

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	March 21, 2023	Staff Lead:	Kris Johnson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Review and accept funds from the Centers for Disease Control and Prevention (CDC) via Minnesota Department of Health (MDH).		

BACKGROUND:

The Minnesota Department of Health has received a 5-year grant from the Center for Disease Control (CDC) to support and bolster the Public Health Workforce in Minnesota. Community Health Boards each received an allotment from this grant; Goodhue County HHS has been allotted \$171,518.00 which can be used for:

- supporting, recruiting, and training public health staff;
- strengthening workforce planning and policy development;
- and/or recruiting and hiring new public health staff.

The funds must be spent by November 30, 2027. GCHHS is in the process of developing a plan to utilize the funds.

RECOMMENDATION: Goodhue County HHS Recommends Approval as Requested.

Promote, Strengthen and Protect the Health of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



Minnesota Department of Health

Grant Project Agreement Cover Sheet

You have received a grant project agreement from the Minnesota Department of Health (MDH). Information about the grant project agreement, including funding details, are included below. Contact your MDH Grant Manager if you have questions about this Cover Sheet.

ATTACHMENT: Grant Project Agreement

CONTACT FOR MDH: Alicia Waters, 651-201-4512, Alicia.Waters@state.mn.us

Grantee SWIFT Information	Grant Project Agreement Information	Program & Funding Information
Name of MDH Grantee: Goodhue County Health and Human Services	Grant Project Agreement Number: 225528	MDH Program Name: CDC Federal Infrastructure Grant
Grantee SWIFT Vendor Number: 0000197327	Effective Date: 3/1/2023, OR the date all signatures are collected and the agreement is fully executed, whichever is later.	Total State Grant Funds: \$0.00 Total Federal Grant Funds: \$171,518.00 Total Grant Funds (all funds): \$171,518.00
SWIFT Vendor Location Code: 001	Expiration Date: 11/30/2027	

Notice to Grantee about Federal Funds

You have received a sub-award of federal financial assistance from MDH. Information about the sub-award is being shared with you per [2 CFR § 200.332](#). Please keep a copy of this cover sheet with the grant project agreement.

Grantee Unique Entity Identifier (UEI) Name and Number	UEI Name: Goodhue, County of UEI Number: EUJSNVR85T71
Grantee's Approved Indirect Cost Rate for the Grant	10%
Is this award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Project Description	This funding will support efforts to recruit, retain, and train a skilled and diverse public health workforce, address longstanding public health infrastructure needs, and increase the size of the public health workforce.
Name of Federal Awarding Agency	Department of Health and Human Services Centers for Disease Control and Prevention (CDC)
Assistance Listing Name and Number (formerly <i>Catalog of Federal Domestic Assistance</i> , "CFDA")	Assistance Listing Name: CDC's Collaboration with Academia to Strengthen Public Health Assistance Listing Number: 93.967
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	NE110E000048
Federal Award Date (Date MDH received federal grant)	11/29/2022
Total Amount of Federal Award Received by MDH	\$42,873,748.00
Amount of funding from this federal award MDH is issuing to Grantee:	\$171,518.00

Minnesota Department of Health

Grant Project Agreement

This Grant Project Agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health (“MDH”) and Goodhue County Health and Human Services, an independent organization, not an employee of the State of Minnesota, address 426 West Avenue, Red Wing, MN 55066, (“Grantee”).

Recitals

1. MDH is empowered to enter into this grant project agreement under Minn. Stat. §§ [144.05](#) and [144.0742](#) and 317(K)(2) of PHSA 42USC 24B(K)(2) for preventive health services;
2. MDH and Grantee have entered into Master Grant Contract number 12-700-00074 (“Master Grant Contract”) effective January 1, 2020 or subsequent Master Grant Contracts and amendments and supplements thereto;
3. Grantee represents that it is duly qualified and willing to perform the activities described in accordance with the terms of this grant project agreement. Pursuant to [Minn. Stat. § 16B.98](#), subd 1, Grantee agrees to minimize administrative costs as a condition of this grant project agreement.

