Request for Applications

For

2015 - 2017

Minority Health Initiative Projects

Date of Issuance: **January 13, 2015**

Applications Due: **February 16, 2015**

PLEASE NOTE: February 16 is a state holiday, and DHHS staff will not be available to answer questions or confirm receipt of applications on that date. If you have any concerns about ensuring your application is received by the due date, we strongly encourage you to do so on or before February 13.

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Funding Opportunity Description

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

Updates to information contained in this document will be posted on our website:
http://www.dhhs.ne.gov/healthdisparities

Funds to Be Awarded:	Nebraska's Minority Health Initiative (MHI) grant funds will be $1,557,713 per year for a two year total of $3.1 million. Funding is contingent upon Legislative appropriations. Funds are allocated on a per capita basis according to the 2010 Census population figures for counties having 5% or greater minority population in Congressional Districts One and Three.
Project and Funding Period:	July 1, 2015 – June 30, 2017.
Funding Purpose:	To address health disparities in minority populations, which include Black/African American, American Indian/Native American, Asian/Pacific Islander, Other, Two or more Races, and Hispanic groups.
Reporting Requirements:	Quarterly: expenditures with narrative, short- and intermediate-term process and content outcomes, and data. Annually: intermediate- and long-term outcomes and success stories.
Description of Eligible Applicants:	Applicants must be entities registered with the Nebraska Secretary of State to do business in Nebraska, a government entity, or a federally recognized Native American Tribe.
Application Due Date:	February 16, 2015, 5:00 p.m. CT to be submitted via email to: dhhs.minorityhealth@nebraska.gov.
Anticipated Date of Award Notification:	April 1, 2015

Purpose of Funding

The Nebraska Legislature appropriates funds 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 as determined by the most recent federal decennial census (Nebraska State Statute 71-1628.07). Per the United States Census, minority populations include Black/African American, American Indian/Native American, Asian/Pacific Islander, Other, Two or more Races, and Hispanic populations.

The emphasis of this program is to enable organizations to better address the goal of health equity for minority populations. Partnerships are encouraged to gain the benefits of synergy. When a network of partners submits an application, each partner should submit a letter of commitment identifying the portion of the project for which they are responsible and their agreement to participate.

Project Priorities & Strategies

Applications must address at least one of the following priorities:

- Obesity
- Cardiovascular disease
- Infant mortality
- Diabetes
- Asthma

With justification of their importance, other health issues (e.g., unintentional injury) may be addressed in addition to at least one of the priorities listed above.

Applicants must include efforts to address all minority (Black/African American, American Indian/Native American, Asian/Pacific Islander, Other, Two or more Races, and Hispanic) populations in the county, or provide rationale for prioritization of one or more such populations.

The Health Impact Pyramid includes five tiers that describe the impact of different types of public health interventions, and provides a framework to improve health. Please visit http://www.dhhs.ne.gov/healthdisparities for additional information. DHHS prefers that projects include strategies and performance measures that address the different tiers of the pyramid, and that selected strategies be evidence-based.

Applications must identify one or more evidence-based strategy and related performance measures in Attachment A, depending on the level of funding requested:

For projects requesting	Choose this many strategies	Choose (at least) this many performance measures for each category		
		Short-term	Intermediate	Long-term
$0 - $70,000	1 or more	2	1	1
$70,001 - $200,000	1 or more	3	2	1
$200,001 - $400,000	1 or more	6	2	2
Over $400,000	1 or more	8	4	4

Selection of evidence-based practices or programs should be based on a range of considerations:

- How well does the practice or program reflect what the applicant hopes to achieve? What is the match between the proven outcomes of an evidence-based practice or program with the needs and desired outcomes the applicant seeks to address?
- How well do the goals of the program or practice match those of the applicant's intended participants, systems, and/or partners?
- Is the evidence-based program of sufficient length and intensity (i.e., strong enough) to be effective with the target population?
- Are potential participants or partners willing and able to make the time commitment required by the program or practice?
- Has the program or practice demonstrated effectiveness with a target population or community similar to yours?
- To what extent might you need to adapt a program or practice to fit the needs of your community? How might such adaptations affect the effectiveness of the program or practice? Does the evidence-based program you are considering allow for such adaptation?
- How well does the program complement current programs both in your organization and in the community?
- How will the program or practice impact health outcomes for the populations served in the short term (e.g., 1-3 months), intermediate term (e.g., 6-12 months), and long term (e.g., 1-4 years)?

Applicants may choose strategies other than those listed in Attachment A, but must justify their inclusion. For each strategy not on the list in Attachment A, a *Request for Approval of Strategy as Evidence-based* form must be completed. This form is available at http://www.dhhs.ne.gov/healthdisparities.

