

RESOLUTION NO. 2023-104

A RESOLUTION AUTHORIZING THE EXECUTION OF A LETTER OF AGREEMENT BETWEEN THE NEW JERSEY ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NJACCHO) AND THE CITY OF VINELAND TO ACCEPT NJACCHO FUNDING FOR SERVICES PROVIDED BY THE VINELAND HEALTH DEPARTMENT FOR THE ENHANCING LOCAL PUBLIC HEALTH INFRASTRUCTURE GRANT.

WHEREAS, the New Jersey Association of County and City Health Officials (NJACCHO) is providing funding to the Vineland Department of Health, in the amount up to \$466,251.00.00, for expenses incurred to meet the deliverables for the Enhancing Local Public Health Infrastructure Grant; and

WHEREAS, the NJACCHO agrees to reimburse the City of Vineland retroactively from October 1, 2022 through June 30, 2023 for any approved grant activities and expenses with correct documentation.

WHEREAS, the Department of Health agrees to:

- Accept funds as reimbursement for expenses and activities approved in the approved application for the Enhancing Local Public Health Infrastructure Grant
- Complete quarterly programmatic reports in a timely manner. Delayed reporting will mean delays in reimbursement.
- Submit monthly invoice forms to NJACCHO, outlining expenses and activities, including documentation to prove expenses.

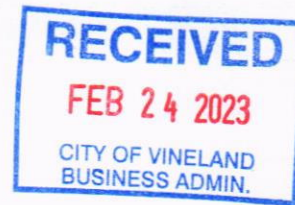
NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of Vineland that the Health Director or his designee are hereby authorized and directed to execute the Letter of Agreement and such other documents as required between the New Jersey Association of County and City Health Officials and the City of Vineland to accept NJACCHO funding for services provided by the Vineland Department of Health in connection with expenses incurred to meet the deliverables for the Enhancing Local Public Health Infrastructure Grant.

Adopted:

President of Council

ATTEST:

City Clerk



Memorandum

To: Robert Dickenson, Business Administrator
From: Macleod Carré, Health Director *mc*
Date: February 23, 2023
Re: Letter of Agreement between NJ Association of County and City Health Officials (NJACCHO) and the City of Vineland Health Department

Attached please find a Letter of Agreement between the NJ Association of County and City Health Officials (NJACCHO) and the City of Vineland Health Department. The funding is provided for the Vineland Health Department expenses incurred to meet the deliverables for the Enhancing Local Public Health Infrastructure Grant. NJACCHO will reimburse retroactively to October 1, 2022 and through June 30, 2023 up to \$466,251.

The City of Vineland Health Department agrees to:

Vineland Health Department agrees to:

- Accept funds as reimbursement for expenses and activities approved in the approved application for the Enhancing Local Public Health Infrastructure grant.
- Complete quarterly programmatic reports in a timely manner. Delayed reporting will mean delays in reimbursement.
- Submit monthly invoice forms to NJACCHO, outlining expenses and activities, including documentation to prove expenses.

I kindly request a resolution be executed as soon as possible to enable my department to accept the funding in order to reimburse our department for expenses incurred.

Thank you.

C: Susan Baldosaro, Director of Finance
Laura Gilroy, Accountant

Enclosures (2) Grant Award Notice; Grant Application





Letter of Agreement Enhancing Local Public Health Infrastructure Grant

February 23, 2023

Vineland Health Department
C/O Emma Lopez
640 E. Wood Street
Vineland, NJ 08360

Dear Emma Lopez,

Thank you for your recent application for the Enhancing Local Public Health Infrastructure Grant. The New Jersey Association of County and City Health Officials (NJACCHO) is pleased to offer you a grant award of \$466,251 for the timeframe of 10/1/22 – 6/30/23. This letter lays out an agreement between the parties for reimbursement by NJACCHO to the Vineland Health Department for activities and expenses identified within your approved grant application.

To be eligible for reimbursement, Local Health Departments expenses must align with the grant deliverables specified in your grant application. Reimbursements will be issued on a monthly basis to LHDs who have completed all programmatic reporting requirements and have completed the online invoice template form via the Submittable platform. Monthly invoice forms must also include documentation for all expenses, including but not limited to copies of receipts or payment vouchers, proof of staff time (e.g. payroll records) or other documentation to support costs have already been incurred and paid. No advanced payment will be allowable within this grant.