Grant Project Agreement

NOW, THEREFORE, it is agreed:

1. Incorporation of Master Grant Contract

All terms and conditions of the Master Grant Contract are hereby incorporated by reference into this grant project agreement.

2. Term of Agreement

2.1. *Effective date*

[March 1, 2023], or the date MDH obtains all required signatures under [Minn. Stat. § 16B.98](#), subd. 5(a), whichever is later. Per [Minn. Stat. § 16B.98](#), subd. 7, no payments will be made to the Grantee until this grant project agreement is fully executed. Grantee must not begin work until this grant project agreement is fully executed and MDH’s Authorized Representative has notified Grantee that work may commence.

2.2. *Expiration date*

[November 30, 2027], or until all obligations have been fulfilled to the satisfaction of MDH, whichever occurs first, except for the requirements specified in this grant project agreement with completion dates which extend beyond the termination date specified in this sentence.

3. Activities

3.1. *MDH’s Activities*

MDH activities, in accordance with the Minnesota Department of Administration's Office of Grants Management's policies and federal regulations, may include but are not limited to

financial reconciliations, site visits, programmatic monitoring of activities performed, and grant activity evaluation.

3.2. *Grantee's Activities*

Grantee, who is not a state employee, shall conduct the activities specified in Exhibit A, which is attached and incorporated into this grant agreement.

4. **Award and Payment**

MDH will award funds to Grantee for all activities performed in accordance with this grant project agreement.

4.1. *Grant Award*

Reimbursement will be in accordance with the grantee activities addressed in Exhibit A, which is attached and incorporated into this grant agreement.

4.2. *Budget Modifications*

Grantee may modify any line item in the most recently agreed-upon budget by up to 10 percent without prior written approval from MDH. Grantee must notify MDH of any modifications up to 10 percent in writing no later than the next invoice. Grantee must obtain prior written approval from MDH for line-item modifications greater than 10 percent. Grantee's failure to obtain MDH's prior approval may result in denial of modification request, loss of funds, or both. The total obligation of MDH for all compensation and reimbursements to Grantee shall not exceed the total obligation listed under "Total Obligation."

4.3. *Total Obligation*

The total obligation of MDH for all compensation and reimbursements to Grantee under this grant project agreement will not exceed \$171,518.00.

4.4. *Terms of Payment*

4.4.1. *Invoices*

MDH will promptly pay Grantee after Grantee presents an itemized invoice for the activities actually performed and MDH's Authorized Representative accepts the invoiced activities. Invoices must be submitted at least quarterly or according to a schedule agreed upon by the Parties. The final invoice is due 30 calendar days after the expiration date of the grant agreement.

4.4.2. *Federal Funds*

Payments under this grant project agreement will be made from federal funds obtained by MDH through Strengthening Minnesota's Public Health Infrastructure, Workforce, and Data Systems, Assistance Listing (formerly known as CFDA) number 93.967 of the Public Health Service Act of 1944, including public law and all amendments. The Notice of Grant Award (NGA) number is 1NE110E000048-01-00. Grantee is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements.

5. **Conditions of Payment**

All activities performed by Grantee pursuant to this grant agreement must be performed in accordance with the terms of this grant agreement, as determined in the sole discretion of MDH's Authorized Representative. Furthermore, all activities performed by Grantee must be in

accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. MDH will not pay Grantee for work that MDH determines is noncompliant with the terms and conditions of this grant agreement or performed in violation of federal, state, or local law, ordinance, rule, or regulation.

6. Ownership of Equipment and Supplies

- 6.1. **Equipment.** "Equipment" is defined as tangible personal property having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000. MDH shall have the right to require transfer of all Equipment purchased with grant funds (including title) to MDH or to an eligible non-State party named by MDH. MDH may require the transfer of Equipment if the grant program is transferred to another grantee. At the end of this grant agreement, grantee must contact MDH's Authorized Representative for further instruction regarding the disposition of Equipment.
- 6.2. **Supplies.** "Supplies" is defined as all tangible personal property other than those described in the definition of Equipment. Grantee must notify MDH's Authorized Representative regarding any remaining Supplies with an aggregate market value of \$5,000 or more for further instruction regarding the disposition of those Supplies. For the purpose of this section, Supplies includes but is not limited to computers and incentives.