Eligible Organizations

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

a. Define a geographical service area composed of an eligible county or group of eligible counties where services will be provided to minority (Black/African American, American Indian/Native American, Asian/Pacific Islander, Other, Two or more Races, and Hispanic) populations.

b. Be an entity that is registered with the Nebraska Secretary of State to do business in Nebraska and offer services in Nebraska, a government entity, **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. Have the infrastructure to provide services within the eligible county(ies).

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 $3.1 million for the two-year project period) 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.

Information on county populations by race and ethnicity may be found at http://www.dhhs.ne.gov/healthdisparities.

NOTE: Applicants should plan to spend half of the awarded funds in each year of the project, or provide justification regarding why this might not occur.

County	Funds available
Adams	$69,750.21
Arthur	$482.10
Box Butte	$33,631.29
Buffalo	$95,918.60
Chase	$9,159.90
Cherry	$11,030.45
Cheyenne	$17,721.99
Clay	$11,589.68
Colfax	$86,469.44
Cuming	$16,738.51
Dakota	$181,462.40
Dawes	$21,675.21
Dawson	$170,894.77
Deuel	$1,966.97
Dixon	$13,633.79

County	Funds available
Dodge	$88,147.15
Dundy	$3,008.34
Garden	$2,217.66
Hall	$309,893.82
Johnson	$16,622.80
Kearney	$6,305.87
Keith	$12,341.76
Kimball	$6,942.24
Knox	$19,534.69
Lancaster	$862,091.05
Lincoln	$68,400.33
Madison	$112,117.15
Merrick	$8,484.96
Morrill	$15,157.22
Otoe	$23,931.44

County	Funds available
Phelps	$9,526.29
Platte	$97,769.86
Red Willow	$13,691.64
Richardson	$10,278.37
Saline	$65,237.76
Sarpy* CD1	$303,665.09
Scotts Bluff	$174,308.04
Sheridan	$17,548.44
Sioux	$1,369.16
Stanton	$7,713.60
Thurston	$81,012.07
Wayne	$13,537.37
Webster	$4,319.62
York	$18,126.96

* Sarpy County is divided between Congressional Districts One and Two. Only the District Two portion is eligible for this funding. See http://www.dhhs.ne.gov/healthdisparities for a detailed map of Sarpy County.

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

DHHS reserves the right to award based on the combination of applications that best address the purpose of this RFA.

Project and Funding Period

The project and funding period for the grants awarded under this competitive RFA will begin July 1, 2015 and continue through June 30, 2017. Award notices will be sent April 1, 2015. Between April 1 and June 30, grantees will work with DHHS and the OHDHE statewide evaluator to develop work plans, evaluation plans, and itemized budgets.

Use of Funds

Funds cannot be used to directly subsidize individuals for the cost of health care (e.g., pay for visits to physicians, medications, or other direct care costs) or for lobbying. 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 must be based on the approved budget.

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/or computers.

Funds may be used to pay for salaries for project staff, fringe benefits, travel, meeting expenses, postage, supplies, and other expenditures approved by DHHS.

All funded organizations must be good stewards of funds awarded.

Negotiated Indirect Cost (IDC) rate 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 IDC agreement. Please specify in the budget justification the types of costs that are included in your indirect costs.

Evaluation and Quality Improvement

Evaluation includes the identification of performance measures, determination of the effectiveness of activities and outcomes, and quality improvement. Evaluation will help showcase the effectiveness of the MHI project and identify areas for enhancement.

Grantees shall work with the OHDHE statewide evaluator and project officer to develop their project work plan, evaluation plan, and itemized budget to be completed by June 30, 2015. The evaluation plan will be designed to assist the grantee with reporting.

Grantees are encouraged to prioritize and allocate staff time to evaluation activities for their projects. Although OHDHE will provide assistance with project evaluation, implementation of and reporting of evaluation activities is the responsibility of each grantee. Funding can be identified in the grantee’s budget for evaluation costs.

If applicants intend to work with an external evaluator, it is strongly suggested that they begin discussions with that individual or organization early in development of their application and subsequently the project work plan, evaluation plan, and budget. It is also strongly suggested that evaluators, whether internal or external to the applicant organization, collaborate with the Project Director, project officer, and OHDHE statewide evaluator as appropriate throughout project implementation.

