

St. Joseph County Council
Additional Appropriation Notification
September 2, 2026

Additional Appropriation - Requested & Approved	\$25,000.00
Fund Name	Health PHEP Grant
Fund Number	8134
Account Number and Name	See attached
Public Hearing Date	September 22, 2026
Public Hearing Time	6:00 PM EST
Public Hearing Location	St. Joseph County Council
	St. Joseph County Building
	4th Floor - County Council Chambers
	227 W. Jefferson Boulevard
	South Bend, IN 46601
County Council & Commissioners Signatures	See ordinance
	
St. Joseph County Auditor	
9/2/2026	
Date	
jmurphy@sjcindiana.gov	
Email Address	
574-298-0348	
Telephone Number	

Abby Doyle 8/27/2026

Saint Joseph County, Indiana					
Form D - Appropriation/(Budget Reduction)					
			Reviews:		
			Department _____ Amy Ruppel 8/24/2026		
Department Name - Department of Health - 0055			Auditor	Signature John Murphy Date 8/27/2026	
Fund Names - Health PHEP				Signature	Date
Fund.Acct.Obj.Loc	Account Name	Amount			
8134.11195.00000.0055	Public Health Coordinator	14,000.00			
8134.14800.00000.0055	Fica Taxes	1,071.00			
8134.14810.00000.0055	PERF	1,568.00			
8134.14840.00000.0055	Health Insurance	8,361.00			
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		0.00			
		0.00			
Total		25,000.00			
Salary Amendment					
Position Name	Public Health Coordinator		Position Name		
Current Salary	\$0.00		Current Salary	\$0.00	
Proposed Salary	\$52,803.00		Proposed Salary	\$0.00	
Position Name			Position Name		
Current Salary	\$0.00		Current Salary	\$0.00	
Proposed Salary	\$0.00		Proposed Salary	\$0.00	
Justification					
The Department of Health has received a grant from the Indiana Department of Health to build response-ready Local Health Departments across Indiana through the maintenance and growth of a strong Public Health Preparedness structure. Funds will be used to cover a part of an existing employees salary and benefits who will split their time between Community Health Worker duties and PHEP Coordinator. The grant is from July 1, 2026 thru June 30, 2027 and the total award amount is \$25,000.					



As of: 09/02/2026

Fund: 8134

The Last Posted Date is 07/31/2026.

Fund: 8134 Health PHEP
Fund Type: Calendar (01/01/2026 - 09/02/2026)

Normal Accounts		09/2026	
	Current Month		Total
Appropriation:	0.00		0.00
Carry Forward Receipts:	0.00		0.00
Receipts:	0.00		0.00
Encumbrance:			0.00
Expenditure:	0.00		0.00
Estimated Revenue:	0.00		0.00
Grand Totals			
Unreceived Revenue Balance:			0.00
Unexpended Balance:			0.00
Unencumbered Balance:			0.00
Cash Balance:			0.00
Cash Balance Including Investments:			0.00**
** Total includes outstanding investments from the Investment System (ending balance).			

From Investment System - Outstanding Investments		
Beginning Balance as of 01/01/2026:		0.00
Purchased (01/01/2026 - 09/02/2026):		0.00
Sold/Redeemed (01/01/2026 - 09/02/2026):		0.00
Ending Balance as of 09/02/2026:		0.00
From Investment System - Principal/Interest		
Principal Received:		0.00
Interest Received:		0.00
Total Investment:		0.00

**INDIANA DEPARTMENT OF HEALTH
GRANT AGREEMENT_FEDERAL FUNDING
CONTRACT #00000000000000000000101342**

This Grant Agreement (this "Grant Agreement"), entered into by and between **INDIANA DEPARTMENT OF HEALTH** (the "State" or "IDOH") and **ST JOSEPH COUNTY HEALTH DEPARTMENT** (the "Grantee" or "Subrecipient"), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

1. Purpose of this Grant Agreement; Funding Source. The purpose of this Grant Agreement is to enable the State to award a Grant of **\$25,000.00** (the "Grant") to the Grantee for eligible costs of the services or project (the "Project") described in **Attachment A** and **Attachment B** of this Grant Agreement, which are incorporated fully herein. The funds shall be used exclusively in accordance with the provisions contained in this Grant Agreement and in conformance with Indiana Code § 16-19-3-1 establishing the authority to make this Grant, as well as any rules adopted thereunder. The funds received by the Grantee pursuant to this Grant Agreement shall be used only to implement the Project or provide the services in conformance with this Grant Agreement and for no other purpose.

FUNDING SOURCE:

If Federal Funds: Program Name per Catalog of Federal Domestic Assistance (CFDA):

Public Health Emergency Preparedness

CFDA # 93.069

If State Funds: Program Title: N/A

2. Representations and Warranties of the Grantee.

A. The Grantee expressly represents and warrants to the State that it is statutorily eligible to receive these Grant funds and that the information set forth in its Grant Application is true, complete and accurate. The Grantee expressly agrees to promptly repay all funds paid to it under this Grant Agreement should it be determined either that it was ineligible to receive the funds, or it made any material misrepresentation on its grant application.

B. The Grantee certifies by entering into this Grant Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Grant Agreement by any federal or state department or agency. The term "principal" for purposes of this Grant Agreement is defined as an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Grantee.

3. Implementation of and Reporting on the Project.

A. The Grantee shall implement and complete the Project in accordance with **Attachment A** and with the plans and specifications contained in its Grant Application, which is on file with the State and is incorporated by reference. Modification of the Project shall require prior written approval of the State.

B. The Grantee shall submit to the State written progress reports until the completion of the Project. These reports shall be submitted on a quarterly basis and shall contain such detail of progress or performance on the Project as is requested by the State.

4. Term. This Grant Agreement commences on **July 01, 2026** and shall remain in effect through **June 30, 2029**. Unless otherwise provided herein, it may be extended upon the written agreement of the parties and as permitted by state or federal laws governing this Grant.

5. Grant Funding.

A. The State shall fund this Grant in the amount of **\$25,000.00**. The approved Project Budget is set forth as **Attachment B** of this Grant Agreement, attached hereto and incorporated herein. The Grantee shall not spend more than the amount for each line item in the Project Budget without the prior written consent of the State, nor shall the Project costs funded by this Grant Agreement and those funded by any local and/or private share be changed or modified without the prior written consent of the State.

B. The disbursement of Grant funds to the Grantee shall not be made until all documentary materials required by this Grant Agreement have been received and approved by the State and this Grant Agreement has been fully approved by the State.

