activities, as required by MDHHS. Required activities include, but are not limited to:

1. QI team participates in one Quality Improvement (QI) Learning Collaborative per fiscal year, with all required training, reporting requirements and deliverables.
2. Conduct and complete two LIA specific PDSA cycles per fiscal year, with all required reporting and deliverables.

See the MHVI Guidance Manual for requirements related to CQI.

Work Plan Requirements:

Within two weeks of notification of the application, the LIA must submit a Work Plan (inclusive of an Outreach Plan and outlining all program activities) to the MHVI mailbox at MDHHS-HVInitiative@michigan.gov . See the MHVI Guidance Manual for requirements related to Work Plans.

Promotional Materials:

If the LIA wishes to produce any marketing, advertising or educational materials, using contract funds, they must follow the requirements outlined in the MHVI Guidance Manual.

PROJECT TITLE: PFAS Response

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

PFAS response capacity encompasses educational outreach such as but not limited to education regarding testing and results, and interim provision of filtration systems or alternate source(s) of water until a permanent solution can be identified and implemented, as resources allow, or a determination is made by MDHHS Division of Environmental Health that filtration or alternate water is no longer recommended or advised.

Local Health Departments requesting funds for PFAS response will provide an estimated budget, as well as a description of expenses on forms DCH-385 and -386.

PFAS response funds are not capacity building funds but are limited-term funding to achieve a critical public health response on behalf of the MDHHS for environmental public health needs related to PFAS.

Eligible Expenses Include:

- Filters, cartridges, and installation by a plumber licensed in the State of Michigan;
- Bottled water, as need is determined by MDHHS Division of Environmental Health for exceedances until the filter is installed;
- Mileage;
- Supplies;
- Other items as need is determined, such as public meeting venue rental or phone bank expenses; and
- Staff time and fringe dedicated to PFAS response in association with interim response.
 - Eligible staff activities for PFAS response include filtration system distribution and installation, bottled water distribution, home visits, organizing and hosting town hall meetings or other public education, phone banks, or water sample collection when directed by MDHHS Division of Environmental Health.
- Other expenses that are not on this list must receive prior approval by DEH before submission to Local Health Services. Any deviation or amendment to existing PFAS response projects requires DEH approval. Local Health Departments submit all budget requests to DEH health educators for approval.

Ineligible expenses include:

- Indirect costs;
- Training;
- Association membership fees; and
- Travel not associated with direct PFAS service delivery.

Reporting Requirements (if different than agreement language):

Grantees are required to report by Thursday at noon each week the number of filtration systems installed since the last report, number of water cooler systems (as instructed by MDHHS/DEH) installed since the last report, and number of filter replacements/cooler extensions since the last report that are paid under this contract. A reporting template will be provided separately.

The Grantee will submit all staff time related to the project quarterly via attachment to the quarterly FSR and provide a summary of work accomplished in scope of their initial proposal.

Submit reports to Thomas Franke, MDHHS Division of Environmental Health via email at franket@michigan.gov

When providing temporary water assistance to residents, Grantees are asked to obtain acknowledgement of receipt of assistance from the resident. Sample acknowledgement language is available from MDHHS Division of Environmental Health. If the resident's acknowledgement cannot be obtained, Grantees are required to record the following information, where available:

- Name of water assistance recipient
- What type of assistance was provided to the recipient
- Name of grantee employee who spoke with assistance recipient
- Address of residence with PFAS detection
- Time and date of delivery
- Name and address of residents refusing alternate water

Please note that an acknowledgement form or tracking of filter receipt is NOT intended to be a barrier to provision of water assistance.

Any additional requirements (if applicable):

PROJECT: Public Health Emergency Preparedness

Beginning Date: 10/1/2019

End Date: 6/30/2020

Project Synopsis

As a Grantee of funding provided through the Centers for Disease Control and Prevention (CDC) National Bioterrorism Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreement, each Grantee shall conduct activities to build preparedness and response capacity and capability. These activities shall be conducted in accordance with the HPP/PHEP Cooperative Agreement guidance for 2019-2020 plus any and all related guidance from the CDC and the Department that is issued for the purpose of clarifying or interpreting overall program requirements.

Reporting Requirements (if different than contract language)

- Recipients are required to submit a 9-month (October 1 to June 30) budget and a 3-month (July 1 to Sept 30) for both Base PHEP and CRI funding, including the 10% MATCH for those periods (see below for detail regarding Match). Submitted to MDHHS-BETP-DEPR-PHEP@michigan.gov by May 1, 2019.
- - Recipients provide the required 10% MATCH for July 1, 2019 through September 30, 2019 and October 1, 2019 through June 30, 2020. Recipients are required to submit a letter (on agency letterhead) stating the source, calculation and narrative description of how the match was achieved, unless said match is met using local dollars. This was due with the narrative budget submission to the Department – DEPR.
- ALL activities funded through the PHEP cooperative agreement must be completed between July 1, and June 30, and all BP1S funding must be obligated by June 30, 2020 and activity completed by the August 15, 2020 FSR submission deadline.
- The final Financial Status for funding period ending June 30 reports MUST be submitted in the MI E-Grants system for this funding source no later than August 15, 2020.
- Recipients must submit required PHEP program data and reports by the stated deadlines. This includes, but is not limited to, progress reports, performance measure data reports, National Incident Management System (NIMS) compliance

reports, updated emergency plans, budget narratives, Financial Status Reports (FSR), etc. Failure to do so will constitute a benchmark failure. All deliverables must be submitted by the designated due date in the Grantee BP1S work plan.

- Recipients must maintain National Incident Management System (NIMS) compliance as detailed in the LHD work plan and submit annually to the Department – DEPR per the LHD BP1S work plan.
- Each subrecipient Grantee must retain program-related documentation for activities and expenditures consistent with Title 2 CFR Part 200; Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, to the standards that will pass the scrutiny of audit.

Any additional requirements (if applicable)

All Grantee activities shall be consistent with all approved Budget Period 1 Supplemental (BP1S) work plan(s) and budget(s) on file with the Department through the MI E-Grants system. In addition to these broad requirements, the Grantee will comply with the following:

- One (1) full time equivalent (FTE) emergency preparedness coordinator (EPC), as a point of contact. In addition to the Grantee health officer, the EPC shall participate in collaborative capacity building activities of the HPP/PHEP Cooperative Agreement, all required reporting and exercise requirements and in regional Healthcare Coalition (HCC) initiatives. Any changes to this staffing model must be approved by the Public Health Emergency Preparedness Program Manager at the Division of Emergency Preparedness and Response (517-335-8150).
- Under the alignment of the HPP and PHEP cooperative agreements, Grantee's must partner with the Regional Healthcare Coalition (HCC) and support HCC initiatives to ensure that healthcare organizations receive resources to meet medical surge demands. Working well together during a crisis is facilitated by meeting on a regular basis. To this end, EPCs, supported by CDC PHEP are required to participate in and support regional HCC initiatives. In addition, the EPC or designee is required to attend regional HCC planning or advisory board meetings.
- There are a number of special initiatives, projects, and/or supplemental funding opportunities that are facilitated under this cooperative agreement. For example,

the Cities Readiness Initiative (CRI) performance and evaluation initiatives. Each Grantee that is designated to participate in any of these types of supplemental opportunities is required to comply with all CDC and the Department – Division of Emergency Preparedness and Response (DEPR) guidance, and all accompanying work plan and budgeting requirements implemented for the purpose of subrecipient monitoring and accountability. Some or all supplemental opportunities may require separate recordkeeping of expenditures. If so, this separate accounting will be identified in separate project budgets in the MI E-Grants system. These supplemental opportunities may also require additional reporting and exercise activities.

- All budget amendments to the Division of Emergency Preparedness and Response (DEPR) for review prior to submitting them in the MI E-Grants system. Budget amendments that contain line items deviating more than 15% or \$10,000 (whichever is greater) from the original budgeted line item must be approved by DEPR prior to implementation via email to MDHHS-BETP-DEPR-PHEP@michigan.gov.
- Supplantation is the replacement of non-federal funds with federal funds to support the same activities. The Public Health Service Act, Title I, Section 319(c) specifically states, “SUPPLEMENT NOT SUPPLANT. – Funds appropriated under this section shall be used to supplement - not supplant - other federal, state, and local public funds provided for activities under this section.” This law strictly and expressly prohibits using cooperative agreement funds to supplant any current state or local expenditures.
- In response to repeated communications from CDC strongly urging states to ensure all funds are spent each year a threshold has been established to limit the amount of unspent funds. A maximum of 2% of the Grantee allocation or \$3,000 (whichever is greater) of unspent funds is allowable each budget period. Failure to meet this requirement, or misuse of funds, will affect the amount that is allocated in subsequent budget periods.

Unallowable Costs

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds for construction or major renovations.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$187,000 per year.
- Recipients may use funds only for reasonable program purposes, including travel, supplies, and services.
- Recipients may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
- HPP and PHEP funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of items that can be reissued, such as vests, may be allowable.
- HPP and PHEP funds may not be used to purchase or support (feed) animals for labs, including mice. Any requests for such must receive prior approval of protocols from the Animal Control Office within CDC and subsequent approval from the CDC OGS as to the allowable of costs.

- Recipients may not use funds to purchase a house or other living quarters for those under quarantine.
- HPP and PHEP recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.
- PHEP recipients cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- PHEP recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.
- PHEP recipients can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
- PHEP recipients can use funds to purchase caches of medical or non-medical Counter measures for use by public health first responders and their families to ensure the health and safety of the public health workforce.
- PHEP recipients can use funds to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.¹⁰

Audit Requirement

A grantee may use its Single Audit to comply with 42 USC 247d – 3a(j)(2) if at least once every two years the awardee obtains an audit in accordance with the Single Audit Act (31 USC 7501 – 7507) and Title 2 CFR, Part 200 Subpart F; submits that audit to and has the audit accepted by the Federal Audit Clearinghouse; and ensures that applicable PHEP CFDA number 93.069 are listed on the Schedule of Expenditures of Federal Awards (SEFA) contained in that audit.