NJACCHO agrees to:

- Reimburse Vineland Health Department for any approved grant activities and expenses with correct documentation for the grant budget period of October 1, 2022 through June 30, 2023.
- Work closely with Vineland Health Department to provide assistance in completing programmatic and fiscal reporting templates and forms.
- Provide technical assistance for monthly and quarterly reporting, grant modifications and subsequent funding requests.

Vineland Health Department agrees to:

- Accept such funds as reimbursement for expenses and activities approved in the approved application for the Enhancing Local Public Health Infrastructure grant.
- Accept such reimbursement as the only financial obligation of NJACCHO.
- Demonstrate compliance with both N.J.A.C. 8:52-3.3 and N.J.A.C. 8:52-4.1.





PROTECTING NEW JERSEY'S HEALTH AND ENVIRONMENT SINCE 1911

- Complete quarterly programmatic reports in a timely manner. Delayed reporting will mean delays in reimbursement.
- Submit monthly invoice forms to NJACCHO, outlining expenses and activities, including documentation to prove expenses.
- As a condition of reimbursement agree to any modifications with reimbursement program that may be imposed upon NJACCHO by NJDOH.
- As a condition of reimbursement agree not to submit the same expense(s) through any other channel(s) including other NJDOH grants or other financial opportunities. Personnel costs (e.g. salary, fringe, etc) included should not be duplicated and/or exceed 100% of the allocated time.
- Work closely with the NJACCHO Grant team to resolve any programmatic or payment discrepancies in a timely manner.
- Adhere to NJACCHO deadlines for reimbursement submission(s).

This agreement may only be modified or amended by writing executed by both parties hereto and approved by NJACCHO. This agreement may be terminated by either party upon thirty (30) days written notice to the other party stating the reason for the termination.

In witness whereof, the parties hereto have signed this two (2) page Letter of Agreement on the date as indicated below.

For Vineland Health Department:

Signature

Print Name

Date

For the NJACCHO:

Signature

Linda Brown, Executive Director, NJACCHO

Date



Goals/Objectives	Cost Category <u>Salary/Fringe Expense:</u> 1) List Employee Name <u>or</u> To Be Determined 2) Position Title 3) Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable <u>Other Direct Cost:</u> 1) List one (1) Cost Category for <u>each</u> Other Direct Cost expense: [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--	Schedule A (Salary Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule A (Fringe Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule B (Other Direct Costs) <i>List funding amount requested for each Cost Category below \$</i>
G0: Increase health equity for disproportionately affected populations. Example activities:				
Example: Ensure equitable access to public health resources (e.g., information, equipment, services) across disproportionately affected populations	Salary/Fringe: John Smith, Outreach Coordinator (Annual Salary \$70,000, Fringe @28.57% \$20,000, Salary/fringe -1/1/23-6/30/23 \$35,000/\$10,000)	\$35,000	\$10,000	
	Salary: To Be Determined, PT REHS (Annual Salary \$15,000-No Fringe, Salary 1/1/23-6/30/23)	\$7,500	0	
	Salary: Bob Stevens, PT Epidemiologist \$45.00 per hour X 250 estimated hours through 6/30/23	\$11,250	0	
	Equipment: DELL X19 Computers (2 @\$2,000 each= \$4,000), to support outreach coordinator positions			\$4,000
<i>Other</i>				
Total		\$53,750.00	\$10,000.00	\$4,000.00
G0 Grand Total				\$67,750.00

* TOTALS tab will auto compute from values entered in the GOALS and INDIRECT COSTS tabs.
 Note: DO NOT delete tabs.