6. Payment of Claims.

A. If advance payment of all or a portion of the Grant funds is permitted by statute or regulation, and the State agrees to provide such advance payment, advance payment shall be made only upon submission of a proper claim setting out the intended purposes of those funds. After such funds have been expended, Grantee shall provide State with a reconciliation of those expenditures. Otherwise, all payments shall be made thirty-five (35) days in arrears in conformance with State fiscal policies and procedures. As required by IC § 4-13-2-14.8, all payments will be by the direct deposit by electronic funds transfer to the financial institution designated by the Grantee in writing unless a specific waiver has been obtained from the Indiana Auditor of State.

B. Requests for payment will be processed only upon presentation of a Claim Voucher in the form designated by the State. Such Claim Vouchers must be submitted with the budget expenditure report detailing disbursements of state, local and/or private funds by project budget line items.

C. The State may require evidence furnished by the Grantee that substantial progress has been made toward completion of the Project prior to making the first payment under this Grant. All payments are subject to the State's determination that the Grantee's performance to date conforms with the Project as approved, notwithstanding any other provision of this Grant Agreement.

D. Claims shall be submitted to the State within twenty (20) calendar days following the end of the month in which work on or for the Project was performed. The State has the discretion, and reserves the right, to NOT pay any claims submitted later than thirty (30) calendar days following the end of the month in which the services were provided. All final claims and reports must be submitted to the State within sixty (60) calendar days after the expiration or termination of this agreement. Payment for claims submitted after that time may, at the discretion of the State, be denied. Claims may be submitted on a [monthly or semi-monthly basis] only. If Grant funds have been advanced and are unexpended at the time that the final claim is submitted, all such unexpended Grant funds must be returned to the State.

E. Claims must be submitted with accompanying supportive documentation as designated by the State. Claims submitted without supportive documentation will be returned to the Grantee and not processed for payment. Failure to comply with the provisions of this Grant Agreement may result in the denial of a claim for payment.

7. Project Monitoring by the State. The State may conduct on-site or off-site monitoring reviews of the Project during the term of this Grant Agreement and for up to ninety (90) days after it expires or is otherwise terminated. The Grantee shall extend its full cooperation and give full

access to the Project site and to relevant documentation to the State or its authorized designees for the purpose of determining, among other things:

- A. whether Project activities are consistent with those set forth in **Attachment A**, the Grant Application, and the terms and conditions of the Grant Agreement;
- B. the actual expenditure of state, local and/or private funds expended to date on the Project is in conformity with the amounts for each Budget line item as set forth in **Attachment B** and that unpaid costs have been properly accrued;
- C. that Grantee is making timely progress with the Project, and that its project management, financial management and control systems, procurement systems and methods, and overall performance are in conformance with the requirements set forth in this Grant Agreement and are fully and accurately reflected in Project reports submitted to the State.

8. Compliance with Audit and Reporting Requirements; Maintenance of Records.

A. The Grantee shall submit to an audit of funds paid through this Grant Agreement and shall make all books, accounting records and other documents available at all reasonable times during the term of this Grant Agreement and for a period of three (3) years after final payment for inspection by the State or its authorized designee. Copies shall be furnished to the State at no cost

B. If the Grantee is a "subrecipient" of federal grant funds under 2 C.F.R. 200.331, Grantee shall arrange for a financial and compliance audit that complies with 2 C.F.R. 200.500 *et seq.* if required by applicable provisions of 2 C.F.R. 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements).

C. If the Grantee is a non-governmental unit, the Grantee shall file the Form E-1 annual financial report required by IC § 5-11-1-4. The E-1 entity annual financial report will be used to determine audit requirements applicable to non-governmental units under IC § 5-11-1-9. Audits required under this section must comply with the State Board of Accounts *Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Governmental Sources*, <https://www.in.gov/sboa/files/guidelines-examination-entities-receiving-financial-assistance-government-sources.pdf>. Guidelines for filing the annual report are included in **Attachment D** (Guidelines for Non-governmental Entities).

D. The Grantee/Subrecipient must provide a copy of its Audit Report to:

Indiana Department of Health
Attn: Contracts Section, 2nd Floor Finance
2 North Meridian Street
Indianapolis, IN 46204

9. Compliance with Laws.

A. The Grantee shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment or modification of any applicable state or federal statute or the promulgation of rules or regulations thereunder after execution of this Grant Agreement shall be reviewed by the State and the Grantee to determine whether the provisions of this Grant Agreement require formal modification.

B. The Grantee and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State as set forth in IC § 4-2-6, *et seq.*, IC § 4-2-7, *et seq.* and the regulations promulgated thereunder. **If the Grantee has knowledge, or would have acquired knowledge with reasonable inquiry, that a state officer, employee, or special**

state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Grant, the Grantee shall ensure compliance with the disclosure requirements in IC § 4-2-6-10.5 prior to the execution of this Grant Agreement. If the Grantee is not familiar with these ethical requirements, the Grantee should refer any questions to the Indiana State Ethics Commission or visit the Inspector General's website at <http://www.in.gov/ig/>. If the Grantee or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Grant immediately upon notice to the Grantee. In addition, the Grantee may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44.1-1-4, and under any other applicable laws.

C. The Grantee certifies by entering into this Grant Agreement that neither it nor its principal(s) is presently in arrears in payment of taxes, permit fees or other statutory, regulatory or judicially required payments to the State. The Grantee agrees that any payments currently due to the State may be withheld from payments due to the Grantee. Additionally, payments may be withheld, delayed, or denied and/or this Grant suspended until the Grantee is current in its payments and has submitted proof of such payment to the State.

D. The Grantee warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by the State, and agrees that it will immediately notify the State of any such actions. During the term of such actions, the Grantee agrees that the State may suspend funding for the Project. If a valid dispute exists as to the Grantee's liability or guilt in any action initiated by the State or its agencies, and the State decides to suspend funding to the Grantee, the Grantee may submit, in writing, a request for review to the Indiana Department of Administration (IDOA). A determination by IDOA shall be binding on the parties. Any disbursements that the State may delay, withhold, deny, or apply under this section shall not be subject to penalty or interest.

E. The Grantee warrants that the Grantee and any contractors performing work in connection with the Project shall obtain and maintain all required permits, licenses, registrations, and approvals, and shall comply with all health, safety, and environmental statutes, rules, or regulations in the performance of work activities for the State. Failure to do so may be deemed a material breach of this Grant Agreement and grounds for immediate termination and denial of grant opportunities with the State.

