

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail		
SECTION I - GENERAL GRANT INFORMATION						
1 Grant #: 03410-1560-16			2 Original <input checked="" type="checkbox"/>		Amendment # <input type="checkbox"/>	
3 Grant Title: To disseminate the Blueprint Sponsored Self-management Programs throughout Vermont						
4 Amount Previously Awarded: \$0.00		5 Amount Awarded This Action: \$192,504.00		6 Total Award Amount: \$192,504.00		
7 Award Start Date: 10/01/2015		8 Award End Date: 09/30/2015		9 Subrecipient Award: YES <input type="checkbox"/> NO <input type="checkbox"/>		
10 Vendor #: 43353		11 Grantee Name: The GREATER BURLINGTON YMCA				
12 Grantee Address: 266 College Street						
13 City: Burlington			14 State: VT		15 Zip Code: 05401	
16 State Granting Agency: Department of Vermont Health Access				17 Business Unit: 03410		
18 Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19 Match/In-Kind: Description:				
20 If this action is an amendment, the following is amended: Amount: <input type="checkbox"/> Funding Allocation: <input type="checkbox"/> Performance Period: <input type="checkbox"/> Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>						
SECTION II - SUBRECIPIENT AWARD INFORMATION						
21 Grantee DUNS #: 060525276			22 Indirect Rate: 10.00 % <small>(Approved rate or de minimis 10%)</small>		23 FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
24 Grantee Fiscal Year End Month (MM format): 12			25 R&D: <input type="checkbox"/>			
26 DUNS Registered Name (if different than VISION Vendor Name in Box 11): Greater Burlington Young Men's Christian Association, Inc.						
SECTION III - FUNDING ALLOCATION						
STATE FUNDS						
Fund Type	27 Awarded Previously	28 Award This Action	29 Cumulative Award	30 Special & Other Fund Descriptions		
General Fund			\$0.00			
Special Fund			\$0.00			
Global Commitment (non-subrecipient funds)		\$192,504.00	\$192,504.00			
Other State Funds			\$0.00			
FEDERAL FUNDS <small>(includes subrecipient Global Commitment funds)</small>					Required Federal Award Information	
31 CFDA#	32 Program Title	33 Awarded Previously	34 Award This Action	35 Cumulative Award	36 FAIN	37 Fed Award Date
				\$0.00		
39 Federal Awarding Agency:		40 Federal Award Project Descr:				
				\$0.00		
Federal Awarding Agency:		Federal Award Project Descr:				
				\$0.00		
Federal Awarding Agency:		Federal Award Project Descr:				
				\$0.00		
Federal Awarding Agency:		Federal Award Project Descr:				
				\$0.00		
Federal Awarding Agency:		Federal Award Project Descr:				
				\$0.00		
Federal Awarding Agency:		Federal Award Project Descr:				
Total Awarded - All Funds		\$0.00	\$192,504.00	\$192,504.00		
SECTION IV - CONTACT INFORMATION						
41 STATE GRANTING AGENCY			42 GRANTEE			
NAME: Jenney Samuelson			NAME: Mary Burns			
TITLE: Blueprint Assistant Director			TITLE: CEO			
PHONE: (802) 654-8929			PHONE: (802) 862-9622			
EMAIL: Jenney.Samuelson@vermont.gov			EMAIL: MBurns@gbymca.org			

Part 2 – Grant Agreement

1. **Parties:** This is a Grant Agreement for services between the State of Vermont, Department of Vermont Health Access (hereafter called “State”), and the Greater Burlington YMCA with a principal place of business at 266 College Street, Burlington Vermont (hereafter called “Contractor”). It is the Contractor’s responsibility to contact the Vermont Department of Taxes to determine if, by law, the Contractor is required to have a Vermont Department of Taxes Business Account Number.
2. **Subject Matter:** The subject matter of this Procurement Grant Agreement is to disseminate the Blueprint Sponsored Self-management Programs throughout Vermont. Detailed services to be provided by the Contractor are described in Attachment A.
3. **Award Details:** Amounts, dates and other award details are as shown in the attached *Grant Agreement Part 1-Grant Award Detail*. A detailed scope of work covered by this award is described in Attachment A.
4. **Maximum Amount:** In consideration of services to be performed by the Contractor, the State agrees to pay the Contractor, per payment provisions specified in Attachment B, a sum not to exceed \$192,504.

For the period of October 1, 2015 through June 30, 2016, the State agrees to pay the Contractor a sum not to exceed **\$144,354**

Work performed between October 1, 2015 (retroactive date) and the signing or execution of this agreement that is in conformity with Attachment A may be billed under this agreement. Contractor agrees that in exchange for the consideration of the option to bill for services performed, all terms and conditions described in this agreement shall apply to any and all services performed for or on behalf of the State. Contractor agrees that by submitting invoices, bills, or otherwise seeking compensation for services performed prior to the finalization of this agreement or signing of this agreement, contractor is agreeing to the application of all terms of this contract to that period and to that work. Contractor further agrees to defend, indemnify, and hold the State harmless for any claim, dispute, non-contractual cost or charge, or any liability whatsoever, whether in law, equity, or otherwise, which arises from or is connected to the work performed prior to the execution of this agreement. Contractor further agrees that these terms apply regardless of whether the work is accepted by the State, and regardless of whether payment is issued by the State to the Contractor for the work in question.

For the period of July 1, 2016 through September 30, 2016, the State agrees to pay the Contractor a sum not to exceed **\$48,150**

5. **Grant Term:** The effective date of this Grant Agreement shall be October 1, 2015 and end on September 30, 2016.
6. **Source of Funds:** State \$ 192,504 Special \$ 0 Other \$ 0
7. **Amendment:** No changes, modifications, or amendments in the terms and conditions of this procurement grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Contractor.
8. **Cancellation:** This procurement grant agreement may be suspended or cancelled by either party by giving the other party written notice at least 30 days in advance. Notwithstanding this provision, if a

governmental agency with due authority determines that a program or facility operated by the Contractor, wherein services authorized under this procurement grant are provided, is not in compliance with State and Federal law, the State may terminate this procurement grant immediately and notify the Contractor accordingly. Also, in the event that federal funds supporting this procurement grant become unavailable or are reduced, the State may cancel this procurement grant with no obligation to pay the Contractor from State revenues.

9. Contact Persons for this Award:

	<u>State Fiscal Manager</u>	<u>State Program Manager</u>	<u>For the Contractor</u>
Name:	Natalie Elvidge	Jenney Samuelson	Ryan Torres
Phone #:	802-879-7956	802-654-8929	802-652-8145
E-mail:	Natalie.Elvidge@vermont.gov	Jenney.Samuelson@vermont.gov	RTorres@gbymca.org

NOTICES TO THE PARTIES UNDER THIS AGREEMENT

To the extent notices are made under this agreement, the parties agree that such notices shall only be effective if sent to the following persons as representative of the parties:

	STATE REPRESENTATIVE	CONTRACTOR/GRANTEE
Name	Office of General Counsel	Mary Burns, CEO
Address	312 Hurricane Lane, Suite 201 Williston, VT 05495	266 College Street Burlington, VT 05401
Email	Howard.Pallotta@vermont.gov	MBurns@gbymca.org

The parties agree that notices may be sent by electronic mail except for the following notices which must be sent by United States Postal Service certified mail: termination of contract, contract actions, damage claims, breach notifications, alteration of this paragraph.

DVHA MONITORING OF CONTRACT

The parties agree that the DVHA official State Program Manager is primarily responsible for the review of invoices presented by the Contractor.

