

Request for Applications

For

2013-2015

Minority Health Initiative Projects

Date of Issuance: **February 27, 2013**

Letters of Intent Due: **March 13, 2013**

Applications Due: **April 19, 2013**



Department of Health & Human Services



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Funding Opportunity Description

Grantor:	Nebraska Department of Health and Human Services
Office:	Office of Health Disparities and Health Equity
Contact:	dhhs.minorityhealth@nebraska.gov

The information contained in this summary highlights items of importance to applicants. Applicants are reminded that this summary is not a substitute for reading all of the materials contained in this document in their entirety. Updates will be posted on our website:
<http://dhhs.ne.gov/healthdisparities>

Funds to Be Awarded:	It is anticipated that Nebraska’s Minority Health Initiative (MHI) grant funding will be \$1,557,713 per year (totalling \$3.06 million for the two year period). Funding is subject to the availability of legislatively appropriated funds. Funding will be allocated on a per capita basis according to the 2010 Census population figures for counties having 5% or greater racial ethnic minority population in Congressional Districts One and Three.
Project Period:	July 1, 2013 – June 30, 2015
Funding Purpose:	To address health disparities in racial ethnic minority, Native American, refugee, and newly-arrived immigrant populations.
Reporting Requirements:	Narrative progress, data, and budget reports are due quarterly.
Description of Eligible Applicants:	Applicants must be Nebraska public or private non-profit organizations in operation for at least one year.
Letter of Intent Due Date:	March 13, 2013
Application Due Date:	April 19, 2013, 5:00 p.m. CT
Anticipated Date of Award Notification:	May 29, 2013
Description of Review Criteria:	Each application will be reviewed for responsiveness to this guidance: the proposed objectives and activities, budget and budget justification, project evaluation, capacity of applicant to perform the work, cultural competence, performance on previous projects, and methods for addressing priority populations.

The Nebraska Department Health & Human Services (DHHS) is seeking qualified entities to address community-level needs that align with one or more of Nebraska’s current priorities for minority health and the reduction of health disparities related to race and ethnicity. Interested organizations should review this RFA for applicant eligibility and funding criteria.

Applicants should carefully review all information and materials contained in this RFA and follow the instructions regarding the time schedules, format, narrative, and required forms to be used. Emphasis should be concentrated on conformance to the RFA instructions, responsiveness to requirements, completeness, and clarity of content. If the application is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process.

The Office of Health Disparities & Health Equity

The mission of the Nebraska Department of Health and Human Services Office of Health Disparities and Health Equity (OHDHE) is to improve health outcomes for culturally diverse populations in Nebraska. The OHDHE vision is health equity for all Nebraskans. Projects funded under the Minority Health Initiative funding should support the strategic plan of the OHDHE, which may be found at <http://dhhs.ne.gov/healthdisparities>.

Purpose of Funding

The Nebraska Legislature appropriates funding for the purpose of implementing a minority health initiative in counties with minority populations of five percent or greater in the first and third Congressional Districts (Nebraska State Statute 71-1628.07). The Nebraska Department of Health and Human Services Minority Health Initiative grant program is designed to encourage the development or enhancement of innovative health services or programming to eliminate health disparities which disproportionately impact racial ethnic minority populations. This funding is not preferentially awarded on the basis of race or ethnicity. However, in the United States, health disparities manifest along categories of race and ethnicity, due to socioeconomic determinants of health: poverty, housing, education, income, insuredness, uninsuredness, racism, discrimination, and other factors.

The emphasis of this program is on service delivery through creative strategies by a single organization or by forming a network with at least two additional partners. Through consortia of schools, faith-based organizations, emergency medical service providers, local universities, private practitioners, community-based organizations, and local health departments, communities have an opportunity to bring health parity for racial ethnic minorities. Populations to be addressed include racial ethnic minorities, Native Americans, refugees, and immigrants.

Minority Health Initiative grant projects should support the direct delivery of health care services by expanding existing services or enhancing health service delivery through health education, promotion, and prevention. The program design must emphasize the delivery of specific services rather than the development of organizational capabilities and include a substantive sustainability plan. If a network is formed, the Minority Health Initiative

grant requires individual entities to submit a letter of commitment outlining the portion of the project for which they are responsible and their agreement to participate. Preference will be given to projects that include local community and cultural centers as substantive partners, include community health workers or lay health ambassadors, and support or address the goals of the DHHS OHDHE strategic plan.

Project Priorities

Applications must demonstrate cultural competence in their design and address at least one of the project priorities:

- Obesity
- Cardiovascular disease
- Infant mortality
- Diabetes
- Asthma
- Cancers
- Chronic lung disease
- Unintentional injury

Other issues such as the following may be targeted *in addition to* at least one of the above. All projects should be responsive to the special cultural and linguistic needs of the populations they intend to serve.

- HIV/AIDS
- Sexually transmitted diseases
- Tobacco or alcohol use
- Mental health
- Oral health

Proposals *must* include efforts to address all racial ethnic, refugee, immigrant, and Native American populations in the county.

Projects *must* also incorporate evidence-based public health (EBPH) strategies.

Eligible Organizations

Applicants must meet **all of** the following minimum qualifications to be eligible to respond to this Request for Application (RFA) and to receive funds:

- a. Applicant must define a geographical service area which must be composed of an eligible county or group of eligible counties.
- b. Be a Nebraska public or private non-profit corporation, in operation for at least one year; **or** a federally-recognized Native American Tribe with a Nebraska service area. If an organization plans to serve a Native American population on Tribal land, a letter of support of the application from the Tribal Chairperson is required.
- c. Provide services to populations residing in either Congressional District 1 or 3, regardless of the location of the organization's headquarters. For those organizations that apply for funding outside their home county, at least one partner must be based in the county for which application is made, and that partner must be significant within the context of the project. A letter of commitment from that partner(s) should be included with the proposal.

Applicants are not required to be located in the same county in which they intend to provide services. Documentation should be included that reflects how the racial ethnic minority, refugee, immigrant, and Native American populations benefit from the services of the applicant organization.

Available Funding (Subject to funding appropriated by the Nebraska Unicameral)

It is anticipated that \$1,557,713 will be available each year (a total of \$3.06 million per biennium) in grant funding for minority public health services in counties having a minority population equal to or exceeding five percent of the total population of the county in Congressional Districts One and Three as determined by the most recent (2010) federal decennial census. Funds available per county for the two-year period are listed below.

NOTE: Funds will be awarded for the full two-year project period, and applicants **must** spend half of the awarded funds in each year of the project.

County	Funds available	County	Funds available	County	Funds available
Adams	\$69,750.21	Dodge	\$88,147.15	Phelps	\$9,526.29
Arthur	\$482.10	Dundy	\$3,008.34	Platte	\$97,769.86
Box Butte	\$33,631.29	Garden	\$2,217.66	Red Willow	\$13,691.64
Buffalo	\$95,918.60	Hall	\$309,893.82	Richardson	\$10,278.37
Chase	\$9,159.90	Johnson	\$16,622.80	Saline	\$65,237.76
Cherry	\$11,030.45	Kearney	\$6,305.87	Sarpy* CD1	\$303,665.09
Cheyenne	\$17,721.99	Keith	\$12,341.76	Scotts Bluff	\$174,308.04
Clay	\$11,589.68	Kimball	\$6,942.24	Sheridan	\$17,548.44
Colfax	\$86,469.44	Knox	\$19,534.69	Sioux	\$1,369.16
Cuming	\$16,738.51	Lancaster	\$862,091.05	Stanton	\$7,713.60
Dakota	\$181,462.40	Lincoln	\$68,400.33	Thurston	\$81,012.07
Dawes	\$21,675.21	Madison	\$112,117.15	Wayne	\$13,537.37
Dawson	\$170,894.77	Merrick	\$8,484.96	Webster	\$4,319.62
Deuel	\$1,966.97	Morrill	\$15,157.22	York	\$18,126.96
Dixon	\$13,633.79	Otoe	\$23,931.44		

* Sarpy County is divided between Congressional Districts I and II. Only the District I portion is eligible for this funding. See the appendix for a detailed map of Sarpy County.

