



June 25, 2010

Bruce Dart
Lincoln-Lancaster County Health Department
3140 "N" Street
Lincoln, NE 68510

Dear Bruce:

I am pleased to inform you that your agency has been awarded funding for the grant application *Lincoln and Lancaster County MAPP*, which was submitted for the Nebraska Mobilizing for Action through Planning and Partnerships (MAPP) request for applications. The amount funded for the period July 1, 2010 through December 30, 2011 is \$15,000. ***This award is contingent on receipt and appropriation of federal funds.*** Your application was approved with the following requirements:

- 1. You are subject to the attached Terms and Assurances (Attachment A). Signed copies of these terms and assurances will be kept on file at DHHS.**
- 2. You may be subject to Federal audit requirements. Please complete and return the enclosed Audit Requirement Certification form *no later than July 2, 2010.***
- 3. You are encouraged to review data collection tools for evaluation purposes utilized in conjunction with the funded project (i.e. surveys, questionnaires, activity logs, etc.) with your DHHS technical assistance contacts.**
- 4. Your grant Work Plan and Evaluation Plan are the documents that will serve as the performance expectations upon which the current award is based.**
- 5. Each Progress Report must include progress for ALL activities listed on the Work Plan. These reports are due:**

<i>Project Period Covered</i>	<i>Due Date</i>
1 st Period (July 1, 2010 – March 31, 2011)	April 29, 2011
2 nd Period (April 1, 2011 – December 30, 2011)	January 31, 2012

Completed Progress Reports must be received before reimbursement will be issued. All Progress Reports, including budget reports must be completed and submitted utilizing the required reporting forms (copies of all required reporting forms will be sent under separate cover). Reports submitted in alternative form are NOT acceptable and will not be processed.

- 6. To ensure that all materials are effective and appropriate, you are encouraged to submit KEY RESOURCES to the Office of Community Health Development for review. This includes curricula, education kits, presentations, etc.**
- 7. All financial reports must be completed and submitted utilizing the required Budget Reporting Form (Attachment D). Financial reports submitted in an alternative format and not on the required form will *not* be processed for**

reimbursement.

8. Proper security of all paper, web and computer based collection of data must be assured by your agency's formal procedures and policies.
9. **The enclosed Acceptance of Grant Terms form is returned completed and signed by your organization's authorized representative. Please return as soon as possible so we can process your first payment. You should retain a copy for your files.**

Please be reminded that you must exercise proper stewardship over grant funds and assure that all costs charged to your award are allowable, allocable and reasonable pursuant to federal subgrant administration requirements (Circulars A-122 and A-133). Questions related to the administrative management of this grant should be directed to Colleen Svoboda at (402) 471-7779 (colleen.svoboda@nebraska.gov).

As part of the application process, your application was reviewed by professionals possessing expertise in public health and delivery of services at the community level. If you have questions about the evaluation process, please contact Colleen Svoboda at (402) 471-7779.

The Nebraska Department of Health and Human Services is pleased to support your agency's commitment to assessment and health planning in Nebraska.

Sincerely,



Dave Palm, Administrator
Office of Community Health Development

cc: Steve Frederick

Enclosure

Nebraska Department of Health and Human Services
Mobilizing for Action through Planning and Partnerships
(MAPP) Grant

- Grant Award Cover Sheet -
Acceptance of Grant Terms

Nebraska Department of Health and Human Services (DHHS)
MAPP Grant

Grant Award
Year 2010

Subrecipient Organization: Lincoln-Lancaster County Health Department

Project Title: Lincoln and Lancaster County MAPP

Grant Number: MAPP 10-05

By signing below, the authorizing official for the Subrecipient's organization agrees to operate the grant as described in the Award letter dated June 25, 2010.

