

**AGREEMENT BETWEEN THE PENNSYLVANIA DEPARTMENT OF HEALTH AND
YORK CITY BUREAU OF HEALTH**

(Name)

WHEREFORE, in witness of the covenants set forth below on the attached pages, the parties have affixed their signatures hereto:

BY: _____ DATE: _____
Signature

Print/Type Title

Print/Type Name

BY: _____ DATE: _____
Signature

Print/Type Title

Print/Type Name

BY: _____ DATE: _____
Pennsylvania Department of Health

Approved as to form and legality:

BY: _____ DATE: _____
Office of Legal Counsel
Pennsylvania Department of Health

AND

BY: Not Required DATE: _____
Office of General Counsel
Commonwealth of Pennsylvania

AND

BY: Not Required DATE: _____
Office of Attorney General
Commonwealth of Pennsylvania

I hereby certify that funds are available in the amount(s) and in the appropriation symbol(s) as shown below:

BY: _____ DATE: _____
Comptroller
Public Health and Human Services

Harryl Allen, Project Officer
717-547-3452

Cindy Findley, Alternate Project Officer
717-787-5681

SAP# :4100067489

**GRANT AGREEMENT BETWEEN THE PENNSYLVANIA
DEPARTMENT OF HEALTH**

**AND
YORK CITY BUREAU OF HEALTH**

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

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

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

WHEREAS, the Department is in receipt of or anticipates receipt of Federal funds or state funds or both pursuant to 42 USC Section 247b to provide for the purposes of this Grant Agreement, and this Grant Agreement is contingent upon appropriation and receipt of such funds.

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

I. GRANT AGREEMENT TERM

A. This Grant Agreement shall be effective from January 1, 2015 through December 31, 2015, subject to its other provisions, and the availability of funds, whether state or Federal unless terminated earlier by either party according to the termination provisions of this Grant Agreement.

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

C. Renewal.

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

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

The increase or decrease of work shall be limited to deliverables established in the amendment. Nothing in this paragraph shall be read to permit the scope of work of the Grant Agreement to be changed.

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



Renewals are not applicable to this Agreement

II. GRANT AGREEMENT AMOUNT

Subject to the availability of funds, whether state or Federal, and the other terms and conditions of this Grant Agreement, the Department will make payments in accordance with the Grant Agreement payment provisions, Appendix B and the grant Budget, Appendix C, up to the maximum Grant Agreement amount of \$162,450.00.

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

III. FUNDING SOURCE(S)

Pursuant to Management Directive 305.21, *Payments to Local Governments and Other Subrecipients*, the Department must identify the amounts of Federal and state funding it provides to Grantees. This identification follows and includes the breakdown of Federal and state dollars provided and the related Federal and state financial assistance program name and number:
\$162,450.00 CFDA 93.268 Immunization and Vaccines For Children Grants

IV. WORK STATEMENT

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

V. APPENDICES AND ATTACHMENTS

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

A. Appendix A - Work Statement

- B. Appendix B – Payment Provisions (Rev. 5/12) and its Attachment 1** - A downloadable format of Attachment 1 is available at the following Internet address:
<http://www.health.state.pa.us/vendors>

C. Appendix C – Budget

VI. INCORPORATED DOCUMENTS

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

A. Standard General Terms and Conditions (Rev. 7/13)

- B. Audit Requirements (Rev. 7/13)**
- C. Commonwealth Travel and Subsistence Rates (Rev. 4/12)**
- D. Federal Lobbying Certification and Disclosure (Rev. 12/05)**
- E. Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 4/12)**
- F. Pro-Children Act of 1994 (Rev. 12/05)**
- G. Block Grant Provisions (Rev. 12/05)**
 - ☐ Maternal and Child Health Block Grant Provisions
 - ☐ Preventive Health and Health Services Block Grant Provisions
 - ☒ Block Grant Provisions are not applicable to this agreement
- H. HIPAA Business Associate Agreement and Attachment 1 (Rev. 5/13)**
 - ☐ The HIPAA Business Associate Agreement is applicable to this agreement
 - ☒ The HIPAA Business Associate Agreement is not applicable to this agreement

VII. APPLICATION

The Grantee's application:

