SAP # 4100077264

AGREEMENT BETWEEN THE PENNSYLVANIA DEPARTMENT OF HEALTH AND

YORK CITY BUREAU OF HEALTH

(Name)

Y:		DATE:
	Signature	
	Print/Type Title	Print/Type Name
·:		DATE:
	Signature	
	Print/Type Title	Print/Type Name
·		DATE:
•	Pennsylvania Department of Health	DATE
pr	oved as to form and legality:	
′:		DATE:
	Office of Legal Counsel Pennsylvania Department of Health	
D		
:	Not Required	DATE:
	Office of General Counsel Commonwealth of Pennsylvania	
п	Not Required	DATE:
ID ':	Office of Attorney General	

BY:

DATE:

Comptroller Public Health and Human Services Andrea Smith, Project Officer (717) 787-3232 Jenine Melo, Alternate Project Officer (717) 547-3244

SAP #: 4100077264

GRANT AGREEMENT BETWEEN THE PENNSYLVANIA DEPARTMENT OF HEALTH

AND

YORK CITY BUREAU OF HEALTH

THIS GRANT AGREEMENT, hereinafter referred to as "Grant Agreement" or "Agreement", is made by and between the Commonwealth of Pennsylvania, Department of Health, hereinafter referred to as "the Department", and York City Bureau of Health hereinafter referred to as "Grantee."

WHEREAS, the Department has the power and duty to protect the health of the people of this Commonwealth, and to determine and employ the most efficient and practical means for the prevention and suppression of disease pursuant to 71 P.S. §532; and

WHEREAS, this Agreement is a Grant Agreement and not subject to the Commonwealth Procurement Code, P.L. 358, No. 57, May 15, 1998, 62 Pa.C.S.A. §101 et seq., (Act 57).

WHEREAS, the Department is in receipt of or anticipates receipt of Federal funds or state funds or both pursuant to 71 P.S. §532 to provide for the purposes of this Grant Agreement, and this Grant Agreement is contingent upon appropriation and receipt of such funds.

NOW, THEREFORE, the parties, intending to be legally bound, hereby agree as follows:

I. GRANT AGREEMENT TERM

A. This Grant Agreement shall be effective from July 1, 2017 through June 30, 2020, subject to its other provisions, and the availability of funds, whether state or Federal unless terminated earlier by either party according to the termination provisions of this Grant Agreement.

B. No-Cost Extension. The term of this Grant Agreement may be extended with no additional funding by a written notice signed by the Department in order to allow the Grantee to continue to use the funds to perform the work of this Grant Agreement at the same terms and conditions as this Grant Agreement for an additional period of time. For the purpose of this extension, the funding amount is limited to the funds not spent by the Grantee by the end of the Budget period. At no time will the length of this Grant Agreement exceed 5 years including any extension.

C. Renewal.

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At the Department's discretion and by letter notice, the Department may renew this Grant Agreement for the following term: [insert renewal term].

- 1. In the event of a renewal, the Department may choose to renew the Grant Agreement as follows:
 - a) At the Grant Agreement's original terms or conditions; or
 - b) To increase or decrease the grant amount or salaries, hourly wages or fringe benefits to reflect cost increases so long as that increase does not exceed [insert percentage]% of the original amount or rates. Nothing in this subparagraph is intended to permit an alteration in the scope of work of the original agreement in the renewal; or
 - c) To include the increase or decrease in work or change to amount, salaries, wages, or fringe benefits included in an amendment to the original Grant Agreement, including

SAFs, Funding Reduction Change Orders, Budget Revisions, or formal Amendments. The increase or decrease of work shall be limited to deliverables established in the amendment. Nothing in this paragraph shall be read to permit the scope of work of the Grant Agreement to be changed.

- 2. The Department is not obligated to increase the amount of the Grant award.
- 3. Any renewal terms are subject to the other provisions of this Grant Agreement, and the availability of funds.
- Renewals are not applicable to this Agreement

II. GRANT AGREEMENT AMOUNT

Subject to the availability of funds, whether state or Federal, and the other terms and conditions of this Grant Agreement, the Department will make payments in accordance with the Grant Agreement payment provisions, Appendix B and the grant Budget, Appendix C, up to the maximum Grant Agreement amount of \$824,930.00.

In the event that there is a reduction in the availability of state or Federal funds, including the elimination of all state or Federal funding, the Department may reduce the amount of funds available in this Grant Agreement through a funding reduction change order (FRCO). The FRCO shall include a revised Budget reflecting the changes to the funding included in the original Grant Agreement. If necessary, the FRCO shall also include a revised Work Statement showing any reduction in work resulting from the funding reduction or elimination. The FRCO shall require no signatures other than those of the Agency Head and the Comptroller.

III. FUNDING SOURCE(S)

Pursuant to Management Directive 305.21, *Payments to Local Governments and Other Subrecipients*, the Department must identify the amounts of Federal and state funding it provides to Grantees. This identification follows and includes the breakdown of Federal and state dollars provided and the related Federal and state financial assistance program name and number:

\$824,930.00, 93.758, DHHS/CDC, Preventive Health & Health Services Block Grant

IV. WORK STATEMENT

The Grantee shall provide program activities and related services as specified in Appendix A, Work Statement, and its Attachment(s), if any.