Reporting Requirements

Grantees will be required to report at the following intervals:

- Quarterly: expenditures with narrative, short- and intermediate-term process and content outcomes, and data (age, gender, race, and ethnicity)
- Annually: intermediate- and long-term outcomes and success stories

2015-2017 Minority Health Initiative Reporting Schedule		
Report Title	**Period Covered**	**Due Date**
First quarter	July 1 – September 30, 2015	October 31, 2015
Second quarter	October 1 – December 31, 2015	January 31, 2016
Third quarter	January 1 – March 31, 2016	April 30, 2016
Fourth quarter	April 1 – June 30, 2016	July 31, 2016
Year One Annual Report	July 1, 2015 – June 30, 2016	July 31, 2016
Fifth quarter	July 1 – September 30, 2016	October 31, 2016
Sixth quarter	October 1 – December 31, 2016	January 31, 2016
Seventh quarter	January 1 – March 31, 2017	April 30, 2016
Eighth quarter	April 1 – June 30, 2017	July 31, 2017
Year Two Annual Report	July 1, 2016 – June 30, 2017	July 31, 2017

Application Deadline

A **complete, signed application** must be emailed to dhhs.minorityhealth@nebraska.gov by **February 16, 2015, 5:00 p.m. CT**. Applications must be emailed as Microsoft Word documents. All applications that fulfill all mandatory requirements will be reviewed and scored. 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.

PLEASE NOTE: February 16 is a state holiday, and DHHS staff will not be available to answer questions or confirm receipt of applications on that date. If you have any concerns about ensuring your application is received by the due date, we strongly encourage you to do so on or before February 13.

Applications received after **February 16, 2015, 5:00 p.m. CT** will be considered late, and will not be reviewed or scored. Additions or corrections will not be accepted after the closing date. DHHS is not responsible for applications that are late due to applicant email system inadequacies or any other reasons. 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.

Application Technical Assistance

During the period following release of this RFA and submission of applications, all questions should be submitted in writing to dhhs.minorityhealth@nebraska.gov. All questions and their respective answers will be posted in writing online at http://www.dhhs.ne.gov/healthdisparities within 2 business days of receipt. Applicants are strongly encouraged to check the website every 24-48 hours for updates. In no case shall verbal communications override written communications. **Only written communications will be 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 timeframe will be accepted.

RFA Timeline

Issuance of RFA	January 13, 2015
Applications Due	5:00pm CT, February 16, 2015
Award notification	April 1, 2015
Work plans, evaluation plans, itemized budgets due	June 30, 2015
Project and funding start date	July 1, 2015

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://www.dhhs.ne.gov/healthdisparities periodically for possible amendments to this RFA.

Funding Conditions

1. Applicants should plan to spend half of the awarded funds in each year of the two-year project and funding period, or provide justification regarding why this might not occur. If funds are not expended as planned, the remaining amount may not be carried over to the following calendar year. Grantees will be responsible for informing DHHS if awarded funds are not going to be spent at least 90 days in advance of the end of each project year.
2. The Department of Health and Human Services (DHHS) reserves the right to fund more than one project per county.
3. Expenses associated with preparing and submitting an application will not be reimbursed by

DHHS.

4. The Department of Health and Human Services reserves the right to withdraw any award if agreement on details of the project is not reached between the Grantee and DHHS by June 30, 2015.
5. 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 and annual reports are not completed satisfactorily, DHHS has the authority to withhold and/or recover payment of funds.
6. Grantees are to expend funds in accordance with the approved line item budget. If cumulative changes exceed 10% of the total award or would add or eliminate a line item, the Grantee must request in writing a budget revision or a work plan amendment depending on what in the budget needs to be changed. It is the discretion of DHHS 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 receipt.
7. Grantees must submit to DHHS timely, accurate, and complete reports per the schedule included in award letters using the forms, format, and time line provided by DHHS.
8. Grantees are reimbursed for actual and allowable expenses incurred by the Grantee, in accordance with the State of Nebraska Prompt Payment Act. Grantees must submit reports to DHHS for expenses incurred in the previous quarter. DHHS has up to 45 days to pay Grantees after submission of a DHHS-approved request for reimbursement. Advance payments for services are not allowed by DHHS. Grantees are encouraged to submit reports to DHHS in a timely manner to ensure prompt payment of expenses and cash flow maintenance. The costs reported under an award must be based on the approved budget.
9. Grantees 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. DHHS will work with the Grantee to determine possible solutions or best outcomes. If changes need to be made in the work plan, the Grantee must contact DHHS in writing to request a revision or amendment, including changes in Project Director.
10. Grantees 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.
11. Grantees are expected to fulfill all program award related deliverables as well as to fulfill payroll, accounting, and administrative procedures.
12. 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.
13. Grantees are required to provide source documentation of payments when requested by DHHS. The documentation requested can include payroll records, receipts, time studies, or other documents to fully justify the expenses claimed on the quarterly budget report.

Technical Assistance Meetings

All funded projects are expected to attend technical assistance meetings:

1. Quarterly technical assistance conference calls are scheduled just after the end of each quarter and before reports are due, based on the schedule shown below. Grantees are strongly encouraged 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 are strongly encouraged attend face-to-face technical assistance meetings, planned for July 2015 and July 2016. If such meetings are missed, Grantees will still be held responsible for information covered during the meetings, and will be expected to contact their project officer to ensure they receive the information in a timely manner.