10. Fiscal Year: Contractor’s fiscal year starts on January 1 and ends on December 31.

11. Subcontractor Requirements: Per Attachment C, Section 15, if the Contractor chooses to subcontract work under this agreement, the Contractor must first fill out and submit the Request for Approval to Subcontract Form (Appendix I – Required Forms) in order to seek approval from the State prior to signing an agreement with a third party. Upon receipt of the Request for Approval to Subcontract Form, the State shall review and respond within five (5) business days. Under no circumstance shall the Contractor enter into a sub-agreement without prior authorization from the State. The Contractor shall submit the Request for Approval to Subcontract Form to:

Jenney Samuelson
Jenney.Samuelson@vermont.gov

Natalie Elvidge
Natalie.Elvidge@vermont.gov

Should the status of any third party or Subcontractor change, the Contractor is responsible for updating the State within fourteen (14) days of said change.

12. Attachments: This Grant consists of 35 pages including the following attachments which are incorporated herein:

- Attachment A – Scope of Work to be Performed
- Attachment B – Payment Provisions
- Attachment C – Customary State Contract and Grant Provisions
- Attachment D – Modifications of Insurance
- Attachment E – Business Associate Agreement
- Attachment F – AHS Customary Grant Provisions
- Attachment G – Financial Report & Request for Grant Funds

Order of precedence of these documents shall be as follows:

1. Attachment D – Modifications of Insurance
2. Attachment C – Customary State Contract and Grant Provisions
3. Attachment A – Specifications of Work to be Performed
4. Attachment B – Payment Provisions
5. Attachment E – Business Associate Agreement
6. Attachment F – AHS Customary Grant Provisions
7. Attachment G – Financial Report & Request for Grant Funds
8. Other Grant Attachments (if any)

WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.

BY THE STATE OF VERMONT:

BY THE CONTRACTOR:

STEVEN COSTANTINO, COMMISSIONER DATE
AHS/DVHA
312 Hurricane Lane, Suite 201
Williston, VT 05495-2087
Phone: 802-879-5901
Email: Steven.Costantino@vermont.gov

MARY BURNS, CEO DATE
THE GREATER BURLINGTON YMCA
266 College Street
Burlington, VT 05401
Phone: 802-862-9622
Email: MBurns@gbymca.org

ATTACHMENT A SCOPE OF WORK TO BE PERFORMED

1. Overview of Statewide Self-management Program Support Activities

The Blueprint for Health, through a network of regional coordinators in 14 Health Service Areas (HSAs) around the state, supports the implementation of six (6) group self-management programs, including:

- The Stanford Chronic Disease, Chronic Pain, and Diabetes Self-management Programs
- Copeland Center Wellness Recovery Action Planning
- YMCA Diabetes Prevention Program
- In-person tobacco cessation (in collaboration with the Vermont Department of Health)

These programs are intended to empower participants to take an active role in their own health and wellness. In order to ensure the success of these programs, the Blueprint will work with the Contractor to provide support for the network of regional coordinators with four (4) primary areas of focus:

- Provide support, coaching, and training for regional coordinators
- Support successful marketing
- Provide training for workshop faculty
- Promote data collection and perform program evaluation

2. Target Outcomes

There are 14 HSAs in Vermont, and each has one to two Regional Coordinators who are responsible for implementing six (6) self-management programs. The Contractor shall coach the Regional Coordinators in approaches to maintain or improve performance to achieve the target outcomes (below) and to support collaborative learning between HSAs aimed at furthering understanding and implementation of best practices.

The self-management programs are group interventions designed to foster peer interactions. These interactions are integral to achieving the overall program goals to improve the health of the participants, reduce utilization of unnecessary health services, and improve individuals' overall experience with the healthcare system. The Blueprint has thus established targeted attendance goals, which the Contractor will assist the HSAs in achieving.

- Each HSA hosts ten (10) successful workshops per grant year.
- HLWs, YMCA DPP, WRAP workshops:
 - Start with at least ten (10) registrants
 - Each HSA has an average retention rate of registrants to completers of at least 75%
- Tobacco workshops:
 - All HSAs host at least four (4) tobacco workshops annually
 - All tobacco workshops have at least 5 registrants and 3 completers
 - All HSAs have at least 30 people complete tobacco cessation workshops annually
- Less than one percent (1%) of workshops are cancelled in each HSA

Task 1: Provide Support, Coaching, and Training for Regional Coordinators

a. Regional Coordinator Meetings

The Contractor shall ensure that the Regional Coordinators receive the training and have the materials they need by:

1. Providing the Regional Coordinators with consistent access to a State-level Self-Management Coordinator (1.0 FTE) and Data Quality Coordinator (1.0 FTE)
2. Hosting regular regional coordinator meetings to include:
 - a. Designing and implementing an assessment to determine the training and supports needed by the Regional Coordinators to improve patient outcomes and achieve the target outcomes outlined in Section 2 Target Outcomes
 - b. Quarterly in-person meetings based on a schedule provided to the State in October for the following calendar year and subsequently approved by the State
 - c. Monthly conference calls (in months without in-person meetings)
 - d. Four (4) Webinars throughout the year for skills development
 - e. Develop methods to highlight and share successful implementation strategies

b. Regional Coordinator Coaching

The Contractor shall monitor the progress of individual HSAs toward defined self-management program goals and shall provide individualized coaching for each HSA to include:

1. Assessing training needs of Regional Coordinators and plan next year meeting calendar by October 1 for the subsequent year. This calendar shall be reported and approved by the State, and distributed statewide to the Regional Coordinators.
2. Ongoing monthly phone calls and at least two (2) in-person meetings with each Regional Coordinator throughout the year to review HSA self-management program outcomes and coaching plans
3. Developing an individualized coaching plan, including HSA-specific goals and objectives, that are aimed at achieving the targeted outcomes outlined in Attachment A Section 2 Targeted Outcomes by October 1 for the subsequent year, including:
 - a. Numbers of:
 - i. Workshops
 - ii. Completers
 - iii. Drop outs
 - b. Geographic distribution
 - c. Demographics
 - d. Quality of data entry on participants in the State's self-management program tracking system
 - e. In HSAs that did not achieve minimum expectations in the prior Grant Year (October 1 to September 30) the individual coaching plans shall include identified improvement projects. Improvement projects should occur on an on-going basis and concurrently. Each underperforming HSAs should engage in improvement projects throughout the grant period starting in the first quarter and extending through the end of the year or until performance reaches expected levels of participation as outlined in the goals of their individual coaching plans. It is expected that some improvement projects may not achieve the intended outcome. It is important that, regardless of the outcome, it be documented and, if instructive, shared with the other Regional Coordinators to promote group learning. Possible improvement project examples include:
 - i. Trying a new marketing strategy, like panel management
 - ii. Working with a community partner to host a workshop in a new location, such as a meals site

- iii. Training staff from within hospital departments or community agencies so they may offer culturally competent workshops to their current clients or patients
 - iv. Offering a unique incentive related to the type of workshop, such as a membership to a CHT-hosted walking group.
4. Report on and review of the HSA- and State-level program outcomes with each Regional Coordinator monthly and with the Regional Coordinator group as a whole at quarterly meetings, including, but not limited to: number of workshops; number and percent of completers; demographics of participants, such as gender, age, race and insurance; and reports indicating the quality of the data entered into the self-management program tracking system designated by the State.
 5. Developing an ongoing peer-to-peer coaching network, including assigning peer mentors as necessary

c. Regional Coordinator Support Materials

The Contractor shall ensure that the Regional Coordinators are informed of the self-management program goals and procedures as designated by the State and licensors. The Contractor shall work toward as much consistency as possible across programs. Materials developed shall include directions on implementing best practices, such as methods for marketing and recruitment, timelines of the steps to implement each workshop, and how to use peer ambassadors. To accomplish this goal, the Contractor shall:

1. Review and update support materials for all programs
2. Enhance current materials to create a single Regional Coordinator Manual
3. Annually distribute updates to the State-approved Regional Coordinator Manual in hard copy and electronic formats to all HSAs by November 1

d. Internal Controls

The Contractor will work assess the performance of their staff and will identify the skills and abilities they need to enhance in order to support the Regional Coordinators in the most efficient way. The senior leader assigned to the project will either survey or interview the local teams. Based on the information gathered the Contractor will develop conduct performance improvement goals and projects to enhance outcomes and will build into staff performance appraisals professional development goals.