Goals/Objectives	Cost Category Salary/Fringe Expense: 1) List Employee Name or To Be Determined Position Title Description and Cost Breakdown, Indicate Part-Time or Hourly, if applicable Other Direct Cost: 1) List one (1) Cost Category for each Other Direct Cost expense: (Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other) 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)-	Schedule A (Salary Costs) List funding amount requested for each Cost Category below \$	Schedule A (Fringe Costs) List funding amount requested for each Cost Category below \$	Schedule B (Other Direct Costs) List funding amount requested for each Cost Category below \$
GO: Increase health equity for disproportionately affected populations. Example activities:				
• Hire and onboard FTE personnel or expand administrative capacity dedicated to health equity for disproportionately affected populations	Salary/Fringe Expense: Flor Cruz, Social Worker - Health/ Justification: To address the needs of individuals and families who have been affected by COVID-19 Pandemic and guide residents to resources and appropriate services. (Annual Salary (\$59,838), Fringe @39.55% (\$23,731) Salary for grant period 2/1/23 - 6/30/23 \$19,946, Fringe \$7,910 Full Time Professional Service Agreement: Hire a firm (TBD) to update our workforce development plan in order to strengthen workforce , identify gaps in skills needed to address health equity and ensure organization has properly skilled employees.	\$24,932.50	\$9,861.00	\$8,327.00
• Conduct assessment of existing public health policies and their impact on social determinants of health, generating data to inform health equity decision-making	Professional Service Agreement: Public Health Needs Assessment - Vineland specific data including SWOT analysis, Key Informant Survey & Community Survey Professional Service Agreement: Community Health Improvement Plan Development including 5 year Strategic plan, Continuous Quality Improvement plan and Strategic Implementation process involving key personnel of HD Supplies: 1000 Tote bags \$4481 ; 1000 umbrellas \$10,456; 1000 stress balls \$2,285; 500 Carabiner w/ Strap \$875; 200 Resuable Straw kits \$500; Stickers \$261 /Marketing materials to increase vaccination and Public Health Needs Assessment Response			\$15,050.00 \$8,668.00 \$18,858.00
• Conduct health education activities to provide outreach and messaging on existing resources to critical audiences (e.g., residents, providers, community leaders)	Professional Services Agreement: Marketing Campaign Strategic Plan to promote public health services. Supplies: Printer Ink for 2 Health Department Printers \$3,188; Laminating Pouches Box (10@ \$12=\$120); Thermal Laminator (\$665); Copy Paper (3 Cartons * \$38 each = \$114; 2 Tabletop 4' Display boards (2@ \$309= \$618)/Supplies needed to promote and conduct health education activities. Other: Development of LHD Brochure, Health Education brochures on topics including communicable disease, mental health, wellness, vaccination etc. (\$5,000)			\$20,000.00 \$4,705 \$5,000.00
• Ensure equitable access to public health resources (e.g., information, equipment, services) across disproportionately affected populations	Equipment: Microsoft Surface Pro 8 Tablet, Dock (2 @ \$1,379 each, Keyboard 2 @ \$113 each, Dell 24 Monitor and dock 2 @ \$407 each), to support new social worker-health and REHS position Other: Zoom Subscription \$149/year CanvaPro - Professional design online program \$120 fee, Adobe Acrobat Pro user licenses 4 @ \$495 ea. = \$990			\$3,798.00 \$1,259.00

Goals/Objectives	Cost Category	Schedule A (Salary Costs)	Schedule A (Fringe Costs)	Schedule B (Other Direct Costs)
IMPORTANT: Do Not Split Expenses Across Multiple Goals.	Salary/Fringe Expense:	List funding amount requested for each Cost Category below \$	List funding amount requested for each Cost Category below \$	List funding amount requested for each Cost Category below \$
	1) List Employee Name or To Be Determined Position Title Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable			
	Other Direct Cost:			
	1) List one (1) Cost Category for each Other Direct Cost expense: [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--			
G0: Increase health equity for disproportionately affected populations. Example activities:				
<ul style="list-style-type: none"> Increase coordination across LHDs and other local departments (e.g., police, social services, etc.) to better serve disproportionately affected populations 	Other: NACCHO 2023 Membership (5 months)			\$233.00
	Other: NJSOPHE Membership for Health Educator			\$60.00
	Other -Dues: NASW Membership			\$140.00

Goals/Objectives	Cost Category Salary/Fringe Expense: 1) List Employee Name or To Be Determined Position Title Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable 2) 3) Other Direct Cost: 1) List one (1) Cost Category for each Other Direct Cost expense: (Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other) 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)	Schedule A (Salary Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule A (Fringe Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule B (Other Direct Costs) <i>List funding amount requested for each Cost Category below \$</i>
GO: Increase health equity for disproportionately affected populations. Example activities:				
<ul style="list-style-type: none"> • Improve equity and organizational competencies addressing leadership, governance, and strategic planning 	Training: 2023 NACCHO360 Conference x 2 staff (Registration 2 @ 700= \$1,400) Travel: NACCHO360 Conference Airfare/Transportation \$1,250, Hotel Accommodations \$2,800 Training: Professional Staff Development Training for 27 staff: Training to be determined breakout sessions will align with current job title and duties. Included: Training fee (\$185/person) = \$5,000 Training: National Association of Social Workers Conference 1 staff; \$700 Travel: National Association of Social Worker Conference Travel and Accommodations \$200 for 1 staff Training: National Network of Public Health Institutes Conference Registration Fee for 2 staff \$2150 Travel: Hotel Accommodations and travel expenses for the NNPHI Conference for 2 staff \$1200			\$1,400.00 \$4,050.00 \$4,995.00 \$700.00 \$200.00 \$2,150.00 \$1,200.00
<ul style="list-style-type: none"> • Develop policies that foster accountability and transparency within the organizational infrastructure to prioritize equity 	Professional Service Agreement: COVID After Action Report A) facilitation of an in-person group discussion and analysis between the counties and community partners to identify the strengths and opportunities for improvement regarding community partnerships and activities that focused on the care, prevention and contact tracing of COVID B) Creation of an After-Action Plan Summary			\$8,975.00
Other				
Total		\$24,932.50	\$9,861.00	\$109,768.00
				GO Grand Total
				\$144,561.50

