

Nebraska Department of Health and Human Services (DHHS)
Division of Public Health
Request for Applications (RFA)

Submit original to:
Lori Howell
Immunization Program
DHHS – Lifespan Unit
PO Box 95026
Lincoln NE 68509-5026

Application Cover Sheet

RELEASE DATE	POINT OF CONTACT
September 2, 2014	Lori Howell
LETTER OF INTENT DUE DATE	APPLICATION DUE DATE
September 16, 2014, 5:00 p.m. CST	October 15, 2014, 5:00 p.m. CST

This form is part of the specification package and must be signed and returned, along with application materials, by the application due date.

PURPOSE, PROJECT PERIOD, and FUNDING SOURCE

Nebraska Department of Health and Human Services (DHHS), Division of Public Health, Immunization Program, is issuing this Request for Applications (RFA) for the purpose of selecting qualified recipients of funding.

Funding Source: Centers for Disease Control and Prevention Immunization Grant
Pass Through: Nebraska Department of Health and Human Services (DHHS)
Division of Public Health, Lifespan Health Services Unit, Immunization Program

Project Period: January 1, 2015 through December 31, 2016

Application Due Date: Postmarked by Wednesday, October 15, 2014, 5:00 p.m. CST

Issuing Office: Nebraska Department of Health & Human Services
Immunization Program
301 Centennial Mall South, PO Box 95026
Lincoln, NE 68509-5026
(402) 471-6423 - local (800) 798-1696 – toll free
lori.howell@nebraska.gov

APPLICANT MUST COMPLETE THE FOLLOWING

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application, the terms and conditions, and performance of the project as described in the approved application.

ORGANIZATION: _____
COMPLETE ADDRESS: _____
TELEPHONE NUMBER: _____ FAX NUMBER: _____
SIGNATURE: _____
TYPED NAME & TITLE OF SIGNER: _____

SECTION 1. BACKGROUND

1.1 HISTORY, STATUTORY REQUIREMENTS, AND APPROPRIATION

The Immunization and Vaccines for Children Program (CFDA #93.268) is administered at the federal level by the Centers for Disease Control and Prevention (CDC). Section 317 of the Public Health Service Act (42 U.S.C. section 247b) authorizes the federal purchase of vaccines to fill critical public health needs by providing routine vaccination for those adults who are uninsured or underinsured and responding to outbreaks of vaccine preventable diseases. This funding also supports immunization program operations at the local, state, and national levels.

The Vaccines for Children program (VFC) is authorized under Section 1902(a)(62) of the Social Security Act, 42 U.S.C. section 1396a(a)(62). The VFC program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The vaccine is purchased by the CDC and distributed to state health departments which in turn distributes them at no charge to local agencies, health clinics, and private providers who are enrolled as VFC providers. Children who are eligible to receive VFC vaccines are entitled to receive all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

The Childhood Vaccine Act (Neb. Rev. Stat. §§71-526 to 71-530) authorizes the Nebraska Department of Health and Human Services (NDHHS) to, in part, assist communities in ensuring the adequacy of the immunization delivery system.

SECTION 2. DESCRIPTION OF WORK AND SERVICES

2.1 PURPOSE

This RFA is intended to support activities related to immunizations with the goal of increasing coverage rates among eligible populations. These funds are intended to supplement existing clinical immunization practices, and cannot be the sole funding source for immunization activities within a clinic.

Applicants should be prepared to document existing immunization activities, populations served, communities or counties served, and describe how they will be expanded or enhanced by the receipt of subgrant funds. Under this RFA, there is a preference for applications that address adolescent and adult immunizations while continuing to serve children 0-18 years of age.

The use of subgrant funds are limited to allowable costs under the Office of Management and Budget (OMB) Circulars* as well as restrictions of the above programs.

*Recent reform of federal grants management policies consolidates and revises the eight current Office of Management and Budget (OMB) Circulars. The federal OMB published in the December 26, 2013 Federal Register the new **Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards**. This Final Guidance of grant policy reform streamlines requirements from A-21, A-87, A-110, A-122, A-89, A-102, A-133, and A-50. For more information about the reform, refer to <https://cfo.gov/cofar/reform-of-federal-grants-policies-2/>.

Federal agencies have one year to implement the reforms through regulation. Upon implementation, the Final Guidance will supersede requirements from the existing Circulars available at http://www.whitehouse.gov/omb/circulars_index ffm/. Crosswalk resources from existing Circulars to the Final

Guidance are available at http://www.whitehouse.gov/omb/grants_docs. The transition period provides an opportunity to become familiar with the Final Guidance and to plan accordingly for its implementation.

2.2 PRIORITY AREAS

While many immunization activities will be allowed under this funding source, there are certain areas that are a high priority of both the Nebraska Immunization Program and the Centers for Disease Control and Prevention (CDC). Applicants that are able to address one or more of these priority areas will be given preference should other allocation considerations be equal.

- Focusing on the ACIP recommended vaccines specific to adolescents, with an emphasis on increasing HPV coverage rates,
- Providing an emphasis on ACIP recommended vaccines specific to adults,
- Increasing coverage rates in general, particularly where they are currently low,
- Increasing awareness and coverage rates of seasonal influenza, or
- Continuing to provide vaccines to children 0-18 years of age with VFC vaccines and working toward a 90% immunization rate for 4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1VAR, and 4Pneumococcal.