Administrative preparedness

- During BP1S, Recipients must continue to strengthen and test its administrative preparedness plan, to include written policies, procedures, and/or protocols that address the following:
 - Expedited procedures for receiving emergency funds during a real incident or exercise
 - Expedited processes for reducing the cycle time for contracting and/ or procurement during a real emergency or exercise

- Internal controls related to subrecipient monitoring and any negative audit findings resulting from suboptimal internal controls;
- Emergency authorities and mechanisms to reduce the cycle time for hiring and/ or reassignment of staff (workforce surge).
- All administrative preparedness planning activities should be considered in coordination with healthcare systems, law enforcement, and other relevant stakeholders as appropriate.
- The Pandemic and All Hazards Preparedness Reauthorization Act (PAHPRA) of 2013 requires the withholding of amounts from entities that fail to achieve PHEP benchmarks. The following PHEP benchmarks have been identified by CDC and the Department -DEPR for the Fiscal Year:
 - Demonstrated adherence to all PHEP application and reporting deadlines.
 - Demonstrated capability to receive, stage, store, distribute, and dispense medical countermeasures (MCM) I during a public health emergency, per the BP1S Grantee Work Plan.

Pandemic Influenza Preparedness plans

Further guidance will be included in the Grantee PHEP Work Plan.

Benchmark Failure

Awardees are expected to “substantially meet” the PAHPRA benchmarks. Per the Cooperative Agreement, failure to do so constitutes a benchmark failure, which carries an allowable penalty withholding of funds. Failure to meet any one of the two benchmarks and/or the spending threshold is considered a single benchmark failure. Any awardee (or sub-awardee) that does not meet a benchmark, and/or the spending threshold will have an opportunity to correct the deficiency during a probationary period. If the deficiency is not corrected during this period, the awardee is subject to a 10% withholding of funds the following budget period. Failure to meet the pandemic influenza plan requirement constitutes a separate benchmark failure and is also subject to a 10% withholding. The total potential withholding allowable is 20% the first year. If the deficiency is not corrected, the allowable penalty withholding increases to 30% in year two and 40% in year three.

Regional Epidemiology Support:

For those Recipients receiving additional funds to provide workspace for Regional Epidemiologists, the grantee must provide adequate office space, telephone connections, and high-speed Internet access. The position must also have access to fax and photocopiers.

PROJECT TITLE: Regional Perinatal Care System

Start Date: 10/01/2019

End Date: 09/30/2020

Project Synopsis:

The aim of the Regional Perinatal Quality Collaboratives (RQPCs) is to develop data-driven innovative strategies that are tailored to the strengths and challenges of each region to address preterm birth, very low birth weight and low birth weight, as well as maternal and infant mortality. Furthermore, RPQCs ensure statewide alignment with the strategies and goals outlined in the Michigan Mother Infant Health and Equity Improvement Plan (MIHEIP) and are tasked with addressing disparities in birth outcomes and health inequities. Each RPQC engages cross-sector, diverse stakeholders and implement evidence-based interventions utilizing the Population Health Model and quality improvement methodology.

Reporting Requirements (if different than agreement language):

The Grantee shall submit the following reports on a quarterly basis:

- Report on Aim statement, measures and corresponding outcomes, as identified by the grantee and MDHHS, on a quarterly basis;
- RPQCs will submit quarterly narrative reports summarizing efforts of member agency activities, including participation and status of other MDHHS initiatives and the composition and number of attendees at each Collaborative meeting. This report will be submitted with the quarterly progress report to the Contract Manager via email, GoergeE@michigan.gov. A template for the narrative report will be provided.
- RPQC's will be required to report on the number of participants with 'active membership' in their quarterly progress reports. See definitions below for what qualifies as 'active membership'.

Any such other information as specified above shall be developed and submitted by the Grantee as required by the Contract Manager

Any additional requirements (if applicable):

- In alignment with the Regional Perinatal Quality Collaborative's (RPQC) role of authentically engaging families and convening diverse stakeholders, the Collaborative must be comprised of a multi-stakeholder and diverse membership; ensuring to recruit faith-based organizations, families, clinicians, Medicaid Health Plans, community-based organizations, business partners, and etcetera;
- MDHHS stresses the importance of garnering the input and feedback of families most impacted by adverse birth outcomes. Therefore, beginning fiscal year 2020, there must be family representation in the RPQC's membership.
 - Family engagement is essential to the success of the RPQCs and can be fostered via various avenues, for example: family groups through Great Start Collaborative and Children Special Health Care Services, community centers, local churches, focus groups, parent panel and etcetera
- RPQCs are expected to convene periodic (with frequency of at least quarterly) collaborative meetings, inclusive of diverse regional partners, to garner feedback and discussion, including but not limited to, regional maternal and infant vitality concerns, review of data, analysis of gaps in care and birth outcomes, quality improvement efforts, alignment with the Mother Infant Health and Equity Improvement Plan and etcetera
 - The collaborative meetings are to be in addition to any leadership or steering team meetings that the RPQC may choose to convene as oversight for the RPQC.

❖ Definitions

Active membership is defined as attending a minimum of 2 Collaborative meetings, participating in RPQC quality improvement efforts, reporting out on their respective agency's efforts related to maternal and infant mortality, and etcetera

Family active membership is defined as a family presence at a minimum of 2 Collaborative meetings and/or garnering family input at least twice per fiscal year

Membership must include:

- Families
- Clinicians
- Community-based organizations
- Local public health
- Medicaid health plans
- Faith-based organizations
- Business partners

- Others
- To ensure regional stakeholders are aligned with the Mother Infant Health and Equity Improvement Plan (MIHEIP), each Collaborative should have dedicated time during meetings for members to share updates, as well as time for reporting out on participation in other Statewide initiatives, for example: MI AIM and MICCA.
- The names and titles of the RPQC leadership, and the Quality Improvement project team leads, for fiscal year 2020 must be identified on the work plans submitted to the Contract Manager via email, GoergeE@michigan.gov;
- Selected quality improvement objective(s), and corresponding evidence-based intervention(s), must align with the MIHEIP.
- As the RPQCs are a conduit to the community, and backbone organization of the MIHEIP, the region must provide two attendees (at least one representing the leadership team) at all Mother Infant Health and Equity Collaborative (MIHEC) meetings.
 - In-person attendance is required, unless prior approval received from State consultant.
 - Each region will be required to report on their quality improvement measures and outcomes at one of the quarterly MIHEC meetings.

Budget Allowances

To ensure most of the awarded funding is funneled into the community for quality improvement efforts:

- Budgets line items for external consultants must be capped at 25% of total budget for contractors/consultants, who have been hired as subject matter experts
- Budgets must be capped at 75% of total budget for contractors hired to carry out the quality improvement tasks of the collaborative.
- ❖ **All quality improvement efforts must:**
 - Be inclusive of addressing health disparity and equity
 - Utilize the Population Health Model framework
 - Be data-driven

- Utilize evidence-based interventions
- RPQCs are required to provide representation at other MIHEIP-related MDHHS meetings. For example:
 - Each region must send a team to the Statewide Perinatal Learning Collaborative; focusing on low birth weight (LBW), premature birth or preventable maternal and infant deaths.
- For the purposes of the Statewide Perinatal Learning Collaborative, 'team' is defined as the group of individuals (ideally 2-4 people) directly involved in implementing the quality improvement efforts of their respective region
- Timely submission of data and other materials to the quality improvement consultants is expected.
- At least two members of the RPQC leadership team are required to attend the bi-annual State Perinatal Quality Collaborative meetings.
- In-person attendance is required, unless prior approval received from State consultant.
- Regional collaborative leadership is expected to work collectively with assigned State consultant and other members of the MIHEIP team.

PROJECT TITLE: SEAL! Michigan Dental Sealant

Start Date: 10/01/2019

End Date: 09/30/2020

Project Synopsis

To implement SEAL! MI school-based/school-linked dental sealant program. SEAL! MI provides free dental sealants to families with students in the 1st, 2nd, 6th, 7th grades (lower MI), and all grades in upper MI and Wayne County, in the convenience of the school and with safety in mind.

Reporting Requirements (if different than agreement language)

- The annual workplan must be uploaded into EGrAMS in addition to the budget. The workplan, at a minimum, must include:
 - Measurable SMART objectives, associated activities, and timeframes.
 - Name and credentials of who will be completing the work under SEAL! MI. Include in-kind time.
 - How many schools will be services in that fiscal year, how many students will be seen, how many sealants will be placed, and how many students will receive oral health education.
 - Include the retention check commitment and plan.
 - There must be an overarching commitment to safe practice (OHSA compliance, infection control measures), explaining what will be done, when, and who the infection control coordinator is who will be on site and what qualifications do they have for this role. Include language about submitting the OSAP Infection Control Checklist to the SEAL! MI coordinator by Oct 15th.
 - Address what health education will be completed with the students.
 - Address how emergency situations will be addressed, explain mandated reporting plan. Name who is responsible for this and the timeframe that it will be completed by.
- The Quarterly Report document needs to be completed and attached directly into EGrAMS within 15 days post the end of each quarter in the fiscal year.

- The OSAP Infection Control Checklist must be completed annually and uploaded into EGrAMS.

Any additional requirements (if applicable):

PROJECT TITLE: Sexually Transmitted Disease (STD) Control

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

Sexually Transmitted Diseases (STDs) result in excessive morbidity, mortality, and health care cost. Women, especially those of child-bearing age, and adolescents are particularly at risk for negative health outcomes. Local health STD programs ensure prompt reporting of cases, provide screening and treatment services for Michigan's citizens, and respond to critical morbidity increases in their jurisdiction.

Reporting Requirements (if different than agreement language):

Report	Period	Due Date(s)	How to Submit Report
Clinic Activity Report	Quarterly	10 days after the end of the quarter	STD Section
STD 340B Tracking Report	Quarterly	10 days after the end of the quarter	Email to: MDHHS- HIVSTDoperations@michigan.gov

Any additional requirements (if applicable):

Grant Program Operation

1. For medical providers that identify 5% or more of the County's gonorrhea, chlamydia, and/or syphilis morbidity, the local STD program will contact them at least annually to review provider screening, reporting, treatment, and partner management methods.
2. Participate in technical assistance/capacity development, quality assurance, and program evaluation activities as directed by Division of HIV and STD Programs/Sexually Transmitted Disease (DHSP/STD).
3. Implement program standards and practices to ensure the delivery of culturally, linguistically, and developmentally appropriate services. Standards and practices must address sexual minorities.

