

## FDP Cost Reimbursement Subaward

**Federal Awarding Agency:** Health Resources and Services Administration (HRSA)

**Pass-Through Entity (PTE):**  
**Regents of the University of Michigan**

**Subrecipient:**  
**City of Columbus**

PTE PI: **Laura Power**

Sub PI: **Makeda Porter**

PTE Federal Award No: **2 UB6HP31684-05-00**

Subaward No: **SUBK00016886**

Project Title: **Public Health Training Centers**

**Subaward Budget Period:**  
 Start: **07/01/2022** End: **06/30/2023**

Amount Funded This Action (USD): \$ **20,000.00**


**Estimated Period of Performance:**  
 Start: **07/01/2022** End: **06/30/2026**

Incrementally Estimated Total (USD): \$ **80,000.00**

### Terms and Conditions

1. PTE hereby awards a cost reimbursable subaward, (as determined by 2 CFR 200.331), to Subrecipient. The Statement of Work and budget for this Subaward are as shown in Attachment 5. In its performance of Subaward work, Subrecipient shall be an independent entity and not an employee or agent of PTE.
2. Subrecipient shall submit invoices not more often than monthly and not less frequently than quarterly for allowable costs incurred. Upon the receipt of proper invoices, the PTE agrees to process payments in accordance with this Subaward and 2 CFR 200.305. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), breakdown by major cost category, Subaward number, and certification, as required in 2 CFR 200.415(a). Invoices that do not reference PTE Subaward number shall be returned to Subrecipient. Invoices and questions concerning invoice receipt or payments shall be directed to the party's **Financial** Contact, shown in Attachment 3A.
3. A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to PTE's **Financial** Contact, as shown in Attachment 3A, not later than 60 days after each Budget Period end date. The final statement of costs shall constitute Subrecipient's final financial report.
4. All payments shall be considered provisional and are subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient.
5. Matters concerning the technical performance of this Subaward shall be directed to the appropriate party's Principal Investigator as shown in Attachments 3A and 3B. Technical reports are required as shown in Attachment 4.
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this Subaward, and any changes requiring prior approval, shall be directed to the PTE's **Administrative** Contact and the Subrecipient's **Authorized Official** Contact shown in Attachments 3A and 3B. Any such change made to this Subaward requires the written approval of each party's Authorized Official as shown in Attachments 3A and 3B.
7. The PTE may issue non-substantive changes to the Budget Period(s) and Budget **Bilaterally**. Unilateral modification shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient when sent to Subrecipient's **Authorized Official** Contact, as shown in Attachment 3B.
8. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
9. Either party may terminate this Subaward with 30 days written notice. Notwithstanding, if the Awarding Agency terminates the Federal Award, PTE will terminate in accordance with Awarding Agency requirements. PTE notice shall be directed to the **Authorized Official** Contact, and Subrecipient notice shall be directed to the **Authorized Official** Contact as shown in Attachments 3A and 3B. PTE shall pay Subrecipient for termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR Part 75 Appendix IX, as applicable
10. By signing this Subaward, including the attachments hereto which are hereby incorporated by reference, Subrecipient certifies that it will perform the Statement of Work in accordance with the terms and conditions of this Subaward and the applicable terms of the Federal Award, including the appropriate Research Terms and Conditions ("RTCs") of the Federal Awarding Agency, as referenced in Attachment 2. The parties further agree that they intend this subaward to comply with all applicable laws, regulations, and requirements.

By an Authorized Official of the PTE:  
 \_\_\_\_\_  
 Date: **08/11/2022**  
 Name: **Ashley K. Tyler**  
 Title: **Contract Administration Senior**

By an Authorized Official of the Subrecipient:  
  
 Date: **8/11/22**  
 Name: **MYSHEKA W. ROBERTS**  
 Title: **HEALTH COMMISSIONER**

**Attachment 1**  
**Certifications and Assurances**

Subaward Number:

SUBK00016886

**Certification Regarding Lobbying (2 CFR 200.450)**

By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief, that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement in accordance with 2 CFR 200.450.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the PTE.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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**Debarment, Suspension, and Other Responsibility Matters (2 CFR 200.214 and 2 CFR 180)**

By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief that neither the Subrecipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, in accordance with 2 CFR 200.213 and 2 CFR 180.