NOTE: These figures have been adjusted based on the 2010 U.S. Census and the most current Congressional District map, as required by the Nebraska State Statute § 71-1628.07.

Project Period

Pending availability of funds and adequate progress, the project period for the grants awarded under this competitive RFA will be for two years, beginning July 1, 2013, and concluding on June 30, 2015.

Use of Funds

Funds cannot be used to directly subsidize individuals for the cost of health care, for lobbying, for the purchase of major medical equipment, or to supplant other Federal and non-Federal funds that would otherwise be made available for the project.

Funds awarded may not be used for construction or renovation of real property, e.g., buildings, land, etc.

Minority Health Initiative grant funding may only be used for activities outlined in the approved work plan.

Use of funds to lease/purchase health related equipment, software, and computers are allowable when the equipment is essential for the program. However, the Minority Health Initiative grants will not support projects that are solely or predominately designed for the purchase of health related equipment, software, and computers.

Applicants are required to use an external evaluator and to set aside 10% of the total budget to pay for evaluation of the project. Funding may be used to subcontract evaluation or other services of the project.

Sources of in-kind funding and other funds to address the elimination of health disparities used to assist with the project should be identified at the bottom of Form D, Budget & Justification.

DHHS provides grant payments quarterly on the basis of reports and the reimbursement of actual costs and in accordance with the State of Nebraska Prompt Payment Act. The costs reported under an award must be based on the approved budget.

Funds may be used to pay for salaries for project staff, fringe benefits, travel, meeting expenses, postage, supplies, and other expenditures in accordance with State guidelines. All funded organizations must be good stewards of funds awarded.

Negotiated Indirect Cost Rate (ICR) agreements must be in place to charge indirect costs to the Minority Health Initiative grant budget. DHHS will accept negotiated rates with submission of a current copy of the ICR agreement. Please specify in the budget justification the types of costs that are included in your indirect costs.

Reporting Requirements

Subrecipients will be required to submit quarterly narrative progress, budget, and data reports and end-of-grant-cycle reports. The reporting schedule is below.

2013-2015 Minority Health Initiative Reporting Schedule		
Report Title	Period Covered	Due Date
First quarter	July 1 - September 30, 2013	October 31, 2013
Second quarter	October 1 – December 31, 2013	January 31, 2014
Third quarter	January 1 – March 31, 2014	April 30, 2014
Fourth quarter	April 1 - June 30, 2014	July 31, 2014
Year One Summary Report	July 1, 2013 - June 30, 2014	July 31, 2014
Fifth quarter	July 1 – September 30, 2014	October 31, 2014
Sixth quarter	October 1 – December 31, 2014	January 31, 2015
Seventh quarter	January 1 – March 31, 2015	April 30, 2015
Eighth quarter	April 1 – June 30, 2015	July 31, 2015
Year Two Summary Report	July 1, 2014 – June 30, 2015	July 31, 2015

To facilitate timely and accurate reporting, a quarterly technical assistance face to face or conference call meeting will be organized. Subrecipients are required to attend the calls and follow through on requirements discussed during the call.

Annual face-to-face technical assistance meetings will also be scheduled, and the Project Director and person responsible for reporting on the project for each Subrecipient will be required to attend. The tentative technical assistance meeting schedule is below.

2013-2015 Minority Health Initiative Technical Assistance Meeting Schedule	
Annual technical assistance meeting	July 2013
Technical assistance call	October 3, 2013
Technical assistance call	January 9, 2014
Technical assistance call	April 3, 2014
Annual technical assistance meeting	July 2014
Technical assistance call	October 4, 2014
Technical assistance call	January 8, 2015
Technical assistance call	April 9, 2015

Subrecipients will be required to gather and supply to DHHS data on partnerships (the types of organizations involved), participants (age, gender, education level, and race ethnicity), and the types of activities (training, conference, information dissemination, coalition building)

conducted. More information will be provided to Subrecipients in award letters and at the technical assistance meetings.

Please note: DHHS reserves the right to withdraw an award, and/or negotiate the work plan, budget, or component of a proposed project. If project deliverables including quarterly reports are not completed satisfactorily, DHHS has the authority to withhold and/or recover payment of funds.

Application Deadline

A **complete, signed application** must be emailed to dhhs.minorityhealth@nebraska.gov by **April 19, 2013, 5:00 p.m. CT**. Applications must be emailed as Microsoft Word or Excel documents or some combination thereof. No extension of the deadline date will be granted. Late, incomplete, or non-compliant applications will not be reviewed or scored. Additions or corrections will not be accepted after the closing date.

Omission of any required document or form, failure to use required formats, or failure to respond to any requirements will lead to rejection of the application prior to the review. All versions of the application, including attachments, become the property of the Nebraska Department of Health and Human Services upon receipt and will not be returned to the applicant.

Letter of Intent

If you intend to submit an application for this grant program, you **must** notify the Office of Health Disparities and Health Equity with a letter of intent by **March 13, 2013**. Specify in your letter a reference to this grant program, the name and address of the applicant, the counties for which you are applying; and the name, phone number, and email address of a contact person for the application. This person will receive notices and questions and answers about the application via email. Send your letter via email to dhhs.minorityhealth@nebraska.gov. Late letters of intent will not be accepted.

Please note: a letter of intent must be submitted to be eligible to apply for funds.

Application Technical Assistance

During the period following release of this RFA and during the review of applications, all questions should be submitted in writing to dhhs.minorityhealth@nebraska.gov by **March 27, 2013 5:00 pm CT**. All questions and their respective answers will be posted in writing online at <http://dhhs.ne.gov/healthdisparities> by April 1, 2013. In no case shall verbal communications override written communications. **Only written communications are binding.**

Any information provided by the applicant verbally shall not be considered part of its application. Only written communications from applicants received by DHHS within the required time will be accepted.

RFA Timeline

Issuance of RFA	February 27, 2013
Letters of Intent Due	March 13, 2013
Applications Due	5:00pm CT, April 19, 2013
Award notification with contingency definitions	May 29, 2013
Contingency Responses Due	June 11, 2013
Final Award Notifications	June 18, 2013
Project start date	July 1, 2013

DHHS reserves the right to amend the RFA at any time prior to the application deadline. In the event DHHS decides to amend, either to add to or delete any part of this RFA, a written amendment will be posted on the DHHS Web site. Potential applicants are advised to check the webpage <http://dhhs.ne.gov/healthdisparities> periodically for possible amendments to this RFA.

Funding Conditions

Applications are being solicited for projects that demonstrate cultural competence and address prevention and education activities related to obesity, cardiovascular disease, infant mortality, diabetes, and/or asthma. Projects may also address issues such as mental health, injury prevention, translation, interpretation, uninsuredness, and other minority health issues as long as at least one of the priority areas from page 3 is addressed.

Applications should focus on service delivery through creative strategies, and support the direct delivery of health care services by expanding existing services or enhancing health service delivery. The program design must emphasize the delivery of specific services rather than the development of organizational capabilities.

1. Applications must address needs identified via a formal needs assessment process such as Mobilizing Action through Planning and Partnerships (MAPP), the Community Health Improvement Plan (CHIP), or other community needs assessment. Some such assessments should be available from local health departments.
2. All racial ethnic minority, Native American, refugee, and immigrant populations within a county must be served.
3. Applications must include a substantive sustainability plan.
4. Preference will be given to projects that include community health workers or lay health ambassadors, include local community and cultural centers as substantive partners, and support or address the priorities of the DHHS OHDHE strategic plan.