V. APPENDICES AND ATTACHMENTS

The following Appendices and Attachments are incorporated into and made part of this Grant Agreement and the parties agree to be bound by these Appendices and Attachments:

A. Appendix A - Work Statement

- B. Appendix B Payment Provisions (Rev. 5/12) and its Attachment 1 A downloadable format of Attachment 1 is available at the following Internet address: http://www.health.pa.gov/vendors
- C. Appendix C Budget A downloadable Budget format is available at the following Internet address:

http://www.health.pa.gov/vendors

VI. INCORPORATED DOCUMENTS

Grantee acknowledges having reviewed a copy of the following documents, which are available at http://www.health.pa.gov/vendors. These documents are incorporated by reference into and made a part of this Grant Agreement:

- A. Standard General Terms and Conditions (Rev. 2/15)
- B. Audit Requirements (Rev. 7/13)
- C. Commonwealth Travel and Subsistence Rates (Rev. 4/12)
- D. Federal Lobbying Certification and Disclosure (Rev. 12/05)
- E. Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 4/12)
- F. Pro-Children Act of 1994 (Rev. 12/05)
- G. Block Grant Provisions (Rev. 12/05)
 - C Maternal and Child Health Block Grant Provisions
 - C Preventive Health and Health Services Block Grant Provisions

C Block Grant Provisions are not applicable to this agreement

H. HIPAA Business Associate Agreement and Attachment 1 (Rev. 5/13)

- ^C The HIPAA Business Associate Agreement is applicable to this agreement
- [©] The HIPAA Business Associate Agreement is not applicable to this agreement

VII. APPLICATION

The Grantee's application:

- ^C dated [Insert date] and entitled [Insert title] is attached and incorporated herein.
- C dated [Insert date] and entitled [Insert title] is hereby incorporated by reference into and made a part of this Grant Agreement.
- is not applicable; sole source approval has been obtained.

In the event that there is a conflict between the Department's Request for Application number [Insert RFA #], the Grantee's application, and this Grant Agreement, the order of precedence shall be first, this Grant Agreement; second, the Department's Request for Application; third, the Grantee's application.

VIII. ADDITION OF SUBSEQUENTLY AVAILABLE FUNDS

If, during the term of this Grant Agreement, additional funds become available to provide additional or expanded services or activities under the scope of this Grant Agreement, the Department may advise Grantee, in writing, of the availability and purpose of such funds. The Department also will inform Grantee of any additional conditions or requirements of the additional funds. Grantee hereby agrees to accept the funds for the stated purpose and agrees to use the additional funds as stated by the Department. Grantee shall provide the Department with a written Work Statement detailing the manner in which Grantee will use the additional funds in accordance with the stated requirements. Grantee shall provide the Department with a detailed revised overall Grant Agreement Budget showing the current Budget, the Budget for the additional funds and a revised total Budget. The Department may choose to provide Grantee with a Budget format on which to submit the revised Budget information. The additional funds, and the new Budget, shall be subject to the terms and conditions of the initial Grant Agreement, as well as to any additional conditions or requirements of the additional funds. Grantee's Work Statement, revised Budget and any new conditions or requirements of the additional funds shall be incorporated into and become a part of this document by reference. To be effective, documentation describing the

additional funds and any additional conditions or requirements shall be signed by the Department and the Agency Comptroller.

IX. DECREASE IN FUNDING

If the Department determines that the Grantee is unable to spend the funding included in this Grant Agreement in a timely manner and that the Grantee is therefore unable to fully carry out the work required under the Agreement in the timeframe required by the Agreement, the Department reserves the right to decrease funding to the Grantee from any Budget year set out in Appendix C of this Grant Agreement by prior written notice signed by the Department and the Comptroller. The decrease in funding shall be reflected by a revised Budget and if necessary, shall also include a revised Work Statement showing any reduction in work resulting from the decrease in funding. The decision to decrease funding is solely within the discretion of the Department.

X. MEANING OF TERMS "CONTRACT" AND "CONTRACTOR"

The parties understand that the use of the terms "Contract" and "Contractor" throughout this Agreement shall mean "Grant Agreement" and "Grantee" respectively.

XI. FINAL GRANT AGREEMENT APPROVAL

This Grant Agreement shall not be legally binding until all signatories, including those signing their approvals for form and legality, have signed the Agreement and the Commonwealth provides a fully signed copy to the Grantee.

Appendix A

WORK STATEMENT

I. Tasks and Timelines

- A. The Grantee shall increase access to healthy foods through the implementation of policy, systems and environmental changes by June 30, 2020.
- B. The Grantee shall increase access to healthy foods through the implementation of the Healthy Corner Store Initiative (HCSI).
 - 1. Identify local food retail establishments that are willing to provide healthier food and beverage options by June 30, 2018.
 - 2. Annually partner with a minimum of one identified food retail establishment to provide technical assistance on making store improvements through June 30, 2020.
 - 3. Annually implement a minimum of one environmental change at each partnering food retail establishment through June 30, 2020.
 - 4. Annually implement marketing and educational materials provided by The Food Trust through June 30, 2020.
 - 5. Annually implement a minimum of either one city-wide or one HCSI participantwide policy or systems change through June 30, 2020.
 - 6. Annually partner with stakeholders to promote the food retail establishment improvements through June 30, 2020.
 - 7. Annually administer the HCSI evaluation tool through June 30, 2020.
- C. The Grantee shall increase access to healthy foods through advancement of farmers' markets sustainability initiatives.
 - 1. Review the current practices of a minimum of one farmers' market to identify areas for improvement and to determine strategies to promote sustainability by June 30, 2018.
 - 2. Subcontract with a community-based organization to implement a minimum of one policy or systems change that promotes farmers' markets annually through June 30, 2020.
 - 3. Annually promote the acceptance of Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) benefits at farmers' markets through June 30, 2020.
- D. The Grantee shall increase access to healthy foods through the support and maintenance of community gardens.
 - 1. Annually enhance a minimum of one community garden through June 30, 2020.
 - 2. Annually collaborate with key community stakeholders to advance and sustain community gardens through June 30, 2020.
- E. The Grantee shall increase safe physical activity and transportation and pedestrian safety through the implementation of policy, systems and environmental changes through June 30, 2020.
- F. The Grantee shall increase safe and accessible active transportation options.
 - 1. Annually implement a minimum of two environmental changes that support active transportation through June 30, 2020.