Task 1 Deliverables:

Due Date	Deliverable
October 1	Regional Coordinator meeting calendar
October to December	In- person one-on-one meetings, one per HSA
October 1, monthly	Coaching plan for each HSA (14 total)
November 1, monthly	Internal control performance improvement data and goals submitted, progress reported monthly
November 1	Regional Coordinator have an updated manual
April to May 2015	In person one-on-one, one per HSA
Monthly	One-on-one coaching calls and check-ins
October, monthly	Documented improvement projects, updates
Monthly when no in-person	Regional Coordinator conference call

meeting	
Quarterly	Regional Coordinator in-person meeting

Task 2: Promote Successful Marketing

In order to achieve enrollment goals, the Regional Coordinators must implement effective marketing and enrollment processes. Registrants should fully understand the intent of the programs and the format of the curriculum. The Contractor shall develop tools and materials that will assist in informing community members about the programs and recruiting them to enroll and participant.

a. Marketing Plan

The Contractor shall work with the HSAs to implement a multi-faceted marketing effort. Steps in developing a statewide marketing plan include:

1. Work with marketing contractor if applicable and the Vermont Department of Health to maintain a marketing plan and submit it quarterly with program outcomes data. Marketing plan shall include tangible strategies to foster local partnerships in each market, distribution of high-quality, consumer-friendly print materials, ongoing low-cost marketing strategies to promote individual HSAs as health resources and to highlight each program area, links to health partners, and distribution of materials/content through partner websites and other communication platforms. Marketing strategies, may include, but are not limited to social media, video, supplied content for columns and blogs, a digital advertising campaign, and other low-cost effective outreach tools like traditional advertising media, publicity, special event suggestions, and website enhancements.
2. Create and distribute marketing support materials to the Regional Coordinators and statewide partners, such as the State Employee Wellness Program, Area Agencies on Aging, Department of Health District Offices, insurers, and employer groups. Materials will be:
 - a. Branded to align with a recognizable statewide look and voice and will include customization options for each HSA
 - b. Supplied to Regional Coordinators in print, digitally, and on a flash drive
3. Define written talking points for self-management programs overall and each individual program for staff of the Contractor and Regional Coordinators
4. Identify ongoing opportunities for local and national speaking engagements, from local rotary clubs to the YMCA National Expo. to the National Council on Aging Annual Conference
5. Include self-management program marketing in Contractor’s existing marketing materials
6. Gather and distribute success stories of participants to be used in marketing materials

b. Website

The Contractor shall maintain a website that shall have a landing page geared towards the consumer with the following information:

1. Program descriptions
2. Program Calendars
3. Online interest form and potentially registration
4. Links to resources and information

c. Increase Program Participation and Form New Partnerships

The Contractor shall work with the Blueprint staff and Regional Coordinators to strategize about increasing participation in programs and attracting and developing new partnerships. The Contractor shall reach out to statewide organizations that administer self-management programs, including the Department of Aging and Independent Living (DAIL), the Vermont Worksite Wellness Coalition, Vermont Department of Health and the State Employees Wellness Program.

The Contractor shall also work to expand relationships outside of existing Blueprint culture with the goal of bringing the program to locations where people are already going. New partners could include businesses, schools, parks and recreation departments, and food shelves. The Contractor shall also evaluate potential partnerships that might add value to the existing work, such as offering program participants access to shares for community supported agriculture programs, developing fruit and vegetable prescriptions, or partnering with organizations to help provide public transportation to the programs.

Task 2 Deliverables:

Due Date	Deliverable
October, January, April, July,	Updated marketing plan with progress report
May 30	New partnerships with four or more organizations
Ongoing	Program Website

Task 3: Provide Training for Workshop Faculty

The Contractor shall ensure that every HSA has self-management program leaders and facilitators to meet the workshop demands, which include monitoring and/or providing training, refreshers, and audits. The Contractor shall:

1. Develop a training calendar for the calendar year
2. Offer one to two (1-2) refreshers and trainings for each program annually
3. Maintain a database in a format designated by the State of leaders/facilitators to monitor training and refresher requirements and audits
4. Provide reports to Regional Coordinators every six (6) months on the status of their leaders' training, refreshers, and audits. The Contractor shall indicate in the report when leaders are due or past due on training, audits, and refreshers, who is current, and who has lost their credential to lead a workshop.
5. Meet with the Blueprint senior leadership staff to understand existing auditing and evaluation protocols for each program to develop strategy/schedule for the year.

Task 3 Deliverables:

Due Date	Deliverable
October 1	Facilitator training and refresher calendar
On-going	Trainings as outlined in approved calendar

March 15 and September 15	Regional Coordinators have a list of leaders due for refreshers and audits
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Task 4: Promote Data Collection and Perform Program Evaluation

On an ongoing basis, the Contractor shall participate with the Blueprint to:

1. Update and refresh data collection methodology and document procedures in the Regional Coordinator Manual
2. Work with the statewide clinical registry vendor and the Blueprint to design meaningful reports from the clinical registry
3. Automate workshop IDs and forms
4. As part of the monthly check-ins with the Regional Coordinators (Task 1), the Contractor shall generate reports to help review data quality issues, provide training on accurate data entry, if needed, and discuss program benchmarks.

Task 4 Deliverables:

Due Date	Deliverable
November 1	Update data collection directions in the regional coordinator manual
Monthly	Monthly report of workshops for each HSA, highlighting data quality issues

Task 5: YMCA Diabetes Prevention Program Content Experts

The YMCA DPP is a year-long, 24 session group self-management program for individuals with pre-diabetes or who are at risk for diabetes with a focus on preventing the on-set of disease.

The YMCA DPP will be disseminated free of charge to participants through the Blueprint Health Service Area (HSA) administrative entities and their self-management infrastructure. The HSA regional coordinators, with the exception of Chittenden County, are responsible for recruiting and enrolling participants, scheduling and employing lifestyle coaches, and coordinating the logistics of the program. The Contractor is responsible for obtaining the license agreement with the YMCA of USA and fidelity monitoring. As described in Tasks 1 to 4, the Contractor is also responsible for arranging training for the lifestyle coach and coordinator, providing technical assistance, and developing marketing materials. In the case of Chittenden County, the Contractor will act as the regional coordinator in collaboration with the University of Vermont Medical Center for the YMCA Diabetes Prevention Program.

Task 5 Deliverables:

Due Date	Deliverable
Ongoing	Maintain licensing with the YMCA of the USA
Ongoing	Work with the YMCA to offer YMCA DPP coach training at least once annually in Vermont
Ongoing	40 people in Chittenden HSA complete the YMCA DPP

**ATTACHMENT B
 PAYMENT PROVISIONS**

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The Contractor will be paid for products or services actually performed as specified in Attachment A up to the maximum allowable amount specified in this agreement. State of Vermont payment terms are Net 30 days from date of receipt of invoice; payments against this grant will comply with the State’s payment terms. The payment schedule for delivered products, rates for services performed, and any additional reimbursements are included in this attachment. The following provisions specifying payments are:

Work performed between October 1, 2015 (retroactive date) and the signing or execution of this agreement that is in conformity with Attachment A may be billed under this agreement.

Program Coordination: The community based self-management budget supports the salaries and benefits of all staff, supplies, and all other expenses necessary to complete the grant deliverables. The Contractor shall invoice the State on or before the 15th of each month for the prior month up to the sum of \$12,458.