Name of Authorized Official (printed): CHRIS BEUTLER

Signature of Authorized Official: _____

Title (printed): MAYOR OF LINCOLN Date: _____

Return to:

Colleen Svoboda
Nebraska Department of Health and Human Services
Office of Community Health Development
P.O. Box 95026
Lincoln, NE 68509-5026
Phone: (402) 471-7779
Fax: (402) 471-8259
colleen.svoboda@nebraska.gov

State of Nebraska
Department of Health and Human Services

MAPP Grant

- Terms and Assurances -

This is a subgrant of federal financial assistance. By accepting this subgrant, the Subrecipient agrees to comply with the terms and conditions described herein.

- A. Programs. Subrecipient must operate the program(s) in compliance with the documents governing the award. The following documents and any revisions made during the program period govern the Subgrant and are hereby incorporated by this reference as though fully set forth herein.
1. The DHHS's Request for Proposals;
 2. Subrecipient Project(s) Application;
 3. Subrecipient Reporting Schedule (Attachment C);
 4. DHHS's letter of award
 5. Subrecipient Contingencies which includes the award period, amount of funds awarded, and any contingencies to the subaward (Attachment B).
- B. Reports. Subrecipient must submit data, program, and financial reports according to the reporting schedule (Attachments C and D). Extensions for the submission of reports and reimbursement **must be submitted in writing** to DHHS for approval to prevent withholding of payment.
- C. Administrative Requirements. Subrecipient must perform Subgrant activities, expend funds, and report financial and program activities in accordance with Federal grants administration regulations, U.S. Office of Management and Budget Circulars governing cost principles.
- D. Program Specific Requirements. Subgrant activities must comply with any program specific requirements included in the DHHS's Request for Proposals.
- E. Nondiscrimination. The Subrecipient acknowledges that the Subgrant activities must be operated in compliance with civil rights laws and any implementing regulations, and makes the following assurances.

The Subrecipient warrants and assures that it complies as applicable to it with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, to the effect that no person shall, on the grounds of race, color, national origin, sex, age, handicap or disability, be excluded from participation in, denied benefits of, or otherwise be subjected to discrimination under any program or activity for which the Subrecipient receives federal financial assistance.

The Subrecipient and any of its subcontractors shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Subgrant with respect to hire, tenure, terms,

conditions or privileges of employment because of the race, color, religion, sex, disability or national origin of the employee or applicant.

- F. Payments. The DHHS will make payment to the Subrecipient in the amount of 55 percent of the budget within 45 days of return of the signed Grant Award Cover Sheet. The remaining 45 percent will be paid in two payments within 45 days of submission of the six month Progress and Financial Reports, and then the Final Report described in Attachments C and D. If a larger portion of the grant award is needed for the first payment, written justification must be provided. Payments are also subject to the following conditions:
1. Availability of governmental funds to support this project. In the event funds cease to be available, this Subgrant shall be terminated, or the activities shall be suspended until such funds become available, in the sole discretion of DHHS.
 2. Pursuant to the Nebraska Prompt Payment Act.
 3. Suspension or termination for cause or convenience as described in the federal grants administration regulations applicable to the Subrecipient.
- G. Budget Changes. The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. Prior approval by DHHS is not required **provided** the cumulative transfers do not exceed ten percent of the total approved budget, are for an allowable cost allocable to the Subgrant, do not add or eliminate a line item and do not result in programmatic changes.
- Prior approval is **required** for cumulative budget transfers exceeding ten percent of the current total approved budget. Requests for transfers shall be addressed in writing to DHHS. DHHS shall approve or disapprove the request in writing within 20 days of its receipt.
- H. Programmatic changes. The Subrecipient shall request in writing DHHS approval for programmatic changes. DHHS shall send a written determination regarding the request to the Subrecipient within 30 days of its receipt.
- I. Technical Assistance. DHHS will provide training and materials, procedures, assistance with quality assurance procedures, and site visits by representatives of DHHS and the federal granting agency in order to review program accomplishments, evaluate management control systems and other technical assistance as needed or requested.
- **DHHS will coordinate technical assistance conference calls. Dates will be announced. All subrecipients are required to participate.**
- J. Subrecipient Procurement. Subrecipient shall be the responsible authority regarding the settlement and satisfaction of all contractual and administrative issues, without recourse to DHHS, arising out of procurement entered into by it in connection with the subgrant. Such issues include, but are not limited to, disputes, claims, and protests of award, source evaluation and other matters of a contractual nature.
- K. Termination. 1) Nonperformance and/or inadequate performance shall be a basis for the termination of this award or portions thereof. Further, DHHS shall not pay for work not done or for work done in an unsatisfactory manner. 2) Should the Subrecipient breach this contract, DHHS may, at its discretion, terminate the contract immediately upon written notice to the Subrecipient. DHHS may, at its discretion, contract for provision of the services required to complete this grant and hold the Subrecipient liable for all expenses incurred in such additional agreement. This provision shall not preclude the pursuit of other remedies for breach of contract as allowed by law.