2.3 TYPES OF PROJECTS/SERVICES

DHHS seeks applications that meet all of the following minimum criteria for types of services below:

Required Minimum Criterion # 1: Services must support immunizations to children 0-18 years of age who are eligible to receive VFC vaccine. To meet this criteria, applicants must show the following:

1. Enhancement of current service or activity, and
2. If not currently an enrolled VFC provider, applicant must apply to become a VFC provider within 60 days of subgrant award.

Required Minimum Criterion # 2: Services must support immunizations to uninsured and underinsured adults 19 years and older. To meet this criteria, applicants must show the following:

1. Enhancement of current service or activity, and
2. Infrastructure building or enhancement activities that can be implemented within 60 days of subgrant award

Required Minimum Criterion #3: The application must clearly demonstrate and address that local needs have been identified through a needs assessment conducted or updated by the applicant or community partner within the past five years which justifies or supports immunization activities within the counties/community served.

Subgrants under this RFA shall not replace a service or activity that is supported by other means. Under no circumstances will applications that would replace existing support from non-federal sources be considered for funding due to federal rules on supplanting.

2.4 NEEDS ASSESSMENT

This section provides guidance on meeting the minimum requirement for a needs assessment. This needs assessment may have been carried out in a variety of ways, either by the applicant, or by other entities, such as a local health district, a community consortium, or an advocacy group. Components of a community assessment should include:

1. Counties served,
2. Populations served (i.e.: ages, refugees, migrant workers),
3. Minority populations served,
4. Population disparities,
5. Current immunization providers in the area served, both private and public,
6. Current immunization infrastructure (i.e.: location of clinics and hours of operation, etc.), and
7. Lack of services or barriers to services for populations

SECTION 3. PROGRAMMATIC REQUIREMENTS

Applicants must be familiar with programmatic requirements as described in this RFA.

Requirements for ordering, accountability, and storage and handling of VFC and Section 317 vaccine can be found in the VFC manual. Compliance with delineated requirements is assured with acceptance of subgrant funds. Applicants can request a VFC Manual from Lori Howell via email at lori.howell@nebraska.gov.

In addition funds awarded under this RFA may be used to provide services to eligible populations only. These include:

VFC eligible children 0 through 18 years of age who meet one of the following criteria:

- American Indian or Alaskan Native
- Enrolled in the Medicaid program
- Have no health insurance coverage
- Underinsured: the child may have some health insurance but the benefit plan does not include some or all immunizations

Section 317 eligible adults 19 years and older who meet one of the following criteria:

- Uninsured
- Underinsured: an adult who has insurance that does not cover some or all adult vaccines

Successful applicants will be required to regularly report to the Nebraska Immunization Program. Subrecipients must be prepared to provide source documentation upon request. Source documentation can include receipts, payroll records, time studies, etc. to document funds spent.

Subrecipient Reporting Requirements

Report	Date Due	Period Covered
1st Quarter Work Plan Report* 1st Quarter Expenditure Report**	April 15 th	<u>1st Quarter</u> January February March
2 nd Quarter Work Plan Report* 2 nd Quarter Expenditure Report**	July 15 th	<u>2nd Quarter</u> April May June
3 rd Quarter Work Plan Report* 3 rd Quarter Expenditure Report**	October 15 th	<u>3rd Quarter</u> July August September
4 th Quarter/Final Work Plan Report* 4 th Quarter/Final Expenditure Report**	March 1 st	<u>4th Quarter</u> October November December

* The narrative reports describing progress toward meeting goals and objectives of the narrative/work plan and evaluation of the project activities shall be submitted to DHHS along with the expenditure reports within 15 days after the end of each quarter.

** Expenditures must reflect approved budget line items and amounts. Amounts budgeted for operations in one activity may be reassigned to another budget item, provided that the proposed expenditures are for allowable costs. Budget revisions of more than 10% of the total budget or revisions eliminating or adding a line item are subject to prior written approval by DHHS. The report of expenses must be signed and dated by both the program and financial officials itemizing the expenses by respective approved budget categories incurred by Subrecipient for the grant period January 1, 2015 through December 31, 2016.

3.1 PROGRAMMATIC COMPLIANCE FOR IMMUNIZATION SUBGRANT

- A. The Subrecipient agrees that it will comply with all federal and state laws governing the Immunization Program, including 42 CFR Part 51b, Subparts A and B. According to federal grant guidance documents, these funds are intended to supplement, not supplant local resources.
- B. The Subrecipient agrees to perform the following activities:
1. Submit regular reports, which shall include:
 - Narrative description of activities conducted in the timeframe contained in the Quarterly Progress Report
 - Line item budget justification of funds expended on approved immunization activities during the timeframe contained in the Quarterly Progress Report