2015-2017 Minority Health Initiative Technical Assistance Meeting Schedule	
Annual technical assistance meeting	July 2015
Technical assistance call	October 1, 2015
Technical assistance call	January 7, 2016
Technical assistance call	April 7, 2016
Annual technical assistance meeting	July 2016
Technical assistance call	October 6, 2016
Technical assistance call	January 5, 2017
Technical assistance call	April 6, 2017

Application Review Process

Applications will be reviewed to assure that all required documentation has been included. Applications that fulfill all mandatory requirements will be advanced for further evaluation. Applications will be judged non-responsive if they are incomplete, inadequately developed, or otherwise unsuitable for review and funding consideration. Non-responsive applications will not be reviewed further.

During the comprehensive evaluation phase critique will include the following areas:

1. Organizational Capacity
    a. The ability, capacity, and skill of the applicant and significant partners to deliver and implement the project that meets the requirements of this Request for Applications;
    b. Whether the applicant and any significant partners can perform the work within the specified time frame;
    c. The quality of applicant and significant partner(s) performance on prior projects with DHHS Division of Public Health;

    d. Other information that may be secured that has a bearing on the decision to award funding;
2. Project Narrative; and
3. Appropriateness of the budget.

DHHS reserves the right to reject any or all applications, wholly or in part. All awards will be made in a manner deemed in the best interest of DHHS.

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

1. Amendment to the Award with the most recent amendment having the highest priority;
2. Award and any attached addenda;
3. The signed application;
4. Amendments to the RFA and any questions and answers; and
5. The original RFA document and any addenda.

Unless otherwise specifically stated in an award amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the Award with the most recent dated amendment having the highest priority, 2) Award and any attached addenda, 3) the signed application, 4) Amendments to the RFA and any questions and answers; 5) the original RFA document and any addenda.

DHHS reserves the right to check any reference(s), regardless of the source of the reference information, including but not limited to, those that are identified by the Applicant in the application, those indicated through the explicitly-specified contacts, those that are identified during the evaluation of the application, or those that result from communication with other entities.

Information to be requested and evaluated from references may include, but is not limited to, some or all of the following: project description and background, job performed, functional and technical abilities, communication skills and timeliness, accuracy, and overall performance.

The award grievance and protest procedure is available on the Internet at: http://www.dhhs.ne.gov/healthdisparities.

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 a Microsoft Word document. 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 at http://www.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 review. ***Limit your application narrative to no more than 7 pages***. Lengthy applications and unnecessary attachments or supporting materials are strongly discouraged.

Application Format

I. Cover page

Complete all sections of the cover page (FORM A).

1. **Applicant Name:** Provide the full, legal name of the applicant organization.
2. **Address:** Provide the full legal address of the organization's headquarters.
3. **Year of Organization:** This is the year the applicant organization was created or founded.
4. **Location(s) of Operation:** Provide the full address(es) of operation of the applicant organization in Nebraska.
5. **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.
6. **County(ies):** Please note for which county(ies) funding is requested.
7. **Funding requested:** The total amount of funding requested (for all counties) for the project.
8. **Target population(s):** Identify the minority (Black/African American, American Indian/Native American, Asian/Pacific Islander, Other, Two or more Races, and Hispanic) populations within the selected counties and if all or some of them will benefit from project activities. If not all, provide justification for serving only some of the populations.
9. **Project priorities:** The priority health issues your project is intended to address. Please see the list on page 3.
10. **Key partners and/or contractors:** If you plan to work with partners or contractors, please note the names of those organizations.
11. **Project description:** In 350 words or less, please describe your project. If funded, this description will be used in a variety of informational materials, so please ensure it accurately represents your project.

II. Application Budget (FORM B)

1. Provide estimates of costs, per county for which funding is requested, for each year of the project and funding period.
2. If indirect costs will be included, specify the costs included in your indirect cost rate agreement (IDC).

Please note the following:

- **Incentives, Food, and Educational Tools:** If used, incentives must be linked directly to the work plan, and a description of the purpose of their use must be included. 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).
- **Supportive Services**: The budget for supportive services such as interpretation, translation, or transportation may be no larger than 10% of the total budget.

