

**SUBAWARD**  
**BETWEEN**  
**THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**AND**  
[Supplier]

This federal funds grant agreement, including any addenda and attachments (collectively, "Subaward") is entered into by and between the Nebraska Department of Health and Human Services, Division of Public Health Women's and Men's Health Programs ("DHHS") and [Supplier] ("Subrecipient").

**PURPOSE:** The purpose of this Subaward is to provide at-risk populations within Nebraska communities education, navigation services to access preventive screening, follow up resources, and community based support for breast, cervical, and colon cancers. Identify women starting at age 40-74 at risk for breast cancer, women starting at age 21-64 at risk for cervical cancer, men and women starting at age 45-75 at risk for colon cancer, and women starting at age 35-64 at risk for cardiovascular disease

**HIPAA:** This Subaward involves the sharing of or access to Protected Health Information and includes a Business Associate Agreement for compliance with the Health Insurance Portability and Accountability Act (HIPAA).

**RESEARCH:** This Subaward does not involve research and development. See 2 CFR § 200.87 or 45 CFR § 75.2.

## **1. DURATION**

- 1.1. **TERM.** This Subaward is in effect from the date of full execution or the beginning of the Period of Performance, whichever is later, until the end of the Period of Performance. If there are multiple Periods of Performance, this Subaward ends at the latest Period of Performance.
  - 1.1.1. This subaward has the option to be renewed for additional three (3) year periods as mutually agreed upon in writing by the parties.
- 1.2. **PERIOD OF PERFORMANCE.** The Period of Performance of this Subaward is set forth in Attachment 1.
- 1.3. **TERMINATION NOTICE PERIOD.** This Subaward may be terminated in accordance with Addendum A. If Subrecipient terminates this Subaward, it shall provide notice thirty (30) days prior to the effective date of termination.

## **2. PAYMENT TERMS AND STRUCTURE**

- 2.1. **TOTAL SUBAWARD.** For the Project Description specified herein, DHHS awards the total amount of funds as set forth in Attachment 1.
- 2.2. **PAYMENT STRUCTURE.** Payment shall be structured as follows:
  - 2.2.1. Subrecipient shall submit requests for payment to DHHS on a quarterly basis. Payment shall be made on a fixed cost amount per client in accordance with the Reimbursement Table (Attachment 2), based on selected evidence-based intervention selected by the Subrecipient and approved by DHHS. All eligible evidence-based interventions are on <https://dhhs.ne.gov/Pages/Prevention-In-Communities.aspx> in the DHHS Fixed-Cost Subaward manual.
  - 2.2.2. Final Invoice and Spend Date. The dates for final invoicing and finalizing and spending of the funds awarded under this Subaward are set forth in Attachment 1. Failure to meet these deadlines may result in DHHS disallowing costs or taking any other available remedy, as provided herein.

- 2.3. PROGRAM INCOME. Any program income shall be handled under the addition method, as consistent with 2 CFR § 200.307 or 45 CFR § 75.307, or other applicable law.