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**Audit and Access to Records**

Subrecipient certifies that it will provide PTE with notice of any adverse findings which impact this Subaward. Subrecipient certifies compliance with applicable provisions of 2 CFR 200.501-200.521. If Subrecipient is not required to have a Single Audit as defined by 200.501, Awarding Agency requirements, or the Single Audit Act, then Subrecipient will provide notice of the completion of any required audits and will provide access to such audits upon request. Subrecipient will provide access to records as required by parts 2 CFR 200.337 and 200.338 as applicable.

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**Program for Enhancement of Contractor Employee Protections (41 U.S.C 4712)**

Subrecipient is hereby notified that they are required to: inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the program; inform their employees in writing of employee whistleblower protections under 41 U.S.C §4712 in the predominant native language of the workforce; and include such requirements in any agreement made with a subcontractor or subgrantee.

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The Subrecipient shall require that the language of the certifications above in this Attachment 1 be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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**Use of Name**

Neither party shall use the other party's name, trademarks, or other logos in any publicity, advertising, or news release without the prior written approval of an authorized representative of that party. The parties agree that each party may use factual information regarding the existence and purpose of the relationship that is the subject of this Subaward for legitimate business purposes, to satisfy any reporting and funding obligations, or as required by applicable law or regulation without written permission from the other party. In any such statement, the relationship of the parties shall be accurately and appropriately described.

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**Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment**

Pursuant to 2 CFR 200.216, Subrecipient will not obligate or expend funds received under this Subaward to: (1) procure or obtain; (2) extend or renew a contract to procure or obtain; or (3) enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services (as described in Public Law 115-232, section 889) as a substantial or essential component of any system, or as a critical technology as part of any system.



**Attachment 2**  
**Federal Award Terms and Conditions**

Subaward Number  
SUBK00016886

**Required Data Elements**

The data elements required by Uniform Guidance are incorporated as entered.

**This Subaward Is:**

- Research & Development     Subject to FFATA

Awarding Agency Institute (If Applicable)

Health Resources and Services Administration (HRSA)		
Federal Award Issue Date	FAIN	Assistance Listing No.
06/01/22	UB631684	93.516
Assistance Listing Program Title (ALPT)		
Affordable Care Act: Public Health Training Centers Program		
Key Personnel Per NOA		
Refer to attached NOA; as applicable		

**General Terms and Conditions**

By signing this Subaward, Subrecipient agrees to the following:

1. To abide by the conditions on activities and restrictions on expenditure of federal funds in appropriations acts that are applicable to this Subaward to the extent those restrictions are pertinent. This includes any recent legislation noted on the Federal Awarding Agency's website:
2. 2 CFR 200
3. The Federal Awarding Agency's grants policy guidance, including addenda in effect as of the beginning date of the period of performance or as amended found at:
4. Research Terms and Conditions, including any Federal Awarding Agency's Specific Requirements found at:  
 except for the following :
  - a. No-cost extensions require the written approval of the PTE. Any requests for a no-cost extension shall be directed to the  Contact shown in Attachment 3A, not less than 30 days prior to the desired effective date of the requested change.
  - b. Any payment mechanisms and financial reporting requirements described in the applicable Federal Awarding Agency Terms and Conditions and Agency-Specific Requirements are replaced with Terms and Conditions (1) through (4) of this Subaward; and
  - c. Any prior approvals are to be sought from the PTE and not the Federal Awarding Agency.
  - d. Title to equipment as defined in 2 CFR 200.1 that is purchased or fabricated with research funds or Subrecipient cost sharing funds, as direct costs of the project or program, shall vest in the Subrecipient subject to the conditions specified in 2 CFR 200.313.
  - e. Prior approval must be sought for a change in Subrecipient PI or change in Key Personnel (defined as listed on the NOA).
5. Treatment of program income:

**Special Terms and Conditions:**

**Data Sharing and Access:**

Subrecipient agrees to comply with the Federal Awarding Agency's data sharing and/or access requirements as reflected in the NOA or the Federal Awarding Agency's standard terms and conditions as referenced in General Terms and Conditions 1-4 above.