5. Projects must align with *Healthy People 2020* goals and objectives. Information on these goals and objectives is available at <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
6. Projects must align with the *National Partnership for Action to End Health Disparities* (NPA) goals. Information on these goals is available at <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11#goal>
7. Proposed budget must be reasonable for the proposed **quantity** and **quality** of activities in the work plan. A budget justification must be included following the proposed budget.
8. Applicants should be aware state accounting practices require that half of the awarded funds be spent in each of the two project years.
9. The Department of Health and Human Services (DHHS) reserves the right to fund more than one project per community.
10. Expenses associated with preparing and submitting an application will not be reimbursed by DHHS.
11. The Department of Health and Human Services reserves the right to withdraw any award if a satisfactory response to contingencies has not been received within 15 calendar days of notice to the applicant by DHHS.
12. DHHS reserves the right to withdraw an award, and/or negotiate the work plan, budget, or component of a proposed project. If project deliverables including quarterly reports are not completed satisfactorily, DHHS has the authority to withhold and/or recover payment of funds.
13. Upon receipt of an acceptable response to contingencies, DHHS will send each applicant a final award letter. This award letter will incorporate by reference the RFA, the approved application, the applicant's response to the contingencies, and the Subgrant Terms and Assurances.
14. Subrecipients are to expend funds in accordance with the approved line item budget. If cumulative changes exceed 10% of the total award, the subrecipient must request in writing a budget revision or a work plan amendment depending on what in the budget needs to be changed. It is up to the discretion of the Office of Health Disparities and Health Equity whether or not to approve the requested budget revision or work plan amendments. DHHS will provide written notice of approval or disapproval of the request within thirty (30) days of its receipt.
15. Subrecipients are reimbursed for actual expenses incurred by the subrecipient. Subrecipients must submit quarterly reports to the Office of Health Disparities and Health Equity for expenses incurred in the previous quarter. The state has up to 45 days to pay subrecipients. Advance payments for services are not allowed by DHHS. Subrecipients are encouraged to submit reports to DHHS in a timely manner to ensure prompt payment of expenses and cash flow maintenance.
16. Subrecipients are expected to contact DHHS if they or any community partner or collaborator have difficulties implementing the work plan or need to make changes in the approved activities. The subrecipient must be aware that it is legally bound to deliver the services as stated in the work plan. DHHS will work with the subrecipient to determine possible solutions or best outcomes. If changes need to be made in the work plan, the subrecipient must contact DHHS in writing to request a revision or amendment, including

changes in Project Director.

17. Subrecipients are to maintain accurate records regarding program implementation and evaluation which document the persons and organizations involved, activities carried out, and any materials or information developed. It is expected that these documentation records may include but will not be limited to logs, sign-in sheets, meeting minutes, survey and evaluation data, etc.
18. Subrecipients must submit to DHHS timely, accurate, and complete progress reports within 31 days of the end of each project and within 31 days of the end of each project year using the forms, format, and time line provided by DHHS.
19. Subrecipients must ensure timely submission of accurate reports and maintain the fiscal integrity of the project.
20. Subrecipients are expected to fulfill all program award related deliverables as well as to fulfill payroll, accounting, and administrative procedures.
21. Subrecipients are to be aware that DHHS may withhold payment of quarterly expenses for lack of documented and/or timely progress, as well as any apparent non-compliance with grant requirements. Continued lack of documented and/or timely progress and/or noncompliance with grant requirements may result in funds being redirected in the county or issuance of a new RFA for that county.
22. Subrecipients must include in all project publications that result from work under this subgrant acknowledgement that the project was supported by the Nebraska Department of Health and Human Services Office of Health Disparities and Health Equity. In addition, copies of all such publications must be forwarded to assigned project officers.

Training Requirements

All funded projects shall meet the following training requirements:

1. Quarterly technical assistance conference calls, scheduled just after the end of each quarter and before reports are due, will be organized based on the schedule on page 8. Subrecipients are required to attend the calls and will be held responsible for the information discussed.
2. The Project Director and individual responsible for reporting on the project for each award *must* attend face-to-face technical assistance meetings, planned for July 2013 and July 2014. Failure to attend the face-to-face technical assistance meeting(s) will result in a penalty of withholding payments until the requirements are satisfied.
3. If not already done within the previous project period and when offered, at least one project staff member is to attend the DHHS OHDHE's Cultural Intelligence Training. For the purposes of your budget, assume that the two-day training will be held within 50 miles of your home city.

Application Review Process

Applications will be technically reviewed to assure that all required documentation has been included. Only those applications successfully clearing technical review will advance to the

comprehensive evaluation phase of the review process. Applications are judged non-responsive if they are incomplete, inadequately developed, or otherwise unsuitable for peer review and funding consideration. Non-responsive applications will not be reviewed further.

Each new RFA constitutes a new application pool; no grants are continued from the previous grant cycle. However, poor performance or late reporting by previous recipient(s) will be considered in decision making about pending or future awards.

During the comprehensive evaluation phase reviewers will critique applications. The areas of review will include the project work plan and narrative, the target population, evaluation plan, partnership plan, and budget and justification.

DHHS reserves the right to reject any or all applications, wholly or in part. DHHS reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the application and do not improve the applicant's competitive position. All awards will be made in a manner deemed in the best interest of DHHS.

In order of preference, the awards resulting from this RFA shall incorporate the following documents:

1. Award;
2. The original RFA;
3. Any addenda and/or amendments to the RFA, including questions and answers;
4. The signed application cover sheet;
5. The application; and
6. Any amendments, in order of significance.

Application Instructions

Applications should be typed or word-processed, single-spaced, in 12-point typeface, with one-inch margins. A complete version of the entire application must be submitted to dhhs.minorityhealth@nebraska.gov as Microsoft Word or Excel documents. The email with which the application is submitted serves as the applicant's signature.

All applications must use the following format in describing the proposed project. Blank forms have been provided to assist with this process, and may be downloaded in Word and Excel at <http://dhhs.ne.gov/healthdisparities>. Adherence to this format will help assure that all required elements are included in the application and will greatly assist in the review of your application. **Limit your application to no more than 30 pages, not including attachments.** Lengthy applications and unnecessary attachments or supporting materials are strongly discouraged.

Application Format

I. Cover Sheet (FORM A)

Complete all sections of the Cover Sheet.

1. **Project Director:** This is the person *directly* responsible for the oversight of the proposed project. This individual will serve as the liaison between DHHS and other project staff and will be responsible for the completion and submission of all required reports and other documentation. This is also the person to whom questions, feedback, and other correspondence will be directed.

II. Project Abstract (FORM B) 2-page limit

1. **Collaborators:** Key partners are the organizations and people involved in your coalition who will help plan and implement the project. Please list the key partners who will actively participate and contribute resources to enhance efforts. Describe the contributions of each (direct and indirect). Name stakeholders who are racial ethnic minorities advocating for health needs of their communities and describe the process for receiving feedback from these groups in strategizing to meet health needs of these populations.
2. **Cultural Competency:** Describe how the project will address the CLAS Standards. For more information on the CLAS Standards, see <http://dhhs.ne.gov/healthdisparities>
3. **Goals:** List the major goals of the project.

III. Project Narrative

Your project narrative should contain the following:

1. The applicant organization's mission and vision statements.
2. A copy of the applicant and partners' organization chart(s).
3. Describe the project priorities and other issue(s) being addressed.
4. Describe the needs assessment used to determine priority areas to be targeted by the project.
5. Describe the racial ethnic minority, refugee, immigrant, or tribal population to be served, including the geographic area. Projects must serve all of these populations in the county.
6. Describe the expertise and/or credentials of the Project Director and the person preparing reports on the project. Indicate what role the Project Director will play in the performance of the work plan and evaluation plan.
 - Please note: should a new Project Director be assigned during the course of the project, a description of their expertise and/or credentials must be submitted to DHHS in writing.
7. For continuation projects only: provide information on the previous successes and challenges of the project, including baseline data on your target population(s).
8. If applicable, describe how community health workers or lay health ambassadors will be incorporated into the project.