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

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

VIII. ADDITION OF SUBSEQUENTLY AVAILABLE FUNDS

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

IX. DECREASE IN FUNDING

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

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

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

XI. FINAL GRANT AGREEMENT APPROVAL

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

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Appendix A

WORK STATEMENT**Introduction – Immunization Program**

The Grantee shall provide services for a comprehensive Immunization Program with the focus on the elimination or control of vaccine-preventable diseases. The Department of Health (the Department or DOH) will provide vaccines to public and private health care providers for infants, children, adolescents and adults to protect against measles, diphtheria, tetanus, pertussis (whooping cough), polio, mumps, rubella, hepatitis A, hepatitis B, influenza, *Haemophilus influenzae* type b, pneumonia, varicella (chickenpox), meningitis, human papilloma virus and rotavirus.

The Grantee shall also provide education, and outreach services, aimed toward hepatitis B prevention for newborns, pregnant females and high-risk individuals; influenza immunization outreach and pandemic planning; provider education; vaccine preventable disease surveillance; and emergency response preparation.

I. Tasks and Timelines**A. Grantee Responsibilities**

1. The Grantee shall improve the immunization coverage level for children to the recommended four doses of a diphtheria-tetanus-pertussis vaccine, three doses of polio, one dose of MMR, three doses of haemophilus influenza type b meningitis, three doses of hepatitis B, one dose of varicella, and four doses of pneumococcal (4:3:1:3:3:1:4); and the Centers for Diseases Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) approved and recommended vaccines as provided by the Department by providing the following immunization services:
 - a. Provide outreach to 100% of the birthing facilities in the Grantees jurisdiction by promoting the Departments hospital based Tot Trax Program and deliver education materials to new mothers during the period of the grant.
 - b. Schedule monthly or weekly off site and walk-in immunization clinics during times and places easily accessible to working parents and children from minority, culturally significant and disparity areas.
 - c. Establish extended clinic hours during evenings and weekends to accommodate the infant and childhood population for influenza immunizations on a yearly basis during the influenza immunization season (October through April).
 - d. Complete a minimum of one outreach activity, pre-approved by the Department to increase public awareness of infant immunizations during the annual National Infant Immunization Week (NIIW) in April 2015.

- e. Complete a minimum of one outreach activity, pre-approved by the Department, to increase public awareness of immunizations during the annual National Immunization Awareness Month (NIAM) in August 2015.
 - f. Complete a minimum of one outreach activity, pre-approved by the Department, to increase public awareness of influenza vaccinations during the annual National Influenza Vaccination Week (NIVW) in December 2015.
 - g. Enter and maintain all childhood immunization histories into the Pennsylvania Statewide Immunization Information System (PA-SIIS) in accordance with PA-SIIS protocols, which are incorporated herein by reference. Protocol states that Immunization data should be entered into PA-SIIS within two business days of patient encounters so that data integrity can be assured. Grantee acknowledges having copies of the protocols.
 - h. Screen each child visiting a childhood immunization clinic for Vaccines For Children (VFC) Program and Section 317 vaccine eligibility during the period of the grant.
 - i. Provide vaccine information to the Women, Infant and Children (WIC) Program; Head Start and any other local agencies providing services to children during the period of the grant.
2. The Grantee shall improve immunization coverage levels for influenza, hepatitis B, varicella, tetanus, diphtheria, acellular pertussis (Td/Tdap), meningitis, MMR and human papilloma virus (HPV) immunizations in the adolescent population by providing the following immunization services:
- a. Schedule monthly or weekly and walk-in immunization clinics at times after school that are accessible for adolescent visits. These clinics shall provide age-appropriate vaccines including varicella, hepatitis B, MMR, HPV and a booster of Td/Tdap and meningococcal vaccines.
 - b. Screen each adolescent visiting an adolescent immunization clinic for VFC Program and Section 317 vaccine eligibility during the period of the grant.
 - c. Promote adolescent immunizations by providing immunization educational materials to all local schools during the school year.
 - d. Complete at least one outreach activity, approved by the Department, to increase public awareness of adolescent immunizations during the period of this grant.
 - e. Complete at least one outreach activity, approved by the Department, to increase public awareness of immunizations during the annual National Immunization Awareness Month (NIAM) in August 2015.
 - f. Complete at least one outreach activity, approved by the Department, to increase public awareness of influenza vaccinations during the annual National Influenza Vaccination Week (NIVW) in December 2015.