III. Narrative (7-page limit)

1. Describe how project priorities from the list on page 3 were identified. This funding is intended to address health disparities among minority (Black/African American, American Indian/Native American, Asian/Pacific Islander, Other, Two or more Races, and Hispanic) populations, so be sure to support your choice of priorities with data and other justification. Needs identified through a formal assessment process such as Mobilizing Action through Planning and Partnerships (MAPP), the Community Health Improvement Plan (CHIP), or other community needs assessment are valued. Some such assessments should be available from local health departments.
2. Clearly describe the process for utilizing the community-level needs assessment to identify the target population(s) for the application. Include a description of organizations or individuals involved in this process, the deliberation methods used, and any special considerations of relevance.
3. Identify the strategies and performance measures from Attachment A on which your project will focus. If you choose strategies not on the list in Attachment A, a *Request for Strategy Approval as Evidence-based* form must be completed for each strategy. This form is available at http://www.dhhs.ne.gov/healthdisparities, and should be attached to your application.
4. Describe how the project will be culturally and linguistically intelligent and how you will assess and address the CLAS Standards.
5. Describe your plan to evaluate progress and the impact of your project. Who will be involved in these activities? How will you monitor progress toward outcomes and incorporate feedback from your target population? How will you know your project is successful?
6. For current grantees who are planning to continue their existing projects: provide information on short-term, intermediate, and long-term outcomes of the project. List the goals and objectives of the current project and your progress toward achieving each. If you did not achieve planned outcomes, describe why and what was done or will be done to overcome those challenges.

Please note: A work plan, evaluation plan, and two-year itemized budget and justification for each project will be developed by the project director, DHHS project officer, and OHDHE statewide evaluator.

IV. Organizational Capacity (FORM C)

1. Indicate the type of organization of the applicant. If a for-profit or non-profit entity, provide verification of registration with the Nebraska Secretary of State to do business in Nebraska.
2. Describe the organization, including size, longevity, client base, and any other information to indicate its stability and financial strength.
3. Disclose any and all judgments, pending or expected litigation, bankruptcy proceedings, or other real or potential financial concerns which might affect the viability or stability of the organization, or state that no such condition is known to exist.
4. Describe your experience in reporting on and meeting other contract or grant requirements, including the contact person for each. Indicate whether these are expected to continue.
5. Provide a summary of your organization's experience addressing minority populations.
6. Identify the staff who will implement and report on the project, and briefly describe their experience and/or credentials.
7. Describe your significant partners or contractors in this project, including their experience addressing minority populations and the role each will play in achieving success of this project. Inclusion of local community and cultural centers is encouraged.

V. Attachments (*will **not** count toward the page limit*)

1. Attachments shall include:
    - Letters of Commitment (if applicable)
    - Indirect Cost Rate (IDC) agreements (if applicable)
    - *Request for Approval of Strategy as Evidence-based* forms (if applicable)
    - A copy of the applicant's latest audit report or financial statement
    - The applicant's organizational chart

VI. Terms and Assurances and Audit Requirement Certification

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

Minority Health Initiative 2015 - 2017
APPLICATION COVER PAGE

Applicant Name:	
Address:	
Year of Organization:	
Location(s) of Operation:	
Project Director name:	
Phone number:	
Email address:	
Physical address:	
Financial Contact name:	
Phone number:	
Email address:	
Physical address:	
Federal Tax Identification Number:	
County(ies) for which funding is requested:	
Total funding requested:	$
Target population(s):	
Project priorities:	
Key partners and/or contractors:	
Project description (350-word limit):	

Name of authorized official: ____

Title: _____________________________________ **Date:** _______________________

Phone: _______________________ **Email:** __________________________________

After award on April 1, 2015, DHHS will contact grantees to work with them to further develop the work plan, evaluation plan, and budget. These items will be completed by June 30, 2015, so activities can begin July 1, 2015, which is the effective date of activities and expenditures. By submitting this application, the applicant agrees to abide by this timeline and 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.

FORM B

Minority Health Initiative 2015 - 2017
APPLICATION BUDGET

Line Item	**Amount requested for Year 1 (estimate)***		**Amount requested for Year 2 (estimate)***	
	County:	**County:**	**County:**	**County:**
Personnel	$	$	$	$
Fringe benefits	$	$	$	$
Equipment	$	$	$	$
Travel	$	$	$	$
Annual TA meeting 2015				
Annual TA meeting 2016				
Incentives, food, and educational tools	$	$	$	$
Operating expenses	$	$	$	$
Supportive services	$	$	$	$
Supplies	$	$	$	$
Contractual	$	$	$	$
Indirect costs	$	$	$	$
County Subtotal	$	$	$	$
Total amount requested	$			

*please add or delete columns and/or change this to a landscape layout as necessary

Costs included in indirect cost (IDC) rate agreement (if applicable): ________________________
____
____

FORM C

Minority Health Initiative 2015-2017
ORGANIZATIONAL CAPACITY FORM

<table>
<tr><td>1.</td><td colspan="2">Evidence of authorization to do business in Nebraska:
Check the type of organization of the applicant:
___ Governmental (County, State, City, or other)
___ Federally recognized Native American Tribe
___ Non-profit/501(c)3
___ Other</td></tr>
<tr><td>2.</td><td colspan="2">Description of the applicant organization, including size, client base, and any other information to indicate stability and financial strength:</td></tr>
<tr><td>3.</td><td colspan="2">Describe the applicant’s fiscal and administrative ability to administer grant funds:</td></tr>
<tr><td>4.</td><td>Is there any litigation, administrative, bankruptcy, or regulatory proceedings pending or threatened against the applicant and/or its substantial partners?