- 2. Annually identify collaborative opportunities to increase safe physical activity options and implement a minimum of one policy, systems or environmental change to address the identified opportunities through June 30, 2020.
- 3. Annually review the Bicycle Friendly Community Feedback Report and implement a minimum of one policy, systems or environmental change that addresses areas of need through June 30, 2020.
- 4. Subcontract with a community-based organization to annually lead a minimum of two collaborative planning and evaluation activities to further the implementation of the Complete Streets policy through June 30, 2020.
- G. The Grantee shall increase safe physical activity opportunities in the community and at worksites.
 - 1. Annually assist with hosting a minimum of two events that promote walking and bicycling in the community and at worksites through June 30, 2020.
 - 2. Annually provide technical assistance to a minimum of four worksites to improve worksite wellness policies and programs through June 30, 2020.
- H. The Grantee shall deliver a comprehensive falls prevention program that includes the A Matter of Balance (MOB) intervention program with activities addressing education, physical activity and medication review in collaboration with local organizations and professionals that provide services to elderly persons.
 - 1. Have a minimum of two employees trained as master trainers of the MOB program by Dec. 31, 2017.
 - 2. Annually host a minimum of one eight-hour coach training, taught by the master trainer(s), to train a minimum of two coaches through June 30, 2020.
 - 3. Annually host a minimum of two training update meetings for MOB certified coaches through June 30, 2020.
 - 4. Utilize the Coach Observation tool and process to observe and evaluate the certified MOB coaches a minimum of two times annually through June 30, 2020.
 - 5. Annually provide technical assistance to certified MOB coaches through June 30, 2020.
 - 6. Lead a minimum of four complete MOB programs to reach a minimum of 40 total participants annually who are 55 years and older through June 30, 2020.
 - 7. Distribute and collect MOB surveys, prescribed by the MOB program, following each training session, to measure participant benefits. The Grantee shall send the completed surveys and applicable results to the MOB evaluation provider annually through June 30, 2020.
 - 8. Annually utilize the MOB online data collection system, Project Enhance, for reporting through June 30, 2020. The following website shall be used: <u>http://www.mmc.org/mh_body.cfm?id=7289</u>
 - 9. Annually distribute a minimum of 250 MOB home safety checklists through June 30, 2020.
- I. The Grantee shall increase the distribution and implementation of the Stop Elderly Accidents, Deaths and Injuries (STEADI) toolkit among healthcare providers.
 - 1. Annually distribute the STEADI toolkit to a minimum of 10 healthcare providers through June 30, 2020.
 - 2. Annually distribute a minimum of 250 Stay Independent Brochures to older adults in community settings through June 30, 2020.
 - 3. Annually participate in local injury coalitions, such as the York Falls Free Coalition, through June 30, 2020.
- J. The Grantee shall increase motor vehicle safety among teenage drivers through implementation of the *Survival 101* program.
 - 1. Train and maintain a minimum of two law enforcement or first responder personnel in the *Survival 101* program through June 30, 2020.

- 2. Annually implement the *Survival 101* program in a minimum of two school or youth settings through June 30, 2020.
- 3. Annually maintain its Safe Kids Coalition partnership through June 30, 2020.
- 4. Annually partner with Safe Kids York County to provide transportation-related safety messaging to youth through June 30, 2020.
- K. The Grantee shall decrease negative outcomes of traumatic brain injury (TBI) through increased implementation of the ConcussionWise education program.
 - 1. Have a minimum of one employee trained as a ConcussionWise instructor by June 30, 2018.
 - 2. Conduct a minimum of two ConcussionWise educational sessions in community settings through June 30, 2018. In year two and three conduct a minimum of one ConcussionWise educational sessions in community settings through June 30, 2020.
 - 3. In year two and three subcontract with a community based organization to conduct a minimum of two ConcussionWise educational sessions in community settings annually through June 30, 2020.
 - 4. Annually promote the ConcussionWise program to parents and caregivers, youth, coaches and physicians through June 30, 2020.
- L. The Grantee shall decrease negative outcomes of TBI through participation in the BrainSTEPS program.
 - 1. Annually educate all ConcussionWise participants on the local BrainSTEPS team and other concussion management resources through June 30, 2020.
 - 2. Annually increase referrals to the local BrainSTEPS team through June 30, 2020.
 - 3. Annually distribute a minimum of 100 BrainSTEPS Consultation Team Referral Forms to parents, caregivers, youth, coaches and all ConcussionWise participants through June 30, 2020.
 - 4. Annually partner with a minimum of one health system to provide concussion awareness and BrainSTEPS referral education to a minimum of 10 healthcare providers through June 30, 2020.
 - 5. Annually partner with a minimum of two schools to establish a concussion management team if one is not in place, educate about the BrainSTEPS program and provide updates on concussion management resources through June 30, 2020.
- M. The Grantee shall decrease the prevalence and risk of child abuse and neglect/intimate partner violence through implementation of the Parents in the Know program.
 - 1. Have a minimum of two employees attend the master training for Parents in the Know at a location to be determined by Dec. 31, 2017.
 - 2. Assess the status of the Parents in the Know program in York County to establish baseline evaluation data by June 30, 2018.
 - 3. Annually conduct a minimum of four Parents in the Know classes with a minimum of five individuals completing each class through June 30, 2020.
 - 4. Annually promote the Victim Assistance Center as a resource to all participants in the Parents in the Know program through June 30, 2020.
 - 5. Annually utilize the prescribed evaluation methods of Parents in the Know to evaluate the impact of the training on participants through June 30, 2020.
 - 6. Annually participate in a local child abuse/neglect prevention coalition or committee through June 30, 2020.
- N. The Grantee shall annually attend a minimum of one professional development conference at a location to be determined through June 30, 2020.

II. Reporting Requirements

A. The Grantee shall submit an electronic written progress report of activities accomplished during each quarter, in a format to be determined by the Pennsylvania Department of Health (Department). The report shall be submitted no later than 15 workdays following the end of each quarter (9/30, 12/31, 3/31 and 6/30). The report

shall consist of a narrative report, a statistical summary, and copies of brochures, newspaper articles, evaluation reports, and other program related materials that were developed during the reporting period. The narrative in the quarterly report shall list and describe each objective to be accomplished during the quarter and report the activities that were completed during each month of the quarter. If the Grantee has not completed the task as specified in the Grant Agreement, the report shall indicate the actions the Grantee shall take to accomplish the task in the upcoming month(s). The Department will provide the Grantee with the statistical summary form to be used for this report.