3. The Grantee shall provide the following comprehensive immunization services for adults:
 - a. Schedule routine monthly or weekly and walk in immunization clinics to accommodate the adult population for influenza, pneumococcal, Td/Tdap, MMR, meningitis, varicella, and shingles vaccines; and hepatitis A & B vaccines for the high-risk adults during the period of the grant.
 - b. Establish extended clinic hours during evenings and weekends to accommodate the adult population for influenza immunizations during the influenza immunization season (October through April).
 - c. Provide adult immunization outreach awareness activities to private providers, managed care organizations and community - based organizations to enhance adult influenza and pneumococcal outreach immunization activities as needed during the influenza immunization season.
 - d. Complete at least one outreach activity, approved by the Department, to increase public awareness of adult immunizations during the period of the grant.
 - e. Complete at least one outreach activity, approved by the Department, to increase public awareness of influenza vaccinations during the annual National Influenza Vaccination Week (NIVW) in December 2015.
4. The Grantee shall reduce or eliminate indigenous cases of Vaccine Preventable Diseases (VPD) including: tetanus, diphtheria, pertussis, haemophilus influenzae type b meningitis (Hib), varicella, MMR, poliomyelitis, and hepatitis B in accordance with the national Healthy People 2020 Immunization Objectives, which are incorporated herein by reference. Grantee acknowledges having a copy of the Healthy People 2020 Immunization Objectives.
 - a. The Grantee shall conduct active and passive morbidity reporting for VPD from all local physicians, hospitals, schools, colleges, day care centers, and other facilities housing persons at risk for vaccine preventable diseases by utilizing the National Electronic Disease Surveillance System (NEDSS) during the period of the grant.
 - b. The Grantee shall participate in all outbreaks of VPD for case identification, investigation, and follow up. The Grantee shall collaborate with outside agencies to include, but not be limited to, the Centers for Disease Control and Prevention (CDC) as needed for collecting, compiling, and completing information during disease outbreak activities.
 - c. The Grantee shall receive, evaluate and investigate all cases of VPD within 24 hours of receipt of report. The Grantee shall notify the Department of all VPD cases as outlined in the VPD Follow Up Protocol. These protocols and any updates are incorporated herein by reference. The Grantee acknowledges having copies of the VPD Follow Up Protocol which is subject to periodic revision by the Department.
 - d. All Grantee staff shall have appropriate training for the current VPD Follow Up Protocol prior to conducting VPD follow up.

- e. All Grantee staff shall be trained regarding the requirement to enter all completed case reports into NEDSS within 10 business days of the VPD report.
- 5. The Grantee shall report to the Vaccine Adverse Events Reporting System (VAERS) in accordance with established guidelines for 100% of suspected adverse events for vaccines administered by the Grantee. The Grantee acknowledges having copies of the program reporting guidelines and the VAERS form for each vaccine it administers. These guidelines and forms are incorporated herein by reference.
 - a. The Grantee shall initiate investigations of all suspected vaccine associated adverse events by contacting the client and health care provider within one working day of receipt of the report.
 - b. The Grantee shall maintain, monitor, review and submit all VAERS forms and reports in accordance with program reporting guidelines.
- 6. The Grantee shall maintain a vaccine accountability system that ensures vaccines are administered, stored and handled appropriately for optimal vaccine safety and protection against fraud and abuse.
 - a. All Grantee staff shall be trained in the implementation of sound vaccine management practices in accordance with the Department VFC protocols for vaccine ordering, receiving, storage, handling, shipping, tracking, disposal and reporting loss and wastage when hired and as information is updated. These protocols are mailed to the Grantee annually and are available for viewing on the Pennsylvania DOH VFC website. The protocols are incorporated herein by reference, and the Grantee acknowledges being familiar with those protocols.
 - b. The Grantee shall maintain security equipment and upgrade as needed to monitor vaccine storage and to ensure vaccine safety on an ongoing basis.
 - c. The Grantee shall maintain an alarm (temperature-sensitive/telephone notification) system on the main vaccine cold storage facility for the purposes of quality control and protection of vaccines to avoid vaccine and financial losses on an ongoing basis.
 - d. The Grantee shall redistribute vaccine so that annual vaccine wastage is 3% or less in accordance with the Departments online registry, the Statewide Immunization Information System (PA-SIIS), automatic notification of all vaccine with an expiration date within 90 business days use.
- 7. The Grantee shall maintain follow up for 100% of all identified infants born to Hepatitis B Surface Antigen positive females and their contacts in accordance with the Department Hepatitis B protocols, which are incorporated herein by reference. The Grantee acknowledges having a copy of such protocols.
 - a. All Grantee staff shall be trained regarding current hepatitis and perinatal hepatitis B protocols when hired and as information is updated.