F. The Grantee affirms that, if it is an entity described in IC Title 23, it is properly registered and owes no outstanding reports to the Indiana Secretary of State.

G. As required by IC § 5-22-3-7:

(1) The Grantee and any principals of the Grantee certify that:

(A) the Grantee, except for de minimis and nonsystematic violations, has not violated the terms of:

(i) IC § 24-4.7 [Telephone Solicitation Of Consumers];

(ii) IC § 24-5-12 [Telephone Solicitations]; or

(iii) IC § 24-5-14 [Regulation of Automatic Dialing Machines];

in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and

(B) the Grantee will not violate the terms of IC § 24-4.7 for the duration of this Grant Agreement, even if IC § 24-4.7 is preempted by federal law.

(2) The Grantee and any principals of the Grantee certify that an affiliate or principal of the Grantee and any agent acting on behalf of the Grantee or on behalf of an affiliate or principal of the Grantee, except for de minimis and nonsystematic violations,

(A) has not violated the terms of IC § 24-4.7 in the previous three hundred sixty-five (365) days, even if IC § 24-4.7 is preempted by federal law; and

(B) will not violate the terms of IC § 24-4.7 for the duration of this Grant Agreement even if IC § 24-4.7 is preempted by federal law.

10. Debarment and Suspension.

A. The Grantee certifies by entering into this Grant Agreement that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Grant by any federal agency or by any department, agency or political subdivision of the State. The term "principal" for purposes of this Grant Agreement means an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Grantee.

B. The Grantee certifies that it has verified the suspension and debarment status for all subcontractors receiving funds under this Grant Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The Grantee shall immediately notify the State if any subcontractor becomes debarred or suspended, and shall, at the State's request, take all steps required by the State to terminate its contractual relationship with the subcontractor for work to be performed under this Grant Agreement.

11. Drug-Free Workplace Certification. As required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana, the Grantee hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Grantee will give written notice to the State within ten (10) days after receiving actual notice that the Grantee, or an employee of the Grantee in the State of Indiana, has been convicted of a criminal drug violation occurring in the workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of grant payments, termination of the Grant and/or debarment of grant opportunities with the State of Indiana for up to three (3) years.

In addition to the provisions of the above paragraphs, if the total amount set forth in this Grant Agreement is in excess of \$25,000.00, the Grantee certifies and agrees that it will provide a drug-free workplace by:

A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and

B. Establishing a drug-free awareness program to inform its employees of: (1) the dangers of drug abuse in the workplace; (2) the Grantee's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace; and

C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment the employee will: (1) abide by the terms of the statement; and (2) notify the Grantee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; and

D. Notifying in writing the State within ten (10) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction; and

E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and

F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

12. Employment Eligibility Verification. As a condition precedent to entering this Grant Agreement, and as required by IC § 22-5-1.7-3 and Executive Order 25-29, the Grantee swears or affirms under the penalties of perjury that the Grantee has not knowingly employed, and will not knowingly employ, an unauthorized alien. Grantee further affirms that:

- A. The Grantee has enrolled in, and verified the work eligibility status of all his/her/its employees through the E-Verify program as defined in IC § 22-5-1.7-3. The Grantee is not required to participate should the E-Verify program cease to exist. Additionally, the Grantee is not required to participate if the Grantee is self-employed and does not employ any employees.
- B. The Grantee has not knowingly employed or contracted with, and shall not knowingly employ or contract with, an unauthorized alien. The Grantee has not retained, and shall not retain, an employee, and has not contracted and shall not contract with a person, that the Grantee subsequently learned or learns is an unauthorized alien.
- C. The Grantee has required and shall require his/her/its subcontractors, who perform work under this Grant Agreement, to certify to the Grantee that the subcontractor does not knowingly or unknowingly employ or contract with an unauthorized alien and that the subcontractor has enrolled and is participating in the E-Verify program. The Grantee agrees to maintain this certification throughout the duration of the term of a contract with a subcontractor and to provide any and all such certifications to the State promptly upon request.

The State may terminate this grant agreement for default if the Grantee fails to cure a breach of this provision no later than thirty (30) days after being notified by the State.

13. Funding Cancellation. As required by Financial Management Circular 3.3 and IC § 5-22-17-5, when the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Grant Agreement, it shall be canceled. A determination by the Director of the State Budget Agency that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

14. Governing Law. This Grant Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Indiana, without regard to its conflict of laws rules. Suit, if any, must be brought in the State of Indiana.

15. Information Technology Accessibility Standards. Any information technology related products or services purchased, used or maintained through this Grant must be compatible with the principles and goals contained in the Electronic and Information Technology Accessibility Standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the federal Rehabilitation Act of 1973 (29 U.S.C. §794d), as amended.

16. Insurance. The Grantee shall maintain insurance with coverages and in such amount as may be required by the State or as provided in its Grant Application.

17. Nondiscrimination. Pursuant to the Indiana Civil Rights Law, specifically IC § 22-9-1-10, and in keeping with the purposes of the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act:

- A. The Grantee covenants that it shall not discriminate against any employee or applicant for employment relating to this Grant with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee's or applicant's race, color, national origin, religion, sex, age, disability, ancestry, status as a veteran, or any other characteristic protected by federal, state, or local law ("Protected Characteristics"). The Grantee certifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination based on the Protected Characteristics in the provision of services. Breach of this subparagraph may be regarded as a material breach of this Grant, including for purposes of Indiana Code § 5-11-5.5-2, but nothing in this paragraph shall be construed to imply or establish an employment relationship between the State and any applicant or employee of the Grantee or any subcontractor.
- B. Grantee covenants that it does not and shall not operate any programs or engage in any practices promoting Diversity, Equity, and Inclusion (DEI) that violate Indiana or Federal Civil Rights Laws by treating a person differently on the basis of race or sex, such as by considering race or sex when making recruitment, hiring, disciplinary, promotion, or employment decisions; requiring employees to participate in training or educational programs that employ racial or sex stereotypes; or attempting to achieve racial or sex balancing in the Grantee's workforce. The Parties agree that a breach of this subparagraph is a material breach of this Grant, including for purposes of Indiana Code § 5-11-5.5-2, but nothing in this paragraph shall be construed to imply or establish an employment relationship between the State and any applicant or employee of the Grantee or any subcontractor.

18. Notice to Parties. Whenever any notice, statement or other communication is required under this Grant, it will be sent by E-mail or first-class U.S. mail service to the following addresses, unless otherwise specifically advised.