9. If applicable, describe how community and cultural centers will participate in the project. Attach letters of commitment from potential project partners, detailing their planned direct and indirect contributions.
10. Describe how the project will support the strategic plan of the DHHS Office of Health Disparities and Health Equity:
 - Promote chronic disease prevention, maternal child health promotion, reduction of obesity, and improve physical activity and nutrition among Nebraska's minority populations
 - Enhance awareness of health disparities and advance cultural intelligence
 - Establish coordinated data collection, evaluation, and outcomes and improve evaluation methods and outcomes
 - Expand and sustain statewide community partnerships and collaboration
 - Encourage full minority engagement
 - Enhance collaboration/coordination and technical assistance efforts regarding tribal health in Nebraska
11. Describe the relationship between the project and the strategies for the targeted project priority(ies) under *Healthy People 2020*. Project outcomes must be linked directly to measures/indicators of the project and support the identified *Healthy People 2020* strategies. The strategies and related information are available at <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
 - Identify at least three *Healthy People 2020* strategies to which the project most directly relates.
12. Identify the specific NPA goals towards which the project is expected to contribute:
 - Increased awareness of the significance of health disparities, their impact on the Nation, and the actions necessary to improve health outcomes for racial and ethnic minorities
 - Strengthened leadership at all levels to address health disparities
 - Improved health and healthcare outcomes for racial and ethnic minorities
 - Improved cultural and linguistic competency and diversity of the health-related workforce
 - Improved data availability and coordination, utilization, and diffusion of research and evaluation outcomes
13. Identify the evidence-based practices to be applied in the project and describe how you will adapt the evidence-based practice research to address the target population. Include appropriate references to the research. Approaches can include cultural or local adaptations or promising practices. For more information on evidence-based and best strategies and practices, please visit:
 - University of Chicago and Robert Wood Johnson Foundation, Finding Answers Intervention Research (FAIR) Database
<http://www.solvingdisparities.org/fair>
 - Agency for Healthcare Research and Quality (AHRQ), U.S. Preventive Services Task Force, at <http://www.ahrq.gov/clinic/uspstfix.htm#Recommendations>
 - Centers for Disease Control and Prevention's (CDC) Task Force on Community Preventive Services, at <http://www.thecommunityguide.org>

- Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Registry of Evidence-Based Programs and Practices, at <http://nrepp.samhsa.gov>
 - University of Kansas, Community Toolbox, at <http://ctb.ku.edu>
14. Define and support any relevant theory(ies) or risk/protective factors. Risk and protective factors can be defined at various levels, including physiological, psychological/behavioral, and social (i.e. among peers, family, community, educational and other institutions).
 15. Describe the project’s collaboration with any federal or state DHHS public health-funded projects.
 16. Describe your plan to keep the project going if and when Minority Health Initiative funding lessens or ends.
 17. If supportive services such as interpretation, translation, or transportation are included, justify their inclusion in terms of health outcomes and how their inclusion will help build capacity within the community to provide or extend such services. This information may be based on previous project experience or published research.
 18. Provide a detailed narrative of how you are going to measure the effectiveness of your project work plan. Include a description of how the results of the evaluation will be disseminated and communicated. Include answers to the following questions:
 - What results (outcomes) do you envision for this project?
 - What measures/indicators will be used to determine effectiveness?
 - How will changes for individuals be measured over the course of the project?
 - What data will be collected? Is it consistent with the objectives in the work plan?
 - What data collection methods will you use?
 - How will the data be analyzed?
 - How will the results be used, disseminated, and communicated?

IV. Project Work Plan & Evaluation Plan (FORM C)

Objectives and activities should be directly related to the identified needs and strategies proposed. The work plan should describe:

1. An estimate of the number of people the project will serve.
2. Specific tasks to be accomplished, who will be responsible for them, and when they will be accomplished.
3. Timelines for all activities.
4. Measures and indicators to be used throughout the project to assess effectiveness. At least one outcome measure must be included for each objective.
5. Evaluation methods to be used throughout the project.
6. The products or other outcomes that will result from the tasks completed.

Your objectives must be **SMART**:

Specific: Is there a description of a precise or specific behavior/outcome which is linked to a rate, number, percentage, or frequency?

Measurable: Is there a reliable system in place to measure progress towards the achievement of the objective?

Achievable: With a reasonable amount of effort and application, can the objective be achieved?

Relevant/**R**ealistic: Can the people with whom the objective is set make an impact on the situation? Do they have the necessary knowledge, authority, and skill?

Time-Based: Is there a finish and/or a start date clearly stated or defined?

A template for writing an objective is provided below:

By _____, _____ of _____ will _____.
(when) (% or % change) (who) (what result, change, benefit)

A sample (partial) work plan and evaluation plan is provided as Attachment A.

V. Budget and Justification (FORM D)

The budget should include all costs associated with the project for the period of July 1, 2013 – June 30, 2015. If the application includes more than one county, the budget amount for each county **must** be shown in separate columns. Budgeted items may include:

1. **Personnel:** Personnel costs must be budgeted for separately on the line-item budget. The justification should include title, annual salary, percent full time equivalent (FTE), and dollar amount requested for each position. Job responsibilities must also be specified.
2. **Fringe Benefits:** The justification for this line item should specify which expenses are included in the figure (including but not limited to retirement, FICA, insurance, Workers' Compensation, etc.)
3. **Travel:** Dollars requested should be for staff travel. Mileage should be computed at the State rate, currently \$0.565 per mile. The justification should describe how the travel relates to the accomplishment of project goals. For all travel, indicate who will be traveling and the number of days per trip. **Required travel** includes mileage and per diem for:
 - a. **Annual Technical Assistance Meetings.** Include estimated expenses for travel to Kearney, NE for both annual technical assistance meetings. The Project Director and person responsible for reporting on the project **must** attend these meetings. Failure to attend the face-to-face technical assistance meeting(s) will result in a penalty of withholding payments until the requirements are satisfied.
 - b. **Cultural Intelligence Training.** If not already done within the previous project period, budget for at least one project staff member to attend the Department of Health and Human Services Office of Health Disparities and Health Equity's *People are People are People: Increasing Your CQ* training.

For the purposes of your budget, assume that the two-day training will be held within 75 miles of your home city.

4. **Incentives, Food, and Educational Tools:** If used, incentives must be identified in the work plan, and a description the purpose of their use must be included. They must also be in context with the project. All incentives must serve an educational purpose related to the health topic being addressed. All incentives (including food) must be pre-approved by DHHS. Food may only be included if it is to be used as part of an educational event (e.g., healthy cooking classes).
5. **Supportive Services:** If supportive services such as interpretation, translation, or transportation are included, specify the number of people to be served and cost per encounter. Justify their inclusion in terms of health outcomes and how their inclusion will help build capacity within the community to provide or extend such services. The budget for these services may be no larger than 10% of the total budget
6. **Contractual:** Subrecipients may contract with another agency or individual for purposes of performing grant activities. The budget must include the name of the contractor, the amount to be contracted, and the work to be done. Any organization or person who does not work for the applicant organization and who may receive some portion of the funding under this award should be considered a contractor.
 - a. Projects are required to use an external evaluator and to set aside 10% of the total budget to pay for evaluation.
7. **Operating Expenses:** A separate line item may be included for each of the following operating expenses, as necessary for day-to-day program operation:
 - Printing
 - Postage
 - Transportation of clients
 - General Office Supplies
 - Telephone, including internet connection
8. **Indirect Costs:** Indirect costs may only be charged if the applicant organization has a current, negotiated Indirect Cost Rate (ICR) agreement. Please attach a copy of your Indirect Cost Rate Agreement (*ICR will not count toward page limit*).
9. **Other Funding Sources:** identify any other state public health funding (such as Maternal Child Health; Preventive Health and Health Services; Women, Infants and Children; Every Woman Matters; etc.) that will assist with this project. Include sources and amounts.

Applicants must provide a justification for the proposed budget in detail noting how estimated expenditures will support the work plan and evaluation plan and project goals. An explanation for the calculation of estimated amounts for grant funds must be given for each item listed. Applications lacking specificity may delay approval of the proposed budget.

A sample (partial) budget and justification is provided as Attachment B.

Sources of in-kind funding and other funds that address the elimination of health disparities used to assist with the project should be identified at the bottom of Form D, Budget &

Justification. The budget justification should include an explanation of the relationship of the Minority Health Initiative application to any other state funding received for similar activities.

VI. Partnership Plan (1 page limit)

Collaboration is a core component of any community-based project. Diverse representation, participation, and leadership are crucial to ensure the views, perspectives, and needs of all community members are represented. Describe how your partnerships in the project fit these criteria.

1. Provide up to a one (1) page narrative summary of existing partnerships that your agency has and how those partners will be utilized throughout your project. Also describe any partners you plan to bring to the project and their potential roles. Partnerships need to be specific and strategic.
2. Specify how your partnerships will impact the objectives in your work plan.
3. For each partner, provide a Letter of Commitment signed by both parties, detailing the contributions each partner will make to the project and the dollars allocated for that purpose(s). *This will **not** count against the page limit.*

The Federal Office of Minority Health Resource Center, the Federal Office of Minority Health, and the State of Nebraska Office of Health Disparities and Health Equity (and any federal or state departments, divisions, or offices within DHHS) are not partners in any project, but are simply resources to assist organizations in eliminating health disparities.