- b. Appropriate protocol follow up shall be conducted within the protocol timeframes prescribed by the Department in “Prevention of Perinatal Hepatitis B Infection and Management of Pregnant Women Guidelines for Medical Care Providers Revised November 2013” and any updates thereto. This document and updates are incorporated herein by reference. The Grantee acknowledges being familiar with this document.
- 8. The Grantee shall identify geographic Pockets of Need (PON) within the Grantees jurisdiction and implement strategies to improve the immunization coverage rates for all age groups.
 - a. The Grantee shall implement strategies during the period of this Grant Agreement which shall be approved by the Department and shall include methods to promote all recommended immunizations. The Grantee shall collaborate with the Pennsylvania Immunization Coalition (PAIC) and local immunization coalition on these strategies to reach children in identified PON areas with a predicted immunization coverage rate of less than 80% as determined by the Grantee or from data provided by PA-SIIS.
 - b. The Grantee shall utilize data from PA-SIIS annually identifying geographic PON areas for adult influenza vaccination and implement an education initiative during the grant period in collaboration with the local Area Agency on Aging (AAA) to promote influenza vaccinations and identify locations where the vaccine is offered to improve immunization coverage rates. The Grantee shall submit any education initiative to the Department for review and approval prior to implementing the initiative.
- 9. The Grantee shall promote and maintain a local immunization coalition which convenes at least quarterly meetings and includes working committees that meet monthly to plan and conduct specific immunization outreach activities. The Grantee shall perform the following activities:
 - a. Serve as an advisor to the local coalition and participate in the PAIC on an ongoing basis.
 - b. Promote the idea that local coalition membership should be comprised of a majority of community-based organizations and businesses including representation from minority and disparity populations with the officers elected from within their ranks on an ongoing basis.
 - c. Promote the focus of the coalition to be mainly on the mobilization of immunization activities by the coalition membership through the resources and volunteers they provide to enhance the efforts of the Grantees Immunization Program on an ongoing basis.
 - d. Provide financial support of not less than 2% of the total amount of this Grant Agreement to the local coalition to aid in the effort to increase immunization rates and educate the public about immunization related issues during the period of the grant.
 - e. Inform the Department of scheduled coalition meetings and events at least 30 business days prior to meetings and events, and provide copies of meeting minutes, activities conducted and all literature generated by the coalition within 30 business days of the date of the meeting or event.