Payments will be made when all tasks have been completed and documentation, which is to be submitted with the invoice, has been received for work outlined in attachment A due during that month, including:

Invoice	Document	Task #
Monthly	Updated coaching plan and progress report for each HSA	1
Monthly	For underperforming HSAs PDSA cycle worksheets and progress notes for improvement projects	1
Monthly	Report of workshops for each HSA, highlighting data quality issues	4
Monthly	Dates of one-on-one coaching calls and in-person check-ins	1
Monthly	Dates, agendas, and minutes from Regional Coordinator conference call and in-person meetings	1
Monthly	Internal controls process improvement plan progress report	1
Monthly	Progress report development and maintenance of program website	2
Monthly	Dates and attendance (number of attendees and from which HSA) for trainings held as outlined in approved calendar and notes on issues that occurred	3
Monthly	Progress report on development of new partnerships with four or more organizations	2
October	Regional Coordinator meeting calendar	1
October	Facilitator training and refresher calendar	3
November	Updated Regional Coordinator manual	1
November	Updated data collection directions in the regional coordinator manual	4

January	Updated marketing plan with progress report	2
March	Copy of lists of leaders due for refreshers and audits	3
April	Updated marketing plan with progress report	2
July	Updated marketing plan with progress report	2
September	Copy of lists of leaders due for refreshers and audits	3

Registrant Milestones: The annual enrollment minimum for the self-management programs is 1,200 people. The Contractor may invoice the State for milestone payments of \$3,250 when they reach: 300 participants; 600 participants; 900 participants; and more than 1,200 participants for a total not to exceed \$13,000 over the grant year. A participant is an individual who expresses intent to participate in and enrolls in a workshop and attends at least 1 session. Reports on the number of participants will be generated from the registry and reported to the State in order for payment to be made.

Milestone payments will be withheld until attendance data from the registry is submitted to the State.

Completer Milestone: For any YMCA DPP hosted directly by the Contractor, they shall be paid \$200 per participant who completes 9 or more sessions. Each YMCA DPP shall enroll at least 10 registrants to be eligible for payment. Completer payments for the YMCA DPP will only be issued after all required data and paperwork for a workshop is received by the State after the 16th session of a workshop.

Data Collection: The Contractor shall invoice the State \$48 for each YMCA Diabetes Prevention Program registrant who is both entered into the Mynetico data collection system and for whom the State has received registration information in the format designated by the State.

Travel, Training and Staff Development: The Contractor shall invoice the State monthly for actual expenses not to exceed:

- \$11,250 for the period of October 1, 2015 through June 30, 2016
- \$3,750 for the period of July 1, 2016 through September 30, 2016

- a) In-state travel required to complete the Scope of Work in Attachment A
- b) Travel and training expenses pre-approved by the State for the professional development of staff assigned to project
- c) Meeting and trainer expenses incurred to host Regional Coordinator meetings and facilitator trainings and refreshers as outlined in the meeting and training schedule approved by the State.

Communication and Marketing: The Contractor shall invoice the State monthly for actual expenses incurred for communication and marketing strategies as outlined in the marketing plan approved by the State.

Invoicing Requirements:

Invoicing and Financial Reports: The Contractor will invoice the State using an approved invoice form monthly, on or before the 15th, for expenses incurred during the prior month. All documentation/reporting for activities completed during the month for which an invoice is presented are due with or prior to the invoice. A final financial report will be due no later than 30 days after the end date of the grant. The final financial report will report actual approved expenditures against payments received.

Limitation on Travel Expenses: All travel claims will be reimbursed at the State required per diems and limits as outlined in Bulletin 3.4 (http://aoa.vermont.gov/sites/aoa/files/pdf/AOA-Bulletin_3_4.pdf). Please refer to the Expense Reimbursement Rates page located at: http://humanresources.vermont.gov/benefits/compensation/expense_reimbursement_rates

Line Item Maximum: The Contractor will be paid up to the maximum amount allocated for each budget line item contained in the included budget. If both parties agree, up to 10% of the monies for any given line item can be moved via Administrative Letter to another line item to adjust for underspend and overspend situations.

Unless otherwise specified, each line item of this budget covers all expenses needed to meet the deliverables as outlined in the grant agreement, including: personnel salaries and benefits; supplies; equipment; overhead; marketing; travel; and community self-management program leader training, auditing, and stipends,.

Invoices: All reports and documentation related to this grant should be submitted in electronic format. Each invoice must include a unique invoice number, grant number, dates of service, and subdivided invoicing based on budget line:

Natalie Elvidge
Natalie.Elvidge@vermont.gov

Jenney Samuelson
Jenney.Samuelson@vermont.gov

An electronic copy of all reports should be sent to:

Jenney Samuelson
Jenney.Samuelson@vermont.gov

The State reserves the right to withhold part or all of the grant funds if the State does not receive timely documentation of the successful completion of grant deliverables.

Budget

In consideration of services to be performed by the Contractor, the State agrees to pay the Contractor, per payment provisions specified in Attachment B, a sum not to exceed **\$192,504**

For the period of October 1, 2015 through June 30, 2016, the State agrees to pay the Contractor a sum not to exceed **\$144,354.00**.

For the period of July 1, 2016 through September 30, 2016, the State agrees to pay the Contractor a sum not to exceed **\$48,150.00**

Budget Total

Program Management	\$149,496.00
Registrant Milestone Payment	\$13,000.00
YMCA DPP Completers Milestone Payment	\$8,000.00
Travel and Staff Development	\$15,000.00
Mynetico	\$7,008.00
Total	\$192,504.00

Authorized Spending October 1, 2015- June 30, 2016:

Program Management	\$112,122.00
Registrant Milestone Payment	\$9,750.00
YMCA DPP Completers Milestone Payment	\$6,000.00
Travel and Staff Development	\$11,250.00
Mynetico	\$5,232.00
Total	\$144,354

Authorized Spending July 1, 2016-September 30, 2016:

Program Management	\$37,374.00
Registrant Milestone Payment	\$3,250.00
YMCA DPP Completers Milestone Payment	\$2,000.00
Travel and Staff Development	\$3,750.00
Mynetico	\$1,776.00
Total	\$48,150

**ATTACHMENT C: STANDARD STATE PROVISIONS
FOR CONTRACTS AND GRANTS**

1. **Entire Agreement:** This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
2. **Applicable Law:** This Agreement will be governed by the laws of the State of Vermont.
3. **Definitions:** For purposes of this Attachment, "Party" shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement.
4. **Appropriations:** If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, and in the event federal funds become unavailable or reduced, the State may suspend or cancel this Grant immediately, and the State shall have no obligation to pay Subrecipient from State revenues.
5. **No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the state withhold any state or federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
6. **Independence, Liability:** The Party will act in an independent capacity and not as officers or employees of the State.

The Party shall defend the State and its officers and employees against all claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit.

After a final judgment or settlement the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party.

The Party shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party.

7. **Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the state through the term of the Agreement. No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests

of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the contract, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations
Products and Completed Operations
Personal Injury Liability
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence
\$1,000,000 General Aggregate
\$1,000,000 Products/Completed Operations Aggregate
\$ 50,000 Fire/ Legal/Liability

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Professional Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of \$1,000,000 per occurrence, and \$1,000,000 aggregate.

8. **Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.
9. **Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, the Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in federal assistance during its fiscal year and must be

conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

- 10. Records Available for Audit:** The Party shall maintain all records pertaining to performance under this agreement. "Records" means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a machine readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the Agreement and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.
- 11. Fair Employment Practices and Americans with Disabilities Act:** Party agrees to comply with the requirement of Title 21V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement. Party further agrees to include this provision in all subcontracts.
- 12. Set Off:** The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.
- 13. Taxes Due to the State:**
- a. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
 - b. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
 - c. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.
 - d. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.
- 14. Child Support:** (Applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:
- a. is not under any obligation to pay child support; or
 - b. is under such an obligation and is in good standing with respect to that obligation; or
 - c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In

addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

- 15. Sub-Agreements:** Party shall not assign, subcontract or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also agrees to include in all subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.
- 16. No Gifts or Gratuities:** Party shall not give title or possession of any thing of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.
- 17. Copies:** All written reports prepared under this Agreement will be printed using both sides of the paper.
- 18. Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.
- Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at:
<http://bgs.vermont.gov/purchasing/debarment>
- 19. Certification Regarding Use of State Funds:** In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.
- 20. Internal Controls:** In the case that this Agreement is an award that is funded in whole or in part by Federal funds, in accordance with 2 CFR Part II, §200.303, the Party must establish and maintain effective internal control over the Federal award to provide reasonable assurance that the Party is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States and the "Internal Control Integrated Framework", issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).
- 21. Mandatory Disclosures:** In the case that this Agreement is an award funded in whole or in part by Federal funds, in accordance with 2CFR Part II, §200.113, Party must disclose, in a timely manner, in writing to the State, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures may result in the imposition of sanctions which may include disallowance of costs incurred, withholding of payments, termination of the Agreement, suspension/debarment, etc.
- 22. Conflict of Interest:** Party must disclose in writing any potential conflict of interest in accordance with Uniform Guidance §200.112, Bulletin 5 Section IX and Bulletin 3.5 Section IV.B.