### 3. PROJECT DESCRIPTION

- 3.1. THE SUBRECIPIENT has agreed to complete the following activities:
- 3.1.1. Provide appropriate Evidence Based Intervention Plan for approval by DHHS prior to implementation of any work activities; All program forms are available at <https://dhhs.ne.gov/Pages/Prevention-In-Communities.aspx>
  - 3.1.2. Document engagement of individuals for risk assessment, cancer screening and diagnostic navigation activities, and participation in lifestyle modification programs according to data entry protocols stipulated in the DHHS Fixed-Cost Subaward manual
  - 3.1.3. Implement evidence-based interventions approved by DHHS and in accordance with DHHS Fixed-Cost Subaward manual. Any changes in selected evidence-based strategies or approach must be approved by DHHS in writing.
  - 3.1.4. Subrecipient must notify DHHS of any changes in primary project staff.
  - 3.1.5. Participate in monthly meetings with assigned technical assistant to review progress, challenges, and address training needs.
  - 3.1.6. Prioritize individuals to be reached through evidence-based interventions:
    - 3.1.7.1. Women enrolled in Every Woman Matters
    - 3.1.7.2. Women rarely or never screened for breast or cervical cancer
    - 3.1.7.3. Women with high burdens of uncontrolled hypertension, diabetes, and obesity or late stage cancer diagnoses
    - 3.1.7.4. Women from low socioeconomic statuses
    - 3.1.7.5. Women without insurance or access to primary care
    - 3.1.7.6. Women and men from minority populations experiencing disparities in health status and health outcomes
- 3.2. DHHS has agreed to do the following:
- 3.2.1. Provision of DHHS Fixed-Cost Subaward manual and DHHS website at <https://dhhs.ne.gov/Pages/Prevention-In-Communities.aspx> dedicated to providing resources, tools, templates, invoicing and guidance for Women's and Men's Preventive Screening Subaward
- 3.3. PERFORMANCE MEASUREMENTS: Implement approaches and strategies to attain quality measures noted in Attachment 2 and in the DHHS Fixed-Cost Subaward manual.
- 3.4. REPORTING REQUIREMENTS: Adhere to reporting requirements as noted in the DHHS Fixed-Cost Subaward manual available at <https://dhhs.ne.gov/Pages/Prevention-In-Communities.aspx>
- 3.5. ADDITIONAL PROGRAM REQUIREMENTS:
- 3.5.1. Subrecipient must follow all guidelines noted in the DHHS Fixed-Cost Subaward manual
  - 3.5.2. To the extent that this Subaward is funded by the U.S. Centers for Disease Control National Breast and Cervical Cancer Early Detection Program, U.S. Public Law 101-354, Subrecipient shall only seek reimbursement for costs which are not reimbursable under a state compensation program, an insurance policy, a federal or state health benefits program, or by an entity that provides health services on a prepaid basis.

### 4. ADDENDA

- A. DHHS General Terms – Subaward
- B. DHHS Insurance Requirements
- C. DHHS HIPAA Business Associate Agreement Provisions

### 5. ATTACHMENTS

- 1. Award of Initial Funds
- 2. Reimbursement Table: FY 23-24

**6. NOTICES**

6.1. Notices shall be in writing and shall be effective upon mailing. Unless otherwise specified herein, all notices, reporting requirements, and other communications concerning this Subaward shall be sent to the following individuals and addresses.

**DHHS SUBAWARD MANAGER:**

Melissa Leypoldt  
P.O. Box 94817  
301 Centennial Mall So.  
Lincoln, NE 68509-4817  
402-471-0314  
Melissa.leypoldt@nebraska.gov

**FOR SUBRECIPIENT:**

[Supplier]  
Address Line 2  
City, State, Zip  
Phone  
[Supplier's Contact Email]

6.2. Either party may change the individual to be noticed under this section via letter to the other party sent by U.S. Mail, postage prepaid, or via email.

**7. SIGNATURES AND CERTIFICATIONS**

7.1. AUDIT CERTIFICATION. As the Subrecipient named within this agreement, do you anticipate spending \$750,000 or more from all Federal Financial Assistance sources, including commodities, during your fiscal year? Instructions:

**Subrecipient's Response:**

**Subrecipient's Current Fiscal Year Ends:**

If this information changes, and Subrecipient is subject to a Single Audit or no longer subject to a Single Audit, Subrecipient shall notify DHHS immediately.

7.2. EXECUTIVE COMPENSATION REPORTING REQUIREMENT. At the time of execution of this Subaward, Subrecipient must notify DHHS, in writing, if it is required to report executive compensation pursuant to the Federal Funding Accountability and Transparency Act, Pub. L. 109-282, as amended by section 6202 of Pub. L. 110-252, and associated regulations at 2 CFR §§ 170 et seq. This is required for Subrecipients who receive more than \$25,000,000 or more in annual gross revenue in federal contracts, subcontracts, awards or subawards, and meet the other regulatory criteria listed in those sections. If Subrecipient meets these criteria, it must indicate "YES" below and fill out the executive compensation disclosure attachment (see Attachments, above). Subrecipient shall notify DHHS immediately if funding it receives changes such that it must report salaries under this requirement.

**Subrecipient's Response:**

7.3. SIGNATURES.

**FOR SUBRECIPIENT:**

*In witness hereof, I hereby execute this Subaward; I acknowledge the terms on the funding contained in this Subaward; certify as provided above; and further certify that I have authority to legally bind the Subrecipient to this Subaward.*

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**DHHS AWARDING OFFICIAL:**

*In witness hereof, I hereby execute this Subaward and authorize the funds included in Attachment 1 to be awarded to the Subrecipient, subject to the conditions contained in this Subaward. I further certify that I have the authority to legally bind DHHS to this Subaward.*

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Department of Health and Human Services  
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P.O. Box 95026  
Lincoln, NE 68509-5026