10. The Grantee shall maintain linkage to the PA-SIIS annually market immunizations and PA-SIIS to all Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and private providers within the Grantee jurisdiction, and enroll a FQHC, RHC and private provider in PA-SIIS during the period of the Grant. The Grantee shall perform the following activities:
 - a. Maintain compliance with PA-SIIS protocol on an ongoing basis. Grantee acknowledges having copies of the PA-SIIS protocol, which is incorporated herein by reference.
 - b. Conduct annual immunization education and outreach mass mailings to all FQHC, RHC and private providers within the Grantee jurisdiction to include immunization promotional and educational materials and PA-SIIS information with a referral form for those who desire to enroll in PA-SIIS to be returned to the Grantee. The Grantee shall contact the Departments PA-SIIS staff to initiate a site visit to the designated FQHC, RHC or private providers and participate in their linkage to PA-SIIS.
 - c. Enroll in PA-SIIS, one FQHC, one RHC and two private providers that have adopted an Office of National Coordinator (ONC) certified Electronic Health Record System as required by stage one meaningful use on immunization reporting to public health during the period of the grant.
 - d. Maintain reminder/recall system at all clinic sites and convert to the PA-SIIS reminder/recall system when it becomes available for tracking and follow up of immunizations for infants and preschool children.
 - e. Utilize reminder/recall systems in all clinics to track clients who are delinquent with immunizations, including minority and disparity populations, and to motivate parents to maintain compliance with the recommended vaccine schedule as needed.
11. The Grantee shall provide comprehensive immunization education and outreach services for populations of all ages including minority and disparate populations. The Grantee shall:
 - a. Ensure that the official Pennsylvania Immunization Card is provided to all clients receiving immunizations at all clinic sites, inform clients of the need to bring the immunization record to all clinic visits, stress the importance of retaining an immunization record for a lifetime and include this card with all mass mailings of immunization literature for the purpose of educating the public and private sectors.
 - b. Promote Department immunization outreach materials and initiatives to 100% of clients and providers as requested by the Department.
 - c. Provide language specific, culturally sensitive and ethnicity appropriate outreach materials to minority and disparity populations as needed.
 - d. Develop and implement local media activities during the grant period to include, but not be limited to, Public Service Announcements (PSA) and various print media, in collaboration and conjunction with the Department media campaigns. The

Grantee shall obtain Departmental approval prior to instituting any media campaign.

- e. Incorporate national media outreach campaigns and Department activities with a minimum of one local outreach awareness immunization activity for each of the following events during the grant period: National Infant Immunization Week NIIW in April 2015; Hepatitis Awareness Month in May 2015; National Immunization Awareness Month in August 2015; and National Influenza Vaccination Week NIVW in December 2015. The Grantee shall obtain Departmental approval prior to carrying out the outreach activity.
 - f. Provide a minimum of one immunization outreach awareness activity to schools annually and promote immunization activities initiated by the Department to schools as requested. The Grantee shall obtain Departmental approval prior to carrying out any outreach activity.
 - g. Use of the Department logo in conjunction with any media campaign or outreach activity shall be carried out in accordance with Paragraph 21 of Appendix D (Standard General Terms and Conditions) at all times.
12. The Grantee shall have at least one professional staff person participate in the CDC sponsored National Immunization Conference (NIC), which provides information and updates relative to national immunization concerns; the annual Department sponsored PIC which provides immunization program updates and discussions on various immunization initiatives and issues; the National Partnership for Immunization sponsored biennial National Conference on Immunization Coalitions which provides information, resources and skill-building sessions for the development of local, state and national coalitions and addresses childhood, adolescent and adult immunization issues as they relate to coalition efforts, and any other immunization conferences, meetings and training sessions sanctioned by the Department that are scheduled periodically to provide information concerning newly developed vaccines and current immunization initiatives and issues.

II. Reporting Requirements

- A. The Grantee shall complete and submit the Immunization Annual Highlights Report (AHR) to the Department by January 31st or as requested by the Department for the previous calendar year. The Grantee shall submit the report via email. The Grantee acknowledges having copies of the Immunization AHR, which is subject to revision by the Department. The documents and revisions to the same are incorporated herein by reference. The AHR is due on: January 31, 2016.
- B. The Grantee shall complete and enter into the NEDSS all VPD Case Reports and Case Investigations in accordance with Department protocols. These NEDSS protocols and VPD protocols are incorporated by reference herein. The Grantee acknowledges having copies of all NEDSS protocols and VPD Follow Up protocols.
- C. The Grantee shall report all adverse vaccine reactions on the VAERS form and forward it to the Department within one week following the report of the vaccine

reaction. The Grantee acknowledges having copies of the VAERS form and protocols which are incorporated by reference herein.

- D. The Grantee shall provide other routine reports related to program activities to the Department as requested and within timeframes requested.