___ No ___ Yes</td><td>If yes, describe fully:</td></tr>
<tr><td>5.</td><td>Has the applicant defaulted on a grant or contract in the last ten years?

___ No ___ Yes</td><td>If yes, provide the following information:

Subgrant or Contract: ____
Contact Person: ____
Phone: ____

Description of why subgrant or contract was defaulted:</td></tr>
<tr><td>6.</td><td>Describe your experience in</td><td>For each grant or contract, provide the following information:</td></tr>
</table>

	reporting on and meeting other contract or grant requirements.	Grant or Contract: ____ Contact Person: ____ Phone: ____ Duration/project period: ___________________________________ Brief description: ____ (Add rows as necessary.)
7.	Summary of applicant organization's experience addressing minority populations:	
8.	List your significant partners or contractors in this project, including their experience addressing minority populations and the role each will play in achieving success of this project:	
9.	Identify key staff of the applicant organization who will be responsible for implementation of and reporting on the project, and briefly describe their experience and/or credentials: (Add rows as necessary.)	
a.	Name and title of Project Director:	Role in the proposed project:
		Expertise and/or Experience:
b.	Name and title of Project Evaluator: Is this a contractor? ___ No ___ Yes	Role in the proposed project:
		Expertise and/or Experience:

<table>
<tr><td rowspan="2">c.</td><td rowspan="2">Name, Title of financial staff:

(Add rows as necessary for additional staff.)</td><td>Role in the proposed project:</td></tr>
<tr><td>Expertise and/or Experience:</td></tr>
</table>

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. As required by United States Department of Health and Human Services (hereinafter "HHS") appropriations acts, all HHS recipients and DHHS Subrecipients must acknowledge Federal and 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 Federal and DHHS funds. Recipients are required to state: (1) the percentage and dollar amounts of the total program or project costs financed with Federal and 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**
$100,000 to $499,999	*Financial Statement Audit*
500,000 or more in federal expenditure	*A-133 audit*

J. DATA OWNERSHIP AND COPYRIGHT. Except as otherwise provided in the Federal 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 and any federal granting authority hereby reserve 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. <u>DRUG-FREE WORKPLACE</u>. Subrecipient agrees, in accordance with 41 USC §701 et al., and Nebraska policy, to maintain a drug-free workplace by: (1) publishing a drug-free workplace statement; (2) establishing a drug-free awareness program; (3) taking actions concerning employees who are convicted of violating drug statutes in the workplace; and (4) in accordance with 2 CFR §182.230, identify all workplaces under its federal awards.

N. <u>FEDERAL FINANCIAL ASSISTANCE</u>. The Subrecipient shall comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Subrecipient certifies that it shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.

O. <u>FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT REPORTING.</u> The Subrecipient shall complete the Subrecipient Reporting Worksheet, Attachment 2, sections B and C. The Subrecipient certifies the information is complete, true and accurate.

P. <u>FORCE MAJEURE</u>. 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.

Q. <u>FUNDING AVAILABILITY</u>. 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.

R. <u>GRANT CLOSE-OUT.</u> 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 federal 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 federal 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 or federal 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.

S. 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.

T. 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.

U. 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.

V. 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.

W. 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.

X. LOBBYING.

1. Subrecipient certifies that no Federal appropriated funds shall be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.

2. If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this subgrant, the Subrecipient shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Y. 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

Z. NEBRASKA TECHNOLOGY ACCESS STANDARDS. The Subrecipient shall review the Nebraska Technology Access Standards, found at http://www.nitc.nebraska.gov/standards/ 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.

AA. 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.

BB. PUBLICATIONS. Subrecipient agrees that all publications that result from work under this subgrant will acknowledge that the project was supported by "Grant No. XXXX" under a subgrant from "Federal Agency" and DHHS.

CC. 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.

DD. 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

EE. 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.

FF. 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.

GG. 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.

HH. SMOKE FREE. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. By signing, the Subrecipient certifies that the Subrecipient will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

II. 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.

JJ. 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:	FOR SUBRECIPIENT:
Office of Health Disparities and Health Equity	Name
NE Department of Health & Human Services	Entity
PO Box 95026	Address
Lincoln, NE 68509-5026	City, State, Zip + 4
402-471-0152	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: Minority Health Initiative

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.