Goals/Objectives	Cost Category <u>Salary/Fringe Expense:</u> 1) List Employee Name <u>or</u> To Be Determined 2) Position Title 3) Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable <u>Other Direct Cost:</u> 1) List one (1) Cost Category for <u>each</u> Other Direct Cost expense: [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--	Schedule A (Salary Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule A (Fringe Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule B (Other Direct Costs) <i>List funding amount requested for each Cost Category below \$</i>
G1: Streamline processes, supported by technology and automation. Example activities:				
•Conduct an analysis of daily activities across staff (e.g., HO, nurses, REHS, administrative personnel)				
•Develop standardized reporting tool for routine inspection processes	Professional Service Agreement: Enterprise Environmental Health Software to digitize environmental health inspections, permits, complaints, etc.			\$212,872.00
•Build/acquire application to digitize information intake (e.g., medical data, inspection records, job applicant records)	Professional Service Agreement: Electronic Health Record Implementation Cost: \$3336, Monthly Subscription 2 months @ \$746 = \$1,791			\$4,828.00
•Purchase software to manage expenses and collect health insurance reimbursement for eligible public health department clinical services				

Goals/Objectives	Cost Category Salary/Fringe Expense: 1) List Employee Name <u>or</u> To Be Determined 2) Position Title 3) Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable Other Direct Cost: 1) List one (1) Cost Category for each Other Direct Cost expense: (Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other) 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--	Schedule A (Salary Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule A (Fringe Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule B (Other Direct Costs) <i>List funding amount requested for each Cost Category below \$</i>
G1: Streamline processes, supported by technology and automation. Example activities:				
•Contract or hire grants management staff	Salary/Fringe Expense: Emma Lopez, Assistant Health Officer, Grant Coordinator: 20% of Annual Salary \$94,868 , Fringe 39.55% of salary cost , 1/1/23-6/30/23 to support Grant Management	\$9,487.00	\$3,752.00	
			0-	
Other				
Total		\$9,487.00	\$3,752.00	\$217,700.00
				G1 Grand Total
				\$230,939.00

Goals/Objectives	Cost Category <u>Salary/Fringe Expense:</u> 1) List Employee Name <u>or</u> To Be Determined 2) Position Title 3) Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable <u>Other Direct Cost:</u> 1) List one (1) Cost Category for <u>each</u> Other Direct Cost expense: [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--	Schedule A (Salary Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule A (Fringe Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule B (Other Direct Costs) <i>List funding amount requested for each Cost Category below \$</i>
G2: Strengthen organizational capacity to drive progress on public health priorities and increase capacity across LHDs. Example activities:				
<ul style="list-style-type: none"> Hire and onboard human resources professional(s) to bolster capacity and manage personnel 				
<ul style="list-style-type: none"> Create new hiring positions to support grant-specific goals and initiatives 	Salary/Fringe Expense: Olutoyosi Ayeni, REHS, (Annual Salary \$61,454, Fringe @39.55% \$24,305, 100% time on grant Salary/fringe - 2/1/23-6/30/23 \$20,485/\$8,102)/To increase our capacity to reduce foodborne illness & communicable disease enabling us to conduct more food safety classes, increase amount of inspections and provide business owners more consult services.	\$25,605.84	\$10,127.50	
<ul style="list-style-type: none"> Develop or streamline pathways to full-time employment for current part-time employees and volunteers supporting COVID-19 initiatives 				
Other	Professional Services Agreement: Medical Director (1-1-23 - 6/30/23)			\$5,000.00
Total		\$25,605.84	\$10,127.50	\$5,000.00
G2 Grand Total				
\$40,733.34				