III. Evaluation Components

- A. The Grantee shall improve the immunization coverage rate for children during the grant period to a minimum level of 90% or higher.
- B. The Grantee shall improve the immunization coverage rate for adolescents during the grant period and maintain at 90%.
- C. The Grantee shall minimally achieve outreach education for influenza, shingles, and pneumococcal vaccines for 80% of the adult population 65 years of age and older with the ultimate goal of meeting the 90% objectives set by Healthy People 2020 by 2020 or sooner.
- D. The Grantee shall complete investigations for 100% of all VAERS suspected cases reported in accordance with Department approved guidelines.
- E. The Grantee shall ensure Immunization Clinics and vaccine safety protocols are in compliance with the Department Vaccine Accountability System guidelines as verified by the Department Quality Assurance staff during annual site visits.
- F. The Grantee shall conduct appropriate protocol follow up for 100% of all identified infants born to Hepatitis B Surface Antigen positive females and their contacts.
- G. The Grantee shall improve the immunization coverage rates in identified PONs for children and adults each Grant year and maintain at 80% or higher when that level is attained.
- H. The Grantee shall promote an active coalition working toward improving immunization coverage levels across the lifespan by providing education and outreach activities that support and enhance the Grantees Immunization Program.
- I. The Grantee shall maintain linkage to PA-SIIS and successfully enroll one FQHC, one RHC and two private providers in PA-SIIS as required by stage one meaningful use for public health reporting of immunization data.
- J. The Grantee shall ensure populations are targeted, outreach activities conducted and type and volume of educational materials distributed as provided to the Department in the Immunization Annual Highlights Report (AHR).

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Appendix B**PAYMENT PROVISIONS**

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

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

- iii. The Contractor shall obtain written approval from the Department's Project Officer prior to reallocating funding into a previously unfunded budget category or prior to eliminating all funding from an existing budget category, regardless of the percentage amount.
 - iv. The Contractor shall provide the Department's Project Officer with notice or make a request for approval prior to the submission of the next invoice based on these changes.
 - v. At no time can Administrative/Indirect cost rates be increased via a Budget Revision.
- b. Budget Revisions Relating to Personnel
- i. Any change to funds in the Personnel Category requires the approval of the Department's Project Officer, and any such change at 20% or over as set forth in Paragraph 4(a) shall be counted as one Budget Revision under that paragraph.
 - ii. The Contractor may not reallocate funds to, or move funds within, the Personnel Services Category of the Budget (Appendix C), and any subsequent amendments thereto, to increase staff personnel or fringe benefit line items unless one of the following circumstances apply:
 - A. The Contractor is subject to a collective bargaining agreement or other union agreement and, during the term of this Contract, salaries, hourly wages, or fringe benefits under this Contract are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Contractor shall submit to the Department's Project Officer written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation.
 - B. The Contractor is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Contract. The Contractor shall submit to the Department's Project Officer written justification for the request to increase rates and reallocation of funds in connection with filling such a position in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the Contract, as well as the Contractor's inability to fill the position at the existing rates. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to a position may exceed 10% of the original rate.
 - C. The Contractor is unable to perform the work of the Contract with the existing positions, titles or classifications of staff. The Contractor may add or change a position, title or classification in order to perform work that is already required. The Contractor shall submit to the Department's Project Officer for his or her approval written justification for the request to increase rates and reallocation of funds in connection with changing or adding a position, title or classification, in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the contract, as well as the Contractor's inability to fill current position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to an addition or change may exceed 10% of the rate for the original position.
 - iii. The Department's determination regarding the validity of any justification is final.
 - iv. All increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
 - v. This paragraph is not intended to restrict any employee from receiving an increase in salary based on the employer's fee schedule for the job classification.
5. Unless otherwise specified elsewhere in this Contract, the following shall apply. Contractor shall submit monthly invoices within 30 days from the last day of the month within which the work is performed. The final invoice shall be submitted within 45 days of the Contract's termination date.

The Department will neither honor nor be liable for invoices not submitted in compliance with the time requirements in this paragraph unless the Department agrees to an extension of these requirements in writing. The Contractor shall be reimbursed only for services acceptable to the Department.