- Expenditure report must contain two signatures to assure costs are allowable and allocable
2. Provide additional source documentation when requested from DHHS. This additional documentation can include payroll records, receipts, or other documents to fully justify the expenses claimed on the submitted Quarterly Expenditure Report.
 3. Provide all appropriate ACIP recommended vaccines to children 0-18 years of age who are eligible to receive VFC vaccines.
 4. Provide appropriate ACIP recommended vaccines to adults 19 years and older who are eligible to receive Section 317 vaccines.
 5. Utilize the Nebraska State Information Immunization System (NESIIS) to conduct the following VFC and Adult Immunization program activities:
 - Manage vaccine inventory
 - Place vaccine orders
 - Manage vaccine doses administered (either manually or through data exchange)
 - Submit monthly reports as required
 - Implement reminder recall
 6. Provide a completed Physician's Certification to DHHS prior to initiating new clinic services and thereafter on an annual basis.
 7. Provide a copy of the client's immunization record from NESIIS or Parent Record Card to the parent or guardian of each child who receives immunization services. This document must be updated at each subsequent visit and should include documentation of all vaccines the child receives regardless of place of receipt.
 8. Provide monthly reporting to all primary care physicians whose patients received immunization services. Each physician should receive a listing citing which of his/her patients received services and what doses of vaccine were administered.
 9. Operate clinics in accordance with policies and protocol set down in the VFC Provider Manual, Public Immunization Clinic Manual, and any amendments there to include:
 - Keeping a record of the screening process used and parent/ guardian response for each child coming in for immunization services.
 - Maintaining individual records on each vaccine recipient in the Nebraska State Immunization Information System (NESIIS).
 10. Participate in an annual assessment of vaccine rates of immunization clients conducted by DHHS staff. This assessment can determine vaccination rates and indicate the extent to which vaccination rates can be improved by administering

multiple vaccines simultaneously, using accelerated vaccination schedules, encouraging parents to initiate the vaccination series on time, and/or contacting parents when children are due or have missed vaccinations.

11. Ensure that any new personnel supported with subgrant funds will be involved exclusively in delivery of immunizations or other activities directly linked to immunization, such as assessment or information and education. Any Subrecipient receiving support for new personnel for immunization activities must provide a level of staff effort commensurate with the level of resources received. These funds are awarded under the condition that they be specifically obligated and expended for subgrant activities. These funds are intended to supplement, not supplant, local resources. These funds may not be used for operations research or facility construction.
 12. The Subrecipient must enroll as a Vaccines for Children provider and abide by the requirements of that program.
 13. The Subrecipient must enroll as an Adult Immunization provider and abide by the requirements of that program.
 14. Work with the private sector within the service area of the clinic to promote the use of NESIIS and increase private provider participation in NESIIS.
 15. Inform the Nebraska Immunization Program of any changes in clinic personnel, facility location, or scheduled clinic days.
- C. The Nebraska Immunization Program agrees to provide the following services:
1. Provide immunization-related training and technical assistance to Subrecipient staff.
 2. Provide the vaccine necessary to support clinic operations, subject to availability from DHHS.
 3. Provide a Vaccine for Children Manual and Public Immunization Clinic Manual which shall serve as the source of program reference.
 4. Provide training and support for the Nebraska State Immunization Information System (NESIIS).
 5. Conduct an annual assessment of vaccine rates of public immunization clinics which can determine vaccination rates and indicate the extent to which vaccination rates can be improved by administering multiple vaccines simultaneously, using accelerated vaccination schedules, and encouraging parents to initiate the vaccination series on time, and/or contacting parents when children are due or have missed vaccinations.

3.2 REIMBURSEMENT

- A. Reduction in Funding. In the event DHHS experiences funding shortages, the dollar amounts specified in the award may be reduced accordingly and the Subrecipient may be required to reduce project activities.
- B. Reservation of Right. DHHS reserves the right to the following provisions:
1. To reallocate funds among local agencies as needed to ensure service to individuals at highest levels of priority.
 2. To either terminate or curtail all or part of the activities of the Subrecipient in order to best utilize available funding in the event that all or part of the federal or state funds are terminated, suspended, not released, or otherwise are not forthcoming.
 3. To suspend the Subrecipient's authority to obligate funds provided by DHHS pursuant to this Subgrant pending corrective action by this Subrecipient or a decision to terminate this Subgrant.
 4. To terminate immediately this Subgrant, in whole or in part, when federal funding is terminated, suspended, not released or otherwise forthcoming.

3.3 SUBGRANT FUNDS

If subgrant funds are not expended by the end of the project period, the remaining amount will not be carried over to the following calendar year. Subrecipients have a responsibility to inform the DHHS Immunization Program if awarded funds are not going to be spent.

SECTION 4. SCOPE OF REQUEST

4.1 ELIGIBLE APPLICANTS

Applicants eligible to submit applications in accordance with this RFA include public clinics* and federally qualified health centers currently providing immunization services and that currently offer services or conduct activities in the following areas:

1. Conducting immunization clinics for eligible populations on a regular basis
2. Offering services related to seasonal influenza

* For the purposes of this RFA, "public clinic" means a clinic operated by a public or non-profit agency, such as a county or district health department, tribal health facility, community action agency, or home health/hospital-sponsored clinic. For profit entities are not considered eligible applicants.

Applicants that are current VFC providers but do not offer adult services must indicate in the application that your facility will become an adult provider within 60 days of subgrant award. You must indicate a timeline for when adult services will occur, which vaccines will be offered, where and how adult services will be implemented.