ATTACHMENT A

Minority Health Initiative 2015-2017
PRE-APPROVED EVIDENCE-BASED STRATEGIES AND PERFORMANCE MEASURES

Strategy	Short-term Performance Measures	Intermediate Performance Measures	Long-term Performance Measures
1. Ensure access to and/or promote consumption of healthful foods, including fruits, vegetables and water, while limiting access to sugar-sweetened beverages and sodium Sample activities A. Identify the top five convenience stores with low access to fruits and vegetables and implement a healthy food retail program in those locations used by minorities B. Implement an after-school program using an evidence-based curriculum targeting minority youth (e.g., CATCH Kids)	S1. Percent and/or number of minorities who access settings that have adopted policies and/or practices to implement food service guidelines S2. Percent and/or number of minority participants who demonstrate knowledge gain and/or positive changes in attitudes or perceptions from health education about healthy eating/nutrition S3. Number of worksites or community settings that adopt policies and/or practices to implement improved nutrition/healthy eating, including sodium (cafeterias, vending, snack bars) S4. Number of worksites and/or community settings that price nutritious foods and beverages lower while increasing the price of less nutritious foods and beverages	I1. Percent and/or number of minorities who increase consumption of nutritious foods and beverages and/or limit sugar-sweetened beverages and sodium intake I2. Percent and/or number of pregnant minorities who improve their nutrition during pregnancy	L1. Reduce the prevalence of obesity among minorities L2. Reduce death and disability due to diabetes, heart disease, and stroke among minorities L3. Reduce infant mortality among minorities
2. Ensure access to and/or promote physical activity Sample activities	S5. Percent and/or number of minorities who access settings that adopt policies and/or practices to increase physical activity	I3. Percent and/or number of minorities who have increased physical activity	L4. Reduce the prevalence of obesity among minorities L5. Reduce death and disability due to diabetes,

A. Conduct local environmental scan to identify number and type of key venues to promote physical activity for minorities B. Implement an after-school program using an evidence-based curriculum targeting minority youth (e.g., CATCH Kids)	S6. Percent and/or number of minorities who demonstrate knowledge gain and/or positive changes in attitudes or perceptions from health education about increasing physical activity S7. Number of worksites and/or community settings that adopt policies and/or practices to increase physical activity	I4. Percent and/or number of minorities who meet CDC physical activity guidelines I5. Percent and/or number of pregnant minorities who improve their physical activity during pregnancy	heart disease, and stroke among minorities L6. Reduce infant mortality among minorities
3. Ensure access to baby-friendly environments and/or promote breastfeeding Sample activities A. Conduct local environmental scan to identify number and type of key venues to promote breastfeeding for minorities B. Provide breastfeeding consultations for minorities	S8. Percent and/or number of minorities who demonstrate knowledge gain and/or positive changes in attitudes or perceptions from health education about breastfeeding S9. Number of facilities designated as baby-friendly (per guidelines – at https://www. babyfriendlyusa.org/) S10. Number of employers that provide time for nursing mothers to express breast milk	I6. Percent and/or number of minority infants ever breastfed I7. Percent and/or number of minority infants breastfed at 6 months I8. Percent and/or number of minority infants exclusively breastfed at 6 months	L7. Reduce the prevalence of obesity among minorities L8. Reduce infant mortality among minorities
Note: Strategies 4-8 share common intermediate and long-term measures			
4. Increase use of team-based care (i.e., involving physicians, community health workers, nurses, pharmacists, and patient navigators) in health systems	S11. Percent and/or number of minority patients within health systems that have policies or practices to encourage a multi-disciplinary approach to blood pressure control and/or A1C control	I9. Percent and/or number of minorities with high blood pressure and/or patients with diabetes in adherence to medication regimens	L9. Percent and/or number of minorities with known high blood pressure who have achieved blood pressure control L10. Percent and/or number of minorities with known

<table>
<tr>
<td>Sample activities
A. Recruit clinics that serve minorities to participate in team-based care offerings
B. Work with bilingual CHWs to link minorities to health services</td>
<td>S12. Percent and/or number of minority patients within health systems that have policies or practices to encourage patient self-management of high blood pressure and/or diabetes
S13. Percent of health systems with policies or practices to encourage a multi-disciplinary team approach to blood pressure and/or A1C control
S14. Percent of health systems with policies or practices to encourage patient self-management of high blood pressure and/or diabetes</td>
<td rowspan="2">I10. Percent and/or number of minority patients with high blood pressure and/or minority patients with diabetes who have a self-management plan (may include medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious food and beverages, increased physical activity, maintaining medical appointments)
I11. Percent and/or number of minority persons with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized diabetes prevention program
I12. Percent and/or number of minority CDSM program participants who self-report having diabetes and complete at least 2/3 of workshop sessions</td>
<td rowspan="2">diabetes who have achieved A1C < 9
L11. Percent and/or number of minority participants in CDC-recognized diabetes prevention programs achieving 5-7% weight loss
L12. Reduce death and disability due to diabetes, heart disease, and stroke among minorities
L13. Percent and/or number of minorities who have an established medical home</td>
</tr>
<tr>
<td>5. Increase use of diabetes prevention programs in community settings for the primary prevention of type 2 diabetes