4. For gonorrhea and chlamydia cases in the Michigan Disease Surveillance System, 50% shall be completed within 30 days and 60% within 60 days from the date of specimen collection
5. For gonorrhea and chlamydia cases, develop plans to respond to issues in quality, completeness, and timeliness.
6. If funded with Preventive Block Grant funds, the health department:
 - Between October 1 and September 30, will conduct STD presentations to adolescents and young adults in area middle schools and high schools.
 - Between October 1 and September 30, will conduct provider outreach and training. This activity will help reduce syphilis, gonorrhea, and chlamydia through improved client adherence to provider messages about testing, treatment, risk reduction, and partner management.
 - MDHHS will determine the number of presentations per health department.

Mandatory Disclosures

1. Inform DHSP/STD at least two weeks prior to changes in clinic operation (hours, scope of service, etc.).

PROJECT TITLE: Sexually Transmitted Disease (STD) Specialty Services

Start Date: 10/1/19

End Date: 9/30/20

Project Synopsis:

The purpose of this project is to provide specialty STD clinical service with a focus on the LGBTQ+ community.

Reporting Requirements (if different than agreement language):

Report	Period	Due Date(s)	How to Submit Report
Quarterly Progress Report	Quarterly	30 days after the end of the quarter	Email to: MDHHS-HIVSTDoperations@michigan.gov

Any additional requirements (if applicable):

N/A

PROJECT: Tuberculosis Control

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

Each Grantee as a sub-recipient of the CDC Tuberculosis Elimination Cooperative Agreement shall conduct activities for the purposes of tuberculosis control and elimination.

- Funds may be used to support personnel, purchase equipment and supplies, and provide services directly related to core TB control front-line activities, with a priority emphasis on DOT (Directly Observed Therapy) and electronic DOT, case management, completion of treatment and contact investigations.
- Funds may also be used to support incentive or enabler offerings to mitigate barriers for patients to complete treatment.
- Disallowed Costs: Federal (CDC) guidelines prohibit the use of these funds to purchase anti-tuberculosis medications or to pay for inpatient services.
- Examples of appropriate incentive/enabler offerings include retail coupons, public transit tickets, food, non-alcoholic beverages, or other goods/services that may be desirable or critical to a particular patient.

For more information and suggested uses of incentive/enabler options, refer to CDC's Self-Study Module #9, Enhancing Adherence to Tuberculosis Treatment at <http://www.cdc.gov/tb/education/ssmodules/module9/ss9reading3.htm>.

Reporting Requirements (if different than contract language)

DOT Logs are maintained on site and available if needed. All other data must be entered into MDSS as stipulated in contract specific requirements.

Ensure that confidential public health data is maintained and transmitted to the Department in compliance with applicable standards defined in the "CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Programs" <http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>

Any additional requirements (if applicable)

- Utilize DOT as the standard of care to achieve at minimum 80% of TB cases enrolled in DOT or electronic DOT (Jan 1- Dec 31).

- Document in Michigan Disease Surveillance System (MDSS) all changes to treatment regimen using the Report of Verified Case of Tuberculosis (RVCT) comments field (pg. 12), and completion of therapy using RVCT Follow-Up 2 (pg. 7).
- Maintain evidence of monthly DOT logs on site (to be made available if needed). Monthly submission of DOT logs is no longer required.
- Achieve at least 94% completion of treatment within 12 months for eligible TB cases. The determination of treatment completion is based on the total number of doses taken, not solely on the duration of therapy. Consult the most current ATS document *Treatment of Tuberculosis* for guidance in the number of doses needed and the length of treatment required following any interruptions in therapy.
- Maintain appropriate documentation on site (to be made available if needed). Document the appropriate use of expenditures for incentive and enablers for clients to best meet their needs to complete appropriate therapy.
- Ensure >90% completion of RVCT pages 1 - 6 in MDSS within one month of diagnosis.

Unallowable Costs per federal guidelines

- Funds cannot be used for procurement of anti-tuberculosis medications.
- Funds cannot be used for research.
- Funds cannot be used for inpatient services

PROJECT: WEST NILE VIRUS COMMUNITY SURVEILLANCE

Beginning Date: 5/1/20

End Date: 9/30/20

Project Synopsis

This agreement is intended to support the development of a low-cost surveillance system for the early detection of West Nile virus in mosquitoes at the community level, for the purpose of educating the public and healthcare providers, and preventing outbreaks. This information can be utilized by participating local health departments to notify its citizens and healthcare providers of any local transmission risk using education campaigns, press-releases and other means, and to potentially work with local municipalities to conduct mosquito population mitigation activities such as drain management, scrap-tire campaigns, breeding site removal, larviciding, and adulticiding. Requirements for participation in this program include providing for the placement of a minimum number of mosquito traps, operating for at least two “trap nights” per week, identifying mosquitoes, and weekly reporting to the Department of surveillance results (\$10,000).

Reporting Requirements (if different than contract language)

The Grantee shall submit weekly tables of surveillance data (template provided) documenting trap rates and disease detections to Stephanie McCracken, (McCrackenS@michigan.gov) and Rachel Potter (PotterR1@michigan.gov) at the MDHHS EZID Section.

Any additional requirements (if applicable)

Each Grantee as a sub-recipient of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Cooperative Agreement shall conduct activities for the purposes of West Nile virus (WNV) surveillance among mosquito populations in their jurisdiction. Funds may be used to support personnel and travel, to purchase equipment and supplies related to conducting mosquito surveillance in areas of historically high incidence of WNV, and to produce and/or distribute educational and other materials related to West Nile virus prevention and control.

Mosquito Surveillance (\$10,000):

- Minimum recommended mosquito traps for this project is 5 traps utilized per county, operating 2 nights per week for a total of 10 “trap nights” per week for approximately 16 weeks.
- Provide weekly reporting of surveillance results to the Department EZID Section (see contact information below).
- Use surveillance data to notify the public and healthcare providers of any risk related to WNV in mosquitoes in the jurisdiction.
- The total funds (\$10,000) allocated for this project to participating local health departments must be utilized prior to September 30.

The Department’s Emerging & Zoonotic Infectious Diseases (EZID) Section will provide the Grantee with the following support:

- Training for staff associated with the project (Spring 2020)
- Trapping equipment necessary to collect mosquitoes (traps, batteries, chargers)
- VecTOR test kits for the rapid, field detection of WNV
- Entomologic and epidemiologic support to guide trapping efforts

PROJECT TITLE: WISEWOMAN

Start Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis:

WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) is a program designed to screen women for chronic disease risk factors, counsel them about lifestyle changes to reduce risk factors, and refer them for medical treatment of hypertension, hyperlipidemia, and/or diabetes mellitus. This program will be based within Michigan's Breast and Cervical Cancer Control Program.

Reporting Requirements (if different than agreement language): n/a

Any additional requirements (if applicable):

A statewide database called MBCIS is maintained by MDHHS and the Cancer Prevention and Control Section (CPCS). Instructions for contractor use of MBCIS are provided in manuals for programs that contribute data to this database. The CPCS will exchange relevant program reports with appropriate contractors through a secure file transfer system, as noted in the same program manuals.

For specific WISEWOMAN Program requirements, refer to the most current WISEWOMAN Program Policies and Procedures Manual.

WISEWOMAN Entrepreneurial Gardening Program North Region Coordinator

Project Synopsis:

The Entrepreneurial Gardening Program North Region Coordinator will coordinate the Entrepreneurial Gardening Program in the Northern Lower Peninsula WISEWOMAN Counties, train participants in gardening skills and garden design, assist in the purchase of garden materials and supplies based on appropriated project budget, and coordinate trainings that strengthen participants understanding of sales and marketing skills at area farm markets for greatest impact.

Reporting Requirements (if different than agreement language):

The Entrepreneurial Gardening Program North Region Coordinator will provide updates on monthly Gardening Coordinator Conference Calls.

Any additional requirements (if applicable):

The WISEWOMAN Entrepreneurial Gardening Program North Region Coordinator funds will not be subject to the caseload performance requirement. Therefore, these funds will not be included in the settlement that may be required if screening levels do not meet the

caseload performance requirement.

WISEWOMAN Entrepreneurial Gardening Program

Project Synopsis:

The WISEWOMAN Entrepreneurial Gardening Program will work with current entrepreneurial gardeners to plan for the coming year and will recruit new participants into the program. The program will train participants in gardening skills and garden design, assist in the purchase of garden materials and supplies based on appropriated project budget, and coordinate trainings that strengthen participants understanding of sales and marketing skills at area farm markets for greatest impact.

Reporting Requirements (if different than agreement language):

The local Gardening Coordinator will provide updates on monthly Gardening Coordinator Conference Calls.

Any additional requirements (if applicable):

The WISEWOMAN Entrepreneurial Gardening Project will be subject to a 100% performance requirement. The Department will only reimburse for clients enrolled and participating in the Gardening Project. Any unused funds will be returned to the Department.

PROJECT: Women Infant Children (WIC)

WIC Breastfeeding

WIC Migrant

WIC Resident

Beginning Date: 10/1/2019

End Date: 9/30/2020

Project Synopsis

Reporting Requirements (if different than contract language)

- A Financial Status Report (FSR) must be submitted to the Department on a quarterly basis by deadlines as defined by MDHHS Expenditure Operations. Grantees shall (when requested) annually report expenditures on a supplemental form, if needed and required, to be provided by the Department and attached to the final Financial Status Report (FSR) which is due on November 30 after the end of the fiscal year through the MI E-Grants system.
- As part of the Breastfeeding Peer Counseling Grant, the Grantee must submit quarterly progress reports to the State Breastfeeding Peer Counselor Coordinator (or designee) by the 15th of the month following end of quarter.
- Funds allocated for the Breastfeeding Peer Counseling Program are exempt from the WIC Nutrition Education and Breastfeeding Time Study.