A. Notices to the State shall be sent to:

Indiana Department of Health
Attn: Contracts and Audit Section
2 North Meridian Street
Indianapolis, IN 46204
E-mail: idocontracts@health.in.gov

B. Notices to the Grantee shall be sent to:

St. Joseph County Health Department
Attn: Michael Wruble
227 W. Jefferson Blvd
South Bend, IN 46601
E-mail: mwruble@sjcindiana.com

As required by IC § 4-13-2-14.8, payments to the Grantee shall be made via electronic funds transfer in accordance with instructions filed by the Grantee with the Indiana Auditor of State.

19. Order of Precedence; Incorporation by Reference. Any inconsistency or ambiguity in this Grant Agreement shall be resolved by giving precedence in the following order: (1) requirements imposed by applicable federal or state law, including those identified in paragraph 24, below, (2)

this Grant Agreement, (3) Attachments prepared by the State, (4) Invitation to Apply for Grant; (5) the Grant Application; and (6) Attachments prepared by Grantee. All of the foregoing are incorporated fully herein by reference.

20. Public Record. The Grantee acknowledges that the State will not treat this Grant as containing confidential information and will post this Grant on the transparency portal as required by Executive Order 05-07 and IC § 5-14-3.5-2. Use by the public of the information contained in this Grant shall not be considered an act of the State.

21. Termination for Breach.

A. Failure to complete the Project and expend State, local and/or private funds in accordance with this Grant Agreement may be considered a material breach, and shall entitle the State to suspend grant payments, and to suspend the Grantee's participation in State grant programs until such time as all material breaches are cured to the State's satisfaction.

B. The expenditure of State or federal funds other than in conformance with the Project or the Budget may be deemed a breach. The Grantee explicitly covenants that it shall promptly repay to the State all funds not spent in conformance with this Grant Agreement.

22. Termination for Convenience. Unless prohibited by a statute or regulation relating to the award of the Grant, this Grant Agreement may be terminated, in whole or in part, by the State whenever, for any reason, the State determines that such termination is in the best interest of the State. Termination shall be effected by delivery to the Grantee of a Termination Notice, specifying the extent to which such termination becomes effective. The Grantee shall be compensated for completion of the Project properly done prior to the effective date of termination. The State will not be liable for work on the Project performed after the effective date of termination. In no case shall total payment made to the Grantee exceed the original grant.

23. Travel. No expenses for travel will be reimbursed unless specifically authorized by this Grant.

24. Federal and State Third-Party Contract Provisions. If part of this Grant involves the payment of federal funds, the Grantee and, if applicable, its contractors shall comply with the federal provisions attached as **Attachment C** and incorporated fully herein.

25. Provision Applicable to Grants with tax-funded State Educational Institutions:

"Separateness" of the Parties. The State acknowledges and agrees that because of the unique nature of State Educational Institutions, the duties and responsibilities of the State Educational Institution in these Standard Conditions for Grants are specific to the department or unit of the State Educational Institution. The existence or status of any one contract or grant between the State and the State Educational Institution shall have no impact on the execution or performance of any other contract or grant and shall not form the basis for termination of any other contract or grant by either party. This clause only applies to State Educational Institutions.

26. HIPAA Compliance. If this Grant involves services, activities or products subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Grantee covenants that it will appropriately safeguard Protected Health Information (defined in 45 CFR 160.103), and agrees that it is subject to, and shall comply with, the provisions of 45 CFR 164 Subpart E regarding use and disclosure of Protected Health Information.

27. Amendments. No alteration or variation of the terms of this Grant shall be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. Any alterations or amendments, except a change between budget categories, which requires the prior written consent of a duly authorized representative of the State, shall be subject to the contract approval procedure of the State.

28. State Boilerplate Affirmation Clause. I swear or affirm under the penalties of perjury that I have not altered, modified, changed or deleted the State's standard contract clauses (as contained in the *2022 SCM Template*) in any way except as follows:

Non-Collusion, Acceptance

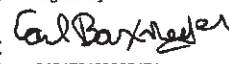
The undersigned attests, subject to the penalties for perjury, that the undersigned is the Grantee, or that the undersigned is the properly authorized representative, agent, member or officer of the Grantee. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Grant, the Grantee attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

Agreement to Use Electronic Signatures

I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database: <https://secure.in.gov/apps/idoa/contractsearch/>

In Witness Whereof, the Grantee and the State have, through their duly authorized representatives, entered into this Grant Agreement. The parties, having read and understood the foregoing terms of this Grant Agreement, do by their respective signatures dated below agree to the terms thereof.

ST. JOSEPH COUNTY HEALTH DEPARTMENT

Signed by:
By: 
0454F64636034F1...

Title: President Board of Commissioners

Date: 6/8/2026 | 08:26 EDT

INDIANA DEPARTMENT OF HEALTH

Signed by:
By: 
60EAE96674B04F5...

Title: Assistant Commissioner (

Date: 6/8/2026 | 09:12 EDT

Electronically Approved by: Department of Administration By: _____ (for) Brandon Clifton, Commissioner	
Electronically Approved by: State Budget Agency By: _____ (for) Chad Ranney, State Budget Director	Electronically Approved as to Form and Legality by: Office of the Attorney General By: _____ (for) Theodore E Rokita, Attorney General

ATTACHMENT A SCOPE OF WORK

BASE

INTRODUCTION

The Division of Emergency Preparedness (DEP) within the Indiana Department of Health (IDOH) is the entity responsible for administering the Public Health Emergency Preparedness (PHEP) grant received from the Centers for Disease Control and Prevention (CDC). DEP administers these funds through sub-recipient agreements which require various activities aimed at enhancing state and local preparedness to better respond to public health and healthcare emergencies.

Intent of Agreement and Funding

The goal of this funding opportunity, and the allowable activities within it, is to build response-ready Local Health Departments (LHD) across Indiana through the maintenance and growth of a strong Public Health Preparedness structure.

This attachment, referenced as Attachment A, explains the minimum preparedness requirements each local health department must complete to remain eligible to receive funding under the agreement.

Budget Period (BP)3 Overview:

IDOH intends for recipients to use Budget Period 3 to focus on maintaining a public health preparedness structure. This includes updating existing plans to reflect previous PHEP Budget Period's POD Exercise AAR Results, Improvement Plan items, and identifying opportunities for improvement based on recent lessons learned. IDOH also encourages recipients to engage in peer-to-peer knowledge sharing, and after-action reports (AARs).