**Data Rights:**

Subrecipient grants to PTE the right to use data created in the performance of this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

**Copyrights:**

to PTE an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Subrecipient grants to PTE the right to use any written progress reports and deliverables created under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its Federal Award.

**Promoting Objectivity in Research (COI):**

Subrecipient must designate herein which entity's Financial Conflicts of Interest policy (COI) will apply:

If applying its own COI policy, by execution of this Subaward, Subrecipient certifies that its policy complies with the requirements of the relevant Federal Awarding Agency as identified herein:

Subrecipient shall report any financial conflict of interest to PTE's Administrative Representative or COI contact, as designated on Attachment 3A. Any financial conflicts of interest identified shall, when applicable, subsequently be reported to Federal Awarding Agency. Such report shall be made before expenditure of funds authorized in this Subaward and within 45 days of any subsequently identified COI.

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**Work Involving Human or Vertebrate Animals** (Select Applicable Options)

No Human or Vertebrate Animals

This section left intentionally blank.

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**Human Subjects Data** (Select One)

This section left intentionally blank

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This section left intentionally blank

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**Additional Terms**

1. The PTE Federal Award terms and conditions are applicable to this Subaward; the NOA is provided within Attachment 6, as applicable.
2. Federal Identifier UB6HP31684, as submitted in response to Funding Opportunity Number HRSA-22-055, is incorporated herein by reference, as applicable.

**Attachment 3A**  
**Pass-Through Entity (PTE) Contacts**

Subaward Number:

SUBK00016886

**PTE Information**

Entity Name: Regents of the University of Michigan

Legal Address: 3003 South State Street  
Ann Arbor, Michigan 48109

Website: <https://umich.edu>

**PTE Contacts**

Central Email: [subcontracts@umich.edu](mailto:subcontracts@umich.edu)

Principal Investigator Name: Laura Power

Email: [lejohns@umich.edu](mailto:lejohns@umich.edu)

Telephone Number: 734-647-5306

Administrative Contact Name: Ashley K. Tyler, Contract Administration Senior

Email: [tyleras@umich.edu](mailto:tyleras@umich.edu)

Telephone Number: 734-764-8256

COI Contact email (if different to above): [FCOI.Reports@umich.edu](mailto:FCOI.Reports@umich.edu)

Financial Contact Name: Office of Contract Administration, Accounting Team

Email: [subcontracts.accounting@umich.edu](mailto:subcontracts.accounting@umich.edu)

Telephone Number: 734-764-8204

Email invoices?  Yes  No Invoice email (if different): [subcontract.invoices@umich.edu](mailto:subcontract.invoices@umich.edu)

Authorized Official Name: Peter J. Gerard, Contract Administration Assistant Director

Email: [subcontracts@umich.edu](mailto:subcontracts@umich.edu)

Telephone Number: 734-764-8204

**PI Address:**

Epidemiology  
1415 Washington Heights  
Ann Arbor, MI 48109-2029

**Administrative Address:**

Sponsored Programs - Office of Contract Administration  
5000 Wolverine Tower  
3003 South State Street  
Ann Arbor, Michigan 48109-1287

**Invoice Address:**

Email Only: [subcontract.invoices@umich.edu](mailto:subcontract.invoices@umich.edu)

### Attachment 3B

#### Research Subaward Agreement Subrecipient Contacts

Subaward Number:

SUBK00016886

#### Subrecipient Information for **FFATA** reporting

Entity's UEI/DUNS Name: Columbus, City of

EIN No.: 316400223 Institution Type: City/Township Gov't

UEI / DUNS: FAMWPY11Z6K8 Currently registered in SAM.gov:  Yes  No

Parent UEI / DUNS: Exempt from reporting executive compensation: Yes  No   
*(if no, complete 3B pg2)*