- L. Subgrant Close-out. Upon the expiration or notice of termination of this Subgrant, the following procedures shall apply for close-out of the subgrant:
1. Upon request from Subrecipient, any allowable reimbursable cost not covered by previous payments shall be paid by DHHS.
 2. Subrecipient shall make no further disbursement of funds paid to Subrecipient, except to meet expenses incurred on or prior to the termination or expiration date, 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.
 3. Subrecipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
 4. Within a maximum of 90 days following the date of expiration or termination, Subrecipient shall submit all financial, performance, and related reports required by the terms of the Agreement to DHHS. DHHS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
 5. DHHS shall make any necessary adjustments upward or downward in the federal share of costs.

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. Nor shall close-out of this Subgrant affect the 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.
- M. Documents Incorporated by Reference. All laws, rules, regulations, guidelines, directives and documents, attachments, appendices, and exhibits referred to in these terms and assurances shall be deemed incorporated by this reference and made a part of this Subgrant as though fully set forth herein.
- N. Independent Contractor. The Subrecipient is an independent contractor and neither it nor any of its employees shall be deemed employees of DHHS for any purpose. The Subrecipient shall employ and direct such personnel as it requires to perform its obligations under this Subgrant, shall exercise full authority over its personnel, and shall comply with all worker's 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.
- O. Release and Indemnity. The Subrecipient shall assume all risk of loss and hold DHHS, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this Subgrant, and proximately caused by the negligent or intentional acts or omissions of the Subrecipient, its officers, employees or agents; for any losses caused by failure by the Subrecipient to comply with terms and conditions of the Subgrant; and, for any losses caused by other parties which have entered into agreements with the Subrecipient.