(End of Standard Provisions)

ATTACHMENT E
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“Agreement”) is entered into by and between the State of Vermont Agency of Human Services, operating by and through its **Department of Vermont Health Access** (“Covered Entity”) and **the Greater Burlington YMCA** (“Business Associate”) as of **October 1, 2015** (“Effective Date”). This Agreement supplements and is made a part of the contract/grant to which it is attached.

Covered Entity and Business Associate enter into this Agreement to comply with standards promulgated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the Standards for the Privacy of Individually Identifiable Health Information, at 45 CFR Parts 160 and 164 (“Privacy Rule”), and the Security Standards, at 45 CFR Parts 160 and 164 (“Security Rule”), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), and any associated federal rules and regulations.

The parties agree as follows:

1. Definitions. All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations.

“Agent” means those person(s) who are agents(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).

“Breach” means the acquisition, access, use or disclosure of protected health information (PHI) which compromises the security or privacy of the PHI, except as excluded in the definition of Breach in 45 CFR § 164.402.

“Business Associate shall have the meaning given in 45 CFR § 160.103.

“Individual” includes a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

“Protected Health Information” or PHI shall have the meaning given in 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Agency.

“Security Incident” means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.

“Services” includes all work performed by the Business Associate for or on behalf of Covered Entity that requires the use and/or disclosure of protected health information to perform a business associate function described in 45 CFR § 160.103 under the definition of Business Associate.

“Subcontractor” means a person or organization to whom a Business Associate delegates a function, activity or service, other than in the capacity of a member of the workforce of the Business Associate. For purposes of this Agreement, the term Subcontractor includes Subgrantees.

2. **Identification and Disclosure of Privacy and Security Offices.** Business Associate and Subcontractors shall provide, within ten (10) days of the execution of this agreement, written notice to the Covered Entity's contract/grant manager the names and contact information of both the HIPAA Privacy Officer and HIPAA Security Officer. This information must be updated any time either of these contacts changes.

3. **Permitted and Required Uses/Disclosures of PHI.**

3.1 Except as limited in this Agreement, Business Associate may use or disclose PHI to perform Services, as specified in the underlying grant or contract with Covered Entity. The uses and disclosures of Business Associate are limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the underlying agreement. Business Associate shall not use or disclose PHI in any manner that would constitute a violation of the Privacy Rule if used or disclosed by Covered Entity in that manner. Business Associate may not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law.

3.2 Business Associate may make PHI available to its employees who need access to perform Services provided that Business Associate makes such employees aware of the use and disclosure restrictions in this Agreement and binds them to comply with such restrictions. Business Associate may only disclose PHI for the purposes authorized by this Agreement: (a) to its agents and Subcontractors in accordance with Sections 9 and 17 or, (b) as otherwise permitted by Section 3.

3.3 Business Associate shall be directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Covered Entity, and for impermissible uses and disclosures, by Business Associate's Subcontractor(s), of the PHI that Business Associate handles on behalf of Covered Entity and that it passes on to Subcontractors.

4. **Business Activities.** Business Associate may use PHI received in its capacity as a Business Associate to Covered Entity if necessary for Business Associate's proper management and administration or to carry out its legal responsibilities. Business Associate may disclose PHI received in its capacity as Business Associate to Covered Entity for Business Associate's proper management and administration or to carry out its legal responsibilities if a disclosure is Required by Law or if Business Associate obtains reasonable written assurances via a written agreement from the person to whom the information is to be disclosed that the PHI shall remain confidential and be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the Agreement requires the person or entity to notify Business Associate, within two (2) business days (who in turn will notify Covered Entity within two (2) business days after receiving notice of a Breach as specified in Section 6.1), in writing of any Breach of Unsecured PHI of which it is aware. Uses and disclosures of PHI for the purposes identified in Section 3 must be of the minimum amount of PHI necessary to accomplish such purposes.

5. **Safeguards.** Business Associate, its Agent(s) and Subcontractor(s) shall implement and use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by this Agreement. With respect to any PHI that is maintained in or transmitted by electronic media, Business Associate or its Subcontractor(s) shall comply with 45 CFR sections 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards) and 164.316 (policies and procedures and documentation

requirements). Business Associate or its Agent(s) and Subcontractor(s) shall identify in writing upon request from Covered Entity all of the safeguards that it uses to prevent impermissible uses or disclosures of PHI.

6. Documenting and Reporting Breaches.

6.1 Business Associate shall report to Covered Entity any Breach of Unsecured PHI, including Breaches reported to it by a Subcontractor, as soon as it (or any of its employees or agents) becomes aware of any such Breach, and in no case later than two (2) business days after it (or any of its employees or agents) becomes aware of the Breach, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security.

6.2 Business Associate shall provide Covered Entity with the names of the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of the Breach and any other available information that is required to be given to the affected individuals, as set forth in 45 CFR § 164.404(c), and, if requested by Covered Entity, information necessary for Covered Entity to investigate the impermissible use or disclosure. Business Associate shall continue to provide to Covered Entity information concerning the Breach as it becomes available to it. Business Associate shall require its Subcontractor(s) to agree to these same terms and conditions.

6.3 When Business Associate determines that an impermissible acquisition, use or disclosure of PHI by a member of its workforce is not a Breach, as that term is defined in 45 CFR § 164.402, and therefore does not necessitate notice to the impacted individual(s), it shall document its assessment of risk, conducted as set forth in 45 CFR § 402(2). When requested by Covered Entity, Business Associate shall make its risk assessments available to Covered Entity. It shall also provide Covered Entity with 1) the name of the person(s) making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low probability that the PHI had been compromised. When a breach is the responsibility of a member of its Subcontractor's workforce, Business Associate shall either 1) conduct its own risk assessment and draft a summary of the event and assessment or 2) require its Subcontractor to conduct the assessment and draft a summary of the event. In either case, Business Associate shall make these assessments and reports available to Covered Entity.

6.4 Business Associate shall require, by contract, a Subcontractor to report to Business Associate and Covered Entity any Breach of which the Subcontractor becomes aware, no later than two (2) business days after becomes aware of the Breach.

7. Mitigation and Corrective Action. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible use or disclosure of PHI, even if the impermissible use or disclosure does not constitute a Breach. Business Associate shall draft and carry out a plan of corrective action to address any incident of impermissible use or disclosure of PHI. If requested by Covered Entity, Business Associate shall make its mitigation and corrective action plans available to Covered Entity. Business Associate shall require a Subcontractor to agree to these same terms and conditions.

8. Providing Notice of Breaches.

8.1 If Covered Entity determines that an impermissible acquisition, access, use or disclosure of PHI for which one of Business Associate's employees or agents was responsible constitutes a Breach as

defined in 45 CFR § 164.402, and if requested by Covered Entity, Business Associate shall provide notice to the individual(s) whose PHI has been the subject of the Breach. When requested to provide notice, Business Associate shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity's approval concerning these elements. The cost of notice and related remedies shall be borne by Business Associate.