VII. Attachments

Attachments should include Letters of Commitment, Indirect Cost Rate (ICR) agreements, and letters of support. *These will **not** count toward the page limit.*

VIII. Terms and Assurances

Fill out and submit with your application the Terms and Assurances and Audit Requirement Certification. *These will **not** count toward the page limit.*

**Minority Health Initiative 2013 - 2015
Competitive Application Cover Sheet**

Applicant Organization	
Address	
City/Zip Code	
Federal Tax Identification Number	

Name of authorized official: _____

Title: _____ **Date:** _____

Phone: _____ **Email:** _____

By submitting this application, the applicant agrees to operate the project as described in the application and in accordance with the grant Terms and Assurances.

The email with which you submit this application serves as your official signature.

Amount of funding requested: \$ _____

County(ies) application addresses: _____

Project Director	
Name	
Phone	
Email	
Financial Officer	
Name	
Phone	
Email	

Has this organization ever received Minority Health Initiative funding previously?
If yes, please specify when and how much was awarded. _____

**Minority Health Initiative 2013 - 2015
Project Abstract**

Applicant Organization: _____

County(ies): _____

Provide a description of your project (3-sentence limit): _____

Target Population(s)

	Number of clients targeted	Number of encounters planned	For continuation projects only			
			Clients targeted in previous project	Clients reached in previous project	Encounters planned in previous project	Encounters met in previous project
Native American (Specify Tribes:)						
Asian						
African American						
Hispanic						
Immigrant						
Refugee						
Other (specify):						

If you are working with any of the Tribes, the letter(s) from the Tribal Council(s) approving the project are Attachment _____

Project Priorities (check all that apply):

- | | | | |
|------------------|-----|------------------------|-----|
| Obesity | [] | Cardiovascular disease | [] |
| Infant mortality | [] | Diabetes | [] |
| Asthma | [] | Unintentional injury | [] |
| Cancers | [] | Chronic lung disease | [] |

Other Focus Areas (check all that apply):

- | | | | |
|-------------------------------|-----|-----------------------|-----|
| Mental health | [] | HIV/AIDS | [] |
| Sexually transmitted diseases | [] | Oral Health | [] |
| Tobacco or alcohol use | [] | Other (Specify) _____ | [] |

Cultural competency _____

Goals of the project

Goal 1	
Goal 2	
Goal 3	
Goal 4	

**Minority Health Initiative 2013 - 2015
Project Work Plan & Evaluation Plan**

Applicant: _____

Project Goal #1 (07/01/2013-06/30/2015):						
Objective	Outputs (Activities)	Responsible	Timeframe	Measures and Indicators	Evaluation methods	Outcomes (Results)
1.0	1.1					
	1.2					
Project Goal #2 (07/01/2013-06/30/2015):						
Objective	Outputs (Activities)	Responsible	Timeframe	Measures and Indicators	Evaluation methods	Outcomes (Results)
2.0	2.1					
	2.2					

This form can be used in the portrait or landscape page layout.

**Minority Health Initiative 2013 - 2015
Budget & Justification**

Applicant: _____

Budgets must be prepared by county. Additional columns may be inserted as necessary.
This form can be used in the portrait or landscape page layout. It may be submitted as either a
Word or Excel document.

	<u>County:</u>	<u>County:</u>	
Line Item	Amount	Amount	Justification
Personnel			
Fringe Benefits			
Travel			
Annual TA Meetings			
Cultural Intelligence Training			
Incentives, Food, Educational Tools			
Supportive Services			
Operating expenses			
Contractual			
Indirect Costs			
Subtotals			
Total Amount Requested			

Provide a brief description of any other funding sources that will be used to assist with this project.

THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GENERAL TERMS AND ASSURANCES

A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

1. All Subrecipient books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this subgrant shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Subrecipient shall maintain all records for three (3) years from the date of final payment, except records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. The Subrecipient shall maintain its accounting records in accordance with generally accepted accounting principles. DHHS reserves and hereby exercises the right to require the Subrecipient to submit required financial reports on the accrual basis of accounting. If the Subrecipient's records are not normally kept on the accrual basis, the Subrecipient is not required to convert its accounting system but shall develop and submit in a timely manner such accrual information through an analysis of the documentation on hand (such as accounts payable).

2. The Subrecipient shall provide DHHS any and all written communications received by the Subrecipient from an auditor related to Subrecipient's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Subrecipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Subrecipient, in which case the Subrecipient agrees to verify that DHHS has received a copy.

3. The subrecipient shall immediately commence follow-up action on findings arising from audits or other forms of review. Follow-up action includes responding to those conducting such examinations with clear, complete views concerning the accuracy and appropriateness of the findings. If the finding is accepted, corrective action, such as repaying disallowed costs, making financial adjustments, or taking other actions should proceed and be completed as rapidly as possible. If the subrecipient disagrees, it should provide an explanation and specific reasons that demonstrate that the finding is not valid.

4. In addition to, and in no way in limitation of any obligation in this subgrant, the Subrecipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this subgrant for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

B. AMENDMENT. This subgrant may be modified only by written amendment executed by both parties. No alteration or variation of the terms and conditions of this subgrant shall be valid unless made in writing and signed by the parties.

C. ANTI-DISCRIMINATION. The Subrecipient shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights and equal opportunity employment, including Title VI of the Civil Rights Act of 1964; the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, NEB. REV. STAT. §§ 48-1101 to 48-1125. Violation of said statutes and regulations will constitute a material breach of this subgrant. The Subrecipient shall insert this provision into all subgrants and subcontracts.

D. ASSIGNMENT. The Subrecipient shall not assign or transfer any interest, rights, or duties under this subgrant to any person, firm, or corporation without prior written consent of DHHS. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this subgrant.

E. ASSURANCE. If DHHS, in good faith, has reason to believe that the Subrecipient does not intend to, is unable to, has refused to, or discontinues performing material obligations under this subgrant, DHHS may demand in writing that the Subrecipient give a written assurance of intent to perform. Failure by the Subrecipient to provide written assurance within the number of days specified in the demand may, at DHHS's option, be the basis for terminating this subgrant.

F. BREACH OF SUBGRANT. DHHS may immediately terminate this subgrant and agreement, in whole or in part, if the Subrecipient fails to perform its obligations under the subgrant in a timely and proper manner. DHHS may withhold payments and provide a written notice of default to the Subrecipient, allow the Subrecipient to correct a failure or breach of subgrant within a period of thirty (30) days or longer at DHHS's discretion considering the gravity and nature of the default. Said notice shall be delivered by Certified Mail, Return Receipt Requested or in person with proof of delivery. Allowing the Subrecipient time to correct a failure or breach of this subgrant does not waive DHHS's right to immediately terminate the subgrant for the same or different subgrant breach which may occur at a different time. DHHS may, at its discretion, obtain any services required to complete this subgrant and hold the Subrecipient liable for any excess cost caused by Subrecipient's default. This provision shall not preclude the pursuit of other remedies for breach of subgrant as allowed by law.

G. CONFIDENTIALITY. Any and all confidential or proprietary information gathered in the performance of this subgrant, either independently or through DHHS, shall be held in the strictest confidence and shall be released to no one other than DHHS without the prior written authorization of DHHS, provided that contrary subgrant provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. All DHHS Subrecipients must acknowledge DHHS funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with DHHS funds. Recipients are required to state: (1) the percentage

and dollar amounts of the total program or project costs financed with DHHS funds; and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources. This provision shall survive termination of this subgrant.

H. CONFLICTS OF INTEREST. In the performance of this subgrant, the Subrecipient shall avoid all conflicts of interest and all appearances of conflicts of interest. The Subrecipient shall immediately notify DHHS of any such instances encountered, so that other arrangements can be made to complete the work.