The Grantee shall submit quarterly progress reports according to the following timetable:

Reporting Period
July 1, 2017 – Sept. 30, 2017
Oct. 1, 2017 – Dec. 31, 2017
Jan. 1, 2018 – March 31, 2018
April 1, 2018 – June 30, 2018
July 1, 2018 – Sept. 30, 2018
Oct. 1, 2018 – Dec. 31, 2018
Jan. 1, 2019 – March 31, 2019
April 1, 2019 – June 30, 2019
July 1, 2019 – Sept. 30, 2019
Oct. 1, 2019 – Dec. 31, 2019
Jan. 1, 2020 – March 31, 2020
April 1, 2020 – June 30, 2020

Report Due Oct. 24, 2017 Jan. 24, 2018 April 23, 2018 July 24, 2018 Oct. 23, 2018 Jan. 23, 2019 April 22, 2019 July 23, 2019 Oct. 22, 2019 Jan. 23, 2020 April 21, 2020 July 22, 2020

- B. The Grantee shall submit a quarterly Block Grant Summary Report, in a format to be provided by the Department. The quarterly Block Grant Summary Report is due on the same due dates outlined for the quarterly reports.
- C. The Grantee shall include a minimum of one success story for each quarterly reporting period of the Grant that has resulted from interventions funded by the Grant Agreement. A template will be provided by the Department.

SAP # 4100077264

Appendix **B**

PAYMENT PROVISIONS

The Department agrees to pay the Contractor for services rendered pursuant to this Contract as follows:

- A. Subject to the availability of state and Federal funds and the other terms and conditions of this Contract, the Department will reimburse Contractor in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Contract.
- B. This Contract may span several state fiscal periods; therefore, the Department is obligated to pay no more than the dollar amounts for each state fiscal year (SFY), for the periods of time indicated on the Budget, Appendix C. This shall not prohibit the Department from exercising its discretion to move funds unspent at the end of the SFY from one SFY to another to pay for services provided with separate written Department approval and in accordance with this Contract.
- C. Payment to the Contractor shall be made in accordance with the Budget set forth in Appendix C, and any subsequent amendments thereto, as follows:
 - 1. The Department shall have the right to disapprove any expenditure made by the Contractor that is not in accordance with the terms of this Contract and adjust any payment to the Contractor accordingly.
 - 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Contract using the invoice format in Attachment 1 to this Appendix.
 - An original invoice shall be sent by the Contractor directly to the address as listed in Attachment 1 to this Appendix. Documentation supporting that expenditures were made in accordance with the Contract Budget shall be sent by the Contractor to the Department's Project Officer.
 - 4. The Contractor has the option to reallocate funds between and within budget categories (Budget Revision), subject to the following criteria:
 - a. General Conditions for Budget Revisions
 - i. Budget Revisions At or Exceeding 20%.
 - A. The Contractor shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Contract per budget year as set forth in Appendix C Budget, and any subsequent amendments thereto, without prior written approval of the Department's Project Officer.
 - B. The Contractor shall request prior written approval from the Department's Project Officer when the cumulative total of all prior Budget revisions in the budget year is 20% or greater of the total amount of the Contract per budget year.
 - C. Reallocations at or exceeding 20% of the total amount of the Contract per budget year may not occur more than once per budget year unless the Department's Project Officer finds that there is good cause for approving one additional request. The Project Officer's determination of good cause shall be final.
 - ii. Budget Revisions Under 20%. The Contractor shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Contract per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.
 - iii. The Contractor shall obtain written approval from the Department's Project Officer prior to reallocating funding into a previously unfunded budget category or prior to eliminating all funding from an existing budget category, regardless of the percentage amount.

- iv. The Contractor shall provide the Department's Project Officer with notice or make a request for approval prior to the submission of the next invoice based on these changes.
- v. At no time can Administrative/Indirect cost rates be increased via a Budget Revision.
- b. Budget Revisions Relating to Personnel
 - i. Any change to funds in the Personnel Category requires the approval of the Department's Project Officer, and any such change at 20% or over as set forth in Paragraph 4(a) shall be counted as one Budget Revision under that paragraph.
 - ii. The Contractor may not reallocate funds to, or move funds within, the Personnel Services Category of the Budget (Appendix C), and any subsequent amendments thereto, to increase staff personnel or fringe benefit line items unless one of the following circumstances apply:
 - A. The Contractor is subject to a collective bargaining agreement or other union agreement and, during the term of this Contract, salaries, hourly wages, or fringe benefits under this Contract are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Contractor shall submit to the Department's Project Officer written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation.
 - B. The Contractor is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Contract. The Contractor shall submit to the Department's Project Officer written justification for the request to increase rates and reallocation of funds in connection with filling such a position in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the Contract, as well as the Contractor's inability to fill the position at the existing rates. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to a position may exceed 10% of the original rate.
 - C. The Contractor is unable to perform the work of the Contract with the existing positions, titles or classifications of staff. The Contractor may add or change a position, title or classification in order to perform work that is already required. The Contractor shall submit to the Department's Project Officer for his or her approval written justification for the request to increase rates and reallocation of funds in connection with changing or adding a position, title or classification, in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the contract, as well as the Contractor's inability to fill current position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to an addition or change may exceed 10% of the rate for the original position.
 - iii. The Department's determination regarding the validity of any justification is final.
 - iv. All increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
 - v. This paragraph is not intended to restrict any employee from receiving an increase in salary based on the employer's fee schedule for the job classification.
- 5. Unless otherwise specified elsewhere in this Contract, the following shall apply. Contractor shall submit monthly invoices within 30 days from the last day of the month within which the work is performed. The final invoice shall be submitted within 45 days of the Contract's termination date. The Department will neither honor nor be liable for invoices not submitted in compliance with the time requirements in this paragraph unless the Department agrees to an extension of these requirements in writing. The Contractor shall be reimbursed only for services acceptable to the Department.