4.2 PROJECT PERIOD

DHHS seeks applications for projects for the two year period January 1, 2015 through December 31, 2016. The project is divided by calendar years as referenced below:

Year 1 / Calendar Year 2015
Year 2 / Calendar Year 2016

January 1, 2015 – December 31, 2015
January 1, 2016 – December 31, 2016

An initial award will be issued for calendar year 2015. Subject to review of Subrecipient Performance and compliance with the terms and conditions of the award, and availability of funds, a one-year, non-competing award will be made for calendar year 2016. Awards made for the initial and subsequent period are dependent on the availability of federal funds. The issuance of this RFA in no way constitutes a commitment by DHHS to award any subgrants or at the funding level projected in this RFA.

4.3 AVAILABLE FUNDS

DHHS seeks applications for projects for the two year period January 1, 2015 through December 31, 2016. **The total funding available for Year 1 is projected to be \$800,000.** Since the federal VFC program delineates American Indian or Alaskan Native as a specified population, DHHS is setting aside \$20,000 for each of the four federally recognized tribes headquartered in Nebraska, for a total of \$80,000. The set aside amount does not restrict the four federally recognized tribes headquartered in Nebraska from applying for additional funds. The total funding available for other eligible applicants is projected to be \$720,000. The following **suggested** graduated funding caps have been determined based on a review of the total number of immunizations given at public clinics from July 1, 2013 through June 30, 2014. Applicants may apply for funding above the suggested graduated funding caps if sufficient justification is provided.

Number of Immunizations Given	Suggested Graduated Funding Cap
0-999	\$15,000
1,000-2,999	\$30,000
3,000-4,999	\$60,000
5,000+	\$85,000

The variance in scope of work and the geographic area of proposed activities makes it difficult to project the total number and dollar amount of awards. DHHS's preliminary projection for Year 2 funding is level or decreased funds. An applicant's decreasing budget for the succeeding year relates to the anticipation of program income, if applicable, and/or other support. Both factors should be related to the Applicant's plans for sustainability.

All applicants are free to request funding in amounts sufficient to their need, however should be prepared to adequately document that need in the submitted proposal. DHHS reserves the right to award based on the combination of applications that best address the purpose of this RFA. DHHS also reserves the right to retain all funds not awarded for other uses within the Immunization Program.

4.4 MATCH

No local match of funds is required for this subgrant. However, since these funds are intended to supplement existing clinical immunization practices, and cannot be the sole funding source for immunization activities within a clinic, applicants are expected to have other sources of funding to supplement activities proposed.

4.5 PROGRAM INCOME

Program income may include donations, vaccine administration fees, or 3rd party payments from Medicaid. Income should be used to defray cost of service delivery. Subrecipient will be expected to identify through quarterly reports the program income earned and how it is used. If the final expenditure report for any fiscal year does not have a zero balance for program income, prior to close out of the grant the final reimbursement will be reduced by the amount of unused program income. Program income shall be disbursed as earned and cannot be carried over between fiscal years.

4.6 CRITERIA TO AWARD

Decisions related to awards (to whom and for how much) will be made based on the following considerations:

- Needs assessment
- Adequacy of proposed activities to meet identified needs. This should include:
 - Population served
 - Geographic area served
 - Number of clinics held, location of clinics, and hours of operation, etc.
- Priority areas addressed
 - Focusing on the ACIP recommended vaccines specific to adolescents, with an emphasis on increasing HPV coverage rates
 - Providing an emphasis on ACIP recommended vaccines specific to adults
 - Increasing coverage rates in general, particularly where they are currently low
 - Increasing awareness and coverage rates of seasonal influenza
 - Continuing to provide vaccines to children 0-18 years of age with VFC vaccines and working toward a 90% immunization rate for 4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1VAR, and 4Pneumococcal.
- Organization Capacity
 - Describe roles, qualifications, and time allotted for personnel and/or contractors are suitable to perform duties related to the Subgrant activities
- Explain how the organization's structure is sufficient to reasonably safeguard assets, manage fiscal requirements, and assure grant implementation will be successful
 - Describe other revenue sources related to immunizations (i.e. from billing Medicaid, local cash funds, donations, etc.)
 - Describe limitations preventing additional revenue (i.e. agreements with other entities, limits in population served, lack of capacity/infrastructure to bill for immunization services, etc.)

SECTION 5. RFA SCHEDULE

DHHS reserves the right to modify the following dates as needed. Modifications to the below schedule will be posted on the Immunization Program webpage at http://dhhs.ne.gov/publichealth/Pages/immunization_index.aspx.

RFA COMPONENT	DATE
RFA Issued	September 2, 2014
Letter of Intent to Apply	Emailed by September 16, 2014, 5:00 p.m. CST
Written questions	Emailed/faxed by September 23, 2014, 5:00 p.m. CST
Publication of responses to written questions	September 26, 2014
Application Due	Postmarked by October 15, 2014, 5:00 p.m. CST
Post Notice of Intent to Award	November 12, 2014
Implementation of Year One Subgrant	January 1, 2015

5.1 RFA ISSUED

DHHS will post the RFA on the Immunization Program webpage at http://dhhs.ne.gov/publichealth/Pages/immunization_index.aspx. DHHS will send a copy of the RFA to any person or entity which requests the RFA.