8.2 If Covered Entity or Business Associate determines that an impermissible acquisition, access, use or disclosure of PHI by a Subcontractor of Business Associate constitutes a Breach as defined in 45 CFR § 164.402, and if requested by Covered Entity or Business Associate, Subcontractor shall provide notice to the individual(s) whose PHI has been the subject of the Breach. When Covered Entity requests that Business Associate or its Subcontractor provide notice, Business Associate shall either 1) consult with Covered Entity about the specifics of the notice as set forth in section 8.1, above, or 2) require, by contract, its Subcontractor to consult with Covered Entity about the specifics of the notice as set forth in section 8.1

8.3 The notice to affected individuals shall be provided as soon as reasonably possible and in no case later than 60 calendar days after Business Associate reported the Breach to Covered Entity.

8.4 The notice to affected individuals shall be written in plain language and shall include, to the extent possible, 1) a brief description of what happened, 2) a description of the types of Unsecured PHI that were involved in the Breach, 3) any steps individuals can take to protect themselves from potential harm resulting from the Breach, 4) a brief description of what the Business Associate is doing to investigate the Breach, to mitigate harm to individuals and to protect against further Breaches, and 5) contact procedures for individuals to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

8.5 Business Associate shall notify individuals of Breaches as specified in 45 CFR § 164.404(d) (methods of individual notice). In addition, when a Breach involves more than 500 residents of Vermont, Business Associate shall, if requested by Covered Entity, notify prominent media outlets serving Vermont, following the requirements set forth in 45 CFR § 164.406.

9. Agreements with Subcontractors. Business Associate shall enter into a Business Associate Agreement with any Subcontractor to whom it provides PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity in which the Subcontractor agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such PHI. Business Associate must enter into this Business Associate Agreement before any use by or disclosure of PHI to such agent. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of PHI. Business Associate shall provide a copy of the Business Associate Agreement it enters into with a subcontractor to Covered Entity upon request. Business associate may not make any disclosure of PHI to any Subcontractor without prior written consent of Covered Entity.

10. Access to PHI. Business Associate shall provide access to PHI in a Designated Record Set to Covered Entity or as directed by Covered Entity to an Individual to meet the requirements under 45 CFR § 164.524. Business Associate shall provide such access in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for access to PHI that Business Associate directly receives from an Individual.

11. Amendment of PHI. Business Associate shall make any amendments to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526, whether at the request of Covered Entity or an Individual. Business Associate shall make such amendments in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for amendment to PHI that Business Associate directly receives from an Individual.

12. Accounting of Disclosures. Business Associate shall document disclosures of PHI and all information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. Business Associate shall provide such information to Covered Entity or as directed by Covered Entity to an Individual, to permit Covered Entity to respond to an accounting request. Business Associate shall provide such information in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any accounting request that Business Associate directly receives from an Individual.

13. Books and Records. Subject to the attorney-client and other applicable legal privileges, Business Associate shall make its internal practices, books, and records (including policies and procedures and PHI) relating to the use and disclosure of PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity available to the Secretary in the time and manner designated by the Secretary. Business Associate shall make the same information available to Covered Entity, upon Covered Entity's request, in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether Business Associate is in compliance with this Agreement.

14. Termination.

14.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity is destroyed or returned to Covered Entity subject to Section 18.8.

14.2 If Business Associate breaches any material term of this Agreement, Covered Entity may either: (a) provide an opportunity for Business Associate to cure the breach and Covered Entity may terminate the contract or grant without liability or penalty if Business Associate does not cure the breach within the time specified by Covered Entity; or (b) immediately terminate the contract or grant without liability or penalty if Covered Entity believes that cure is not reasonably possible; or (c) if neither termination nor cure are feasible, Covered Entity shall report the breach to the Secretary. Covered Entity has the right to seek to cure any breach by Business Associate and this right, regardless of whether Covered Entity cures such breach, does not lessen any right or remedy available to Covered Entity at law, in equity, or under the contract or grant, nor does it lessen Business Associate's responsibility for such breach or its duty to cure such breach.

15. Return/Destruction of PHI.

15.1 Business Associate in connection with the expiration or termination of the contract or grant shall return or destroy, at the discretion of the Covered Entity, all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity pursuant to this contract or grant that Business Associate still maintains in any form or medium (including electronic) within

thirty (30) days after such expiration or termination. Business Associate shall not retain any copies of the PHI. Business Associate shall certify in writing for Covered Entity (1) when all PHI has been returned or destroyed and (2) that Business Associate does not continue to maintain any PHI. Business Associate is to provide this certification during this thirty (30) day period.

15.2 Business Associate shall provide to Covered Entity notification of any conditions that Business Associate believes make the return or destruction of PHI infeasible. If Covered Entity agrees that return or destruction is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for so long as Business Associate maintains such PHI. This shall also apply to all Agents and Subcontractors of Business Associate.

16. Penalties and Training. Business Associate understands that: (a) there may be civil or criminal penalties for misuse or misappropriation of PHI and (b) violations of this Agreement may result in notification by Covered Entity to law enforcement officials and regulatory, accreditation, and licensure organizations. If requested by Covered Entity, Business Associate shall participate in training regarding the use, confidentiality, and security of PHI.

17. Security Rule Obligations. The following provisions of this section apply to the extent that Business Associate creates, receives, maintains or transmits Electronic PHI on behalf of Covered Entity.

17.1 Business Associate shall implement and use administrative, physical, and technical safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312 with respect to the Electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity. Business Associate shall identify in writing upon request from Covered Entity all of the safeguards that it uses to protect such Electronic PHI.

17.2 Business Associate shall ensure that any Agent and Subcontractor to whom it provides Electronic PHI agrees in a written agreement to implement and use administrative, physical, and technical safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of the Electronic PHI. Business Associate must enter into this written agreement before any use or disclosure of Electronic PHI by such Agent or Subcontractor. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of Electronic PHI. Business Associate shall provide a copy of the written agreement to Covered Entity upon request. Business Associate may not make any disclosure of Electronic PHI to any Agent or Subcontractor without the prior written consent of Covered Entity.

17.3 Business Associate shall report in writing to Covered Entity any Security Incident pertaining to such Electronic PHI (whether involving Business Associate or an Agent or Subcontractor). Business Associate shall provide this written report as soon as it becomes aware of any such Security Incident, and in no case later than two (2) business days after it becomes aware of the incident. Business Associate shall provide Covered Entity with the information necessary for Covered Entity to investigate any such Security Incident.

17.4 Business Associate shall comply with any reasonable policies and procedures Covered Entity implements to obtain compliance under the Security Rule.

18. Miscellaneous.

18.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the contract/grant, the terms of this Agreement shall govern with respect to its subject matter. Otherwise, the terms of the contract/grant continue in effect.

18.2 Business Associate shall cooperate with Covered Entity to amend this Agreement from time to time as is necessary for Covered Entity to comply with the Privacy Rule, the Security Rule, or any other standards promulgated under HIPAA.

18.3 Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule, Security Rule, or any other standards promulgated under HIPAA.

18.4 In addition to applicable Vermont law, the parties shall rely on applicable federal law (e.g., HIPAA, the Privacy Rule and Security Rule, and the HIPAA omnibus final rule) in construing the meaning and effect of this Agreement.

18.5 As between Business Associate and Covered Entity, Covered Entity owns all PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

18.6 Business Associate shall abide by the terms and conditions of this Agreement with respect to all PHI it receives from Covered Entity or creates or receives on behalf of Covered Entity even if some of that information relates to specific services for which Business Associate may not be a "Business Associate" of Covered Entity under the Privacy Rule.

18.7 Business Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI. Business Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.

18.8 The provisions of this Agreement that by their terms encompass continuing rights or responsibilities shall survive the expiration or termination of this Agreement. For example: (a) the provisions of this Agreement shall continue to apply if Covered Entity determines that it would be infeasible for Business Associate to return or destroy PHI as provided in Section 14.2 and (b) the obligation of Business Associate to provide an accounting of disclosures as set forth in Section 11 survives the expiration or termination of this Agreement with respect to accounting requests, if any, made after such expiration or termination.