#### Place of Performance Information for FFATA reporting

Physical Address, City, State (if U.S.) and Country:

240 Parsons Avenue, Columbus, Ohio 43215-5331

#### U.S. Entities only (insert information for Place of Performance):

Congressional District: 12 Zip Code+4: 43215-5331

[Zip Code Look-up](#)

#### Subrecipient Contacts

Central Email: health@columbus.gov

Website: www.columbus.gov/publichealth/

Principal Investigator Name: Makeda Porter

Email: MCPorter@columbus.gov

Telephone Number: 614-645-5658

Administrative Contact Name: Edward Johnson

Email: EDJohnson@columbus.gov

Telephone Number: 614-645-7284

Financial Contact Name: Jon Crego

Email: JDCrego@columbus.gov

Telephone Number: 614-645-6263

Invoice Email: JDCrego@columbus.gov

Authorized Official Name: Mysheika W. Roberts, MD, MPH

Email: MWRoberts@columbus.gov

Telephone Number: 614-645-6423

#### Legal Address:

240 Parsons Avenue,  
Columbus, Ohio 43215

#### Administrative Address:

240 Parsons Avenue  
Columbus, OH 43215

#### Payment Address:

240 Parsons Avenue  
Columbus, OH 43215

**Attachment 3B Page 2**  
**Research Subaward Agreement**  
**Highest Compensated Officers**

Subaward Number:  
SUBK00016886

**Subrecipient**

Entity Name:

PI Name:

**Highest Compensated Officers**

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:

**Attachment 4**  
**Reporting and Prior Approval Terms**

Subaward Number:

SUBK00016886

Subrecipient agrees to submit the following reports (PTE contacts are identified in Attachment 3A):

**Technical Reports:**

- Monthly technical/progress reports will be submitted to the PTE's  within  days of the end of the month.
- Quarterly technical/progress reports will be submitted within 30 days after the end of each project quarter to the PTE's .
- Annual technical / progress reports will be submitted within  days prior to the end of each budget period to the PTE's . Such report shall also include a detailed budget for the next Budget Period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.
- A Final technical/progress report will be submitted to the PTE's  within  days of the end of the Project Period or after termination of this award, whichever comes first.
- Technical/progress reports on the project as may be required by PTE's  in order for the PTE to satisfy its reporting obligations to the Federal Awarding Agency.

**Prior Approvals:**

Carryover:

Carryover is restricted for this subaward by the:  Federal Awarding Agency

*Carryover instructions and requirements are as stated by the Federal Awarding Agency guidance or as shown below.*

Submit carryover requests to the .

**Other Reports:**

- In accordance with 37 CFR 401.14, Subrecipient agrees to notify both the Federal Awarding Agency via iEdison and PTE's  within 60 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Federal Awarding Agency specific forms to the PTE's  within 60 days of the end of the Project Period to be included as part of the PTE's final invention report to the Federal Awarding Agency.

A negative report is required:

- Property Inventory Report (only when required by Federal Awarding Agency), specific requirements below.

**Additional Technical and Reporting Requirements:**

Closeout documents: The closeout documents provided within Attachment 6 must to be completed and returned along with the Final Invoice.

Invoicing Instructions: Invoices shall be e-mailed to [subcontract.invoices@umich.edu](mailto:subcontract.invoices@umich.edu) for processing. In addition to the invoicing terms and conditions identified on the face page of the Subaward each invoice must include the following:

- a. PO Number: 3007134256 >> Invoices for costs incurred within the 07/01/2022 - 06/30/2023 Budget Period shall reference this number. A new PO number will be assigned by PTE for each subsequent authorized budget period.
- b. A unique invoice number: Each payment request must be identified by a unique invoice number, which can only be used one time regardless of the number of Michigan contracts or orders held by an organization.
- c. Invoice period: The period for which the expenditures apply
- d. Remittance address
- e. Per face page, each invoice must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows: "By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

Sufficient detail must be provided to allow for PTE review of invoices. Additional detail or supporting documentation, requested on an as-needed basis, will be made available upon request.