Additional Requirements

- The Grantee is required to comply with all applicable WIC federal regulations, policy and guidance.
- The Grantee is required to comply with all State WIC Policies.

- The Grantee is required to complete the NE and BF Time Study as instructed by the MDHHS WIC Program. Breastfeeding Peer Counseling grant, if supported with funds allocated through the WIC funding formula, must report as time study data.
- The Grantee must follow the allowable expense guidelines provided by USDA FNS for the Peer Counselor Grant.

The primary purpose of these funds is to provide breastfeeding support services through peer counseling to WIC participants. The Grantee must follow the staffing requirements as set forth in the Loving Support Model and through signed allocation letter for the Breastfeeding Peer Counseling Grant.

- Comply with the requirements of the WIC program as prescribed in the Code of Federal Regulations (7 CFR, Part 246) including the following special provisions from Part 246.6 (f)(1)(2):

(f) *Outreach/Certification In Hospitals.* The State agency shall ensure that each local agency operating the program within a hospital and/or that has a cooperative arrangement with a hospital:

(1) Advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services; and

(2) To the extent feasible, provides an opportunity for individuals who may be eligible to be certified within the hospital for participation in the WIC Program. [246.6(F)(1)].

- The Grantee in accordance with the general purposes and objectives of this agreement, will comply with the federal regulations requiring that any individual that embezzles, willfully misapplies, steals or obtains by fraud, any funds, assets or property provided, whether received directly or indirectly from the USDA, that are of a value of \$100 or more, shall be subject to a fine of not more than \$25,000.
- The Grantee is required to operate the Project FRESH Program within the guidelines as laid out in the “WIC Project FRESH Local Agency Guidebook”.
- The Grantee is required to abide by the Dissemination License Agreement between Michigan State University and Michigan Department of Health and Human Services for “Mothers in Motion.” Any use of these licensed materials in

the provision of program related services is subject to the terms and conditions outlined in the licensure agreement, which is included in Addendum 1, as reference.

WIC Resident Services/Migrant/Breastfeeding Peer Counseling Grant Training and Education Requirements:

The Grantee is required to comply with MI-WIC Policy 1.07L Staff Training Plan as detailed for applicable staff as it pertains to all State WIC training opportunities.

Dissemination License Agreement for "Mothers in Motion"
Between
Michigan State University
And
Michigan Department of Health and Human Services

This License Agreement ("Agreement"), effective as of October 16, 2015 ("Effective Date"), is made by and between Michigan State University, having offices at 325 E. Grand River, Suite 350, East Lansing, MI 48823 ("Licensor") and State of Michigan Department of Health and Human Services Women, Infants and Children, having offices at 320 S. Walnut, Lansing, MI 48913 ("Licensee") (individually a "Party" and collectively, the "Parties").

WHEREAS, Licensor has created the "Mothers in Motion" materials (herein, "Physical Materials"), MSU reference number TEC2015-0036 utilizing funds from a grant from the National Institutes of Health (NIH), grant number 1R18-DK083934-01A2 ("Grant").

WHEREAS, Licensor is the owner of certain rights, title and interest in the Physical Materials and has the right to grant licenses thereunder.

WHEREAS, Licensee wishes to license the Physical Materials for dissemination purposes and Licensor, in order to meet its obligations under the NIH grant, desires to grant such license to Licensee on the terms and conditions herein.

WHEREAS, Licensee wishes to obtain this Agreement in order to carry out the intent of their master agreement between Licensee and Licensor with an effective date of FY 2015-2016.

NOW THEREFORE, the parties agree as follows:

I. Definitions.

- a. "Physical Materials" shall mean all physical items listed in Schedule A.
- b. "Sublicenseable Materials" shall mean one electronic copy of the Physical Materials.
- c. "Materials Modification Guide" shall mean the specifications outlined in Schedule B.
- d. "Derivative Works" means all works developed by Licensee or Sublicensee which would be characterized as derivative works of the Physical Materials and/or Sublicenseable Materials under the United States Copyright Act of 1976, or subsequent revisions thereof, specifically including, but not limited to, translations, abridgments, condensations, recastings, transformations, or adaptations thereof, or works consisting of editorial revisions, annotations, elaborations, or other modifications thereof. The term "Derivative Work" shall not include those derivative works which are developed by Licensor.
- e. "Sublicense" means an agreement which may take the form of, but is not limited to, a sublicense agreement, memorandum of understanding, or special provisions added as an amendment to an existing agreement between Licensee and a Sublicensee in which Licensee grants or otherwise transfers any of the rights licensed to Licensee hereunder or other rights that are relevant to using the Sublicenseable Materials.

f. "Sublicensee" means any entity to which a Sublicense is granted.

1. Grant of License

1.1 Subject to the terms and conditions of this Agreement, to the extent that Licensee's rights to Physical Materials as a result of Licensor's grant of rights to the Federal Government in accordance with the terms and conditions of the Grant are insufficient for Licensee's activities hereunder, Licensor hereby grants to Licensee a nonexclusive, nontransferable, worldwide, license to use, perform, reproduce, publically display and create Derivative Works (as outlined in the Physical Materials Modification Guide) of the Physical Materials. Notwithstanding the foregoing, Licensee may only distribute the Physical Materials within Licensee managed locations within the state of Michigan. Licensee is not permitted to sell or receive consideration for any of the Physical Materials or reproductions of the Physical Materials.

1.2 Licensor grants Licensee the right to grant Sublicenses of its rights under Section 1.1 of the Sublicenseable Materials to Sublicensee for the sole purpose of placing the content contained in the Sublicenseable Materials on a website that is controlled by Sublicensee and that is access limited, password protected. Any Sublicense shall be in accordance with Article 3 below. Sublicensee may be granted the right to create Derivative Works of the Sublicenseable Materials limited to that which is described in the Materials Modification Guide and only to ensure that the Sublicenseable Materials meet - technical specifications necessary to place the content contained in the Sublicenseable Materials on Sublicensee's controlled website. Notwithstanding the foregoing, Sublicensee may create split-up lessons (meaning placing the content of a full-length lesson into multiple videos) of the full-length lessons contained in the DVD portion of the Sublicenseable Materials only in order to conform to the technical format of Sublicensee's website platform; the content, however, shall not be modified. Sublicensee is not permitted to sell or receive consideration for the Sublicenseable Materials in any format. Any content created solely by Sublicensee that supports the implementation of the Sublicenseable Materials shall be owned by Sublicensee. If a Derivative Work is created by Sublicensee, Sublicensee shall own their creative contribution to the Derivative Work and Licensor retain all copyright rights to the original Sublicenseable Materials contained in such Derivative Work. Licensee and Sublicensee may address ownership of Sublicensee's creative contribution to Derivative Works in the Sublicense agreement.

1.3 In such incidences where, for financial reasons, Licensee is not able to reproduce the label displayed on the original master copy of the DVD portion of the Physical Materials, Licensee must ensure that the entire content of the DVD portion of the Physical Materials are reproduced in its entirety so that the inclusion of the copyright notice, Licensor owned logos (including wordmark), grant number information, title of each lesson, and acknowledgements are maintained.

1.4 Except as provided in Section 1.2 and 1.3, Licensee will refrain, and shall require Sublicensees to refrain, from using the name of the Licensor in publicity or advertising without the prior written approval of Licensor. Notwithstanding the foregoing, Licensee may, without prior approval from Licensor, use Licensor's name in a manner that is (a) informational in nature (i.e. describes the existence, scope and/or nature of the relationship of the Parties and/or the fact that the Physical Materials were developed by Licensor), (b) does not suggest Licensor's endorsement of Licensee or its goods or services, (c) does not create the appearance that the source of the communication is Licensor or any party other than Licensee, and (d) otherwise consistent with the

terms of the Agreement.

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Except as described in Section 1.2 and 1.3 and this Section 1.4, the use of the name of the Licensor does not extend to any trademark, logo, or other name or unit of Licensor.

1.5 Licensor shall provide Physical Materials to Licensee by October 31, 2015. Licensor assumes no responsibility for distributing Physical Materials to the state of Michigan Licensee locations.

2. Licensor's Rights

2.1 Notwithstanding the rights granted in Article I hereof, Licensee acknowledges that all right, title and interest in the Physical Materials, including any copyright applicable thereto, shall remain the property of Licensor and/or the third party rights holders. With the exception of the portion contributed by Licensee or Sublicensee in a Derivative Work of the Physical Materials, Licensee or Sublicensee shall have no right, title or interest in the Physical Materials, including any copyright applicable thereto, except as expressly set forth in this Agreement.

2.2 Any rights not granted hereunder are reserved by Licensor and/or the third party rights holders.

2.3 As of Licensor's present knowledge, MSU Extension (which is a unit within Licensor) is the copyright holder of the pizza recipe included in the Physical Materials. If Licensor is notified that a third party is the copyright holder to the pizza recipe, Licensor will in good faith attempt to secure the copyright rights from the third party rights holder in order for Licensor, Licensee and Sublicensee to maintain using the Physical Materials as described in the Agreement herein. In the event Licensor is unable to secure such rights, Licensor will use reasonable efforts to identify a replacement for such third party material.

3. Sublicense

3.1 (a) Any Sublicense entered into hereunder (i) shall contain terms no less protective of Licensor's rights than those set forth in this Agreement, (ii) shall not be in conflict with this Agreement, and (iii) shall identify Licensor as an intended third party beneficiary of the Sublicense. Licensee shall provide Licensor with a complete electronic or paper copy of each Sublicense within thirty (30) days after execution of the Sublicense. Licensee shall provide Licensor with a copy of each report received by Licensee pertinent to any data produced by Sublicensee that would pertain to the report due under Section 4. Licensee shall be fully responsible to Licensor for any breach of the terms of this Agreement by a Sublicensee. Licensee and Sublicensee may address ownership of Sublicensee's creative contribution to Derivative Works in the Sublicense agreement.