Sample activities
A. Work with CHWs to recruit and enroll minority participants in the National Diabetes Prevention Program
B. Work with CHWs to lead the National Diabetes Prevention Program for minorities</td>
<td>S15. Percent and/or number of minority participants in CDC-recognized diabetes prevention programs who were referred by a health care provider
S16. Percent of health care systems with policies or practices to refer persons with prediabetes or at high risk for type 2 diabetes to a CDC-recognized diabetes prevention program</td>
</tr>
</table>

6. Increase and/or promote linkages between health systems and community resources for minorities Sample activities A. Convene meetings with local stakeholders to plan and implement a strategy to improve access to health services for minorities (e.g., transportation, interpretation) B. Work with CHWs to increase referrals from health systems and implement Living Well targeting minorities	S17. Percent and/or number of minorities who receive referrals to community resources from CHWs S18. Percent and/or number of minorities who are referred to Living Well by CHWs S19. Percent and/or number of minorities who access community resources as a result of referral from CHWs S20. Percent and/or number of CHWs hired by health systems and/or who work within health systems S21. Number of health systems that engage CHWs to link minority patients to community resources that promote self-management of chronic disease	I13. Percent and/or number of minorities with diabetes who have at least one encounter at a DSME program I14. Percent and/or number of CHW positions created I15. Percent and/or number of minorities who increase consumption of nutritious foods and beverages and/or limit sugar-sweetened beverages and sodium intake I16. Percent and/or number of minorities participants who have increased physical activity I17. Percent and/or number of minorities who meet CDC physical activity guidelines	
7. Increase access and referrals to and use of chronic disease self-management programs (CDSM), including diabetes self-management education (DSME) Sample activities A. Work with CHWs to recruit and enroll minority participants into DSME B. CHWs lead DSME workshops for minorities	S22. Number of evidence-based CDSM workshops offered S23. Percent and/or number of minority participants referred to evidence-based CDSM workshops S24. Number of DSME programs S25. Percent and/or number of minority participants with diabetes who attend DSME S26. Percent and/or number of minority participants referred to DSME S27. Percent and/or number of minority participants who demonstrate		

	knowledge gain and/or positive changes in attitudes or perceptions from health education about chronic disease management		
8. Implement identification of patients with undiagnosed hypertension and people with prediabetes Sample activities A. Conduct a scan of health systems in service area to determine formalized hypertension protocol adoption, usage, and interventions being utilized by clinicians B. Work with CHWs to screen minorities for undiagnosed hypertension and prediabetes	S28. Percent and/or number of minority patients within health care systems with policies or practices to facilitate identification of patients with undiagnosed hypertension with prediabetes S29. Percent and/or number of minorities who are aware they have high blood pressure S30. Percent and/or number of minorities who are aware they have diabetes or prediabetes		
9. Increase quality of and access to perinatal health services, including pre/inter-conception health care, prenatal care, labor and delivery services, and postpartum care Sample activities	S31. Percent and/or number of pregnant minorities who access healthcare settings that have adopted policies and/or practices to support healthy pregnancy S32. Percent and/or number of minority participants who demonstrate knowledge gain and/or positive changes in attitudes or perceptions from health education about	I18. Percent and/or number of pregnant minorities who access prenatal care during the first trimester	L14. Reduce percent of minority babies born at low birth weights L15. Reduce infant mortality among minorities

A. Convene meetings with local stakeholders to plan and implement a strategy to improve quality and access to perinatal health services for minorities B. Work with CHW's to link pregnant minorities to perinatal health services	healthy pregnancy and prevention of infant mortality S33. Number of healthcare settings that adopt policies and/or practices to support healthy pregnancy		
10. Ensure access to home, school, and/or work settings that are free of asthma triggers <u>Sample activities</u> A. Convene meetings with local stakeholders to plan and implement a strategy to improve quality and access to settings that are free of asthma triggers for minorities B. CHWs to conduct home assessments for asthma triggers for minorities	S34. Percent and/or number of minorities who access settings that are free of asthma triggers S35. Percent and/or number of minorities who demonstrate knowledge gain and/or positive changes in attitudes or perceptions from health education about prevention of asthma S36. Number of worksites, community settings, and/or homes that are free of asthma triggers	I19. Reduced percent and/or number of minority emergency room admissions due to asthma	L16. Reduce prevalence of asthma among minorities