**Attachment 5**  
**Statement of Work, Cost Sharing, Indirects & Budget**

Subaward Number:  
SUBK00016886

**Statement of Work**

Below  Attached,  pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

This section left intentionally blank

**Budget Information**

<b>Indirect Information</b> Indirect Cost Rate (IDC) Applied <input type="text" value="0"/> % Rate Type: <input type="text" value="Total Direct Costs"/>	<b>Cost Sharing</b> <input type="text" value="No"/> If Yes, include Amount: \$ <input type="text"/>
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**Budget Details**  Below  Attached,  pages

By signing this Subaward, Subrecipient has voluntarily waived reimbursement for allowable indirect costs for the duration of this Project.

Subrecipient is responsible for making sure that costs incurred/charged are allowable in accordance with the terms and conditions of the Federal Award.

**Budget Totals**

Direct Costs	\$	<input type="text" value="20,000.00"/>
Indirect Costs	\$	<input type="text" value="0.00"/>
Total Costs	\$	<input type="text" value="20,000.00"/>

*All amounts are in United States Dollars*

### **Region V PHTC - Scope of Work: Columbus Public Health (CPH)**

CPH will serve as a Community-Based Training (CBT) Partner to the RVPHTC and engage in the following activities and deliverables over the four-year project period. *Participation on advisory boards and committees:* a representative from CPH will serve on the RVPHTC's advisory board and at least one special interest group (SPIG), providing feedback on strategic direction and regional coordination of worker and student-focused training initiatives, as well as evaluation of the RVPHTC's processes and programs for continuous quality improvement. *Open access training:* CPH will provide **two trainings per year** that meet current or emerging needs of the regional public health workforce. *Facilitation of student field placements/faculty-student collaborative projects:* CPH will host **two student projects per year**. This scope of work includes funds to support the coordination and supervision of the participating health professions students and any materials necessary to support the project. A separate stipend will be provided to the students directly by the RVPHTC central office. Field placement/collaborative project activities should contribute to the capacity of the health department to address an identified health outcome and related social determinants of health. *Blog posts:* CPH will write **two blog posts** per year for the RVPHTC's Public Health in Gear newsletter. Topics to meet current or emerging needs of the regional public health workforce. *Dissemination and recruitment:* CPH will assist with marketing and recruitment for training activities, including training needs assessments and continuing education activities. This would include sharing information with relevant audiences throughout the state and engaging CPH staff as applicable. *In-person meeting in Ann Arbor, MI in YR2:* participate in a partner meeting.

**Budget Justification for Years 1-4: July 1, 2022 – June 30, 2026.** **Personnel:** Makeda Porter, MSW is the Capacity Building Section Chief at the Center for Public Health Innovation. She will serve as the grant PI- coordinating daily grant activities and collaborative projects, as well as mentoring students during their field placement. She will be a member of the RVPHTC Advisory Board and participate on a SPIG. Ms. Porter has almost 25 years of experience in public health program management, including 15 years as a program director. Ms. Porter will devote time to the project but will not receive any salary compensation for her work as it is funded through the City of Columbus. Suellen Bennett, MSPH is the Executive Officer at the Center for Public Health Innovation. She will serve as a member of the Region V PHTC Advisory Board and has previous experience with the PHTC program. Ms. Bennett has over 20 years of experience in public health epidemiology and program management, including 12 years as a program director. Ms. Bennett will devote time to the project but will not receive any salary compensation for her work as it is funded through the City of Columbus. **Other Direct Costs:** Supplies: Total=\$2,000 (\$500/yr). Office and other supplies to support student field placement and faculty student collaborative projects. Student Project Support Services: Total=\$4,000 (\$1,000/yr). Will support services such as transcription needed for student field placement and faculty student collaborative projects. Training: Total=\$61,500 (YR1-3=\$16,000/yr, YR4=\$13,500). Training products include equity tools (e.g., Racial Equity Impact Assessment), foundational training (e.g., implicit bias, bystander training, Culturally and Linguistically Appropriate Services), and racial trauma. Travel: Total=\$12,500 (YR1-3=\$2,500/yr, YR4=\$5,000). Includes expenses for flight, ground travel, hotel, and per diem for CPH staff to attend regional partner meeting in Ann Arbor, MI and present project activities at state and national conferences. Estimate 480 miles for regional meetings, local travel, etc. at mileage reimbursement rate of .56 cents/mile. **Total Direct Costs:** \$80,000 (\$20,000/yr); **Indirect Costs:** None requested; **Total:** \$80,000 (\$20,000/yr)