Goals/Objectives	Cost Category	Schedule A (Salary Costs)	Schedule A (Fringe Costs)	Schedule B (Other Direct Costs)
IMPORTANT: Do <u>Not</u> Split Expenses Across Multiple Goals.	Salary/Fringe Expense:	<i>List funding amount requested for each Cost Category below \$</i>	<i>List funding amount requested for each Cost Category below \$</i>	<i>List funding amount requested for each Cost Category below \$</i>
	1) List Employee Name <u>or</u> To Be Determined 2) Position Title 3) Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable			
	Other Direct Cost:			
	1) List one (1) Cost Category for <u>each</u> Other Direct Cost expense: [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--			

G3: Expand data collection and infrastructure to drive driven decision making with the aim to improve equity. Example activities:

<ul style="list-style-type: none"> Enhance systems to increase the range and depth of data collection, including expansion of available data sets (e.g., SVI) 					
<ul style="list-style-type: none"> Develop an inventory of all currently available and collected data to support enhanced data synthesis efforts 					
<ul style="list-style-type: none"> Build dashboards to aggregate and visualize outbreak hotspots to prioritize inspection and disease control efforts 					
<ul style="list-style-type: none"> Develop expertise and infrastructure to contribute to/leverage centralized data and analytical hubs 					
<p><i>Other</i></p>					
Total		\$0.00	\$0.00	\$0.00	G3 Grand Total \$0.00

Goals/Objectives	Cost Category Salary/Fringe Expense: 1) List Employee Name <u>or</u> To Be Determined 2) Position Title 3) Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable Other Direct Cost: 1) List one (1) Cost Category for <u>each</u> Other Direct Cost expense: [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--	Schedule A (Salary Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule A (Fringe Costs) <i>List funding amount requested for each Cost Category below \$</i>	Schedule B (Other Direct Costs) <i>List funding amount requested for each Cost Category below \$</i>
G4: Develop multilingual, culturally appropriate communications/public health campaigns and share across LHDs. Example activities:				
<ul style="list-style-type: none"> Coordinate with third-party agencies (e.g., translational services) and private sector organizations to support the development of localized and effective campaigns 				
<ul style="list-style-type: none"> Create a repository of communications materials for LHDs to increase efficiency through information exchange 				
<ul style="list-style-type: none"> Develop and launch cross-municipal campaigns (e.g., media and messaging) 				
Other				
Total		\$0.00	\$0.00	\$0.00
				G4 Grand Total \$0.00

Goals/Objectives	Cost Category	Schedule A (Salary Costs)	Schedule A (Fringe Costs)	Schedule B (Other Direct Costs)
IMPORTRANT:Do <u>Not</u> Split Expenses Across Multiple Goals.	Salary/Fringe Expense:	List funding amount requested for each Cost Category below \$	List funding amount requested for each Cost Category below \$	List funding amount requested for each Cost Category below \$
	1) List Employee Name <u>or</u> To Be Determined Position Title Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable			
	Other Direct Cost:			
	1) List one (1) Cost Category for <u>each</u> Other Direct Cost expense: [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--			
G5: Codify institutional knowledge and COVID-19 specific lesson learned. Example activities:				
• Create a local repository of reference documents (e.g., document templates, grant writing and grant management guides, orientation packets, directory of key contacts) for LHDs				
• Create a local content repository for COVID-19 template materials (e.g., contract templates, communications materials) for LHDs				
• Refresh training materials to reflect lessons learned from the COVID-19 pandemic				
• Conduct needs assessment to identify variations across different LHDs and populations and better target future communicable disease efforts				
Other				
Total		\$0.00	\$0.00	\$0.00
				G5 Grand Total
				\$0.00