7. Authorized Representatives

7.1. *MDH's Authorized Representative*

MDH's Authorized Representative for purposes of administering this grant project agreement is Alicia Waters, Grant Manager, P.O. Box 64975 St. Paul, MN 55164-0975, 651-201-4512, Alicia.Waters@state.mn.us, or their successor, and has the responsibility to monitor Grantee's performance and the final authority to accept the activities performed under this grant project agreement. If the activities performed are satisfactory, MDH's Authorized Representative will certify acceptance on each invoice submitted for payment.

7.2. *Grantee's Authorized Representative*

Grantee's Authorized Representative is Nina Arneson, CHS Administrator, 426 West Avenue, Red Wing, MN 55066, 651-385-6115, nina.arneson@co.goodhue.mn.us, or their successor. Grantee's Authorized Representative has full authority to represent Grantee in fulfillment of the terms, conditions, and requirements of this agreement. If Grantee selects a new Authorized Representative at any time during this grant project agreement, Grantee must immediately notify MDH's Authorized Representative.

8. Termination

8.1. *Termination by the MDH or Grantee*

MDH or Grantee may cancel this grant project agreement at any time, with or without cause, upon 30 days written notice (e.g., by mail, email, or both) to the other party.

8.2. *Termination for Cause*

If Grantee fails to comply with the provisions of this grant project agreement, MDH may terminate this grant project agreement without prejudice to the right of MDH to recover any money previously paid. The termination shall be effective five business days after written notice (e.g., mail, email or both) of termination to Grantee.

8.3. *Termination for Insufficient Funding*

MDH may immediately terminate this grant project agreement if it does not obtain funding from the Minnesota Legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant project agreement. Termination must be by written notice to Grantee; e.g., mail, email, or both. MDH is not obligated to pay for any work performed after notice and effective date of the termination. However, Grantee will be entitled to payment, determined on a pro rata basis, for activities satisfactorily performed to the extent that funds are available. MDH will not be assessed any penalty if this grant project agreement is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. MDH must provide the Grantee notice of the lack of funding within a reasonable time of MDH receiving notice of the same.

9. **Publicity**

Any publicity given to the program, publications, or activities performed resulting from this grant agreement, including but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Grantee or its employees individually or jointly with others, or any subgrantees, must identify MDH as the sponsoring agency. If publicity is not specifically authorized under this grant agreement, Grantee must obtain prior written approval from MDH's Authorized Representative. As federal funding is being used for this grant project agreement, the federal program must also be recognized.

10. **Clerical Error**

Notwithstanding Clause "Assignment, Amendments, Waiver, and Grant Agreement Complete" of this grant agreement, MDH reserves the right to unilaterally fix clerical errors, defined as misspellings, minor grammatical or typographical mistakes or omissions, that do not have a substantive impact on the terms of the Grant Agreement without executing an amendment. MDH must inform Grantee of clerical errors that have been fixed pursuant to this paragraph within a reasonable period of time.

11. **Telecommunications Certification**

By signing this agreement, Grantee certifies that, consistent with Section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, [Pub. L. 115-232](#) (Aug. 13, 2018), and [2 CFR § 200.216](#), Grantee will not use any funding covered by this grant agreement to procure or obtain, or to extend, renew, or enter into any contract to procure or obtain, any equipment, system, or service that uses "covered telecommunications equipment or services" (as that term is defined in Section 889 of the Act) as a substantial or essential component of any system or as critical technology as part of any system. Grantee will include this certification as a flow down clause in any contract related to this grant agreement.