(b) Upon termination of this Agreement for any reason, all Sublicenses shall terminate. If a Sublicensee was in compliance with the terms of its Sublicense in effect on the date of termination, Licensor may grant such Sublicensee that so requests, a license with terms and use rights as are acceptable to Licensor. In no event shall Licensor have any obligations of any nature whatsoever with respect to (i) any past, current or future obligations that Licensee may have had, or may in the future have, for the payment of any amounts owing to any Sublicensee, (ii) any past obligations whatsoever, and (iii) any future obligations to any Sublicensee beyond those set forth in the new license between Licensor and such Sublicensee.

4. Consideration

In consideration of the rights granted herein, Licensee will provide to Licensor two effectiveness and utilization data reports based on the use of the Physical Materials. One data report shall include: a) number of clients who access the Physical Materials lessons; h) number of times specific lessons are completed; c) number of unique users; d) client perceptions for usefulness and helpfulness of lessons; and e) client beliefs in relation to ability to make changes based on lesson completion and shall be due to Licensor two years from the Effective Date and one data report containing the same data as described above shall be due thirty (30) days after the end of the five (5) year term. The reports shall be sent to Mci-Wei.Chang@ht.msu.edu and msulagrr@msu.edu.

5. Diligence

Licensee shall use its reasonable efforts to disseminate the Physical Materials in a fashion that Licensee determines aligns with its mission in order to provide public benefit.

6. Term and Termination

6.1 This Agreement shall commence as of the Effective Date and shall extend for a period of five (5) years unless earlier terminated in accordance with paragraph 6.2 hereof.

6.2. In the event that either Party believes that the other has materially breached any obligation under this Agreement, such Party shall so notify the breaching Party in writing. The breaching Party shall have thirty (30) days from the receipt of notice to cure the alleged breach and to notify the non-breaching Party in writing that said cure has been effected. If the breach is not cured within said period, the non-breaching Party shall have the right to terminate the Agreement without further notice.

1.3 Effect of Termination.

6.3.1 Upon termination, Licensee shall cease using, distributing and displaying the Physical Materials, and shall confirm in writing to Licensor that the Physical Materials have either been returned to Licensor or have been destroyed (in Licensor's sole discretion). All Sublicenses shall terminate upon termination of this Agreement pursuant to Section 3(b).

6.3.2 Upon termination, the following provisions shall survive and remain in effect; 2.1; 4; 6.3; 8.

7. Representations and Warranties

7.1 Licensor and third parties hereby represent that it has full right, power and authority to enter into this Agreement and to provide the license of rights granted under this Agreement.

7.2 LICENSOR, INCLUDING ITS TRUSTEES, OFFICERS AND EMPLOYEES, MAKES NO REPRESENTATIONS OR WARRANTIES OF ANY KIND CONCERNING THE PHYSICAL MATERIALS AND SUBLICENSEABLE MATERIALS AND HEREBY DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT

LIMITATION, ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR NONINFRINGEMENT. LICENSEE ASSUMES THE ENTIRE RISK

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AND RESPONSIBILITY FOR THE SAFETY, EFFICACY, PERFORMANCE, DESIGN, MARKETABILITY AND QUALITY OF THE PHYSICAL MATERIALS AND SUBLICENSEABLE MATERIALS. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE PARTIES, INCLUDING THEIR OFFICERS AND EMPLOYEES, ACKNOWLEDGE THAT (A) THE PHYSICAL MATERIALS AND SUBLICENSEABLE MATERIALS AND DERIVATIVE WORKS ARE PROVIDED "AS IS";(B) NEITHER THE PHYSICAL MATERIALS NOR SUBLICENSEABLE MATERIALS MAY BE FUNCTIONAL ON EVERY MACHINE OR IN EVERY ENVIRONMENT; AND (C) THE PHYSICAL MATERIALS AND SUBLICENSEABLE MATERIALS ARE PROVIDED WITHOUT ANY WARRANTIES THAT IT IS ERROR-FREE OR THAT LICENSOR IS UNDER ANY OBLIGATION TO CORRECT SUCH ERRORS.

8. Limitation of Liability

8.1 Each Party acknowledges and represents that it will be responsible for any claim for personal injury or property damage asserted by a third party and arising out of or related to its acts or omissions in the performance of its obligations hereunder to the extent that a court of competent jurisdiction determines such Party to be at fault or otherwise legally responsible for such claim.

8.2 In no event shall either Party be liable to the other Party or to any third party, whether under theory of contract, tort or otherwise, for any indirect, incidental, punitive, consequential, or special damages, whether foreseeable or not and whether such Party is advised of the possibility of such damages.

9. Assignment and Transfer

Neither Party may assign, directly or indirectly, all or part of its rights or delegate its obligations under this Agreement without the prior written consent of the other Party.

10. Dispute Resolution

10.1 In the event of any dispute or controversy arising out of or relating to this Agreement or the subject matter hereof, the Parties shall use their best efforts to resolve the dispute as soon as possible. The Parties shall, without delay, continue to perform their respective obligations under this Agreement which are not affected by the dispute.

10.2 This Agreement and any disputes arising out of or relating to this Agreement shall be governed by and construed in accordance with the laws of the State of Michigan without regard to the conflicts of law provisions thereof. In any action to enforce this Agreement, the prevailing Party will be entitled to recover reasonable costs and attorneys' fees.

11. Force Majeure

Neither Party shall be liable for damages or subject to injunctive or other relief, or have the right to terminate this Agreement, for any delay or default in performance hereunder if such delay or default is caused by conditions beyond its control including, but not limited to, Acts of God or force majeure, government restrictions (including the denial or cancellation of any necessary license), wars,

insurrections and/or any other cause beyond the reasonable control of the Party whose performance is affected.

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12. Entire Agreement

This Agreement constitutes the entire agreement of the Parties and supersedes all prior communications, understandings and agreements relating to the subject matter hereof, whether orator written.

13. Amendment

No modification or claimed waiver of any provision of this Agreement shall be valid except by written amendment signed by authorized representatives of Licensor and Licensee.

14. Severability

If any provision of this Agreement is determined to be invalid or unenforceable under applicable law, it shall not affect the validity or enforceability of the remainder of the terms of this Agreement, and without further action by the Parties hereto, such provision shall be reformed to the minimum extent necessary to make such provision valid and enforceable.

15. Waiver

Waiver of any provision herein shall not be deemed a waiver of any other provision herein, nor shall waiver of any breach of this Agreement be construed as a continuing waiver of other breaches of the same or other provisions of this Agreement.

16. Notices

All notices given pursuant to this Agreement shall be in writing and may be hand delivered, or shall be deemed received within three (3) days after mailing if sent by registered or certified mail, return receipt requested. If any notice is sent by facsimile, confirmation copies must be sent by mail or hand delivery to the specified address. Either party may from time-to-time change its notice address by written notice to the other Party.

If to Licensor:

Licensing Notices:
MSU Technologies
Attention: Agreement Coordinator AGR2015-01146
325 E. Grand River Suite 350
City Center Building
East Lansing, MI 48823
517-884-1605
msutagr@msu.edu

If to Licensee:

Michigan Department of Health and Human Services, WIC Division
Attn: Kristen Hanulcik
Manager, Consultation and Nutrition Services Unit
320 S. Walnut, Lewis Cass Bldg., 6th Floor
Lansing, MI 48913
517-335-8545
hanulcikk@michigan.gov

17. Article Headings

The Parties have carefully considered this Agreement and have determined that ambiguities, if any, shall not be construed or enforced against the drafter. Furthermore, the headings of Articles have been inserted for convenience of reference only and shall not control or affect the meaning or construction of any of the agreements, terms, covenants or conditions of this Agreement in any manner.

18. Relationship of Parties

Licensor and Licensee each acknowledge and agree that the other is an independent contractor in the performance of each and every part of this Agreement and is solely responsible for all of its employees and students and such Party's labor costs and expenses arising in connection therewith. The Parties are not partners, joint venturers or otherwise affiliated, and neither has any right or authority to make any statements, representations or commitments of any kind, or to take any action, which shall be binding on the other Party, without the prior written consent of such other Party.

(remainder of page intentionally left blank)

IN WITNESS WHEREOF, the Parties have executed this Agreement by their respective, duly authorized representative as of the date first above written.

LICENSOR: Michigan State University

Signature on file Date: 10/15/15

By: Dr. Richard W. Chylla
Executive Director, MSU Technologies

LICENSEE: State of Michigan Department of Health and Human Services Women; Infants & Children

Signature on file

By: Kim Stephen Date: 10/16/15

Bureau of Purchasing
Michigan Department of Health and Human Services stephenk@michigan.gov
517-241-1196

Signature on file

By: Stan Bien, Director Date: 10/16/15

WIC Division
Michigan Department of Health and Human Services
320 S. Walnut, Lewis Cass Bldg., 6th Floor
Lansing, MI 48913 biens@michigan.gov
517-335-8448

Schedule A

Physical Materials

I. Client Materials

A. *Mothers in Motion* intervention materials

- I. 260 sets packaged in *Mothers in Motion* bag. One set includes:
 - a. 1 *Mothers in Motion* DVD set (1 set is comprised of 3 DVDs)
 - b. 1 looped DVD of *Mothers in Motion* Overview and Introduction
 - c. Folder containing *Mothers in Motion* worksheets (e.g., "Goal and Plans" and "Where Do I Go from Here?" worksheets, and stress log) and reference/guidance sheet detailing contents of each *Mothers in Motion* lesson (Total of 11 lessons)
 - d. 1 CD containing PDF formatted documents of *Mothers in Motion* worksheets to accommodate additional printing needs.
2. All *Mothers in Motion* intervention materials listed above will also be saved on 2 external drives provided by WIC.