I. COST PRINCIPLES AND AUDIT REQUIREMENTS. The Subrecipient shall follow the applicable cost principles set forth in OMB Circular A-87 for State, Local and Indian Tribe Governments; A-21 for Colleges and Universities; or A-122 for Non-Profit Organizations. Federal audit requirements are dependent on the total amount of federal funds expended by the Subrecipient, set in the table below and Attachment 1, Audit Requirement Certification. Audits must be prepared and issued by an independent certified public accountant licensed to practice. A copy of the annual audit is to be made electronically available or sent to: Nebraska Department of Health and Human Services, Financial Services, P. O. Box 95026, Lincoln, NE 68509-5026.

Amount of annual federal expenditure	Audit Type
<i>\$100,000 to \$499,999</i>	<i>Financial Statement Audit</i>
<i>500,000 or more in federal expenditure</i>	<i>A-133 audit</i>

J. DATA OWNERSHIP AND COPYRIGHT. Except as otherwise provided in the Notice of Award, DHHS shall own the rights in data resulting from this project or program. The Subrecipient may copyright any of the copyrightable material and may patent any of the patentable products produced in conjunction with the performance required under this subgrant without written consent from DHHS. DHHS hereby reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for federal or state government purposes. This provision shall survive termination of this subgrant.

K. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE. The Subrecipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

L. DOCUMENTS INCORPORATED BY REFERENCE. All references in this subgrant to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the Subrecipient in discharging its obligations under this subgrant shall be deemed incorporated by reference and made a part of this subgrant with the same force and effect as if set forth in full text, herein.

M. DRUG-FREE WORKPLACE. Subrecipient agrees, in accordance with Nebraska policy, to maintain a drug-free workplace by: (1) publishing a drug-free workplace statement; (2) establishing a drug-free awareness program; and (3) taking actions concerning employees who are convicted of violating drug statutes in the workplace.

N. FORCE MAJEURE. Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this subgrant due to a natural disaster, or other similar event outside the control and not the fault of the affected party (“Force Majeure Event”). A Force Majeure Event shall not constitute a breach of this subgrant. The party so affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this subgrant which are reasonably related to the Force Majeure Event shall be suspended, and the affected party shall do everything reasonably necessary to resume performance as soon as possible. Labor disputes with the impacted party’s own employees will not be considered a Force Majeure Event and will not suspend performance requirements under this subgrant.

O. FUNDING AVAILABILITY. DHHS may terminate the subgrant, in whole or in part, in the event funding is no longer available. Should funds not be appropriated, DHHS may terminate the award with respect to those payments for the fiscal years for which such funds are not appropriated. DHHS shall give the Subrecipient written notice thirty (30) days prior to the effective date of any termination. The Subrecipient shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event, shall the Subrecipient be paid for a loss of anticipated profit.

P. GRANT CLOSE-OUT. Upon completion or notice of termination of this grant, the following procedures shall apply for close-out of the subgrant:

1. The Subrecipient will not incur new obligations after the termination or completion of the subgrant, and shall cancel as many outstanding obligations as possible. DHHS shall give full credit to Subrecipient for the state share of non-cancelable obligations properly incurred by Subrecipient prior to termination, and costs incurred on, or prior to, the termination or completion date.
2. Subrecipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
3. Within a maximum of 90 days following the date of expiration or completion, Subrecipient shall submit all financial, performance, and related reports required by the Subrecipient Reporting Requirements. DHHS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
4. DHHS shall make any necessary adjustments upward or downward in the state share of costs.
5. The Subrecipient shall assist and cooperate in the orderly transition and transfer of subgrant activities and operations with the objective of preventing disruption of services.
6. Close-out of this subgrant shall not affect the retention period for, or state rights of access to, Subrecipient records, or Subrecipient’s responsibilities regarding property or with respect to any program income for which Subrecipient is still accountable under this subgrant. If no

final audit is conducted prior to close-out, DHHS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.

Q. GOVERNING LAW. The award shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against DHHS or the State of Nebraska regarding this award shall be brought in Nebraska administrative or judicial forums as defined by Nebraska State law. The Subrecipient shall comply with all Nebraska statutory and regulatory law.

R. HOLD HARMLESS.

1. The Subrecipient shall defend, indemnify, hold, and save harmless the State of Nebraska and its employees, volunteers, agents, and its elected and appointed officials (“the indemnified parties”) from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses (“the claims”), sustained or asserted against the State of Nebraska, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Subrecipient, its employees, consultants, representatives, and agents, except to the extent such Subrecipient’s liability is attenuated by any action of the State of Nebraska which directly and proximately contributed to the claims.

2. DHHS’s liability is limited to the extent provided by the Nebraska Tort Claims Act, the Nebraska Contract Claims Act, the Nebraska Miscellaneous Claims Act, and any other applicable provisions of law. DHHS does not assume liability for the action of its Subrecipients.

S. INDEPENDENT ENTITY. The Subrecipient is an Independent Entity and neither it nor any of its employees shall, for any purpose, be deemed employees of DHHS. The Subrecipient shall employ and direct such personnel, as it requires, to perform its obligations under this subgrant, exercise full authority over its personnel, and comply with all workers’ compensation, employer’s liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this subgrant.

T. REIMBURSEMENT REQUEST. Requests for payments submitted by the Subrecipient shall contain sufficient detail to support payment. Any terms and conditions included in the Subrecipient’s request shall be deemed to be solely for the convenience of the parties.

U. INTEGRATION. This written subgrant represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this subgrant.

V. NEBRASKA NONRESIDENT INCOME TAX WITHHOLDING. Subrecipient acknowledges that Nebraska law requires DHHS to withhold Nebraska income tax if payments for personal services are made in excess of six hundred dollars (\$600) to any Subrecipient who is not domiciled in Nebraska or has not maintained a permanent place of business or residence in

Nebraska for a period of at least six months. This provision applies to: individuals; to a corporation, if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services, and to a partnership or limited liability company, if 80% or more of the capital interest or profits interest of the partnership or limited liability company is held by the partners or members who are performing personal services.

The parties agree, when applicable, to properly complete the Nebraska Department of Revenue Nebraska Withholding Certificate for Nonresident Individuals Form W-4NA or its successor. The form is available at:

http://www.revenue.ne.gov/tax/current/f_w-4na.pdf or
http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf

W. NEBRASKA TECHNOLOGY ACCESS STANDARDS. The Subrecipient shall review the Nebraska Technology Access Standards, found at <http://www.nitc.state.ne.us/standards/accessibility/tacfinal.html> and ensure that products and/or services provided under the subgrant comply with the applicable standards. In the event such standards change during the Subrecipient's performance, the State may create an amendment to the subgrant to request that Subrecipient comply with the changed standard at a cost mutually acceptable to the parties.

X. NEW EMPLOYEE WORK ELIGIBILITY STATUS. The Subrecipient shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

If the Subrecipient is an individual or sole proprietorship, the following applies:

1. The Subrecipient must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at www.das.state.ne.us.
2. If the Subrecipient indicates on such attestation form that he or she is a qualified alien, the Subrecipient agrees to provide the U.S. Citizenship and Immigration Services documentation required to verify the Subrecipient's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Subrecipient understands and agrees that lawful presence in the United States is required and the Subrecipient may be disqualified or the subgrant terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.

Y. PUBLICATIONS. Subrecipient agrees that all publications that result from work under this subgrant will acknowledge that the project was supported by "Subgrant No. XXXX" under a subgrant from DHHS.

Z. PROGRAMMATIC CHANGES. The Subrecipient shall request in writing to DHHS for approval of programmatic changes. DHHS shall approve or disapprove in whole or in part in writing within thirty (30) days of receipt of such request.

AA. PROMPT PAYMENT. Payment shall be made in conjunction with the State of Nebraska Prompt Payment Act, NEB. REV. STAT. §§ 81-2401 through 81-2408. Unless otherwise provided herein, payment shall be made by electronic means.

Automated Clearing House (ACH) Enrollment Form Requirements for Payment.