(Rev: 5/5/15)

ATTACHMENT F
AGENCY OF HUMAN SERVICES' CUSTOMARY GRANT PROVISIONS

1. **Agency of Human Services – Field Services Directors** will share oversight with the department (or field office) that is a party to the grant for provider performance using outcomes, processes, terms and conditions agreed to under this grant.
2. **2-1-1 Data Base:** The Grantee providing a health or human services within Vermont, or near the border that is readily accessible to residents of Vermont, will provide relevant descriptive information regarding its agency, programs and/or contact and will adhere to the "Inclusion/Exclusion" policy of Vermont's United Way/Vermont 211. If included, the Grantee will provide accurate and up to date information to their data base as needed. The "Inclusion/Exclusion" policy can be found at www.vermont211.org
3. **Medicaid Program Grantees:**

Inspection of Records: Any grants accessing payments for services through the Global Commitment to Health Waiver and Vermont Medicaid program must fulfill state and federal legal requirements to enable the Agency of Human Services (AHS), the United States Department of Health and Human Services (DHHS) and the Government Accounting Office (GAO) to:

Evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed; and

Inspect and audit any financial records of such Grantee or subgrantee.

Subcontracting for Medicaid Services: Having a subcontract does not terminate the Grantee, receiving funds under Vermont's Medicaid program, from its responsibility to ensure that all activities under this agreement are carried out. Subcontracts must specify the activities and reporting responsibilities of the Grantee or subgrantee and provide for revoking delegation or imposing other sanctions if the Grantee or subgrantee's performance is inadequate. The Grantee agrees to make available upon request to the Agency of Human Services; the Department of Vermont Health Access; the Department of Disabilities, Aging and Independent Living; and the Center for Medicare and Medicaid Services (CMS) all grants and subgrants between the Grantee and service providers.

Medicaid Notification of Termination Requirements: Any Grantee accessing payments for services under the Global Commitment to Health Waiver and Medicaid programs who terminates their practice will follow the Department of Vermont Health Access, Managed Care Organization enrollee notification requirements.

Encounter Data: Any Grantee accessing payments for services through the Global Commitment to Health Waiver and Vermont Medicaid programs must provide encounter data to the Agency of Human Services and/or its departments and ensure that it can be linked to enrollee eligibility files maintained by the State.

Federal Medicaid System Security Requirements Compliance: All Grantees and subcontractors must provide a security plan, risk assessment, and security controls review document within three months of the start date of this agreement (and update it annually thereafter) to support audit compliance with 45CFR95.621 subpart F, *ADP (Automated Data Processing) System Security Requirements and Review Process*.

4. **Non-discrimination Based on National Origin as evidenced by Limited English Proficiency.** The Grantee agrees to comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, et seq., and with the federal guidelines promulgated pursuant to Executive Order 13166 of 2000, which require that Grantees and subgrantees receiving federal funds must assure

that persons with limited English proficiency can meaningfully access services. To the extent the Grantee provides assistance to individuals with limited English proficiency through the use of oral or written translation or interpretive services in compliance with this requirement, such individuals cannot be required to pay for such services.

5. **Voter Registration.** When designated by the Secretary of State, the Grantee agrees to become a voter registration agency as defined by 17 V.S.A. §2103 (41), and to comply with the requirements of state and federal law pertaining to such agencies.
6. **Drug Free Workplace Act.** The Grantee will assure a drug-free workplace in accordance with 45 CFR Part 76.
7. **Privacy and Security Standards.**

Protected Health Information: The Grantee shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this grant. The Grantee shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

Substance Abuse Treatment Information: The confidentiality of any alcohol and drug abuse treatment information acquired by or provided to the Grantee or subgrantee shall be maintained in compliance with any applicable state or federal laws or regulations and specifically set out in 42 CFR Part 2.

Other Confidential Consumer Information: The Grantee agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to information. The Grantee agrees to comply with any applicable Vermont State Statute, including but not limited to 12 VSA §1612 and any applicable Board of Health confidentiality regulations. The Grantee shall ensure that all of its employees and subgrantees performing services under this agreement understand the sensitive nature of the information that they may have access to and sign an affirmation of understanding regarding the information's confidential and non-public nature.

Social Security numbers: The Grantee agrees to comply with all applicable Vermont State Statutes to assure protection and security of personal information, including protection from identity theft as outlined in Title 9, Vermont Statutes Annotated, Ch. 62.

8. **Abuse Registry.** The Grantee agrees not to employ any individual, use any volunteer, or otherwise provide reimbursement to any individual in the performance of services connected with this agreement, who provides care, custody, treatment, transportation, or supervision to children or vulnerable adults if there is a substantiation of abuse or neglect or exploitation against that individual. The Grantee will check the Adult Abuse Registry in the Department of Disabilities, Aging and Independent Living. Unless the Grantee holds a valid child care license or registration from the Division of Child Development, Department for Children and Families, the Grantee shall also check the central Child Protection Registry. (See 33 V.S.A. §4919(a)(3) & 33 V.S.A. §6911(c)(3)).
9. **Reporting of Abuse, Neglect, or Exploitation.** Consistent with provisions of 33 V.S.A. §4913(a) and §6903, any agent or employee of a Grantee who, in the performance of services connected with this agreement, has contact with clients or is a caregiver and who has reasonable cause to believe that a child or vulnerable adult has been abused or neglected as defined in Chapter 49 or abused, neglected, or exploited as defined in Chapter 69 of Title 33 V.S.A. shall make a report involving children to the Commissioner of the Department for Children and Families within 24 hours or a report involving vulnerable adults to the Division of Licensing and Protection at the Department of Disabilities, Aging, and Independent Living within 48 hours. This requirement applies except in those instances where

particular roles and functions are exempt from reporting under state and federal law. Reports involving children shall contain the information required by 33 V.S.A. §4914. Reports involving vulnerable adults shall contain the information required by 33 V.S.A. §6904. The Grantee will ensure that its agents or employees receive training on the reporting of abuse or neglect to children and abuse, neglect or exploitation of vulnerable adults.

10. **Intellectual Property/Work Product Ownership.** All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the performance of this agreement - including, but not limited to all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and printouts, notes and memoranda, written procedures and documents, which are prepared for or obtained specifically for this agreement - or are a result of the services required under this grant - shall be considered "work for hire" and remain the property of the State of Vermont, regardless of the state of completion - unless otherwise specified in this agreement. Such items shall be delivered to the State of Vermont upon 30 days notice by the State. With respect to software computer programs and / or source codes first developed for the State, all the work shall be considered "work for hire," i.e., the State, not the Grantee or subgrantee, shall have full and complete ownership of all software computer programs, documentation and/or source codes developed.

The Grantee shall not sell or copyright a work product or item produced under this agreement without explicit permission from the State.

If the Grantee is operating a system or application on behalf of the State of Vermont, then the Grantee shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Grantee's materials.

11. **Security and Data Transfers.** The State shall work with the Grantee to ensure compliance with all applicable State and Agency of Human Services' policies and standards, especially those related to privacy and security. The State will advise the Grantee of any new policies, procedures, or protocols developed during the term of this agreement as they are issued and will work with the Grantee to implement any required.

The Grantee will ensure the physical and data security associated with computer equipment - including desktops, notebooks, and other portable devices - used in connection with this agreement. The Grantee will also assure that any media or mechanism used to store or transfer data to or from the State includes industry standard security mechanisms such as continually up-to-date malware protection and encryption. The Grantee will make every reasonable effort to ensure media or data files transferred to the State are virus and spyware free. At the conclusion of this agreement and after successful delivery of the data to the State, the Grantee shall securely delete data (including archival backups) from the Grantee's equipment that contains individually identifiable records, in accordance with standards adopted by the Agency of Human Services.

12. **Computing and Communication:** The Grantee shall select, in consultation with the Agency of Human Services' Information Technology unit, one of the approved methods for secure access to the State's systems and data, if required. Approved methods are based on the type of work performed by the Grantee as part of this agreement. Options include, but are not limited to:

1. Grantee's provision of certified computing equipment, peripherals and mobile devices, on a separate Grantee's network with separate internet access. The Agency of Human Services' accounts may or may not be provided.
2. State supplied and managed equipment and accounts to access state applications and data, including

State issued active directory accounts and application specific accounts, which follow the National Institutes of Standards and Technology (NIST) security and the Health Insurance Portability & Accountability Act (HIPAA) standards.