**RESEARCH & RELATED BUDGET - Budget Period 1**

OMB Number: 4040-0001  
Expiration Date: 12/31/2022

**ORGANIZATIONAL DUNS:**  **Enter name of Organization:**

**Budget Type:**  Project  Subaward/Consortium **Budget Period: 1** **Start Date:**  **End Date:**

**A. Senior/Key Person**

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months		Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad. Sum.			
Ms.	Makeda		Porter			0.01		0.00	0.00	0.00
Project Role: <input type="text" value="Sub_PI"/>										
Ms.	Suellien		Bennett			0.01		0.00	0.00	0.00
Project Role: <input type="text" value="Co-I"/>										

**Additional Senior Key Persons:**     **Total Funds requested for all Senior Key Persons in the attached file**

**B. Other Personnel**

Number of Personnel	Project Role	Months		Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad. Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Number Other Personnel**  **Total Other Personnel**   
**Total Salary, Wages and Fringe Benefits (A+B)**

**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment item	Funds Requested (\$)
<input type="text"/>	<input type="text"/>

Additional Equipment:

Total funds requested for all equipment listed in the attached file

Total Equipment

**D. Travel**

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text" value="2,500.00"/>
2. Foreign Travel Costs	<input type="text"/>
<b>Total Travel Cost</b>	<input type="text" value="2,500.00"/>

**E. Participant/Trainee Support Costs**

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	<input type="text"/>
<b>Total Participant/Trainee Support Costs</b>	<input type="text"/>

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		500.00
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Training		16,000.00
9. Student Project Support Services		1,000.00
10. Total Other Direct Costs		17,500.00

**G. Direct Costs** Funds Requested (\$)  
**Total Direct Costs (A thru F)** 20,000.00

H. Indirect Costs		Funds Requested (\$)
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)
MTDC	0.00	20,000.00
<b>Total Indirect Costs</b>		0.00

**Cognizant Federal Agency**  
 (Agency Name, POC Name, and POC Phone Number)

**I. Total Direct and Indirect Costs** Funds Requested (\$)  
**Total Direct and Indirect Institutional Costs (G + H)** 20,000.00

**J. Fee** Funds Requested (\$)

**K. Total Costs and Fee** Funds Requested (\$)  
**Total Costs and Fee (I + J)** 20,000.00

**L. Budget Justification**  
 (Only attach one file.)  [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)



## Attachment 6

### Notice of Award (NOA) and any additional documents

- The following pages include the NOA and if applicable any additional documentation referenced throughout this Subaward.
- Not incorporating the NOA or any additional documentation to this Subaward.



**Recipient Information**

- 1. Recipient Name**  
REGENTS OF THE UNIVERSITY OF MICHIGAN  
3003 S. State St,  
Ann Arbor, MI 48109
- 2. Congressional District of Recipient**  
12
- 3. Payment System Identifier (ID)**  
1386006309A1
- 4. Employer Identification Number (EIN)**  
386006309
- 5. Data Universal Numbering System (DUNS)**  
073133571
- 6. Recipient's Unique Entity Identifier**  
GNJ7BBP73WE9
- 7. Project Director or Principal Investigator**  
Laura E Power  
Clinical Assist Professor  
lejohns@umich.edu  
(734)647-5306
- 8. Authorized Official**  
Craig Reynoldes  
Director  
cjharri@umich.edu  
(734)763-3800