- 6. The Department, at its option, may withhold the last 20 percent of reimbursement due under this Contract, until the Project Officer has determined that all work and services required under this Contract have been performed or delivered in a manner acceptable to the Department.
- 7. The Commonwealth will make payments through the Automated Clearing House (ACH) Network. The Pennsylvania Electronic Payment Program (PEPP) establishes the Automated Clearing House Network as the preferred method of payment in lieu of issuing checks. The PEPP enrollment form may be obtained at: <u>www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf</u> and can be completed online, as applicable.
 - a. Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). At the time of submitting ACH information, the Contractor will also be able to enroll to receive remittances via electronic addenda. Within 10 days of award of the Grant Agreement, the Contractor must submit or must have already submitted its ACH information and electronic addenda information, if desired, to the Commonwealth's Payable Service Center, Vendor Data Management Unit at 717-214-0140 (FAX) or by mail to the Office of Comptroller Operations, Bureau of Payable Services, Payable Service Center, Vendor Data Management Unit, 555 Walnut Street 9th Floor, Harrisburg, PA 17101.
 - b. The Contractor must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the Contractor to properly apply the state agency's payment to the invoice submitted.
 - c. It is the responsibility of the Contractor to ensure that the ACH information contained in SRM (for Contracts or Purchase Orders) or in the Commonwealth's Central Vendor Master File (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
 - d. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.

Appendix B - Attachment 1

Invoices should be sent to:

Department of Health

Division of Health Risk Reduction

10-FA-6.1, 10-FA-7.1, 10-FA-8.1, 10-FA-9.1, 10-FA-10.1, 10-FA-11.1

Revised 5/12

INVOICE

67RISKRDDV PO Box 69183

Harrisburg, PA 17106

Payee Name and Address York City Bureau of Health			Date			
PO Box 509			Current Billing Period			
York, PA 17405-0509						
SAP Vendor Number 138884-002			Invoice Number			
Telephone Number			SAP Document Numb	er		
717-854-7724			4100077264			
Category	Budget Amount	Expenditures to Date for Prior Periods	Balance to Date from Prior Periods	Invoice Amount for Current Period	Cumulative Expenditures through Current Period	Action Amount (Tolerance Exceeded) (1)
I. Personnel Services			0.00		0.00	0.00
II. Consultant Services			0.00		0.00	0.00
III. Subcontract Services			0.00		0.00	0.00
IV. Patient Services			0.00		0.00	0.00
V. Equipment			0.00		0.00	0.00
VI. Supplies			0.00		0.00	0.00
VII. Travel			0.00		0.00	0.00
VIII. Other Costs			0.00		0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00

Contractor's Authorized Signature

Date

(1) The Action Amount is the amount at which action is required, either a budget revision or written approval. Please refer to the payment provisions within the contractual document for allowability of reallocating funds between budget categories.

Appendix C

OVERALL BUDGET SUMMARY

York City Bureau of Health SAP # 4100077264 July 1, 2017 - June 30, 2020

	CATEGORIES	Original Budget	Amendment (If Applicable)	Total Budget
I.	PERSONNEL SERVICES	559,347.36	-	559,347.36
п.	CONSULTANT SERVICES	-	-	-
III.	SUBCONTRACT SERVICES	33,000.00	-	33,000.00
IV.	PATIENT SERVICES	-	-	-
v.	EQUIPMENT	-	-	-
VI.	SUPPLIES	72,395.01	-	72,395.01
VII.	TRAVEL	24,600.00	-	24,600.00
VIII.	OTHER COSTS	135,587.63	-	135,587.63
тот	AL	824,930.00	-	824,930.00

Appendix C BUDGET SUMMARY

York City Bureau of Health SAP # 4100077264 July 1, 2017 - June 30, 2018

	CATEGORIES	Original Budget	Amendment Type & Number	Total Budget
I.	PERSONNEL SERVICES	180,085.36	-	180,085.36
П.	CONSULTANT SERVICES	-	-	-
III.	SUBCONTRACT SERVICES	10,000.00	-	10,000.00
IV.	PATIENT SERVICES	-	-	-
v.	EQUIPMENT	-	-	-
VI.	SUPPLIES	29,525.73	-	29,525.73
VII.	TRAVEL	8,200.00	-	8,200.00
VIII.	OTHER COSTS	44,998.91	-	44,998.91
тот	AL	272,810.00	-	272,810.00

Categori	es		Original Budget	Amendment Type & Number	Total Budget
. PERSONNEL SERVICES					
A. Staff Personnel	Hourly <u>Rate</u>	Number of Hours			
Community HIth Svcs Supervisor					-
7/1/17 - 12/31/17	23.38	1,040.00	24,315.20		24,315.20
/1/18 - 6/30/18	24.08	1,040.00	25,043.20		25,043.20
Community Health Specialist					-
7/1/17 - 12/31/17	17.50	1,040.00	18,200.00		18,200.00
/1/18 - 6/30/18	18.48	1,040.00	19,219.20		19,219.20
Community Health Specialist		,			-
7/1/17 - 12/31/17	17.50	1,040.00	18,200.00		18,200.00
/1/18 - 6/30/18	18.48	1,040.00	19,219.20		19,219.20
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		Sub-Total	10/ 100 00		124,196.80
		Sub-10191	124,196.80	-	124,190.80

Categori	es		Original Budget	Amendment Type & Number	Total Budget
3. Fringe Benefits					
	Salary	Rate			
Community HIth Svcs Supervisor	-				-
7/1/17 - 12/31/17	24,315.20	45.00%	10,941.84		10,941.84
/1/18 - 6/30/18	25,043.20	45.00%	11,269.44		11,269.44
Community Health Specialist	-				-
7/1/17 - 12/31/17	18,200.00	45.00%	8,190.00		8,190.00
1/1/18 - 6/30/18	19,219.20	45.00%	8,648.64		8,648.64
Community Health Specialist	-				-
7/1/17 - 12/31/17	18,200.00	45.00%	8,190.00		8,190.00
/1/18 - 6/30/18	19,219.20	45.00%	8,648.64		8,648.64
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becify the benefits included in this ra CA, Insurance Allocations, Workers ability Insurance		nd			
		Sub-Total	55,888.56	-	55,888.56