The Indiana Department of Health (IDOH), Division of Emergency Preparedness (DEP), firmly believes effective public health preparations require a well-prepared workforce, and the foundation of that preparedness begins with education and collaboration involving all disciplines within the Local Health Department. While training and education in other areas of public health and public service is useful and encouraged, public health preparedness work has unique requirements, partnership development needs, and expectations not taught or encountered in other areas.

To that end, IDOH DEP has set minimum training and program expectations for LHD Public Health Preparedness Coordinators within Indiana. Those expectations are listed in this section of the PHEP BP3 Attachment A. Continued education beyond what is required here is highly encouraged and supported by IDOH DEP.

At the end of each deliverable, associated CDC PHEP Capabilities are outlined to better assist LHDs with connecting their preparedness activities to their planning, training and overall formalize each unique LHD preparedness program with a national framework.

IDOH DEP continually collaborates with the Indiana Department of Homeland Security (IDHS) to ensure consistency in requirements for both County EMA Emergency Management Performance Grant (EMPG) Recipients and Local Health Department Preparedness Coordinators PHEP Participants. IDOH PHEP Budget Period 3 (7/1/2026-6/30/2027) continues to focus on enhancing efforts to strengthen emergency preparedness within the State of Indiana.

Monitoring of PHEP Reimbursable Funding

PHEP is a reimbursable grant. Subrecipients must have a process in place at the local level, to track and monitor expenditures related to the CDC's Public Health Emergency Preparedness (PHEP) reimbursable grant. Most importantly, subrecipients are prohibited from commingling funds on either a program-by-program basis, or project basis. This means funds specifically budgeted for one allowable project or expense may not be used to support another project already funded by another federal grant. To minimize comingling, the subrecipient should engage in the following preventative practices:

- Subrecipients should be able to clearly illustrate upon request how each repayment is monitored and tracked at the local level to prevent comingling of federal funds.
- Maintain records and ledgers for active federal awards.

PHEP BP3: (07/01/2026-06/30/2027) Grant Requirements

Grant Requirement 1

Local Health Department PHEP BP3 participants must submit a budget provided to them by the IDOH DEP District and Local Readiness (DLR). This budget will serve as a request to spend PHEP funding on items requested by the Local Health Department. No items may be purchased without budget approval from IDOH Grant Support/ DEP. Budgets may be revised as needed and are encouraged to be reviewed by the Local Health Department on a quarterly basis to ensure spending on PHEP funds is achievable by the end of the PHEP Budget Period 3 on 6/30/2027.

Due: 30 days after the Local Health Department receives a PHEP BP3 Fully Executed Contract.

Grant Requirement 2

Local Health Department PHEP BP3 participants will receive an invoice work sheet from IDOH Grant Support upon an approved PHEP BP3 budget. The LHD may begin to invoice once the LHD PHEP BP3 budget has been approved and as expenses arise once the grant agreement is fully executed (**no later than 60 days after approved budget**) LHDs are required to submit invoices to IDOH for reimbursement to invoices@health.in.gov and cc IDOHGrantSupport@health.in.gov.

All invoices must include:

- Invoice number (unique number assigned by the LHD)
- PHEP BP3 Purchase Order Number (assigned by IDOH and noted on the LHD PHEP Purchase Order "PO")
- Date of invoice submitted
- Dates of service (time frame expenses occurred).
- The subject line of the invoice submission email must state: the LHD name, PHEP BP3 and indicate only **if applicable** whether the LHD is submitting an invoice for PHEP Base or PHEP CRI.

Due: First Invoice shall be submitted no later than 60 days after Fully Executed Agreement and Budget Approval from IDOHGrantSupport@health.in.gov As expenses arise, all final purchasing must be completed by 6/30/2027. Final invoicing to IDOH must be submitted by 8/28/2027.

Grant Requirement 3

IDOH is responsible for tracking the LHD grant progress. IDOH uses quarterly status reports provided by LHDs to update the CDC on program goals.

Deliverable:

Local Health Departments must submit to IDOH an end of quarter subrecipient report via the Quarterly Reporting link: [Quarterly Status Report](#)

Due: 9/30/2026, 12/31/2026, 3/31/2027, 6/30/2027

Grant Requirement 4

Each PHEP BP3 Local Health Department Sub-Recipient of the CDC Federally funded PHEP BP3 Grant shall maintain at a minimum, a .5 FTE, an identified PHEP Coordinator dedicated to Public Health Preparedness with a backup to the LHD PHEP Coordinator identified and selected. PHEP funds may not be used to supplant or pay salary & wages for other existing locally funded positions.

Both the PHEP Coordinator and identified backup positions MUST be able to solely fulfill the role of Public Health as the ESF-8 representative in the County Emergency Operations Center during a response. LHD PHEP Coordinator and backup must obtain an Indiana Public Safety Identification Number (PSID#) along with a FEMA Student Identification Number (SID#). It is highly encouraged that all LHD staff obtain as well as these numbers are required to attend a variety of federal training.

Deliverable: LHD PHEP Coordinator must submit the following information to IDOH via the below survey link for both LHD PHEP Coordinator and Identified LHD Preparedness back-up:

- 24/7 LHD PHEP Coordinator and LHD Preparedness back-up contact information.
- PSID Number#:
 - Can be obtained [HERE](#)
- FEMA SID Number:
 - Can be obtained [HERE](#)

Deliverable submission: POC Survey

Due: 9/30/2026 *and as any changes occur*

Associated CDC PHEP Capability 1: Community Preparedness

- *Function 1: Determine risks to the health of the jurisdiction.*
- *Function 2: Strengthen community partnerships to support public health preparedness.*
- *Function 3: Coordinate with partners and share information through community social networks.*
- *Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts.*

Grant Requirement 5

The LHD PHEP Coordinator along with the LHD PHEP backup are **required** to have completed the following:

- FEMA - Emergency Management Institute (EMI) Course | IS-700.B: An Introduction to the National Incident Management System
- IS-800.D National Response framework. An Introduction
- IS-100.C: Introduction to the Incident Command System. ICS 100
- IS-200.C: Basic Incident Command System for Initial Response. ICS-200
- FEMA - Emergency Management Institute (EMI) Course | IS-244.B: Developing and Managing Volunteers
- FEMA - Emergency Management Institute (EMI) Course | IS-520: Introduction to Continuity of Operations Planning for Pandemic Influenza
- FEMA - Emergency Management Institute (EMI) Course | IS-241.C: Decision Making and Problem Solving
- FEMA - Emergency Management Institute (EMI) Course | IS-2200: Basic Emergency Operations Center Functions
- FEMA - Emergency Management Institute (EMI) Course | IS-235.C: Emergency Planning
- FEMA - Emergency Management Institute (EMI) Course | IS-366.A: Planning for the Needs of Children in Disasters

* Additional Courses that are not required but **strongly recommended** for both LHD PHEP Coordinator and backup if provided &/or available:

- *National Incident Management System (NIMS) ICS 300*
- *National Incident Management System (NIMS) ICS 400*
- *MGT-319 Points of Dispensing*
 - *ICS 300, ICS 400, & MGT-319 Course information can be found [HERE](#)*

Deliverable: When LHD Preparedness Coordinators and back-ups have completed any/all of the requirements listed above, please include completion date(s) and the applicable transcript must be submitted to IDOH via the PHEP BP3 REDCap link to be provided by DLR staff/PHEP coordinators.