II. Staff Materials

A. "Rethinking How We Listen and Respond in WIC" Videos/DVDs

1. 260 "Rethinking How We Listen and Respond in WIC" DVDs [included in *Mothers in Motion* bag described above (1 DVD per bag)]
2. "Rethinking How We Listen and Respond in WIC" contents saved in video format on 2 external drives provided by WIC

****All Items listed above will be saved on total of 4 external drives, provided by WIC****

Schedule B Materials Modification Guide

I. Client Materials ¹

A. *Mothers In Motion* DVD

1. The following items are **NOT permitted to be altered** on DVDs
 - a. DVD content
 - i. MSU and *Mothers in Motion* logo
 - ii. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - iii. All lesson module and intervention content [exception: food label reading if contents become outdated]
 - iv. Acknowledgement section
 - v. Copyright notice
 - b. Label on Disks*
 - i. MSU and *Mothers in Motion* logo
 - ii. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - iii. Title of each lesson
 - iv. Copyright notice
2. Items that may be reproduced
 - a. *Mothers in Motion* DVDs
 - b. CD contains all *Mothers in Motion* worksheets

B. *Mothers In Motion* Worksheets

1. The following items are **NOT permitted to be altered** on worksheets
 - a. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - b. *Mothers In Motion* logo
 - c. Title of each lesson
 - d. Copyright notice
2. The following items **are permitted to be altered** on Worksheets
 - A. Contents in the worksheets
3. Items that **may be reproduced**
 - a. All worksheets
 - b. Reference/guidance sheet detailing contents of each *Mothers In Motion* lesson

II. Staff Materials ¹

- A. "Rethinking How We Listen and Respond in WIC" Videos/DVD I. Items that are NOT permitted to be altered on DVD
 - a. DVD content
 - i. MSU and *Mothers in Motion* logo
 - ii. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - iii. Acknowledgement section
 - iv. Video/DVD Contents
 - v. Copyright notice
 - b. Label on Disks*
 - i. MSU and *Mothers in Motion* logo
 - ii. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - iii. Title of each lesson

iv. Copyright notice

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*WIC is allowed to duplicate DVDs without label or grant number on the disks, if necessary. 1 Sublicensee may create content that supports the implementation of the content contained in the *Mothers in Motion* DVDs, *Mothers in Motion* Worksheets and "Rethinking How We Listen and Respond in WIC" Videos/DVD. Any content created solely by Sublicensee shall be owned in accordance with Section I.2 and Section 3.I(a). Implementation of the content contained in the *Mothers in Motion* DVDs, *Mothers in Motion* Worksheets and "Rethinking How We Listen and Respond in WIC" Videos/DVD shall be in accordance with Section I.2.

Dissemination License Agreement for "Communicate to Motivate"
Among
Michigan State University,
Ohio State Innovation Foundation
And
Michigan Department of Health and Human Services

This License Agreement ("Agreement"), effective as of January 1, 2017 ("Effective Date"), is made by and among Michigan State University, having offices at 325 E. Grand River, Suite 350, East Lansing, MI 48823 ("MSU"), Ohio State Innovation Foundation, having offices at 1524 N. High Street, Columbus, OH 43201 ("OSIF") (together "Licensor") and State of Michigan Department of Health and Human Services Women, Infants and Children, having offices at 320 S. Walnut, Lansing, MI 48913 ("Licensee") (individually a "Party" and collectively, the "Parties").

WHEREAS, Licensor has intellectual property rights in the "Communicate to Motivate" materials (herein, "Physical Materials"), MSU reference number TEC2016-0178, OSU reference number T2017-132, developed utilizing funds from a grant from the National Institutes of Health (NIH), grant number R18-DK-083934-01 ("Grant").

WHEREAS, Licensor is the owner of certain rights, title and interest in the Physical Materials and has the right to grant licenses thereunder.

WHEREAS, Licensee wishes to license the Physical Materials for dissemination purposes and Licensor desires to grant such license to Licensee on the terms and conditions herein.

NOW THEREFORE, the Parties agree as follows:

I. Definitions.

- a. "Physical Materials" shall mean all physical items listed in Schedule A.
- b. "Sublicensable Materials" shall mean one electronic copy of the Physical Materials.
- c. "Materials Modification Guide" shall mean the specifications outlined in Schedule B.
- d. "Derivative Works" means all works developed by Licensee or Sublicensee which would be characterized as derivative works of the Physical Materials and/or Sublicensable Materials under the United States Copyright Act of 1976, or subsequent revisions thereof, specifically including, but not limited to, translations, abridgments, condensations, recastings, transformations, or adaptations thereof, or works consisting of editorial revisions, annotations, elaborations, or other modifications thereof. The term "Derivative Work" shall not include those derivative works which are developed by Licensor.
- e. "Sublicense" means an agreement which may take the form of, but is not limited to, a sublicense agreement, memorandum of understanding, or special provisions added as an amendment to an existing agreement between Licensee and a Sublicensee in which Licensee grants or otherwise transfers any of the rights licensed to Licensee hereunder or other rights that are relevant to using the Sublicensable Materials.
- f. "Sublicensee" means any entity to which a Sublicense is granted.

1. Grant of License

1.1 Subject to the terms and conditions of this Agreement, to the extent that Licensee's rights to Physical Materials as a result of Licensor's grant of rights to the Federal Government in accordance with the terms and conditions of the Grant are insufficient for Licensee's activities hereunder, Licensor hereby grants to Licensee a nonexclusive, nontransferable, worldwide, license to use, perform, reproduce, publically display the Physical Materials. Licensee is granted the limited right to create Derivative Works of the Physical Materials, specifically Licensee shall have the right to create Derivative Works which are (a) companion guidance handouts to the Physical Materials for educational use by instructors in the course of employing Physical Materials, (b) materials for promotion of the availability of educational opportunities employing the Physical Materials, and (c) instruments for collecting evaluations and feedback from course participants. Notwithstanding the foregoing, Licensee may only distribute the Physical Materials within Licensee-managed locations within the state of Michigan. Licensee is not permitted to sell or receive consideration for any of the Physical Materials or reproductions of the Physical Materials.

1.2 Licensor grants Licensee the right to grant Sublicenses of its rights under Section 1.1 of the Sublicensable Materials to Sublicensee for the sole purpose of placing the content contained in the Sublicensable Materials (including the videos) on a website that is controlled by Sublicensee and that is access limited, password protected. Any Sublicense shall be in accordance with Article 3 below. Sublicensee is not permitted to sell or receive consideration for the Sublicensable Materials in any format. Any content created solely by Sublicensee that supports the implementation of the Sublicensable Materials shall be owned by Sublicensee.

1.3 In such incidences where, for financial reasons, Licensee is not able to reproduce the label displayed on the original master copy of the DVD portion of the Physical Materials, Licensee must ensure that the entire content of the DVD portion of the Physical Materials are reproduced in its entirety so that the inclusion of the copyright notice, grant number information, title of each lesson, and acknowledgements are maintained.

1.4 Licensee will refrain, and shall require Sublicensees to refrain, from using the name of the Licensor or The Ohio State University ("OSU") in publicity or advertising without the prior written approval of Licensor.

1.5 Licensor shall provide Physical Materials to Licensee by May 1, 2017. Licensor assumes no responsibility for distributing Physical Materials to the state of Michigan Licensee locations.

2. Licensor's Rights

2.1 Notwithstanding the rights granted in Article 1 hereof, Licensee acknowledges that all right, title and interest in the Physical Materials, including any copyright applicable thereto, shall remain the property of Licensor. Licensee or Sublicensee shall have no right, title or interest in the Physical Materials, including any copyright applicable thereto, except as expressly set forth in this Agreement.

2.2 Any rights not granted hereunder are reserved by Licensor.

3. Sublicense

3.1 (a) Any Sublicense entered into hereunder (i) shall contain terms no less protective of Licensor's rights than those set forth in this Agreement, (ii) shall not be in conflict with this

Agreement, and (iii) shall identify Licensor as an intended third party beneficiary of the Sublicense. Licensee shall provide Licensor with a complete electronic or paper copy of each Sublicense within thirty (30) days after execution of the Sublicense. Licensee shall provide Licensor with a copy of each report received by Licensee pertinent to any data produced by Sublicensee that would pertain to the report due under Section 4. Licensee shall be fully responsible to Licensor for any breach of the terms of this Agreement by a Sublicensee.

(b) Upon termination of this Agreement for any reason, all Sublicenses shall terminate. If a Sublicensee was in compliance with the terms of its Sublicense in effect on the date of termination, Licensor may grant such Sublicensee that so requests, a license with terms and use rights as are acceptable to Licensor. In no event shall Licensor have any obligations of any nature whatsoever with respect to (i) any past, current or future obligations that Licensee may have had, or may in the future have, for the payment of any amounts owing to any Sublicensee, (ii) any past obligations whatsoever, and (iii) any future obligations to any Sublicensee beyond those set forth in the new license between Licensor and such Sublicensee.

4. Consideration

In consideration of the rights granted herein, Licensee will provide to Licensor two effectiveness and utilization data reports based on the use of the Physical Materials. One data report shall include: a) number of clients who access the Physical Materials lessons; b) number of times specific lessons are completed; c) number of unique users; d) client perceptions for usefulness and helpfulness of lessons; and e) client beliefs in relation to ability to make changes based on lesson completion and shall be due to Licensor two years from the Effective Date and one data report containing the same data as described above shall be due thirty (30) days after the end of the five (5) year term. Such data reports shall segregate the information provided in a-e by CPA (dietitians and nurses) or breastfeeding peer counselors. The reports shall be sent to chang1572@osu.edu, innovation@osu.edu and msutagr@msu.edu.

5. Diligence

Licensee shall use its reasonable efforts to disseminate the Physical Materials in a fashion that Licensee determines aligns with its mission in order to provide public benefit.

6. Term and Termination

6.1 This Agreement shall commence as of the Effective Date and shall extend for a period of five (5) years unless earlier terminated in accordance with paragraph 6.2 hereof. This Agreement may be renewed or extended by written amendment signed by authorized representatives of Licensor and Licensee in accordance with Article 13.

6.2 In the event that a Party believes that another Party has materially breached any obligation under this Agreement, such Party shall so notify the breaching Party in writing. The breaching Party shall have thirty (30) days from the receipt of notice to cure the alleged breach and to notify the non-breaching Party in writing that said cure has been affected. If the breach is not cured within said period, the non-breaching Party shall have the right to terminate the Agreement without further notice.

6.3 Effect of Termination.

6.3.1 Upon termination, Licensee shall cease using, distributing and displaying the Physical Materials, and shall confirm in writing to Licensor that the Physical Materials have either been returned to Licensor or have been destroyed (in Licensor's sole discretion). All Sublicenses shall terminate upon termination of this Agreement pursuant to Section 3(b).