Goals/Objectives	Cost Category	Schedule A (Salary Costs)	Schedule A (Fringe Costs)	Schedule B (Other Direct Costs)
IMPORTANT: Do Not Split Expenses Across Multiple Goals.	Salary/Fringe Expense:	List funding amount requested for each Cost Category below \$	List funding amount requested for each Cost Category below \$	List funding amount requested for each Cost Category below \$
	1) List Employee Name <u>or</u> To Be Determined 2) Position Title 3) Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable			
	Other Direct Cost: 1) List one (1) Cost Category for <u>each</u> Other Direct Cost expense: [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] 2) Provide Description and Justification/Basis for Cost Estimate (Include Quantity of Items if applicable)--			
G6: Enhance and/or continue ongoing COVID-19/communicable disease mitigation efforts. Example activities:				
• Develop testing surge capacity infrastructure for COVID-19 and other infectious diseases	Salary/Fringe: Jayne Burke, RN/ Nursing Supervisor, Annual Salary \$80,766, 15% of annual Salary -2/1/23-6/30/23 \$4,038; Fringe 39.55% \$1597 /Development of surge capacity plan	\$4,038.00	\$1,597.00	
• Expand/develop case investigation/contact tracing infrastructure				
• Continue vaccination awareness and support efforts for COVID-19 and other communicable diseases	Other: Print/Electronic Media: Visto Bueno Spanish Newspaper \$620/mo. X 4 mo's. Full page/color ad (Spanish) \$2,480, La Zeta/Cruisin 92 FM radio station \$600/mo. X 4 mo's. \$2,400 SNJ Today Newspaper \$400/mo. X 4 months=\$1,600, La Brava radio station \$500/mo x 4 months=\$2,000			\$8,480.00
• Support isolation and quarantine needs to create equitable access for populations who may be disproportionately affected by COVID-19 or other communicable diseases	Salary/Fringe: Anna Zamudio, Keyboarding Clerk 2, \$28/hr. x 5 hrs/week *5 mo = 2,800; Fringe 7.65% * 2800 = \$213.75/COVID Vaccination and Communicable Disease medical records data entry	\$2,800.00	\$214.20	

<i>Other</i>	Other: PPE Inventory Management System Software (2 users @ \$300 each= \$600, Professional Label Maker \$100; Labeling Tape 1/2" (5 @ \$7 each = \$35) Labeling Tape 1" (5 @ \$9 = \$45); Labeling Tape 3.5" (1 @ \$18 = \$18) /PPE Warehouse supplies storage & labeling			\$798.00	
	Equipment: Utility Cart \$578 & Pallet Jack for PPE warehouse storage S/H \$954; Swingline Heavy Duty Shredder \$8387			\$9,919.00	
	Equipment: Cool Cube Cooler, Cool Cube Cooler panels, Temp & Data Logger Kit, Cool Cube Carrier, S/H (Total \$5005)/Vaccine storage containers for transport to/from clinics, Vaccine Refrigerator 56 cu ft., Vaccine Freezer 5.3 cu ft. S/H (Total \$14,584)/Vaccine Storage, Sensaphone Express Monitoring System (2@ \$1273 each Total \$2,546)			\$22,135.00	
Total		\$6,838.00	\$1,811.20	\$41,332.00	G6 Grand Total \$49,981.20

Cost Category/Item Description	Indirect Cost
<p>Indirect cost rate may not exceed the approved/negotiated rate. Grantee may take the 10% de minimis rate - as per updated PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS, Subpart E – Cost Principles, §200.414 Indirect (F&A) costs, “any non-Federal entity that does not have a current negotiated (including provisional) rate, except for those Federal entities described in appendix VII to this part, paragraph D.1.b, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. No documentation is required to justify the 10% de minimis indirect cost rate. As described in §200.403, costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.” MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first 10% of \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.</p>	
<p>Example of How to Calculate Indirect Cost using 10% de minimis rate. If</p> <p>the grant award is \$250,000 and LHD plans to purchase a \$5,200 computer system, high reach forklift @ \$19,000, and pay warehouse rent of \$3000 per month or \$27,000 for the budget period.</p> <p>1. Tabulate all exclusions \$5,200 + \$19,000, +27,000 = \$51,200 2.</p> <p>\$250,000 - \$51,200 = \$198,800 3.</p> <p>\$198,800/1.10= \$180,727.28, Round up \$180,728 (MTDC) 4.</p> <p>\$198,800 - \$180,728 = \$18,072 (Indirect), which is 10% of \$180,728 5.</p> <p>Check work – MTDC of \$180,728 + excluded direct costs of \$51,200 + Indirect of \$18,072 = Grant</p> <p style="text-align: center;">Award of \$250,000</p>	
Total Indirect Costs	\$0.00

NOTE: Total Costs should equal the Award Amount.

Direct Costs

G0 Grand Total	\$144,562
G1 Grand Total	\$230,939
G2 Grand Total	\$40,733
G3 Grand Total	\$0
G4 Grand Total	\$0
G5 Grand Total	\$0
G6 Grand Total	\$49,981
Total Direct Costs	\$466,215

Indirect Costs

Total Indirect Costs	\$0
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Total Costs	\$466,215
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