*Note: This transcript can be requested at the following link to display all certifications:
IS Course Transcript request form can be found [HERE](#)*

Due: 03/30/2027

Associated CDC PHEP Capability 1: Community Preparedness

- *Function 1: Determine risks to the health of the jurisdiction.*
- *Function 2: Strengthen community partnerships to support public health preparedness.*
- *Function 3: Coordinate with partners and share information through community social networks.*
- *Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts.*

Associated CDC PHEP Capability 3: Emergency Operations Coordination

- *Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations.*
- *Function 2: Activate public health emergency operations.*
- *Function 3: Develop and maintain an incident response strategy.*
- *Function 4: Manage and sustain the public health response.*
- *Function 5: Demobilize and evaluate public health emergency operations.*

Grant Requirement 6

LHD PHEP Coordinator and backup shall maintain active accounts with Indiana Emergency Response systems utilized by IDOH DEP. LHD PHEP Coordinator and backup (in addition to any LHD staff identified by LHD PHEP Coordinator and LHD Leadership) must register and maintain accounts within said IDOH utilized systems. The LHD must ensure current contact information is up to date within these Indiana Emergency Response systems. LHD PHEP Coordinator and backup should actively participate in IDOH DEP- offered Emergency Response Systems training. LHD PHEP Coordinator and back-up must log into all IDOH DEP Emergency Response System accounts to ensure account information is kept accurate and account status remains active.

IDOH DEP will internally verify activity in systems.

Due: New accounts must be established by 12/31/2026; *Existing accounts: Maintain active accounts via routine log in monthly*

Associated CDC PHEP Capability 1: Community Preparedness

- *Function 1: Determine risks to the health of the jurisdiction*
- *Function 2: Strengthen community partnerships to support public health preparedness*
- *Function 3: Coordinate with partners and share information through community social networks*
- *Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts*

Associated CDC PHEP Capability 15: Volunteer Management

- *Function 1: Recruit, coordinate, and train volunteers*
- *Function 2: Notify, organize, assemble, and deploy volunteers*
- *Function 3: Conduct or support volunteer safety and health monitoring and surveillance*
- *Function 4: Demobilize volunteers*

Grant Requirement 7

IN TRAIN Account Creation. The LHD PHEP Coordinator shall establish and maintain an IN TRAIN account. TRAIN is a comprehensive catalog of public health training opportunities.

Deliverable: If there is no account: establish account. Existing accounts must maintain active accounts.

Due: New accounts must be established by 9/30/2026; Existing accounts: Maintain active accounts

Grant Requirement 8

Public Health is the lead for Emergency Support Function (ESF) 8. The LHD PHEP Coordinator must coordinate with jurisdictional ESF-8 partners for planning efforts and information sharing. Frequent communication and information sharing with ESF-8 partners, as well as other stakeholders, is key to the success of local level planning and response during an emergency. LHDs must consider planning efforts and discussions with partners to include the following:

- People with behavioral health needs
- Children
- Older adults
- People who are pregnant
- People with disabilities
- Persons with access and functional needs
- People from underserved populations, including rural and frontier populations
- People with limited English proficiency and non-English speaking populations

Deliverable:

LHD PHEP Coordinator shall conduct a meeting with ESF-8 jurisdictional partners during the PHEP BP3 grant year. The intended outcome for this meeting is to enhance coordination and information sharing, provide situational awareness, and ensure local partners are aware of LHD roles in both planning and response. This meeting is not limited to only ESF-8 partners; however, it is highly recommended that this be an individual meeting separate from additional local planning meetings and facilitated by the LHD. Sign-in sheet and agenda submitted via REDCap link.

Due: Documentation must be submitted 10 days after meeting via link to be provided by DLR staff/PHEP coordinators.

Meeting must be held by: 6/30/2027

Associated CDC PHEP Capability 6: Information Sharing

- *Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs*
- *Function 2: Identify and develop guidance, standards, and systems for information exchange*
- *Function 3: Exchange information to determine a common operating picture*

Associated CDC PHEP Capability 8: Medical Countermeasures Dispensing and Administration

- *Function 1: Determine medical countermeasure dispensing/administration strategies*
- *Function 2: Receive medical countermeasures to be dispensed/administered*
- *Function 3: Activate medical countermeasure dispensing/administration operations*
- *Function 4: Dispense/administer medical countermeasures to targeted population(s)*

Function 5: Report adverse events

Grant Requirement 9

The LHD PHEP Coordinator shall ensure maintenance and accuracy of any LHD Public Health Preparedness Memorandum Of Understandings (MOUs) between the LHD, partner agencies, and identified LHD Point of Dispensing (POD) Sites, along with any additional LHD key community stakeholders and partners as identified by the LHD. The LHD PHEP Coordinator must ensure Local level Public Health Preparedness Planning MOUs are maintained and up to date on a regular cadence (annually at a minimum).

Deliverable: IDOH DEP PHEP Regional Coordinators will coordinate with LHD PHEP Coordinators to verify PHEP BP3 Grant Deliverable has been met during PHEP BP3.

Due: 06/30/2027

Grant Requirement 10

District Healthcare Coalition Integrated Preparedness Plan (IPP) / Integrated Preparedness Plan Workshop (IPPW). The purpose of the Integrated Preparedness Plan Workshop (IPPW) is to consider the range of preparedness activities within the Integrated Preparedness Cycle and, along with the guidance provided by IDOH DEP, to identify, and set preparedness priorities and schedule preparedness activities for the multi-year Integrated Preparedness Plan (IPP) cycle. The IPP workshops shall foster collaboration and partnership across various stakeholders, identify district-specific preparedness needs and resource gaps, and prioritize training and exercise activities that enhance district preparedness capabilities.