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
John B Gazdik  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
jgazdik@hrsa.gov  
(301) 443-6962
- 10. Program Official Contact Information**  
Megan Lincoln  
Bureau of Health Workforce (BHW)  
mlincoln@hrsa.gov  
(301) 443-2702

**Federal Award Information**

- 11. Award Number**  
2 UB6HP31684-05-00
- 12. Unique Federal Award Identification Number (FAIN)**  
UB631684
- 13. Statutory Authority**  
42 U.S.C. § 295a
- 14. Federal Award Project Title**  
Public Health Training Centers
- 15. Assistance Listing Number**  
93.516
- 16. Assistance Listing Program Title**  
Affordable Care Act: Public Health Training Centers Program
- 17. Award Action Type**  
Competing Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 07/01/2022 - End Date 06/30/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$926,507.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$926,507.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$926,507.00</b>
<b>26. Project Period Start Date 07/01/2022 - End Date 06/30/2026</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$926,507.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
James King on 06/01/2022

**30. Remarks**

The award has been reduced due to availability of funding. The reduction was prorated across all cost categories.



Notice of Award  
Award Number: 2 UB6HP31684-05-00  
Federal Award Date: 06/01/2022

**Bureau of Health Workforce (BHW)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)															
a. Salaries and Wages: \$282,796.00 b. Fringe Benefits: \$83,716.00 c. Total Personnel Costs: \$366,512.00 d. Consultant Costs: \$2,957.00 e. Equipment: \$0.00 f. Supplies: \$12,419.00 g. Travel: \$8,378.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$55,378.00 j. Consortium/Contractual Costs: \$325,261.00 k. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$93,143.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$864,048.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$62,459.00 q. TOTAL APPROVED BUDGET: \$926,507.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$926,507.00		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>06</td> <td>\$940,000.00</td> </tr> <tr> <td>07</td> <td>\$940,000.00</td> </tr> <tr> <td>08</td> <td>\$940,000.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	06	\$940,000.00	07	\$940,000.00	08	\$940,000.00						
YEAR	TOTAL COSTS																
06	\$940,000.00																
07	\$940,000.00																
08	\$940,000.00																
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period <b>\$926,507.00</b> b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Award(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$926,507.00</b>		<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b> a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Award(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>															
<b>35. FORMER GRANT NUMBER</b>		<b>36. OBJECT CLASS</b> 41.21															
<b>37. BHCNIS#</b>																	
<b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																	
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																	
<table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>22 - 3724056</td> <td>93.249</td> <td>22UB6HP31684</td> <td>\$926,507.00</td> <td>\$0.00</td> <td>N/A</td> <td>22UB6HP31684</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	22 - 3724056	93.249	22UB6HP31684	\$926,507.00	\$0.00	N/A	22UB6HP31684
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE											
22 - 3724056	93.249	22UB6HP31684	\$926,507.00	\$0.00	N/A	22UB6HP31684											

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests.
2. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>
5. The awardee must submit a non-competing continuation progress report to HRSA on an annual basis. For multi-year awards: Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The BHW Progress Report has two parts. The first part demonstrates grantee progress on each project objective, and description of barriers. The second part collects project specific data, performance measures and detail on activities and outcomes..  
Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

### Program Specific Term(s)

1. HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. HRSA program involvement will include:
  - Providing ongoing input and review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
  - Reviewing project information prior to dissemination;
  - Assisting the Regional PHTCs to enhance or develop a network among other HRSA- and HHS-funded programs, federal agencies, as well as with external stakeholders, to disseminate resources, best practices, and lessons learned;
  - Providing assistance and referral in the establishment and facilitation of effective collaborative relationships with federal and state agencies, HRSA award projects and resource centers, and other entities that may be relevant to the project's mission;
  - Providing programmatic input and consultation for development and delivery of training and technical assistance;

- Collaborating with recipients to assist in the develop and implement assessment and evaluation strategies;
- Participating in the dissemination of project activities and products;
- Leading the Regional PHTC network. Working with recipients in planning and coordinating conference calls, webinars and meetings, working groups, learning exchanges, communities of practice.