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

INVOICE

DIVISION OF IMMUNIZATIONS**67IMMUNIZE**

PO Box 69183

Harrisburg, PA 17106

Payee Name and Address York City Bureau of Health 227 West Market Street York, PA 17401-1002			Date		
			Current Billing Period		
SAP Vendor Number 138884-002			Invoice Number		
Telephone Number 717-849-2294			SAP Document Number 4100067489		
Category	Budget Amount	Expenditures to Date for Prior Periods	Balance to Date from Prior Periods	Invoice Amount for Current Period	Cumulative Expenditures through Current Period
I. Personnel Services			0.00		0.00
II. Consultant Services			0.00		0.00
III. Subcontract Services			0.00		0.00
IV. Patient Services			0.00		0.00
V. Equipment			0.00		0.00
VI. Supplies			0.00		0.00
VII. Travel			0.00		0.00
VIII. Other Costs			0.00		0.00
Total Costs	0.00	0.00	0.00	0.00	0.00

 Contractor's Authorized Signature

 Date

Appendix C
OVERALL BUDGET SUMMARY

York City Bureau of Health
SAP# 4100067489
January 1, 2015 - December 31, 2015

CATEGORIES	Original Budget	Amendment (If Applicable)	Total Budget
I. PERSONNEL SERVICES	126,609.42	-	126,609.42
II. CONSULTANT SERVICES	-	-	-
III. SUBCONTRACT SERVICES	3,249.00	-	3,249.00
IV. PATIENT SERVICES	-	-	-
V. EQUIPMENT	-	-	-
VI. SUPPLIES	12,000.00	-	12,000.00
VII. TRAVEL	1,800.00	-	1,800.00
VIII. OTHER COSTS	18,791.58	-	18,791.58
TOTAL	162,450.00	-	162,450.00

Appendix C
BUDGET SUMMARY

York City Bureau of Health
SAP# 4100067489
January 1, 2015 - June 30, 2015

CATEGORIES	Original Budget	Amendment Type & Number	Total Budget
I. PERSONNEL SERVICES	63,304.71	-	63,304.71
II. CONSULTANT SERVICES	-	-	-
III. SUBCONTRACT SERVICES	1,624.50	-	1,624.50
IV. PATIENT SERVICES	-	-	-
V. EQUIPMENT	-	-	-
VI. SUPPLIES	6,000.00	-	6,000.00
VII. TRAVEL	900.00	-	900.00
VIII. OTHER COSTS	9,395.79	-	9,395.79
TOTAL	81,225.00	-	81,225.00

Appendix C York City Bureau of Health SAP# 4100067489 January 1, 2015 - June 30, 2015
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Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100					
	Y53041000200	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
	Y53041000101					
	01/01/15-6/30/15					

I. PERSONNEL SERVICES

[illegible]

January 1, 2015 - June 30, 2015

Specify the benefits included in this rate:
FICA and Insurance Allocation

Appendix C
York City Bureau of Health
SAP# 4100067489
January 1, 2015 - June 30, 2015

Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100					
	Y53041000200	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
	Y53041000101					
	01/01/15-6/30/15					

II. CONSULTANT SERVICES

Consultants	Hourly	Number						
	<u>Rate</u>	<u>of Hours</u>						
								-
								-
								-
								-
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III. SUBCONTRACT SERVICES

York/Adams County Immunization Coalition	1,624.50					1,624.50
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total	1,624.50	-	-	-	-	1,624.50

Appendix C
York City Bureau of Health
SAP# 4100067489
January 1, 2015 - June 30, 2015

Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100					
	Y53041000200	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
	Y53041000101					
	01/01/15-6/30/15					

IV. PATIENT SERVICES

V. EQUIPMENT

	<u>Quantity</u>	<u>Unit Cost</u>						
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
Total			-	-	-	-	-	-

Appendix C
York City Bureau of Health
SAP# 4100067489
January 1, 2015 - June 30, 2015

Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100 Y53041000200 Y53041000101 01/01/15-6/30/15	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
VI. SUPPLIES						
Clinical/Office/Computer(Central Services & IS Allocations/Other)	5,800.00					5,800.00
Educational/Promotional Supplies	200.00					200.00
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total	6,000.00	-	-	-	-	6,000.00
VII. TRAVEL						
Mileage	150.00					150.00
Lodging	300.00					300.00
Airfare	280.00					280.00
Subsistence	120.00					120.00
Parking/Tolls	50.00					50.00
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total	900.00	-	-	-	-	900.00

January 1, 2015 - June 30, 2015

TOTAL	81,225.00	-	-	-	-	81,225.00
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Appendix C
BUDGET SUMMARY