5.2 SUBMISSION OF WRITTEN QUESTIONS

Submit questions to Lori Howell in writing by one of the following methods (listed in order of preference) and clearly marked “RFA Question”.

Email: lori.howell@nebraska.gov

Fax: (402) 471-6426

Written questions related to the RFA must be received no later than September 23, 2014, 5:00 p.m. CST. If the question or comment pertains to a specific section of the RFA, the section and page must be referenced. Oral questions will not be accepted.

5.3 RESPONSE TO WRITTEN QUESTIONS

DHHS will prepare written responses to all pertinent and properly submitted questions and post the written questions and responses on the Immunization Program webpage at http://dhhs.ne.gov/publichealth/Pages/immunization_index.aspx. DHHS’s written responses will be considered part of the RFA.

It is the responsibility of the applicant to check the DHHS website for all information relevant to this RFA, including written questions, responses, and amendments.

5.4 LETTER OF INTENT

A letter of intent must be submitted from all applicants that intend to submit an application response to this RFA using the attached *Letter of Intent to Apply* (**ATTACHMENT 2**) which includes the applicant’s name, mailing address, electronic mail address, fax number, telephone number, and a statement of intent to apply for this RFA. The *Letter of Intent to Apply* form should be emailed as an attachment and received by Lori Howell no later than 5:00 p.m. CST on September 16, 2014.

5.5 APPLICATIONS DUE

Applications must be postmarked or hand delivered by 5:00 p.m. CST, October 15, 2014.

5.6 APPLICATION SUBMISSION

The RFA is designed to solicit applications from qualified applicants who will be responsible for providing immunization services. Applications that do not conform to the mandatory items as indicated in the RFA will not be considered.

Applicants must review all materials contained in the application packet and follow the instructions regarding the schedules, format, narrative, and required forms to be used.

Submission by fax, email, or disk will not be accepted because original signatures are required on the Cover Sheet and Certifications.

Applications are to be addressed to:

Lori Howell, Subgrant Coordinator
Attn: Immunization Program
DHHS - Lifespan Health Services
PO Box 95026
Lincoln NE 68509-5026

Sealed proposals must be postmarked or hand delivered by **October 15, 2014 at 5:00 p.m. CST**. Mail or deliver one complete, signed original application. **LATE APPLICATIONS WILL BE REJECTED**. In the event of any inconsistencies among the proposals, the language contained in the original proposal shall govern. If mailed, proof of mailing on or before the closing date will be strictly observed. Additions or corrections will not be accepted after the closing date. Applicants are strongly encouraged to use registered mail or at least first-class mail. Do not send third class or book rate.

Applications hand delivered or by courier services will be received during business hours (8:00 a.m. to 5:00 p.m. CST, Monday through Friday, excluding state-observed holidays). Hand delivery or courier services will be received at the 3rd floor reception desk, DHHS, 301 Centennial Mall South, Nebraska State Office Building (NSOB), Lincoln, Nebraska. Applications hand delivered or by courier must be received at the NSOB no later than 5:00 p.m. CST, October 15, 2014.

5.7 COMMUNICATION WITH STATE STAFF

From the date the RFA is issued until a determination is announced regarding the selection of the recipient(s), contact regarding this project between potential applicants and individuals employed by DHHS and CDC is restricted to only written communication with the staff designated above as the point of contact for this RFA.

The following exceptions to these restrictions are permitted:

- Written communication with the person designated as the point of contact for this RFA
- Contacts made pursuant to any pre-existing agreements or obligations; and
- State requested presentations, key personnel interviews, clarification sessions or discussions to finalize an agreement

Violations of these conditions may be considered sufficient cause to reject an application and/or selection irrespective of any other condition. No individual member of the State, employee of DHHS, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The DHHS contact will issue any clarifications or opinions regarding this RFA in writing.

5.8 AMENDMENTS TO THE RFA

DHHS reserves the right to amend the RFA at any time. In the event DHHS decides to amend, add to, or delete any part of this RFA, a written amendment will be posted on the DHHS website. The applicant is advised to check the DHHS website periodically for amendments to this RFA.

5.9 OPEN COMPETITION

No attempt shall be made by the applicant to induce any other person or firm to submit or not to submit an application for the purpose of restricting competition.

5.10 WITHDRAWAL OF APPLICATIONS

Applications may be withdrawn, modified and resubmitted by an applicant at any time prior to the stated due date and time for the receipt of applications. An applicant desiring to withdraw its application after the submission time shall submit notification via email to Lori Howell at lori.howell@nebraska.gov.

5.11 REJECTION OF APPLICATIONS

DHHS reserves the right to reject any and all applications, wholly or in part, or to award to multiple applicants in whole 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.

5.12 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
<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 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. **DRUG-FREE WORKPLACE.** 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. **FEDERAL FINANCIAL ASSISTANCE.** 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. **FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT REPORTING.** 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. **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.

- Q. 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.
- R. 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 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.

5.13 EVALUATION BY DHHS

All responses to this RFA which fulfill all mandatory requirements will be evaluated. Each category will have a maximum point potential. See Evaluation Criteria & Points below.