Deliverable: LHD PHEP Coordinator (or representative) shall participate in their respective District Healthcare Coalition (HCC) IPP workshop. IDOH DEP PHEP Regional Coordinators will utilize HCC Sign-In Sheets for proof of completion.

Due: 06/30/2027

Associated CDC PHEP Capability 1: Community Preparedness

- *Function 1: Determine risks to the health of the jurisdiction*
- *Function 2: Strengthen community partnerships to support public health preparedness*
- *Function 3: Coordinate with partners and share information through community social networks*
- *Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts*

Grant Requirement 11

State Health Regional Integrated Preparedness Plan (IPP) / Integrated Preparedness Plan Workshop (IPPW). The purpose of the Integrated Preparedness Plan Workshop (IPPW) is to consider the range of preparedness activities within the Integrated Preparedness Cycle and, along with the guidance provided by IDOH leaders, identify, and set preparedness priorities and schedule preparedness activities for the multi-year Integrated Preparedness Plan (IPP) cycle. The IPP workshops shall foster collaboration and partnership across various stakeholders, identify regional-specific preparedness needs and resource gaps, and prioritize training and exercise activities that enhance regional and state preparedness capabilities.

Deliverable: LHD PHEP Coordinator (or representative) shall participate in regional IDOH Integrated Preparedness Workshops specific to their region.

Northern – Districts 1, 2, 3, and 4: Central – Districts 5, 6, and 7: Southern – Districts 8, 9, and 10

Due: Meetings will be held in April 2027, Invitations to be sent at a later date once locations have been confirmed.

Associated CDC PHEP Capability 1: Community Preparedness

- *Function 1: Determine risks to the health of the jurisdiction*
- *Function 2: Strengthen community partnerships to support public health preparedness*

- *Function 3: Coordinate with partners and share information through community social networks*
- *Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts*

Grant Requirement 12

LHD PHEP Coordinator must complete bi-annual LHD POD plan command call down drills. These call down drills must include all identified POD command staff and LHD POD Volunteers. LHD command structure staff communication drill. Communication drill must be completed using the following methods:

- Email
- Text

In addition to the above required methods of communication, the LHD may also utilize the following methods of communication:

- *Phone Call (Land or Cell)*
- *800 MHz*

Deliverable: Drill report sent within 10 days of drill via the link to be provided by DLR staff/PHEP coordinators.

Due: Drills must be held by 12/31/2026 and 6/30/2027

Associated CDC Preparedness Capability 6: Information Sharing

Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs

Function 2: Identify and develop guidance, standards, and systems for information exchange

Function 3: Exchange information to determine a common operating picture

Grant Requirement 13

Local Health Departments must annually review, update, and implement any revisions as necessary of their local jurisdiction's preparedness and response planning documents to ensure current alignment with preparedness capabilities, county specific risks, and operational needs. These documents may include but are not limited to: LHD Emergency Operations Plan (EOP), LHD Medical Countermeasures (MCM) Plan, LHD POD Plan(s), LHD COOP Plan, County ESF-8 Plan, Volunteer Management Plan, Crisis Emergency Risk Communication (CERC) Plans.

LHD PHEP Coordinator must ensure LHD staff, and all partner agencies identified in LHD Plans are fully aware of their role within specified plan(s) to ensure full awareness and transparency.

Deliverable: LHD must submit all LHD Preparedness plans/annexes to IDOH DEP via REDCap link to be provided by DLR staff/PHEP coordinators.

Due: 6/30/2027

Associated CDC Preparedness Capability 3: Emergency Operations Coordination

Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations

Function 2: Activate public health emergency operations

Function 3: Develop and maintain an incident response strategy

Function 4: Manage and sustain the public health response

Function 5: Demobilize and evaluate public health emergency operations

Grant Requirement 14:

Local Health Department PHEP Coordinators collectively, as a district, must select one LHD PHEP Representative per district to serve and represent the District LHDs on their District Health Care Coalition (HCC) Executive Board. This individual must attend District HCC Executive Board meetings as well as any additional District HCC meetings and exercises. Expectations of this role are to ensure the selected

individual collaborates with LHDs within their district. This position should possess the ability to effectively communicate and relay information from LHDs to District HCCs.

Deliverable: IDOH DEP DLR PHEP Regional Coordinators will document and track the compliance of the selected district representative. It is the responsibility of the District PHEP Rep to submit the Redcap.

Due: 12/31/2026

Grant Requirement 15- Only For LHDs that did NOT participate PHEP BP2 2025-2026:

If a LHD was not a sub-recipient of PHEP BP2 (July 1, 2025 – June 30, 2026), they will be required to complete the Jurisdictional Risk Assessment (JRA) and Public Health and Healthcare Readiness Assessment (PHHRA) during BP3. Upon completion, notification required to IDOH grant support inbox so it can be processed by DEP team.

Deliverable 15:

Click the following link to open and complete the JRA: [Jurisdictional Risk Assessment](#)

Click the following link to open and complete the PHHRA: [Public Health and Healthcare Readiness Assessment](#)

Due: 03/31/2027

Grant Requirement 16:

Local Health Department PHEP coordinators and/or their back-up will meet with their respective IDOH DEP DLR PHEP Regional Coordinators in-person at the LHD and/or as designated by the LHD.

Deliverable: Attendance of bi-annual scheduled meetings.

Additional Requirements

- Local Health Department PHEP Coordinators (or LHD PHEP Coordinator back up) must attend and participate in offered District HCC meetings, workshops, and training courses. Documentation will be obtained by IDOH DEP DLR Staff.
- Local Health Department Preparedness Coordinators or back-up must attend Local Health Department Public Health Preparedness meetings (these are preferred to be held monthly in-person but are required bi-monthly at 6 per grant period.) Note: virtual attendance may be accepted on a case-by-case scenario.
- Local Health Departments shall participate in their respective District HCC Bi-Annual communication drills as conducted by the HCC. Documentation will be obtained by IDOH DEP DLR Staff.
- Local Health Department PHEP Coordinators are highly encouraged to actively participate in County LEPC meetings and annual exercises. LHD PHEP Coordinators are not required to be LEPC members, however attendance and involvement is crucial to local level planning efforts and collaboration.