The Subrecipient shall complete and sign the State of Nebraska ACH Enrollment Form and obtain the necessary information and signatures from their financial institution. The completed form must be submitted before payments to the Subrecipient can be made. Download ACH Form:

http://www.das.state.ne.us/accounting/nis/address_book_info.htm

BB. PUBLIC COUNSEL. In the event Subrecipient provides health and human services to individuals on behalf of DHHS under the terms of this award, Subrecipient shall submit to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to subgrants between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

CC. RESEARCH. The Subrecipient shall not engage in research utilizing the information obtained through the performance of this subgrant without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this subgrant.

DD. SEVERABILITY. If any term or condition of this subgrant is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this subgrant did not contain the particular provision held to be invalid.

EE. SUBRECIPIENTS OR SUBCONTRACTORS. The Subrecipient shall not subgrant or subcontract any portion of this award without prior written consent of DHHS. The Subrecipient shall ensure that all subcontractors and subrecipients comply with all requirements of this subgrant and applicable federal, state, county and municipal laws, ordinances, rules and regulations.

FF. TIME IS OF THE ESSENCE. Time is of the essence in this subgrant. The acceptance of late performance with or without objection or reservation by DHHS shall not waive any rights of DHHS nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Subrecipient remaining.

NOTICES. Notices shall be in writing and shall be effective upon receipt. Written notices, including all reports and other written communications required by this subgrant shall be sent to the following addresses:

FOR DHHS:

NE Department of Health & Human Services
PO Box 95026
Lincoln, NE 68509-5026
Phone

FOR SUBRECIPIENT:

Name
Entity
City, State, Zip + 4
Phone

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Health Disparities and Health Equity
AUDIT REQUIREMENT CERTIFICATION

Subrecipients and certain contractors receiving funds from the Nebraska Department of Health and Human Services are required to complete this document. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is "Circular A-133".

Grant Name _____ **Grant #** _____

Program Name, Grant #, and CFDA # need to be filled out by the DHHS program office

Contractor's Name _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Federal Tax Identification Number (FTIN) _____

Contractor's Fiscal Year _____, 20__ to _____, 20__

All written communications from the Certified Public Accountant (CPA) engaged under #1 or #2 below, given to the contractor related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance* and any additional reports issued by the auditor as a result of this engagement must be provided to the DHHS immediately upon receipt, unless the Subrecipient or contractor has directed the CPA to provide the copy directly to the DHHS and has verified this has occurred.

Check either 1 or 2

1. ___ As the subrecipient or contractor named above, we expect to expend less than \$500,000 from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.

We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct an audit of our organization's financial statements if we have total federal expenditures over \$100,000. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to DHHS address as shown below within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

2. ___ As the subrecipient or contractor named above, we expect to expend \$500,000 or more from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are subject to the single audit requirements of Circular A-133.

We will engage a licensed Certified Public Accountant to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year.

We further acknowledge, that a single audit performed in accordance with Circular A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must contain:

- financial statements,
- a schedule of Expenditure of Federal Awards,
- a Summary Schedule of Prior Audit Findings (if applicable),
- a corrective action plan (if applicable) and
- the auditor's report(s) which includes an opinion upon financial statements and Schedule of Expenditures of Federal Awards, a report of internal control, a report of compliance and a Schedule of Findings and Questioned Costs.

We further acknowledge the auditor and this contractor or subrecipient must complete and submit with the reporting package a *Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations (SF-SAC)*.

We further acknowledge a copy of the contractor's financial statements, auditor's report and SF-SAC must be submitted, at the time these documents are submitted to the Federal Audit Clearinghouse, to:

Nebraska Department of Health and Human Services
Financial Services
Grants and Cost Management
P.O. Box 95026
Lincoln, NE 68509-5026

The foregoing submissions must be made within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

Glossary

Activity: A statement of the detailed steps that will be taken to achieve an objective.

Adaptation: In the context of implementing an evidence-based program or model, it is the process or state of changing the model or program to fit new circumstances or conditions. Adaptations that are commonly considered not to impact fidelity to the model or program are: names of health care centers or systems, pictures of people and places and quotes, hard-to-read words that affect reading level, ways to reach your audience, incentives for participation, timelines, and cultural elements based on population. Adaptions that would significantly impact fidelity include: deleting whole sections of the program, putting in more strategies, and changing the health communication model or theory.

Best Practices: Program models or activities for which effectiveness in achieving specified goals or objectives has been demonstrated or suggested through a number of evaluations.

Budget justification: Details about what funds will be spent on and how dollars were figured in development of the budget. Describes how planned expenditures will support proposed activities.

Capacity: Includes delivery systems, workforce, policies, and support systems, and other infrastructure needed to maintain services delivery and policy-making activities.

Evaluation: Systematic study conducted to assess how a program/intervention is working. An evaluation typically examines achievement of objectives in the context of other aspects of program performance or in the context in which it occurs.

Evidence-based practice: An approach, framework, collection of ideas or concepts, adopted principles and strategies supported by research.

Evidence-based program: Programs comprised of a set of coordinated services/activities that demonstrate effectiveness based on research. Such programs may incorporate a number of evidence-based practices in the delivery of services, often in prescribed dosages, intensity, and/or duration.

Goals: Broad statements (i.e., written in general terms) that convey a program's overall intent to change, reduce, or eliminate the problem described. Goals identify the program's intended short- and long-term results.

Impact Evaluation: A type of evaluation that focuses on the long-range results of the program or project, and changes or improvements as a result. Because such evaluations are the most comprehensive and focus on long-term results of the program and changes or improvements in health status, they are the most desirable. However, impact evaluations are rarely possible because they are frequently costly and involve extended commitment. Also, the results often cannot be directly related to the effects of a program, project, or activity because of other (external) influences on the target audience, which occur over time.

Impact Measure: A measure of the direct or indirect long-term effects or consequences of the outcomes (in terms of overall effectiveness or efficiency), resulting from achieving program or project objectives and goals.

Needs Assessment: A method of collecting information on the needs, wants, and expectations of a community or other group of people to gain a picture of the strengths and weaknesses of the community or group for program planning and resource allocation purposes

Objective: A statement, expressed in terms of time and measures, of a defined health problem or health issue. It should describe specific action(s) designed to promote desired changes in risk factors or risk conditions. Objectives identify changes that are desired, measurable over time, and for a specific target group. They should include the target level of accomplishment, thereby further defining goals and providing the means to measure program performance.

Outcome: The statement of an intended result.

Outcome Evaluation: A type of evaluation used to obtain descriptive data on a program or project and to document (typically) short- and intermediate-term results. Task-focused results are those that describe the output of the activity. Shorter-term results describe the immediate effects of the project on the target audience. Information from such evaluation can show results such as knowledge and attitude changes, short-term or intermediate behavior shifts, and policies initiated or other institutional changes.

Outcome measure: A measure of an event, occurrence, condition, or result of a program or project that indicates achievement of objectives and goal(s); this type of measure is used to measure the success of a program, project, or system; typically, an outcome measure reflects short- and intermediate-term results.

Performance measures/Performance indicators: Particular values or characteristics used to measure program toward goals, and also used to find ways to improve progress, reduce risks, and/or improve cost-effectiveness. They represent the actual data/information that will be collected at the program or project level to measure the specific outcomes/impacts or results that a program is designed to achieve.

Process evaluation: A type of evaluation that examines the tasks and procedures involved in implementing a program or activities, including the administrative and organizational aspects of, and delivery procedures involved in, the efforts. Such evaluations enable monitoring to ensure feedback during the course of the program or project.

Process measure: A measure of the procedures, tasks, or processes involved in implementing program or project activities or interventions to produce an output or outcome.

Protective factors: Those that reduce the occurrence or likelihood of an undesired health outcome, among members of the population(s) studied. Some studies support the existence of protective factors unique to populations (e.g. culturally-specific protective factors).

Risk factors: Those that increase the occurrence or likelihood of an undesired health outcome among members of the population(s) studied.

Sustainability: describes the extent to which an evidence-based intervention can maintain program services at a level that will provide ongoing services over an extended period of time after external support from the funding agency is terminated. Operational indicators of sustainability include maintenance of a program's initial health benefits, institutionalization of the program in a setting or community, and capacity building in the recipient setting or community.