- P. Drug-Free Work-Place Policy. The Subrecipient assures DHHS that it has established and does maintain a drug-free work-place policy.
- Q. Acknowledgment of Support. Publications by the Subrecipient, including news releases and articles, shall acknowledge the financial support of the DHHS and the federal granting agency by including a statement therein. An example of this is: "This publication was supported by a grant from the Nebraska Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NDHHS."
- R. Copyright. The Subrecipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. The federal awarding agency and DHHS reserve a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal and State purposes, and to authorize others to do so.
- S. Notices. All notices given under the terms of this Subgrant shall be sent by United States mail, postage prepaid, addressed to the respective party at the address set forth on the signature page hereof, or to such other addresses as the parties shall designate in writing from time to time.
- T. Authorized Official. The person executing the Application Cover Sheet is an official of the Subrecipient who has the authority to bind the Subrecipient to the terms and assurances of this Subgrant of federal financial assistance.
- U. Public Counsel. In the event the Subrecipient provides health and human services to individuals on behalf of DHHS under the terms of this Subgrant, Subrecipient shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. §§ 81-8,240 to 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to grants or contracts 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.
- V. Unavailability of Funding. Due to possible future reductions in State and/or Federal appropriations, DHHS cannot guarantee the continued availability of funding for this Grant notwithstanding the consideration stated above. In the event funds to finance this Grant become unavailable either in full or in part due to such reductions in appropriations, DHHS may terminate the Grant or reduce the consideration upon notice in writing to the Subrecipient. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. DHHS shall be the final authority as to the availability of funds. The effective date of such Contract termination or reduction in consideration shall be specified in the notice as the date of service of said notice or the actual effective date of the funding reduction, whichever is later. Provided, that reductions shall not apply to payments made for services satisfactorily completed prior to said effective date. In the event of a reduction in consideration, the Subrecipient may cancel this Grant as of the effective date of the proposed reduction upon the provision of advance written notice to the Nebraska Department of Health and Human Services.
- W. Nebraska Technology Access Standards. LB352 (2000) requires the Commission for the Blind and Visually Impaired, Nebraska Information Technology Commission, and the Chief Information Officer, in consultation with other state agencies and after at least one public hearing, to develop a technology access clause to be included in all contracts entered into by state agencies on or after January 1, 2001. The technology access standards are in response to this Legislation. *When development, procurement, maintenance, or use of electronic and information technology does not meet these standards, individuals with disabilities will be provided with the information and data involved by an alternative means of access.* The complete Nebraska Technology Access Standards can be found on the internet at: <http://www.nitc.state.ne.us/standards/accessibility/tacfinal.htm>.

MAPP Grant

- Contingencies -

Grant Number: MAPP 10-05
Applicant Organization: Lincoln-Lancaster County Health Department
Project: **Lincoln and Lancaster County MAPP**
Award Period: July 1, 2010 – December 30, 2011

Contingencies: X None
 _____ As noted below.

Funding Approved:

1st Payment: \$8,250
2nd Payment: \$4,750
3rd Payment: \$2,000

TOTAL AMOUNT OF FUNDING: \$15,000

MAPP Grant

- Mid-year and Final Reporting -

Progress Reports and Final Reports are important documents in tracking the success of your grant. They will assist us in staying informed internally and will provide substantive information so that we can prepare an annual report. The Subrecipient shall submit a *Progress Report* to the DHHS, Office of Community Health Development using the following format and instructions. This report will **be due 30 days after the completion of the first six months** of the grant period. The Subrecipient shall submit a *MAPP Plan* using a format and instructions that will be sent at a later date due 30 days after the completion of the grant period. **ALL REPORTS** must include a budget report and narrative. The budget report should use the table outlined in Attachment D and should be updated with every report. The narrative should describe HOW you have spent the funds (e.g., personnel: funds have been used to pay for staff to complete grant activities including visits to worksites to set up wellness programs, workshop presentations...total amount spent to date: \$3,000). All reports must also be submitted electronically via email to the Grant Coordinator. Reports are due on the following dates: **April 29, 2011 and January 31, 2012.**

If you are experiencing problems or unexpected successes at any time during your grant, please notify the **Office of Community Health Development** as soon as they become apparent to you rather than waiting for the mid-year or final progress report. All changes in objectives or methodology must be approved in advance by the Office of Community Health Development. Any budget changes resulting from these changes must also be approved.

PROGRESS REPORT

List of MAPP meetings held and meeting minutes
Update on progress

Narrative Text

The narrative text should be limited to a maximum of 10 pages, including charts and tables. Most Progress Reports will probably be shorter. **ALL REPORTS SHOULD BE NUMBERED AND SHOULD BE SUBMITTED IN THE ORDER BELOW (INCLUDE THE NUMBERS AND QUESTIONS)**. The following information should be included at the beginning of the report:

- The title of your project.
- The grant identification number.
- The dates covered in the report.
- The name of the person completing the report, address, phone number and e-mail address.