The State will not supply e-mail accounts to the Grantee.

13. **Lobbying.** No federal funds under this agreement may be used to influence or attempt 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 the awarding of any federal contract, continuation, renewal, amendments other than federal appropriated funds.
14. **Non-discrimination.** The Grantee will prohibit discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant) or on the grounds of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by state and/or federal funds.

The grantee will also not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity under Title 9 V.S.A. Chapter 139.

15. **Environmental Tobacco Smoke.** 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, child 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 is Medicare or Medicaid; or facilities where Women, Infants, & Children (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 \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

Grantees are prohibited from promoting the use of tobacco products for all clients. Facilities supported by state and federal funds are prohibited from making tobacco products available to minors.

**Department of Vermont Health Access
Request for Approval to Subcontract**

Date of Request: _____

Original Contractor/Grantee Name:	_____	Contract/Grant #:	_____
Address:	_____		
Phone Number:	_____		
Contact Person:	_____		
Agreement #:	_____	Signature:	_____

Subcontractor Name: _____
Address: _____
Phone Number: _____
Contact Person: _____
Scope of Subcontracted Services: _____

Is any portion of the work being outsourced outside of the United States? YES NO
(Note to Business Office: If Yes, do not proceed further with approval until reviewed with Finance & Mgmt)

Dollar Amount of Subcontracted Services: \$ _____
Date Range for Subcontracted Services: Start: _____ End: _____

DVHA Contact Person:	_____	Signature:	_____
Phone Number:	_____		

Business Office Review

Comments: _____

Approval: _____ Title: _____ Date: _____

Required: Contractor cannot subcontract until they receive this signed approval from the State of

Vermont.

Language to be included from State of Vermont Bulletin 3.5 in all subcontracting agreements:

Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of Title 21V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement. Party further agrees to include this provision in all subcontracts.

Set Off: The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

Taxes Due to the State:

- a. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
- b. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
- c. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.

Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

Child Support: (Applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:

- a. is not under any obligation to pay child support; or
- b. is under such an obligation and is in good standing with respect to that obligation; or
- c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

Sub-Agreements: Party shall not assign, subcontract or subgrant the performance of his Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also agrees to include

in subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.

Notwithstanding the foregoing, the State agrees that the Party may assign this agreement, including all of the Party's rights and obligations hereunder, to any successor in interest to the Party arising out of the sale of or reorganization of the Party.

Appendix I: Required Forms

INVOICE

Contractor:	
Grant #:	
Address:	
Invoice #:	
Date of invoice:	

Contractor Billing Contact: _____ Phone #: _____

Dates of Service	Description of Deliverables/Work Performed (please include/list a narrative of activities)	Amount
TOTAL:		

Remittance Address:

Bill to Address:

Natalie Elvidge
 Department of Vermont Health Access
 312 Hurricane Lane, Suite 201
 Williston, Vermont 05495-2806
Natalie.Elvidge@state.vt.us

DVHA BO USE: *INVOICE PAYMENTS ARE NET00 TERMS, UNLESS STATED OTHERWISE*

Signature: _____

Travel and Expense Form

Grantee/ Contractor Name: _____ Invoice #: _____

Starting Location Address: _____ Invoice Date: _____

Grant/Contract Number: _____

			Travel					Meal Expenses			Other Expenses (Receipts Required)					
Travel Start Date	Travel End Date	Description (name of meeting, reason for travel, etc.)	State rate effective: 1/1/14- 12/31/14: .565/mile State rate effective beginning 1/1/15: .575/mile					Per Diem In-State Rates (Vermont)	Per Diem Out-of-State		Receipts Required for Expenses in Categories Listed Below					Total
			Starting Location	Destination	End Location	Miles	Amount	B: \$5.00 L: \$6.00 D: \$12.85	B: \$6.25 L: \$7.25 D: \$18.50	Breakfast	Lunch	Dinner	Lodging	Airfare	Training/Registration	
							\$ -									\$ -
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TOTALS							0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

We the undersigned do hereby certify under that the reported information is accurate to the best of our knowledge and that all requests for services and expenses were incurred while performing work for the State of Vermont. The expenses I am requesting reimbursement for are in compliance with the State of Vermont Allowable Rates and Per Diems. **The State reserves the right to withhold payment if the State does not receive required documentation and receipts.**

Claimant's Signature _____ Date _____

Current State Reimbursement Rates: http://humanresources.vermont.gov/salary/compensation/expense_reimbursement
 Bulletin 3.4: http://aoa.vermont.gov/sites/aoa/files/pdf/AOA-Bulletin_3_4.pdf

STATE OF VERMONT
 PROCUREMENT GRANT AGREEMENT
 GREATER BURLINGTON YMCA

GRANT #: 03410-1558-16

Department of Vermont Health Access Financial Report Form

Department of Vermont Health Access Financial Report Form											Grant/Contract Number: 03410-1560-16	
Subrecipient Name:	The Greater Burlington YMCA										Reporting Period: October 1, 2015- September 30, 2016	
Grantee's/Contractor's Contact Person:	Matt Baccary											
Grantee's/Contractor's Email Address:	mbaccary@gbymca.org											
	TOTAL GRANT BUDGET	Oct 15	Nov 15	Dec 15	Jan 15	Feb 15	Mar 15	Apr 15	May 15	June 15	TOTAL EXPENDITURES SFY16 TO DATE	BALANCE
Project Coordination	\$ 112,122.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 112,122.00
Coordinator Monthly Payment (4,250)	\$ 112,122.00										\$ -	\$ 112,122.00
Milestone Payments	\$ 9,750.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,750.00
300 participants											\$ -	
600 participants											\$ -	
900 participants											\$ -	
1200 participants											\$ -	
Mynetico Data Collection	\$ 5,232.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,232.00
Registrants Entered into Mynetico and Registration, \$48/registrant	\$ 5,232.00										\$ -	\$ 5,232.00
Completer Payments	\$ 6,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,000.00
\$200/ participant who completes 9 or more sessions	\$ 6,000.00										\$ -	\$ 6,000.00
Travel, Training, and Marketing	\$ 11,250.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,250.00
Travel											\$ -	
											\$ -	
											\$ -	
TOTAL GRANT AMOUNT	\$ 144,354.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 144,354.00
	TOTAL GRANT BUDGET	July 15	Aug 15	Sept 15	TOTAL EXPENDITURE \$ SFY17 TO	BALANCE						
Project Coordination	\$ 37,374.00	\$ -	\$ -	\$ -	\$ -	\$ 37,374.00						
Coordinator Monthly Payment (4,250)	\$ 37,374.00				\$ -	\$ 37,374.00						
Milestone Payments	\$ 3,250.00	\$ -	\$ -	\$ -	\$ -	\$ 3,250.00						
300 participants					\$ -							
600 participants					\$ -							
900 participants					\$ -							
1200 participants					\$ -							
Mynetico Data Collection	\$ 1,776.00	\$ -	\$ -	\$ -	\$ -	\$ 1,776.00						
Registrants Entered into Mynetico and Registration, \$48/registrant	\$ 1,776.00				\$ -	\$ 1,776.00						
Completer Payments	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ 2,000.00						
\$200/ participant who completes 9 or more sessions	\$ 2,000.00				\$ -	\$ 2,000.00						
Travel, Training, and Marketing	\$ 3,750.00	\$ -	\$ -	\$ -	\$ -	\$ 3,750.00						
Travel					\$ -							
					\$ -							
					\$ -							
TOTAL GRANT AMOUNT	\$ 48,150.00	\$ -	\$ -	\$ -	\$ -	\$ 48,150.00						
SIGNATURE OF AUTHORIZING OFFICIAL:												