Appendix C York City Bureau of Health SAP # 4100077264 July 1, 2017 - June 30, 2018										
Categories			Original Budget	Amendment Type & Number	Total Budget					
II. CONSULTANT SERVICES										
Consultants	Hourly <u>Rate</u>	Number of Hours								
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
		Total			-					
		Total	-	-	-					
III. SUBCONTRACT SERVICES		Total		-	-					
III. SUBCONTRACT SERVICES Complete Streets Access to Healthy Foods		Total		-	-					
Complete Streets		Total	5,000.00	-	- - - 5,000.00 5,000.00 -					
Complete Streets		Total	5,000.00	- -	- - - 5,000.00 5,000.00					
Complete Streets		Total	5,000.00	- -	- - - 5,000.00 5,000.00 - -					
Complete Streets		Total	5,000.00	-	- - - 5,000.00 5,000.00 - - - - - - - -					
Complete Streets		Total	5,000.00		- - - 5,000.00 5,000.00 - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00	- -	- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					
Complete Streets		Total	5,000.00		- - - - - - - - - - - - - - - - - - -					

Appendix C					
York City Bureau of Health					
uly 1, 2017 - June 30, 2018	8				
Categ	ories		Original Budget	Amendment Type & Number	Total Budget
. PATIENT SERVICES			•		
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		Total	-	-	-
EQUIPMENT	Quantity	Unit Cost			
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		Total	-	-	-
I. SUPPLIES			500.00		500.00
Educational & Program Supplies			29,025.73		29,025.73
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Appendix C York City Bureau of Health SAP # 4100077264 July 1, 2017 - June 30, 2018 Amendment Type **Original Budget** Total Budget Categories & Number VII. TRAVEL Mileage 2,500.00 2,500.00 Airfare 2,500.00 2,500.00 Lodging 2,000.00 2,000.00 Subsistence 750.00 750.00 Parking/Tolls 300.00 300.00 Ground Transportation 150.00 150.00 ---------_ 8,200.00 8,200.00 Total VIII. OTHER COSTS Office Expenses 500.00 500.00 Rent 16,200.00 16,200.00 **Conference Fees/Association Dues** 3,000.00 3,000.00 Project Enhance - MOB data collection 200.00 200.00 ConcussionWise Training 198.00 198.00 **CPS** Certification fees 100.00 100.00 Indirect Costs (up to 10% of total cost minus indirect cost) 24,800.91 24,800.91 --------------Total 44,998.91 44,998.91 -TOTAL 272,810.00 272,810.00 -

Appendix C BUDGET SUMMARY

York City Bureau of Health SAP # 4100077264 July 1, 2018 - June 30, 2019

	CATEGORIES	Original Budget	Amendment Type & Number	Total Budget
I.	PERSONNEL SERVICES	186,841.20	-	186,841.20
П.	CONSULTANT SERVICES	-	-	-
III.	SUBCONTRACT SERVICES	11,500.00	-	11,500.00
IV.	PATIENT SERVICES	-	-	-
v.	EQUIPMENT	-	-	-
VI.	SUPPLIES	24,224.44	-	24,224.44
VII.	TRAVEL	8,200.00	-	8,200.00
VIII.	OTHER COSTS	45,294.36	-	45,294.36
тот	AL	276,060.00	-	276,060.00

Catego	ies		Original Budget	Amendment Type & Number	Total Budget
PERSONNEL SERVICES				• • • •	
	Hourly	Number			
. Staff Personnel	Rate	of Hours			
community HIth Svcs Supervisor					-
7/1/18 - 12/31/18	24.08	1,040.00	25,043.20		25,043.20
/1/19 - 6/30/19	24.80	1,040.00	25,792.00		25,792.00
Community Health Specialist					-
/1/18 - 12/31/18	18.48	1,040.00	19,219.20		19,219.20
/1/19 - 6/30/19	19.03	1,040.00	19,791.20		19,791.20
Community Health Specialist		_			-
/1/18 - 12/31/18 /1/19 - 6/30/19	18.48 19.03	1,040.00 1,040.00	19,219.20 19,791.20		19,219.20 19,791.20
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		Sub-Total	128,856.00	-	128,856.00

Categori	es		Original Budget	Amendment Type & Number	Total Budget
B. Fringe Benefits					
	Salary	Rate			
Community HIth Svcs Supervisor	-				-
7/1/18 - 12/31/18	25,043.20	45.00%	11,269.44		11,269.44
1/1/19 - 6/30/19	25,792.00	45.00%	11,606.40		11,606.40
Community Health Specialist	-	1010070	11,000.10		-
7/1/18 - 12/31/18	19,219.20	45.00%	8,648.64		8,648.64
1/1/19 - 6/30/19	19,791.20	45.00%	8,906.04		8,906.04
Community Health Specialist	-	40.0070	0,000.04		0,000.0-
7/1/18 - 12/31/18	19,219.20	45.00%	8,648.64		8,648.64
1/1/19 - 6/30/19	19,791.20	45.00%	8,906.04		8,906.04
1/1/19 - 0/50/19	-	43.00 /8	0,900.04		0,900.0-
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Specify the benefits included in this ra		nd			-
Liability Insurance	compensation, a				
		Sub-Total	57,985.20	-	57,985.20
		Total	186,841.20	-	186,841.20