The cooperative agreement recipient's responsibilities will include:

- Carrying out all required activities, including those outlined in section 766(c) of the PHS Act, including:
- Establishing or strengthening field placements for students in public or nonprofit private health agencies or organizations;
- Involving faculty members and students in collaborative projects to enhance public health services to rural and/or medically underserved communities;
- Specifically designating a geographic area to be served by the center that shall be in a location removed from the main location of the teaching facility of the school that is participating in the program with such center to include establish and implement a formal arrangement with Community Based Training (CBT) partner(s); and
- Assessing the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.

Leadership Institutes:

- Establishing or engaging with current Leadership Institutes that support a diverse cohort with an integrated primary care and public health approach. Trainees should be trained in advance adaptive and strategic leadership public health skills that underscore core public health competencies; and
- Establishing cohorts that include public health and primary care leadership.

Programmatic Oversight including:

- Providing the HRSA project officer with an opportunity to review project information prior to dissemination;
- Establishing contacts that may be relevant to the project's mission, such as federal and non-federal partners and other HRSA award projects;
- Working with HRSA to identify collaborative partnerships for community-based training topics and sites; and
- Working with HRSA to implement all network activities, including but not limited to conference calls, meetings, working groups, learning collaboratives, etc.

Participation in Network including:

- Participating in ongoing Regional PHTC network conference calls, learning exchanges, and webinars with other awardees under this NOFO and HRSA;
- Working with HRSA to identify network working groups, learning exchanges, communities of practice;
- Coordinating activities with other awardees under this NOFO; and
- Participating in annual meetings.

Evaluation Activities including:

- Collaborating with HRSA and other recipients under this NOFO to develop and implement assessment and evaluation strategies;
- Partnering with HRSA to evaluate priorities and respond to constituent/field requirements.

## Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

## Reporting Requirement(s)

### 1. Due Date: 07/31/2023

Performance data for the recently completed academic year must be reported for each budget period annually no later than July 31. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the report through the EHB system. The Bureau of Health Workforce (BHW) requirements and performance measures will be available at

<http://bhw.hrsa.gov/grants/reporting/index.html>.

Contact your BHW project officer for additional information.



**2. Due Date: Within 90 Days of Project End Date**

A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

**3. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

**Contacts****NoA Email Address(es):**

Name	Role	Email
Christy Bohensky	Point of Contact	cjharri@umich.edu
Laura E Power	Program Director	lejohns@umich.edu
Craig Reynoldes	Authorizing Official	cjharri@umich.edu

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

**Department of Health and Human Services**  
**Final Invention Statement and Certification**  
*(For Grant or Award)*

DHHS Grant or Award No.

A. We hereby certify that, to the best of our knowledge and belief, all inventions are listed below which were conceived and/or first actually reduced to practice during the course of work under the above-referenced DHHS grant or award for the period

7/1/22  
original effective date

through

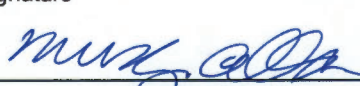
6/30/26  
date of termination

B. **Inventions** (Note: If no inventions have been made under the grant or award, insert the word "NONE" under

NAME OF INVENTOR	TITLE OF INVENTION	DATE REPORTED TO DHHS
NONE		

*(Use continuation sheet if necessary)*

C. **Signature** — This block *must* be signed by an official authorized to sign on behalf of the institution.

Title <b>HEALTH COMMISSIONER</b>		Name and Mailing Address of Institution <b>COLUMBUS PUBLIC HEALTH 240 PARSONS AVE COLUMBUS, OHIO 43215</b>
Typed Name <b>MYSHEIKA W. ROBERTS</b>		
Signature 	Date <b>8/1/22</b>	