1. What were the project's objectives and how has the project met them?

Write down each of the project's objectives and how each has been met during this reporting period or the plans for it to be met during this reporting period. If an objective has not been met that was projected to have been met during this reporting period, explain what happened and why? If there have been additional accomplishments beyond the original objectives, please describe them, and how they came about.

2. During the reporting period, what internal challenges were encountered that relate to the project's design, staffing and collaboration?

Describe the challenges and what has been done to address them. Have these challenges caused delays in achieving your objectives? If so, please describe.

3. What challenges or successes were caused by external factors to the project?

Describe unanticipated changes in external factors that are causing problems or unanticipated successes and in what way? If the changes are negatively affecting the project, what steps are being taken to cope with them?

4. If you are working in collaboration with other organizations, or depend on other organizations to meet your objectives, how are these relationships working?

Please describe the arrangements with other organizations. What successes or problems have occurred?

5. What type of technical assistance from the Office of Community Health Development or other DHHS programs do you need to make your project successful?

Please describe any needed technical assistance that we can provide or facilitate.

MAPP Grant

- Grant Budget Revision Guidelines -

The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. ***Prior approval by DHHS is not required provided*** the cumulative transfers do not exceed ten percent of the total approved budget, are for an allowable cost allocable to the Subgrant, do not add or eliminate a line item and do not result in programmatic changes.

Prior approval is required for cumulative budget transfers exceeding ten percent of the current total approved budget. Requests for transfers shall be addressed in writing to DHHS. DHHS shall approve or disapprove the request in writing within 20 days of its receipt.

A revised line item budget should be submitted in a format that displays your entire approved budget. In addition, you must include a narrative that explains how the revised budget item(s) relate to the project, why the changes are needed, and how the proposed amount(s) were determined. If any element of the contract has changed, including dates or outcomes from that previously approved, you must submit a written request for programmatic changes.

Example:

Name of Subrecipient: Smithville Coalition

Grant Number: 2008-00

Budget Period: July 1, 2010 – December 30, 2011

Line Items	Approved Budget	Revision Requested	Proposed Budget	Expenses Incurred to Date
Personnel				
Project Director	12,000	-3,000	9,000	4,250
Case Manager	-0-	6,000	6,000	-0-
Secretary	6,000	-0-	6,000	3,000
Operating Expenses				
Copying	500	500	1,000	250
Supplies	500	-0-	500	250
Travel				
Mileage	1,000	-500	500	-0-
Other Direct Costs				
XYZ Training	5,000	-0-	5,000	5,000
XYZ Curriculum	10,000	-3,000	7,000	7,000
Total	35,000	-0-	35,000	19,750

Narrative Explanation:

Insert here an explanation on how the revised budget items relate to the project, why the changes are needed, and how the proposed amounts were determined.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Community Health Development
AUDIT REQUIREMENT CERTIFICATION**

Subgrantees receiving funds from 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: Preventive Health and Health Services Block Grant
2B01DP009036- **CFDA #** (Catalog of Federal Domestic Assistance): 93.991

Grant #: 08

Subgrantee Name: Lincoln-Lancaster County Health Department

Address: 3140 "N" Street

City: Lincoln **State:** NE **Zip Code:** 68510

Federal Tax Identification Number (FTIN): _____

Subgrantee's Fiscal Year (i.e. month, year – month, year): 9/1/10 - 8/31/11

All written communications from the Certified Public Accountant (CPA) engaged under #1 or #2 below, given to the subgrantee 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* must be provided by the subgrantee to Nebraska Department of Health and Human Services immediately upon receipt, unless the subgrantee has directed the CPA to provide the copy directly to the Department and has verified this has occurred.

(Check either #1 or #2 and complete the signature block on page 2)

1. As the subgrantee 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 and prepare either, a review (expenditures less than \$75,000) or audit report (expenditures \$75,000-\$499,999) of our organization's financial statements and a report issued by the CPA. 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 the Nebraska Department of Health and Human Services 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.

Return this completed form to the granting office of DHHS.