SAMPLE Project Work Plan & Evaluation Plan

Project Goal #1 (07/01/2013-06/30/2015): Improve understanding among minority community members in Otoe County of the significance and prevention of cardiovascular disease and diabetes.						
Objective	Outputs (Activities)	Responsible	Timeframe	Measures and Indicators	Evaluation methods	Outcomes (Results)
1.0 By January 1, 2014, increase awareness of the signs and symptoms of cardiovascular disease and diabetes among at least 500 minority community members in Otoe County	1.1 By August 1, 2013, organize and schedule a minimum of 10 health education sessions, targeting 50 people per session on topics related to CVD and diabetes	Project director, contractors, community health workers	July 1-July 31, 2013	At least 10 sessions scheduled and presented, at least 50 people in attendance at each session	Documentation of health education session schedule, recruitment efforts, sign-in sheets	Schedule of health education sessions, agendas for the sessions, materials/ presentations drafted and approved
	1.2 By January 1, 2014, complete the 10 health education sessions and evaluate their effectiveness	Project director, contractors	September 1, 2013- December 31, 2013	Documentation of completion of 10 health education sessions, sign-in sheets will indicate at least 50 people attended each	Pre/post-testing to assess knowledge/ attitude changes, completed written and verbal process and content evaluation materials	Sessions completed, sign-in sheets that demonstrate at least 500 people were reached, process and content evaluations will indicate at least 75% of participants found the sessions useful and informative, pre/post-testing of all participants will demonstrate at least 80% demonstrated increased knowledge/ awareness

SAMPLE Budget and Justification

	County: <u>Hall</u>	County: <u>Wayne</u>	
Line Item	Amount	Amount	Justification
Personnel			
Minority Health Coordinator	\$8,000	\$8,640	16 hours/week @ \$20/hour for project oversight, supervision of staff and community health workers, reporting
Staff Assistant	\$7,040	\$20,000	40 hours/week \$13/hour for assistance with scheduling of project events, reporting, organization and facilitation of project meetings, recordkeeping
Fringe Benefits	\$4,211	\$8,019	Estimated at 28% of salaries; includes FICA, SSI, retirement plan
Travel			
Mileage	\$605		<ul style="list-style-type: none"> 6 round trips to Lancaster County for health education sessions: 100 miles @ \$.55/mile 2 trips for 2 people (1 car) to annual technical assistance meetings at Kearney: 1,000 miles @ \$.55/mile
Meals and Lodging		\$400	2 trips for 2 people to annual technical assistance meetings at Kearney: estimated at \$70/night for hotel, \$30/day for meals
Registration Fee	\$485	\$485	<ul style="list-style-type: none"> 3 people to attend the PHAN conference in September to gather information on other related projects across the state, professional growth @ \$90 1 person to attend the APHA conference in November 2013 to ... @ \$700
Annual TA Meetings			No cost necessary, as applicant is based in Kearney.
Cultural Intelligence Training			No cost necessary, as we are willing to host the training.
Incentives, Food, Educational Tools			
Supportive Services	\$600	\$100	300 interpretive sessions to be provided at \$20 each; transportation for 20 people to diabetes self-management class at \$5 each
Operating expenses			

Printing	\$50	\$50	Est: 100 color copies for each of 10 health education sessions @ \$.10 each
Postage			
General Office Supplies		\$480	Paper, pens, printer cartridges, folders, estimate at \$20/month
Communications	\$2,060		<ul style="list-style-type: none"> Cell phone for use by community health workers, est: \$60/month Landline for use by staff assistant, est: \$20/month
Contractual			
Community center		\$5,000	Sponsorship, organization of 5 health education sessions, 3 screening events in each year
Community health center	\$25,000	\$75,000	1 FTE nurse practitioner, 1.5 FTE interpreters, 1 FTE staff assistant
Indirect Costs	\$7,700	\$14,664	40% of salaries + fringe; includes rent, utilities, copying, agency vehicles
Subtotals	\$55,751	\$132,838	
Total Amount Requested	\$188,589		



Sарpy County

U.S. Congressional Districts

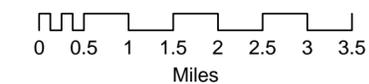
Legend

Congressional District

- 1
- 2

Street Type:

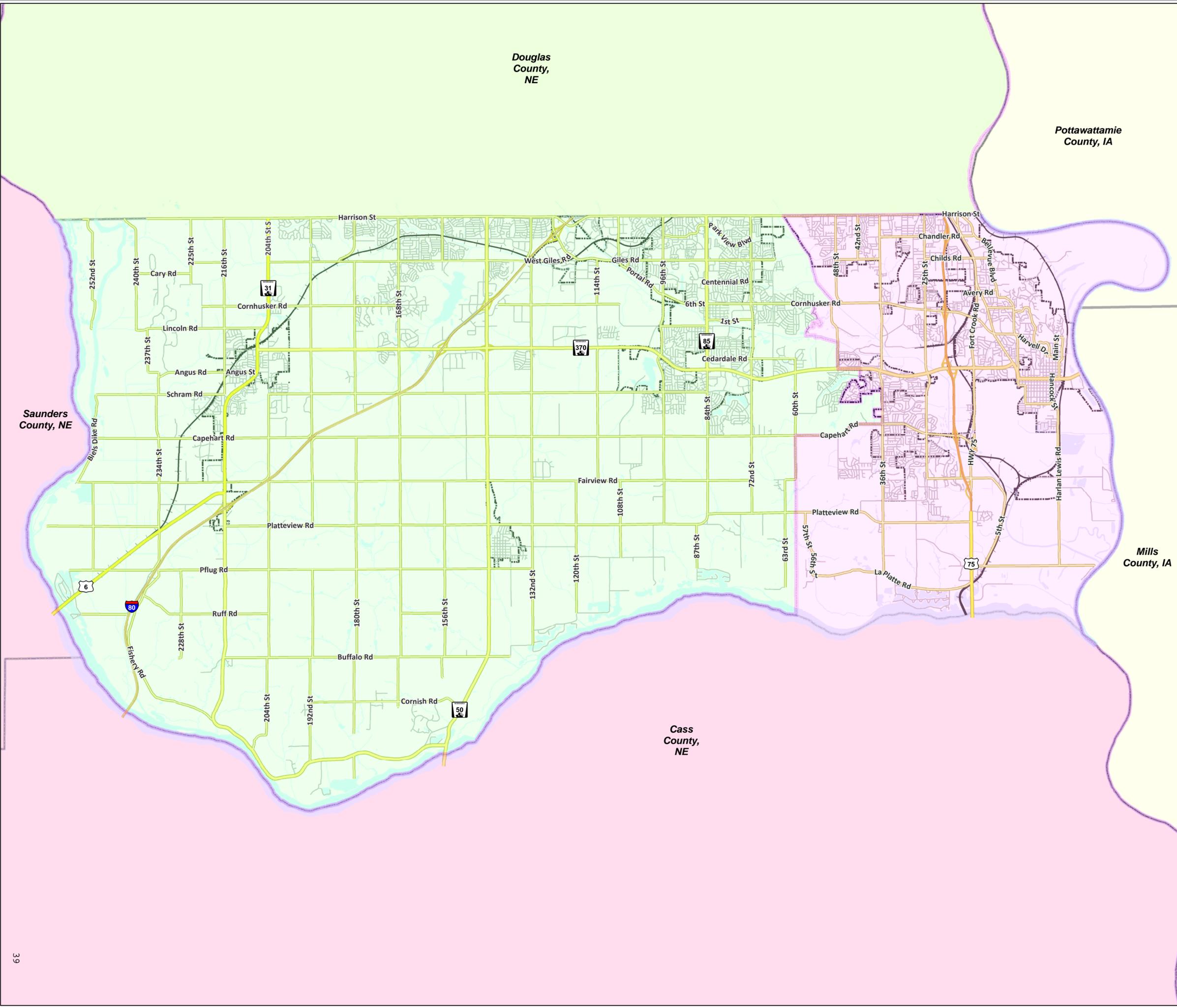
- Interstate
- Expressway
- US Highway
- State Highway
- Major Road
- Minor Road
- Ramp
- Railroad
- Lakes & Streams
- City Limit



Map authored on 9/8/2011 by:



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Douglas County, NE

Pottawattamie County, IA

Saunders County, NE

Mills County, IA

Cass County, NE