York City Bureau of Health
SAP# 4100067489
July 1, 2015 - December 31, 2015

CATEGORIES	Original Budget	Amendment Type & Number	Total Budget
I. PERSONNEL SERVICES	63,304.71	-	63,304.71
II. CONSULTANT SERVICES	-	-	-
III. SUBCONTRACT SERVICES	1,624.50	-	1,624.50
IV. PATIENT SERVICES	-	-	-
V. EQUIPMENT	-	-	-
VI. SUPPLIES	6,000.00	-	6,000.00
VII. TRAVEL	900.00	-	900.00
VIII. OTHER COSTS	9,395.79	-	9,395.79
TOTAL	81,225.00	-	81,225.00

Appendix C
York City Bureau of Health
SAP# 4100067489
July 1, 2015 - December 31, 2015

Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100					
	Y53041000200					
	Y53041000101	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
	07/01/15-12/31/15					

I. PERSONNEL SERVICES

[illegible]

Appendix C
York City Bureau of Health
SAP# 4100067489
July 1, 2015 - December 31, 2015

Categories			Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
			Y53041000100 Y53041000200 Y53041000101 07/01/15-12/31/15	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
B. Fringe Benefits								
	Salary	Rate						
Community Health Nurse III	26,058.24	52.00%	13,550.28					13,550.28
Immunization Outreach Worker	15,589.60	52.00%	8,106.59					8,106.59
	-							-
	-							-
	-							-
	-							-
	-							-
	-							-
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	-							-
	-							-
	-							-
	-							-
	-							-
	-							-
	-							-
Specify the benefits included in this rate: FICA and Insurance Allocation								
Sub-Total			21,656.87	-	-	-	-	21,656.87
Total			63,304.71	-	-	-	-	63,304.71

Appendix C
York City Bureau of Health
SAP# 4100067489
July 1, 2015 - December 31, 2015

Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100					
	Y53041000200	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
	Y53041000101					
	07/01/15-12/31/15					

II. CONSULTANT SERVICES

Consultants	Hourly Rate	Number of Hours						
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
		Total	-	-	-	-	-	-

III. SUBCONTRACT SERVICES

York/Adams County Immunization Coalition	1,624.50					1,624.50
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total	1,624.50	-	-	-	-	1,624.50

Appendix C
York City Bureau of Health
SAP# 4100067489
July 1, 2015 - December 31, 2015

Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100					
	Y53041000200	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
	Y53041000101					
	07/01/15-12/31/15					

IV. PATIENT SERVICES

V. EQUIPMENT

	Quantity	Unit Cost						
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
			Total	-	-	-	-	-

Appendix C
York City Bureau of Health
SAP# 4100067489
July 1, 2015 - December 31, 2015

Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100 Y53041000200 Y53041000101 07/01/15-12/31/15	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
VI. SUPPLIES						
Clinical/Office/Computer(Central Services & IS Allocations/Other)	5,800.00					5,800.00
Educational/Promotional Supplies	200.00					200.00
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total	6,000.00	-	-	-	-	6,000.00
VII. TRAVEL						
Mileage	150.00					150.00
Lodging	300.00					300.00
Airfare	280.00					280.00
Subsistence	120.00					120.00
Parking/Tolls	50.00					50.00
						-
						-
						-
						-
						-
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Total	900.00	-	-	-	-	900.00

Appendix C
York City Bureau of Health
SAP# 4100067489
July 1, 2015 - December 31, 2015

Categories	Original Budget	Original Budget	Original Budget	Original Budget	Amendment Type & Number	Total Budget
	Y53041000100 Y53041000200 Y53041000101 <u>07/01/15-12/31/15</u>	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	(Enter Funding Source)	
VIII. OTHER COSTS						
Maintenance/Licensing/Warranties/Insurance	216.00					216.00
Communications/Advertising	100.00					100.00
Rental space for Immunization Program activities	2,032.87					2,032.87
Indirect Costs (up to 9.5% of total less indirect costs)	7,046.92					7,046.92
(City administration of grant activities as included in Business Administration & Human Resources Allocations)						-
						-
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						-
Total	9,395.79	-	-	-	-	9,395.79
TOTAL	81,225.00	-	-	-	-	81,225.00