ATTACHMENT B BUDGET

Name of Organization:	St Joseph County Health Department		
Employer ID Number (EIN):	356000194		
CFDA:	93.069	Vendor ID:	0000053841
Budget Period:	BP 3	Federal Fiscal Year:	2027

Address:	227 W JEFFERSON BLVD SOUTH BEND Indiana 46601
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Name of Signatory: (Encompass e-signatory)	Carl Baxmeyer
Email:	cbaxmeyer@sjcindiana.com

Name of Program Contact:	Michael Wruble
Email:	Mwruble@sjcindiana.com

Base	\$25,000
CRI	N/A
Total Allotment:	\$25,000

ATTACHMENT C

Federal Agency: Department of Health and Human Services
CFDA Numbers: 93.069
Award Numbers: NU90TP922052
Award Name: PHEP Cooperative Agreement

1) Incorporation

This award is based on the application, as approved, the Indiana Department of Health (IDOH) submitted to the Department of Health and Human Services relating to the program and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a) The grant program legislation and program regulation by statutory authority as provided for this program and all other referenced codes and regulations.
- b) 2 CFR Subtitle A, Chapter II, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- c) The HHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period. (Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.)

The Contractor or Grantee (as defined in the Contract or Grant Agreement) must comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Grant Policy Statements; requirements imposed by program statutes and regulations and grant administration regulations, as applicable; and any regulations or limitations in any applicable appropriations acts.

2) Anti-kickback Statute

The Contractor or Grantee is subject to the anti-kickback statute and should be cognizant of the risk of criminal and administrative liability under this statute, 42 U.S.C. § 1320a-7b(b).

3) Victims of Trafficking and Violence Protection Act

The Contractor or Grantee is subject to the requirements of Section 106(g) of the Victims of Trafficking and Violence Protection Act of 2000, as amended (22 U.S.C. § 7104).

4) Accessibility of Services

Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. Recipients must comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq.*), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq.*), and any provisions required by the implementing regulations of the Federal Agency providing the funds. Resources are available at <http://www.justice.gov/crt/about/cor/coord/titlevi.php>.

Executive Order 13166 requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency have meaningful access to services. Resources are available at <http://www.lep.gov/13166/eo13166.html>.

5) Federal Information Security Management Act (FISMA)

The Contractor or Grantee must protect all information systems, electronic or hard copy which contains federal data from unauthorized access. Congress and the Office of Management and Budget (OMB) have instituted laws, policies, and directives that govern the creation and

implementation of federal information security practices that pertain specifically to grants and contracts. Resources are available at <http://csrc.nist.gov/groups/SMA/fisma/index.html>.

6) Registration Requirements

The Contractor or Grantee must register in the System for Award Management (SAM) and maintain the registration with current information. Additional information about registration procedures may be found at www.sam.gov. The entity must maintain the accuracy and currency of its information in SAM at all times during which the entity has an active award unless the entity is exempt from this requirement under 2 CFR Subtitle A, Chapter II, Part 200. Additionally, the entity must review and update the information at least annually after the initial registration.

7) Non-Delinquency on Federal Debt

Contractor or Grantee is subject to the Federal Debt Collection Procedures Act of 1990, 28 U.S.C. § 3201(e), which imposes restrictions on the transfer of federal funds to persons or entities owing a debt to the United States.

8) Federal Funds Disclosure Requirements

Any of the entity's statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs supported in whole or in part by federal funds must state a) the percentage of the total costs of the program or project with federal financing; b) the amount of federal funds for the project or program; and c) the percentage and dollar amount of the total costs of the project or program financed by nongovernmental sources. "Nongovernmental sources" means sources other than state and local governments and federally recognized Indian tribes.

Publications, journal articles, etc. produced under a grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) from Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services.

9) Equipment and Products

To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made. 2 CFR Subtitle A, Chapter II, Part 200.33 and 200.313 defines equipment as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See also §§200.12 Capital assets, 200.20 Computing devices, 200.48 General purpose equipment, 200.58 Information technology systems, 200.89 Special purpose equipment, and 200.94 Supplies.

The grantee may use its own property management standards and procedures provided it observes provisions of the relevant sections in the Office of Management and Budget (OMB) 2 CFR Subtitle A, Chapter II, Part 200.500-520.

10) Federal Funding Accountability and Transparency Act (FFATA)

In order for IDOH to comply with federal reporting requirements, Contractor or Grantee must complete, in its entirety, the form, titled Transparency Reporting Subawardee Questionnaire. If

the pre-populated information in the form regarding Contractor or Grantee is incorrect, Contractor or Grantee should strike the incorrect information and enter the correct information. IDOH will send this form in a separate e-mail.

11) Federal Lobbying Requirements

- a) The Contractor certifies that to the best of its knowledge and belief that no federal appropriated funds have been paid or will be paid, by or on behalf of the Contractor, 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.
- b) If any funds other than federal appropriated funds have been paid or will be paid 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 this federal Contract, contract, loan, or cooperative agreement, the Contractor shall complete and submit "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c) The Contractor shall require that the language of subparagraphs A) and B) be included in the language of all subcontracts and that all subcontractors shall certify and disclose accordingly.

For more information, please contact the IDOH Division of Finance.

ATTACHMENT D - Annual Financial Report for Non-Governmental Entities

Guidelines for filing the annual financial report:

- 1) Filing an annual financial report called an Entity Annual Report (E-1) is required by IC § 5-11-1-4. This is done through Gateway which is an on-line electronic submission process.
 - a. There is no filing fee to do this.
 - b. This is in addition to the similarly titled Business Entity Report required by the Indiana Secretary of State.
 - c. The E-1 electronic submission site is found at <https://gateway.ifonline.org/login.aspx>
 - d. The Gateway User Guide is found at <https://gateway.ifonline.org/userguides/E1guide>
 - e. The State Board of Accounts may request documentation to support the information presented on the E-1.
 - f. Login credentials for filing the E-1 and additional information can be obtained using the notforprofit@sboa.in.gov email address.
- 2) A tutorial on completing Form E-1 online is available at https://www.youtube.com/watch?time_continue=87&v=nPgtPcdUcs
- 3) Based on the level of government financial assistance received, an audit may be required by IC § 5-11-1-9.

John H. Murphy

From: Kathryn Bishop
Sent: Monday, August 31, 2026 3:30 PM
To: Jennifer Prawat
Cc: Abby Doyle; John H. Murphy
Subject: Form D from Health
Attachments: Form D Health (8962-26).pdf; Form D Health (8134-26).pdf

Hi Jen,

Attached is two Form-D's from the Health Dept for the September 8th Council committee meeting.

Thank you,

Kathryn Bishop
Finance Director
ST. Joseph County Auditor
227 W Jefferson Blvd
South Bend IN 46601
Phone: (574) 235-9668 extension 7209
Kbishop@SJCINDIANA.COM