Appendix C York City Bureau of Health SAP # 4100077264 July 1, 2018 - June 30, 2019								
Categories			Original Budget	Amendment Type & Number	Total Budget			
II. CONSULTANT SERVICES								
Consultants	Hourly <u>Rate</u>	Number of Hours						
					-			
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					-			
					-			
		Total	-	-	-			
III. SUBCONTRACT SERVICES		Total		-	-			
Traumatic Brain Injury		Total	1,500.00	-				
Traumatic Brain Injury Complete Streets		Total		-	-			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00	-	- - 1,500.00 5,000.00 5,000.00 -			
III. SUBCONTRACT SERVICES Traumatic Brain Injury Complete Streets Access to Healthy Foods		Total	1,500.00 5,000.00	-	- - 1,500.00 5,000.00 5,000.00			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00	-	- - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00	-	- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00	-	- - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			
Traumatic Brain Injury Complete Streets		Total	1,500.00 5,000.00		- - - - - - - - - - - - - - - - - - -			

/ork City Bureau of Health SAP # 4100077264					
July 1, 2018 - June 30, 201	9				
Categories			Original Budget	Amendment Type & Number	Total Budget
/. PATIENT SERVICES					
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		Total	_	-	-
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		Total			- - - - - - - - - - - - -
		Total		-	- - - - -
VI. SUPPLIES		Total		-	- - - - -
Office Supplies		Total	500.00	-	- - - - - - 500.00
office Supplies		Total			- - - - -
ffice Supplies		Total	500.00	-	- - - - - - 500.00
fice Supplies		Total	500.00	-	- - - - - - - - - - - - - - - -
ffice Supplies		Total	500.00		- - - - - - - - - - - - - - - - -
ffice Supplies		Total	500.00	- -	- - - - - - - - - - - - - - - -
Office Supplies		Total	500.00	- -	- - - - - - - - - - - - - - - - - - -
Office Supplies		Total	500.00		- - - - - - - - - - - - - - - - - - -
/I. SUPPLIES Dffice Supplies Educational & Program Supplies		Total	500.00		- - - - - - - - - - - - - - - - - - -

Appendix C York City Bureau of Health SAP # 4100077264 July 1, 2018 - June 30, 2019 Amendment Type **Original Budget** Total Budget Categories & Number VII. TRAVEL Mileage 2,500.00 2,500.00 Airfare 2,500.00 2,500.00 Lodging 2,000.00 2,000.00 Subsistence 750.00 750.00 Parking/Tolls 300.00 300.00 Ground Transportation 150.00 150.00 ---------_ 8,200.00 8,200.00 Total VIII. OTHER COSTS Office Expenses 500.00 500.00 Rent 16,200.00 16,200.00 **Conference Fees/Association Dues** 3,000.00 3,000.00 Project Enhance - MOB data collection 200.00 200.00 ConcussionWise Training 198.00 198.00 **CPS** Certification fees 100.00 100.00 Indirect Costs (up to 10% of total cost minus indirect cost) 25,096.36 25,096.36 --------------Total 45,294.36 45,294.36 -TOTAL 276,060.00 276,060.00 -

Appendix C BUDGET SUMMARY

York City Bureau of Health SAP # 4100077264 July 1, 2019 - June 30, 2020

	CATEGORIES	Original Budget	Amendment Type & Number	Total Budget
I.	PERSONNEL SERVICES	192,420.80	-	192,420.80
П.	CONSULTANT SERVICES	-	-	-
III.	SUBCONTRACT SERVICES	11,500.00	-	11,500.00
IV.	PATIENT SERVICES	-	-	-
v.	EQUIPMENT	-	-	-
VI.	SUPPLIES	18,644.84	-	18,644.84
VII.	TRAVEL	8,200.00	-	8,200.00
VIII.	OTHER COSTS	45,294.36	-	45,294.36
тот	AL	276,060.00		276,060.00