12. **Voter Registration Services Requirement**

If this grant agreement will disburse any state funds (as indicated on the Award Cover Sheet); AND Grantee is a local unit of government, city, county, township, or non-profit organization, then Grantee is required to comply with [Minn. Stat. § 201.162](#) by providing voter registration services for its employees and for the public served by the grantee.

APPROVED:

1. State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: Sarah Martin Digitally signed by Sarah Martin
Date: 2023.03.02 09:39:01 -06'00'

SWIFT Contract & Initial PO: 225528_3000101260

2. Grantee

Grantee certifies that the appropriate persons(s) have executed the grant agreement on behalf of Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

Signature: _____

Title: HHS Director

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

1. Minnesota Department of Health

Grant agreement approval and certification that State funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: _____
(with delegated authority)

Title: _____

Date: _____

Distribution:

All parties on the DocuSign envelope will receive a copy of the fully executed grant agreement.

Exhibit A – Grantee’s Activities/Scope of Work

The purpose of this funding is to recruit, retain, and train a skilled and diverse public health workforce, address longstanding public health infrastructure needs, and increase the size of the public health workforce. More details and examples of activities supported by these duties can be found in the *CDC Federal Infrastructure Grant Guide for CHBs* found on the MDH website.

The programmatic duties must be completed and awarded funds expended by November 30, 2027 unless Grantee is notified in writing by MDH’s Authorized Representative, or their designee, that the budget period is being extended.

1. Grantee shall complete, and update as necessary, proposed activities in REDCap, which will be used by MDH to ensure compliance with CDC guidelines and make connections with other grantees. Any changes made to the original proposal must be made in REDCap and reviewed by MDH.
2. Grantee shall undertake any or all the activities in the following areas:
 - **Support and sustain the public health workforce.** This could include, but is not limited to, strengthening workplace well-being programs and expanding engagement with the workforce to address their mental, emotional, and physical well-being.
 - **Retain public health staff.** This could include, but is not limited to, strengthening retention incentives, creating promotional opportunities, and transition staff to other hiring mechanisms.
 - **Train new and existing public health staff.** This could include, but is not limited to, improving the quality and scope of training and professional development opportunities for all staff.
 - **Strengthen workforce planning, systems, processes, and policies.** This could include but is not limited to, maintaining and upgrading human resource systems, identifying ways to better collect and use workforce data, and identifying policies that could facilitate more efficient and effective workforce development and management.
 - **Recruit and hire new public health staff.** This could include, but is not limited to, expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
3. Grantee shall complete a proposed budget in REDCap by the date provided to them by MDH. Any revisions made to the original budget must be made in REDCap.
4. Grantee shall provide requested financial and programmatic reporting information by the dates provided to them by MDH to meet MDH and CDC reporting and monitoring requirements.

Certificate Of Completion

Envelope Id: EB4D6A8A98734BCABF027B90FF32FC0B	Status: Sent
Subject: Complete with DocuSign: Goodhue Grant Agreement CHD 225528 REQ 7797	
Source Envelope:	
Document Pages: 8	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Alicia Waters
Time Zone: (UTC-06:00) Central Time (US & Canada)	625 Robert St. N
	PO Box 64975
	St. Paul, MN 55164
	alicia.waters@state.mn.us
	IP Address: 156.98.136.27

Record Tracking

Status: Original	Holder: Alicia Waters	Location: DocuSign
3/3/2023 12:48:36 PM	alicia.waters@state.mn.us	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Department of Health	Location: DocuSign

Signer Events

Signature	Timestamp
Nina Arneson	Sent: 3/3/2023 12:51:02 PM
nina.arneson@co.goodhue.mn.us	Viewed: 3/3/2023 1:13:07 PM
HHS Director	
Security Level: Email, Account Authentication (None)	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

MDH FiM with Delegated Authority to Execute Grants/Contracts

Signing Group: MDH FiM with Delegated Authority to Execute Grants/Contracts
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

MDH FiM Encumbrance Office
Health.FM-Grants-Contracts@state.mn.us
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events

Signature

Timestamp

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	3/3/2023 12:51:02 PM
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Payment Events	Status	Timestamps
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