DHHS will conduct a fair, impartial, and comprehensive evaluation of all applications in accordance with the criteria set forth. Areas that will be addressed and scored during the evaluation include:

Evaluation Criteria	Points
<p style="text-align: center;">Narrative/Work Plan</p> <ul style="list-style-type: none"> • Needs assessment • Adequacy of proposed activities to meet identified needs. • Populations and counties served • Proposed activities and expected outcomes • Timeline of events 	75
<p style="text-align: center;">Budget & Justification</p> <ul style="list-style-type: none"> • Personnel Cost Worksheet • Line Item Subgrant Budget • Total Immunization Program Budget • Budget Narrative/Justification 	50
<p style="text-align: center;">Organization Capacity</p> <ul style="list-style-type: none"> • Qualifications and adequacy of personnel • History of successful grants management • Fiscal and program management 	25
Total possible points	150

Review of Applicant Capacity

As part of the scoring and selection process, the Department will assess an entity’s capacity to provide immunization services to eligible persons, provide education to community groups, and submit timely and accurate reports, invoices and fiscal documentation. The Department reserves the right to consider an entity’s performance in current and/or prior grants, contracts, cooperative agreements, or subcontracts with the Department or other State of Nebraska agencies.

Geographic Access

The Department will consider geographic access in making final funding decisions. The Department reserves the right to fund more than one entity in a particular geographic area, or ensure funding to a specific entity if deemed necessary to assure adequate level of service to all target populations in that area. The Department also reserves the right to modify a proposed service area in circumstances where otherwise acceptable proposals have overlapping or redundant proposed service areas not necessary to serve target populations.

5.14 EVALUATION COMMITTEE

Applications will be independently evaluated by members of the Evaluation Committee. The committee will consist of staff with the appropriate expertise to conduct such application evaluations. Names of the members of the Evaluation Committee will not become public information.

SECTION 6. APPLICATION PACKAGE

The following items are required portions of a complete application package.

1. Narrative/Work Plan (description of planned activities)

No specific form or format is required for this description, which does not minimize the importance of this item. Carefully describe the planned activities that correspond to the budget. The typed narrative should be detailed enough to identify to a reader what the proposed activities are, for what purpose, and when activities will be implemented.

Required Quarterly Progress Reports will correspond to the proposed Narrative/Work Plan.

A. *The Narrative/Work Plan should clearly demonstrate the following:*

- Needs assessment (refer to 2.4 for definition)
- Vaccines provided throughout the lifespan
- Populations served
- Counties served
- Number of clinic(s) and their location(s)
- Proposed activities
- Expected outcomes
- Timeline of events

B. *Organizational Capacity*

Explain how the roles, qualifications, and time allotted for personnel and/or contractors are suitable to perform duties related to the Narrative/Work Plan activities. Explain how the organization's structure is sufficient to reasonably safeguard assets, manage fiscal requirements, and assure grant implementation will be successful. Explain the organizational capacity to bill 3rd parties for immunization services or lack of capacity to bill.

2. Budget

This section contains the information and instructions for completing the required parts of the Budget:

- Personnel Cost Worksheet
- Line Item Budget
- Total Immunization Program Budget
- Budget Narrative/Justification

The application shall contain a fully developed budget to correspond to the proposed Narrative/Work Plan. Applicants shall select cost categories and items of cost that are relevant to the Narrative/Work Plan, allowable, allocable and reasonable costs, and comply with administrative requirements of federal pass through dollars.

Recent reform of federal grants management policies consolidates and revises the eight current Office of Management and Budget (OMB) Circulars. The federal OMB published in the December 26, 2013 *Federal Register* the new **Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards**. This

Final Guidance of grant policy reform streamlines requirements from A-21, A-87, A-110, A-122, A-89, A-102, A-133, and A-50. For more information about the reform, refer to <https://cfo.gov/cofar/reform-of-federal-grants-policies-2/>.

Federal agencies have one year to implement the reforms through regulation. Upon implementation, the Final Guidance will supersede requirements from the existing Circulars available at http://www.whitehouse.gov/omb/circulars_index ffm/. Crosswalk resources from existing Circulars to the Final Guidance are available at http://www.whitehouse.gov/omb/grants_docs. The transition period provides an opportunity to become familiar with the Final Guidance and to plan accordingly for its implementation.

A. Personnel Cost Worksheet

This worksheet is for funding requests that include personnel costs paid by awarded funds. This worksheet is to be used to accurately budget the personnel costs allocable to awarded funds, as well as to accurately describe the organizational funds from other sources that are being used to provide current immunization services. An example of the Personnel Cost Worksheet follows on the next page.

Personnel Cost Worksheet (Example)

This is an embedded image of an Excel worksheet. To access the file to use request excel file from lori.howell@nebraska.gov. When you receive the file open and save the file to your computer before entering information.

INSTRUCTIONS: For each Employee Name [A] and Job Title [B], enter data in white cells. Yellow cells contain formulas to calculate Transfer totals for Columns J and K to the *Budget Justification* (Attachment D) and *Line Item Budget* (Attachment J).

Formulas are based on the following information using 40 hours/week X 52 weeks = 2,080 hours/year for full-time equivalent (FTE).