Hourly Number	Categor		Original Budget	Amendment Type & Number	Total Budget		
Staff Personnel Rate of Hours isommunity Hith Svos Supervisor - - /1/19 - 12/31/19 24.80 1,040.00 25,792.00 26,561.60 0/100 - 0/30/20 25,54 1,040.00 26,561.60 26,561.60 0/119 - 12/31/19 19.03 1,040.00 19,791.20 19,791.20 /1/19 - 12/31/19 19.03 1,040.00 20,384.00 20,384.00 ommunity Health Specialist - - - - /1/19 - 12/31/19 19.03 1,040.00 19,791.20 19,791.20 /1/19 - 12/31/19 19.03 1,040.00 20,384.00 20,384.00 /1/19 - 12/31/19 19.03 1,040.00 20,384.00 20,384.00 /1/120 - 6/30/20 19.60 1.040.00 20,384.00 - /1/19 - 12/31/19 19.03 1,040.00 20,384.00 - /1/19 - 12/31/19 19.03 1,040.00 20,384.00 - /1/19 - 12/31/19 19.03 1,040.00 20,384.00 -	I. PERSONNEL SERVICES						
//119 12/31/19 24.80 1,040.00 25,792.00 25,782.00 //120 6/30/20 25,54 1,040.00 26,561.60 26,561.60 //130 1,040.00 19,791.20 19,791.20 19,791.20 //131 19.03 1,040.00 20,384.00 20,384.00 //132 6/30/20 19.60 1,040.00 19,791.20 19,791.20 //131 19.60 1,040.00 19,791.20 19,791.20 19,791.20 //132 6/30/20 19.60 1,040.00 20,384.00 20,384.00 //132 6/30/20 19.60 1,040.00 20,384.00 20,384.00 //132 6/30/20 19.60 1,040.00 20,384.00 20,384.00 //120 6/30/20 19.60 1,040.00 20,384.00 20,384.00 //120 6/30/20 19.60 1,040.00 20,384.00 - - //120 6/30/20 19.60 1,040.00 20,384.00 - - - //120 6/30/20 19.60 1,040.00 20,384.00 -	A. Staff Personnel						
1/120 - 6/30/20 25.54 1,040.00 26,561.60 26,561.60 iormmunity Health Specialist 1 19,791.20 19,791.20 1/120 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 iormmunity Health Specialist 1 19,791.20 19,791.20 iormmunity Health Specialist 1 10,40.00 19,791.20 19,791.20 i/120 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 iormmunity Health Specialist 1 19,791.20 19,791.20 i/120 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 iormmunity Health Specialist 1 1 1 iormmunity Health Specialist 1 1 1 iormmunity Health Specialist 1 1 1 1 iormmunity Health Specialist 1 1 1 1 1 iormmunity Health Specialist 1	community HIth Svcs Supervisor						
1/20 - 6/30/20 25.54 1,040.00 26,561.60 26,561.60 ommunity Health Specialist 1 19,791.20 19,791.20 1/20 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 ommunity Health Specialist 1 19,791.20 19,791.20 1/19 - 12/31/19 19.60 1,040.00 19,791.20 19,791.20 1/19 - 12/31/19 19.60 1,040.00 20,384.00 20,384.00 1/20 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 1/20 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 1/20 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 1/20 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 1/20 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 1/20 - 6/30/20 19.60 1,040.00 20,384.00 20,384.00 1/20 - 6/30/20 19.60 1,040.00 20,384.00 3 1/20 - 6/30/20 19.60 1.60 1.60 1.60 1/20 - 6/30/20 19.60		24.80	1,040.00	25,792.00		25,792.00	
ommunity Health Specialist Image: Margin Margi	/1/20 - 6/30/20					26,561.60	
1/1/19 19.03 1,040.00 19,791.20 19,791.20 1/120 6/30/20 19.60 1,040.00 20,384.00 20,384.00 1/119 12/31/19 19.03 1,040.00 19,791.20 19,791.20 1/120 6/30/20 19.60 1,040.00 20,384.00 20,384.00 20,384.00 1/120 6/30/20 19.60 1,040.00 20,384.00 20,384.00 20,384.00 1/120 6/30/20 19.60 1,040.00 20,384.00 20,384.00 20,384.00 1/120 6/30/20 19.60 1,040.00 20,384.00 20,384.00 20,384.00 1/120 6/30/20 19.60 1,040.00 20,384.00 20,384.00			,	,			
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community Health Specialist - - - - - - - 1,040.00 19,791.20 19,791.20 19,791.20 19,791.20 20,384.00<							
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19.60 1,040.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,384.00 20,394.00 20,384.00 20,384.00 20,394.00 20,384.00 20,384.00 20,394.00 20,384.00 20,384.00 20,394.00 20,384.00 20,384.00 20,394.00 20,384.00 20,384.00 20,394.00 20,384.00 20,384.00 20,394.00 20,394.00 20,384.00 20,394.00		10.02	1 0 4 0 0 0	10 701 20		10 701 20	
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Image: state s	1/20 - 6/30/20	19.60	1,040.00	20,384.00		20,384.00	
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Sub-Total 132,704.00 - 132,704.00			Sub-Total	132 704 00	_	132,704.00	

Categories			Original Budget	Amendment Type & Number	Total Budget
. Fringe Benefits					
	Salary	Rate			
Community HIth Svcs Supervisor	-				-
7/1/19 - 12/31/19	25,792.00	45.00%	11,606.40		11,606.40
1/1/20 - 6/30/20	26,561.60	45.00%	11,952.72		11,952.72
Community Health Specialist	-	1010070	11,002.12		-
7/1/19 - 12/31/19	19,791.20	45.00%	8,906.04		8,906.04
1/1/20 - 6/30/20	20,384.00	45.00%	9,172.80		9,172.80
Community Health Specialist	20,304.00	43.0070	3,172.00		3,172.00
7/1/19 - 12/31/19	19,791.20	45.00%	9,006,04		8,906.04
1/1/20 - 6/30/20			8,906.04		
1/1/20 - 6/30/20	20,384.00	45.00%	9,172.80		9,172.80
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pecify the benefits included in this ra ICA, Insurance Allocations, Workers		nd			-
Liability Insurance					
		Sub-Total	59,716.80	-	59,716.80
Total		192,420.80	-	192,420.8	

Appendix C York City Bureau of Health SAP # 4100077264 July 1, 2019 - June 30, 2020								
Categories			Original Budget	Amendment Type & Number	Total Budget			
II. CONSULTANT SERVICES								
Consultants	Hourly <u>Rate</u>	Number of Hours						
Consulains	Kale				-			
					-			
					-			
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		Total	-	-	-			
II. SUBCONTRACT SERVICES			1,500.00		1,500.00			
Complete Streets			5,000.00		5,000.00			
Access to Healthy Foods			5,000.00		5,000.00			
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		Total	11,500.00		- - - - - - - - - - - - - - - - - - -			

Appendix C					
/ork City Bureau of Health SAP # 4100077264					
July 1, 2019 - June 30, 202	0				
	Categories			Amendment Type & Number	Total Budget
V. PATIENT SERVICES				· · · · ·	
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					-
		Total	-	-	-
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V. EQUIPMENT					
	Quantity	Linit On at			
	<u>Quantity</u>	Unit Cost			
					-
					-
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					-
					-
					-
					-
					-
		Total		-	-
VI. SUPPLIES					
Office Supplies Educational & Program Supplies			500.00 18,144.84		500.00 18,144.84 -
					-
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Appendix C York City Bureau of Health SAP # 4100077264 July 1, 2019 - June 30, 2020 Amendment Type **Original Budget** Total Budget Categories & Number VII. TRAVEL Mileage 2,500.00 2,500.00 Airfare 2,500.00 2,500.00 Lodging 2,000.00 2,000.00 Subsistence 750.00 750.00 Parking/Tolls 300.00 300.00 Ground Transportation 150.00 150.00 ---------_ 8,200.00 8,200.00 Total VIII. OTHER COSTS Office Expenses 500.00 500.00 Rent 16,200.00 16,200.00 **Conference Fees/Association Dues** 3,000.00 3,000.00 Project Enhance - MOB data collection 200.00 200.00 ConcussionWise Training 198.00 198.00 **CPS** Certification fees 100.00 100.00 Indirect Costs (up to 10% of total cost minus indirect cost) 25,096.36 25,096.36 --------------Total 45,294.36 45,294.36 -TOTAL 276,060.00 276,060.00 -