6.3.2 Upon termination, the following provisions shall survive and remain in effect: 2.1; 4; 6.3; 8.

7. Representations and Warranties

7.1 Licensor represents that to the knowledge of The Ohio State University's and MSU's technology transfer offices that it has full right, power and authority to enter into this Agreement and to provide the license of rights granted under this Agreement.

7.2 LICENSOR AND OSU, INCLUDING THEIR CREATORS, TRUSTEES, OFFICERS, EMPLOYEES, AGENTS OR AFFILIATED ENTERPRISES MAKE NO REPRESENTATIONS OR WARRANTIES OF ANY KIND CONCERNING THE PHYSICAL MATERIALS AND SUBLICENSABLE MATERIALS AND HEREBY DISCLAIM ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, NONINFRINGEMENT, SAFETY, EFFICACY, APPROVABILITY BY REGULATORY AUTHORITIES, TIME AND COST OF DEVELOPMENT, OR PATENTABILITY. LICENSEE ASSUMES THE ENTIRE RISK AND RESPONSIBILITY FOR THE SAFETY, EFFICACY, PERFORMANCE, DESIGN, MARKETABILITY AND QUALITY OF THE PHYSICAL MATERIALS AND SUBLICENSABLE MATERIALS. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE PARTIES, INCLUDING THEIR OFFICERS AND EMPLOYEES, ACKNOWLEDGE THAT (A) THE PHYSICAL MATERIALS AND SUBLICENSABLE MATERIALS ARE PROVIDED "AS IS"; (B) NEITHER THE PHYSICAL MATERIALS NOR SUBLICENSABLE MATERIALS MAY BE FUNCTIONAL ON EVERY MACHINE OR IN EVERY ENVIRONMENT; AND (C) THE PHYSICAL MATERIALS AND SUBLICENSABLE MATERIALS ARE PROVIDED WITHOUT ANY WARRANTIES THAT IT IS ERROR-FREE OR THAT LICENSOR IS UNDER ANY OBLIGATION TO CORRECT SUCH ERRORS.

8. Limitation of Liability

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8.2 In no event shall a Party be liable to another Party or to any third party, whether under theory of contract, tort or otherwise, for any indirect, incidental, punitive, consequential, or special damages, whether foreseeable or not and whether such Party is advised of the possibility of such damages.

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12. Entire Agreement

This Agreement constitutes the entire agreement of the Parties and supersedes all prior communications, understandings and agreements relating to the subject matter hereof, whether oral or written.

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14. Severability

If any provision of this Agreement is determined to be invalid or unenforceable under applicable law, it shall not affect the validity or enforceability of the remainder of the terms of this Agreement, and without further action by the Parties hereto, such provision shall be reformed to the minimum extent necessary to make such provision valid and enforceable.

15. Waiver

Waiver of any provision herein shall not be deemed a waiver of any other provision herein, nor shall waiver of any breach of this Agreement be construed as a continuing waiver of other breaches of the same or other provisions of this Agreement.

16. Notices

All notices given pursuant to this Agreement shall be in writing and may be hand delivered, or shall be deemed received within three (3) days after mailing if sent by registered or certified mail, return receipt requested. If any notice is sent by facsimile, confirmation copies must be sent by mail or hand delivery to the specified address. Either party may from time-to-time change its notice address by written notice to the other Party.

If to Licensor:
MSU Technologies
Attention: Agreement Coordinator AGR2017-00453
325 E. Grand River Suite 350
City Center Building
East Lansing, MI 48823
517-884-1605
msutaer@msu.edu

Ohio State Innovation Foundation
1524 N High Street
Columbus, OH 43201
614-292-1315

If to Licensee:
Michigan Department of Health and Human Services, WIC Division
Attn: Kristen Hanulcik
Manager, Consultation and Nutrition Services Unit
320 S. Walnut, Lewis Cass Bldg., 6th Floor
Lansing, MI 48913
517-335-8545
hanulcikk@michigan.gov

17. Article Headings

The Parties have carefully considered this Agreement and have determined that ambiguities, if any, shall not be construed or enforced against the drafter. Furthermore, the headings of Articles have been inserted for convenience of reference only and shall not control or affect the meaning or construction of any of the agreements, terms, covenants or conditions of this Agreement in any manner.

18. Relationship of Parties

Licensor and Licensee each acknowledge and agree that the other is an independent contractor in the performance of each and every part of this Agreement and is solely responsible for all of its employees and students and such Party's labor costs and expenses arising in connection therewith. The Parties are not partners, joint venturers or otherwise affiliated, and neither has any right or authority to make any statements, representations or commitments of any kind, or to take any action, which shall be binding on the other Party, without the prior written consent of such other Party.

IN WITNESS WHEREOF, the Parties have executed this Agreement by their respective, duly authorized representatives as of the date first above written.

LICENSOR:

Michigan State University

By:  Date: 3/28/17
Dr. Richard W. Chylla
Executive Director, MSU Technologies

Ohio State Innovation Foundation

By:  Date: 4/4/17
Dipanjan Nag
Vice President

LICENSEE: State of Michigan Department of Health and Human Services Women, Infants & Children

By:  Date: 4/18/17

Jeanette Hensler, Director
Grants Division, Bureau of Purchasing

By:  Date: 4/4/17
Stan Bien, Director
WIC Division
Michigan Department of Health and Human Services
320 S. Walnut, Lewis Cass Bldg., 6th Floor
Lansing, MI 48913
biens@michigan.gov
517-335-8448

Schedule A
Physical Materials

- A. *Communicate to Motivate* videos – up to 10 sets in DVD format
15 lessons: 12 video lessons, reminder and general tip lesson, introduction and preview
- B. *Rethinking what we think and respond in WIC* video
- C. Tip Sheets – 650 copies (color print, laminated and coil)
- D. CDs that contain the following materials related to *Communicate to Motivate* saved in PDF (up to 10 copies):
 - a. Tip Sheets;
 - b. Power point slides of all 12 lessons, reminder and general tip lesson;
 - c. Summary of key points in each video lesson;
 - d. Instructions for use of the videos.
- E. External hard drives (2) that contain the following materials:
 - a. *Communicate to Motivate* videos: 15 video lessons;
 - b. *Rethinking what we think and respond in WIC* video;
 - c. Tip Sheets in PDF;
 - d. Power point slides of all 12 lessons, reminder and general tip lesson in PDF;
 - e. Summary of key points in each video lesson in PDF;
 - f. Instructions for use of the videos in PDF.

**Schedule B
Materials Modification Guide**

Except as provided in Section 1.1, modification of Physical Materials is not permitted.

FOOTNOTES:

FY 2019/2020

- (a) Refer to Plan and Budget Framework for element definitions.
- (b) Refer to master comprehensive agreement and program and budget instructions package for further explanation of applicability of these reimbursement methods.
- (c) Negotiated starting from the average of the past two complete years' actual number where available.
- (d) Calculated by multiplying the "Total Performance Expectation" column by the ratio of the elements total State funding (DCH 0410, Line 24) to "Total Expenditures" DCH 0410, Line 17). Prior to calculation, adjustments will be made for unallowable cost, equipment funded by local funds and MDHHS reimbursement not performance based (I.E., fixed unit rate, staffing).
- (e) Calculated by multiplying the "State Funded Element Target Performance" column by the "Percent" column.
- (f) Refer to master comprehensive agreement and budget instructions package for further explanation regarding these designations.

(1) CSHCS Care Coordination

1. Case Management

- A. Maximum of six (6) services per year
- B. Reimbursement - \$201.58 per service provided face-to-face in the home setting.

2. CARE COORDINATION

A. LEVEL I PLAN OF CARE

- 1. Annual Plan of Care in the home or home-like setting that requires the Care Coordinator to travel to a non-LHD site \$150
- 2. Annual Plan of Care over the telephone \$100

B. LEVEL II CARE COORDINATION

- 1. Level II Care Coordination is reimbursed at \$30.00 per unit
- 2. A maximum of 10 units per beneficiary per eligibility year will be reimbursed.

(2) Reimbursement Chart for Fixed Rates

AIDS/HIV Prevention Non- Categorical	\$11.00 per blood draw for non-categorical health departments. Limited annually to \$2,000
Body Art	\$264.07/appl. annual license prior to 7/1; \$132.04/appl. annual license after 7/1; \$117.53/appl. temporary license; \$261.20/appl. renewal prior to 12/1;

	\$396.11/appl. renewal after 12/1; \$26.40duplicate license
CSHCS-Medicaid Elevated Blood Lead Case Management	\$201.58 per home visit, for up to 6 home visits
FDA Tobacco Retailer (A&L) Inspections - Oakland only	\$325.20 per inspection
Fetal Infant Mortality Review (FIMR) Case Abstractions	\$270.00 per case, not to exceed the maximum set for each Grantee
Immunization Assessment Feedback Incentive Exchange (AFIX) Follow-up	\$100 per personal visit or \$50 for a phone call (with information mailed afterward) to the provider office, not to exceed the maximum set for each individual contractor.
Immunization Nurse Education	\$200 per session except Vaccines Across the Lifespan, which is to be reimbursed at \$250 per session, upon completion and submission of Provider Contracts and Report Forms. Reimbursement can only be made for one in-service module session per physician clinic site per year.
Immunization VFC (only) Provider Site Visits	\$150 per site visit, not to exceed the maximum set for each individual Grantee
Immunization VFC/AFIX Combined Provider Site Visits	\$350 per site visit, not to exceed the maximum set for each individual Grantee
Informed Consent	\$50 per woman served, for each woman that expressly states that she is seeking a pregnancy test or confirmation of a pregnancy for the purpose of obtaining an abortion and is provided the services.
Laboratory Services & STD See contract language for gonorrhea and chlamydia testing reimbursement performance requirements, AIDS	
SIDS (FIMR Interviews)	\$125 for each family support visit. A maximum of six (6) visits per infant death is reimbursable

- (3) Allocation to be reflected in individual programs during budgeting process.
- (4) Funding Source (not a single element). Hearing and Vision are single elements.