D = C divided by 2,080

I = H divided by C

J = E multiplied by I

K = F multiplied by I

		A	B	C	D	E	F	G	H	I	J	K	L	
		For The Organization							Allocable to the Grant					
Employee Name	Job Title	Annual Hours	Organization FTE	Annual Salary /Wage	Annual Fringe Benefits	Organization Salary + Fringe	GRANT Hours	% of GRANT	GRANT Salary/Wage	GRANT Fringe Benefits	GRANT salary/wage + fringe benefits			
Pat Smith	Project Coordinator	2080	1.00	\$ 60,000.00	\$ 15,000.00	\$ 75,000.00	1248	60%	\$ 36,000.00	\$ 9,000.00	\$ 45,000.00			
Terry Jones	Project Assistant	1040	0.50	\$ 24,000.00	\$ 3,000.00	\$ 27,000.00	310	30%	\$ 7,153.85	\$ 894.23	\$ 8,048.08			
		0	0.00					0%	\$ -	\$ -	\$ -			
		0	0.00					0%	\$ -	\$ -	\$ -			
		0	0.00					0%	\$ -	\$ -	\$ -			
		0	0.00					0%	\$ -	\$ -	\$ -			
		0	0.00					0%	\$ -	\$ -	\$ -			
									\$ 43,153.85	\$ 9,894.23	\$ 53,048.08			
									TOTALS					

B. Budget Justification

Use the format shown below. The Budget Justification describes the need for and shows the calculations of each item of cost. The Budget Justification, as a counterpart of the Line Item Budget, contains the exact budget categories and line items. An acceptable Budget Justification identifies each item of cost and the methodology used in projecting the cost. Information must be provided in sufficient detail to support items of cost for awarded funds.

Include brief descriptions of staff positions that are funded in whole or in part with awarded funds, *i.e.* indicate the full-time equivalent (FTE). Descriptions should include the scope of responsibility for each position, relating it to the accomplishment of outcomes stated in the planned activities.

“Allocable costs” are a critical aspect of federal grants. A cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received. Any cost allocable to a particular federal award may not be charged to other federal awards to overcome fund deficiencies.

The following examples do not include all allowable cost categories or lines.

OFFICE EXPENSES

Supplies (\$75/month x 12 months)	\$ 900.00
Printing (1,000 brochures x \$.15/ea.)	\$ 150.00
Rent (\$3/sq. ft. x 200 ft. x 12 months)	\$7,200.00

TRAVEL**

Mileage (300 mi. x 56.5¢/mile)	\$ 121.50
Meals (\$25/diem x 5 days)	\$ 125.00
Lodging (\$100/night x 4 nights)	\$ 400.00

**Travel costs that could be considered excessive should be further clarified, e.g. delineated by in-state or out-of-state travel, purpose, number of persons, etc.

C. Indirect cost

If claiming indirect costs, identify the base used in establishing the rate, state the rate, and show the calculation leading to the claimed indirect costs in the Line Item Budget. The rate identified in a negotiated rate agreement should be the same as that used in the Line Item Budget and the Budget Justification. **Applicants must provide a signed copy of the federal indirect cost rate agreement.**

D. Line Item Budget

Submit a budget that includes the complete budget for your immunization program, as well as a line item budget for the subgrant. Awarded funds are intended to supplement existing clinical immunization practices and cannot be the sole funding source for immunization activities within a clinic. Applicants must detail funds expended or received from other sources that support immunization services. A Line Item Budget is used to identify and categorize items of costs for awarded funds. A budget should

contain detail sufficient in line items to show the proposed items of costs that comprise the budget category. Budget categories are useful for organizing and clarifying line items. Costs must be clearly identified in the budget and justification in order for DHHS to determine if allowable, allocable and reasonable, and to consider if the cost is essential for achievement of expected outcomes contained in the Narrative/Work Plan.

Develop a budget with allowable, allocable, and reasonable costs that clearly support the planned activities for the proposed work. It is critical to consider the following information:

- “Miscellaneous” or “other” are not acceptable budget categories or line items, as these do not provide an adequate description to determine if the cost is allowable.
- Income -- show any income for immunization services either from donations or third party billing for Medicaid.
- Each item of cost must be treated consistently in like circumstances either as a direct or an indirect cost, *e.g.* direct costs cannot include costs already reflected in an indirect cost rate, if an indirect cost rate is proposed.
 - Direct Costs -- Any cost that can be identified specifically with a particular project or program (contrast to indirect costs). Must be supported with source documentation (i.e.: payroll time sheets, benefits, and receipts for line items purchased).
 - Indirect Costs -- Indirect costs (IDC) are those costs incurred for common or joint purposes, and are usually allocated among an entity's services in proportion to each service's share of direct costs. Because of the diverse characteristics and accounting practices of governmental units, the types of costs, which may be classified as indirect costs, cannot be specified in all situations. However, typical examples of indirect costs may include certain general administration of the recipient department or agency, accounting and personnel services performed within the recipient department or agency, and the costs of operating and maintaining facilities. Use the IDC rate agreement negotiated by the federal cognizant agency. Attach a copy of the most current indirect cost rate agreement which supports the use of the “indirect costs” line item. The Indirect Cost Rate Agreement is needed to confirm that it is a current rate negotiation, to understand how the rate is being applied, and to verify that the rate is applied correctly, *e.g.* mathematically and that the base to establish the rate does not include awarded funds budgeted as direct costs.