- (5) Subject to Statewide Maintenance of Effort requirement for Title X.
- (6) State funding is first source (after fees and other earmarked sources).
- (7) Fixed unit rate subject to actual costs.
- (8) The performance reimbursement target will be the base target caseload established by MDHHS.
- (9) Subject to a match requirement (hard or in-kind) of \$1 for each \$3 of MDHHS agreement funding for Coordination.
- (10) Fixed rate limited to contract amount.
- (11) Up to six (6) visits per family.
- (12) Non-categorically funded Health Departments will be reimbursed at \$11.00 per HIV test conducted up to a maximum of \$2,000 annually.
- (13) Each delegate agency must serve a minimum percentage of Title X users to access their total allocated funds. Semi-annual FPAR data will be used to determine total Title X users.
- (14) Public Health Emergency Preparedness (PHEP) funding BP1 must be expended by June 30 and is subject to a 10% match requirement as specified in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement Guidance. LHDs must submit a nine-month budget and a quarterly Financial Status Report (FSR) column for this program element.
- (15) Public Health Emergency Preparedness (PHEP) funding for October 1–June 30, and July 1–September 30, is subject to a 10% match requirement as specified in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement Guidance. LHDs must submit a three-month budget and a quarterly Financial Status Report (FSR) column for this program element.
- (16) Project meets the Research and Development criteria as defined by Title 2 CFR, Section 200.87.
- (17) Not Applicable
- (18) Subject to match requirement as specified in Attachment III - Program Assurances and Specific Requirements.

NOTE: Some footnotes may not apply to this agency.

OAKLAND COUNTY, MICHIGAN
GRANT AWARD HEALTH DIVISION CPBC GRANT
SCHEDULE B

FY20 Special Revenue Grant Positions to Continue

Position #	Classification (FTE or PTNE)	Budgeted Position Title	Notes
00674	Full-Time Eligible	Auxiliary Health Worker	
00752	Full-Time Eligible	Public Health Nurse III	
00866	Full-Time Eligible	Office Assistant II	Under-filled with PTNE Lactation Specialist
00906	Full-Time Eligible	Public Health Nurse III	
00912	Full-Time Eligible	Public Health Nutritionist III	
00958	Full-Time Eligible	Office Supervisor I	
01328	Full-Time Eligible	Auxiliary Health Worker	
01752	Full-Time Eligible	Auxiliary Health Worker	Under-filled with PTNE
01865	Full-Time Eligible	Public Health Nutrition Supervisor	
02070	Full-Time Eligible	Health Program Coordinator	
02074	Full-Time Eligible	Public Health Nutritionist II	
02436	Full-Time Eligible	Vaccine Supply Coordinator	
02509	Full-Time Eligible	Nutrition Technician - WIC	
03073	Full-Time Eligible	Office Supervisor II	
03094	Full-Time Eligible	Health Program Coordinator	
03107	Full-Time Eligible	Public Health Nurse III	
03183	Full-Time Eligible	Public Health Nurse III	
03427	Full-Time Eligible	Public Health Nurse III	
04736	Full-Time Eligible	Health Program Coordinator	
04771	Full-Time Eligible	Auxiliary Health Worker	
04773	Full-Time Eligible	Auxiliary Health Worker	
05128	Part-time Non-Eligible	Student	
05129	Full-Time Eligible	Office Assistant II	
05130	Full-Time Eligible	Supervisor Public Health Nursing	
05131	Part-time Non-Eligible	Public Health Nurse II	
05163	Full-Time Eligible	Public Health Nurse III	Under-filled with PTNE PHN II
05204	Full-Time Eligible	Office Assistant II	Filled with 2 PTNE Lactation Specialists
05205	Full-Time Eligible	Auxiliary Health Worker	Vacant - budgeted to be filled with FTE
05233	Full-Time Eligible	Public Health Nutritionist II	Under-filled with Nutrition Technician - WIC
05234	Full-Time Eligible	Public Health Nutritionist I	Under-filled with Nutrition Technician - WIC
05235	Full-Time Eligible	Public Health Nutritionist II	Under-filled with Nutrition Technician - WIC
05246	Full-Time Eligible	Office Leader	Under-filled with PTNE Health Educator II
05401	Full-Time Eligible	Public Health Nutritionist II	
05526	Full-Time Eligible	Office Assistant I	Filled with 2 PTNEs
05693	Full-Time Eligible	Public Health Nutritionist II	
06099	Full-Time Eligible	Public Health Nurse III	
06100	Full-Time Eligible	Public Health Nurse III	Under-filled with AHW
06426	Full-Time Eligible	Health Program Coordinator	
06538	Full-Time Eligible	Office Assistant II	
06747	Full-Time Eligible	Public Health Nurse III	Budgeted - to be filled by Oct. 1
06824	Full-Time Eligible	Auxiliary Health Worker	Under-filled with Office Assistant II
07346	Full-Time Eligible	Public Health Nutritionist II	Budgeted to be filled with PTNE Nutritionist II
07360	Full-Time Eligible	Public Health Nutritionist III	To be filled with Health Educator II
07381	Full-Time Eligible	Public Health Nutritionist III	
07382	Full-Time Eligible	Nutrition Technician - WIC	
07384	Full-Time Eligible	Auxiliary Health Worker	
07413	Full-Time Eligible	Public Health Nurse III	
07414	Full-Time Eligible	Office Leader	
07415	Full-Time Eligible	Office Assistant II	
07416	Full-Time Eligible	Public Health Educator III	
07557	Full-Time Eligible	Public Health Nurse III	Filled with PTNE
07559	Full-Time Eligible	Vaccine Supply Coordinator	
07562	Full-Time Eligible	Nutrition Technician - WIC	
07563	Full-Time Eligible	Auxiliary Health Worker	
07565	Full-Time Eligible	Public Health Nurse III	Under-fill with PTNE AHW
07814	Full-Time Eligible	Public Health Nurse III	Budgeted as two PTNE AHWs
07839	Part-time Non-Eligible	Auxiliary Health Worker	

OAKLAND COUNTY, MICHIGAN
 GRANT AWARD HEALTH DIVISION CPBC GRANT
 SCHEDULE B

FY20 Special Revenue Grant Positions to Continue

Position #	Classification (FTE or PTNE)	Budgeted Position Title	Notes
09668	Full-Time Eligible	Public Health Nurse III	
09999	Full-Time Eligible	Public Health Emergency Preparedness Specialist	
11579	Full-Time Eligible	Lactation Specialist	Vacant - budgeted to be filled with FTE

OAKLAND COUNTY, MICHIGAN
GRANT AWARD HEALTH DIVISION CPBC GRANT
SCHEDULE C

Special Revenue Positions To Create

Position #	Classification (FTE or PTNE)	Budgeted Position Title	Department
CREATE	Part-Time Non-Eligible	Lactation Specialist	1060284
CREATE	Part-Time Non-Eligible	Office Assistant I	1060291
CREATE	Part-Time Non-Eligible	Clinical Health Specialist	1060294

REQUEST:

1. To accept the FY20 Comprehensive Planning, Budget and Contracting (CPBC) Grant Agreement effective October 1, 2019 through September 30, 2020.
2. To continue sixty (60) SR positions included in Schedule B.
3. To create three (3) SR positions included in Schedule C.

PROPOSED FUNDING:

Michigan Department of Health and Human Services CPBC FY20 Grant

OVERVIEW:

The Michigan Department of Health and Human Services CPBC Grant funds several programs administered by the Health Division. The amount of this grant is \$11,202,988 which is an increase of \$996,916 from the previous year grant agreement. This agreement begins October 1, 2019 through September 30, 2020.

The grant agreement and anticipated fiscal year 2020 contract amendments include sufficient funding for sixty (60) positions listed in Schedule B. Additionally, the following three (3) special revenue (SR) positions are requested to be created:

SPECIAL REVENUE POSITIONS TO BE CREATED		
Unit #	Status (FTE or PTNE)	Classification
1060284	Part-Time Non-Eligible 1,000 hours/year	Lactation Specialist
1060291	Part-Time Non-Eligible 1,000 hours/year	Office Assistant I
1060294	Part-Time Non-Eligible 1,000 hours/year	Clinical Health Specialist

This grant agreement has been submitted through the County Executive's Contract Review Process and is recommended for approval. Acceptance of this grant does not obligate the County to any future commitment and continuation of the special revenue position in the grant is contingent upon continued future levels of grant funding.

COUNTY EXECUTIVE RECOMMENDATION: Recommended as Requested

PROJECTED PERTINENT SALARIES 2020

Class	Gr	Period	Base	1 Year	2 Year	3 Year	4 Year	5 Year
Clinical Health Specialist	EXC	Hourly	39.1855	41.3501	43.5139	-	-	-
Lactation Specialist	EXC	Hourly	14.3489	-	-	-	-	-
Office Assistant I	EXC	Hourly	14.1225	14.9939	15.8661	16.7385	17.6125	18.4853

SALARY AND FRINGE BENEFIT COST:

**Note: FY20 Fringe benefit rates displayed are County averages. Annual costs are shown for illustrative purposes only. Actual costs are reflected in the fiscal note.

Create one (1) SR Funded PTNE 1,000 hrs/yr. Clinical Health Specialist position within AIDS/HIV unit (#1060294).

Hourly Rate at 1-year step x 1000 hours	\$41,350
Fringes at 5.77%	<u>\$ 2,386</u>
Total Cost of position	\$43,736

Create one (1) SR Funded PTNE 1,000 hrs/yr. Lactation Specialist position within the WIC unit (#1060284).

Hourly Rate at 1-year step x 1000 hours	\$14,349
Fringes at 5.77%	<u>\$ 828</u>
Total Cost of position	\$15,177

Create one (1) SR Funded PTNE 1,000 hrs/yr. Office Assistant I position within the Health Infant Promotion unit (#1060291).

Hourly Rate at 1-year step x 1000 hours	\$14,994
Fringes at 5.77%	<u>\$ 865</u>
Total Cost of position	\$15,859

Total cost of all creations: \$74,090