E. Management Worksheet

The Management Worksheet lists the employees responsible for successfully managing the proposed work with awarded funds. Enter contact information in the form provided in **ATTACHMENT 1**.

SECTION 7. AWARDS

7.1 ISSUANCE OF AWARDS

By signing the Application Cover Sheet, the official authorized by the Applicant asserts that, if awarded, the Applicant and any of its contractor(s) under the subgrant award will comply with DHHS's General Terms and Assurances.

Following the web posting of Notice of Intent to Award, response to any contingencies, and the receipt of the completed General Terms and Assurances, DHHS will issue a subgrant award document to each successful Applicant. DHHS provides subgrant 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 and will be assessed for compliance with the federal cost principles of reasonable, allowable, and allocable.

7.2 SUBGRANT DOCUMENT

The subgrants resulting from this RFA shall incorporate the following documents:

1. Subgrant 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 Subrecipient's application, including any contingencies; and
6. Any subgrant amendments.

Unless otherwise specifically stated in a subgrant 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) the subgrant award, 2) the original RFA, 3) Request for Application addenda and/or amendments with the latest dated amendment having the highest priority, 4) the signed Application Cover Sheet, 5) the Subrecipient's application; and 6) subgrant amendments with the latest dated amendment having the highest priority.

Any ambiguity in any provision of this subgrant which shall be discovered after its execution shall be resolved in accordance with the rules interpretation as established in the State of Nebraska.

Common Mistakes & Omissions

Using the checklist, carefully review your funding request before submitting to DHHS. Avoid these common mistakes and omissions to expedite review.

	<p>Budget Lines do not mirror the Budget Justification <i>Use exactly the same lines in both the budget line item and the narrative of the justification of each line item.</i></p>
	<p>Budget Line Items and Justification do not correlate with the Narrative/Work Plan. <i>Budget line items and their justification must mirror the work plan or activities you have provided.</i></p>
	<p>Budget exceeds the level of funds available.</p>
	<p>Non-specific line item in the budget; e.g. <u>cannot use</u> “miscellaneous” or “other”. <i>“Miscellaneous and other” are inadequate descriptions to determine if the cost is allowable based on the OMB Cost Principles as relevant to the type of entity. Also, each item of cost must be treated consistently in like circumstances either as a direct or indirect cost.</i></p>
	<p>Indirect costs are budgeted, but the Indirect Cost Rate Agreement is not attached. <i>The indirect cost rate agreement is needed to confirm that it is a current rate negotiation, to understand how the rate is being applied, and to verify that the rate is applied correctly; e.g. mathematically and the base to establish the rate does not include sub grant funds budgeted as direct costs.</i></p>
	<p>You have submitted a Subgrant Budget but did not include a total Immunization Program Budget. <i>These funds are intended to supplement existing clinical immunization practices and cannot be the sole funding source for immunization activities within a clinic.</i></p>

Checklist

This checklist summarizes all parts of the RFA request.
Carefully review the checklist to be certain items 1-9 are accurately prepared and submitted.

APPLICATION PARTS	DUE DATE	COMPLETED
1. Letter of Intent to Apply	Emailed by 9-16-14 5:00 p.m. CST	
2. Application Cover Sheet	Postmarked by 10-15-14 5:00 p.m. CST	
3. Narrative/Work Plan	Postmarked by 10-15-14 5:00 p.m. CST	
4. Personnel Cost Worksheet	Postmarked by 10-15-14 5:00 p.m. CST	
5. Budget Justification	Postmarked by 10-15-14 5:00 p.m. CST	
6. Line Item Budget	Postmarked by 10-15-14 5:00 p.m. CST	
7. Management Worksheet	Postmarked by 10-15-14 5:00 p.m. CST	
8. Needs Assessment	Postmarked by 10-15-14 5:00 p.m. CST	
9. Indirect Cost Agreement (if applicable)	Postmarked by 10-15-14 5:00 p.m. CST	

Management Worksheet

Other Staff Involved with Proposed Project

Name: _____
Title: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

Other Staff Involved with Proposed Project

Name: _____
Title: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

Other Staff Involved with Proposed Project

Name: _____
Title: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

Other Staff Involved with Proposed Project

Name: _____
Title: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

Other Staff Involved with Subgrant

Name: _____
Title: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

Other Staff Involved with Subgrant

Name: _____
Title: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

LETTER OF INTENT TO APPLY

This is a declaration of *Intent to Apply* for the DHHS Immunization Program RFA.

Applicant Organization	
Authorized Official Name	
Authorized Official Title	
Street Address	
City, State, Zip Code	
Phone	
Fax	
Email	

This organization is proposing to perform grant activities in the following cities and/or counties:

CITIES AND/OR COUNTIES
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

This organization is proposing to apply for the following subgrant amount (best estimation):

Signature of Authorized Official Date

Potential applicants must submit this Letter of Intent to Apply by email, as an attachment, to Lori Howell at lori.howell@nebraska.gov, by September 16, 2014 at 5:00 p.m. CST.