



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: April 29, 2009
Subject: JFO #2372 & #2373

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations.
[JFO received 3/30/09]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment.
[JFO received 3/30/09]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since these items were submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Wendy Davis, Commissioner
Michael Hartman, Commissioner
Robert Hofmann, Secretary

From: "Clark, Leo" <LeoClark@vdh.state.vt.us>
To: <nlaavery@leg.state.vt.us>
CC: <obie@leg.state.vt.us>, <mlarson@leg.state.vt.us>
Date: 4/20/2009 5:41 PM
Subject: FW: Questions on minority health grant

Hi Nathan,

Here are the answers. Thanks again for your patience as we recovered from the computer virus that hit all of AHS last week.

Leo Clark, CFO
VDH & DMH
(802) 863-7284
leoClark@vdh.state.vt.us

1) Why are certain sections pertaining to the timing and method of payment crossed out of the submission? What did these sections require and why was the requirement(s) eliminated?

The timing of payment and invoices (Item #2 in Attachment 4) was changed because VDH had negotiated that we would invoice Harvard Medical School either twice (50% each invoice), or as one lump sum. Harvard Medical School made an error when they included language for "monthly invoices". They agreed that monthly invoicing for such a small amount would be excessive work. All parties agreed that the best solution was to cross out and initial the change, rather than re-issue the agreement and start the signature process again.

The statement on page 5 of Attachment 5 was crossed out to reflect the above-mentioned change, which will allow Harvard to pay VDH in one lump sum.

2) Are the positions that are mentioned in this grant still in existence? Specifically, does the position of "director of the office of minority health" currently exist and is it filled? Does this position or any other position associated with this grant application (or the activities described therein) appear on any list of positions that may or will be eliminated?

The analyst/epidemiologist position exists and is currently filled. It does not appear on any list of positions that may or will be eliminated. The Minority Health Director was a vacant position that was cut effective 7/1/08 (Round 1). However, Tracy Dolan, Director of Public Health Planning and Performance Improvement, has assumed those duties and will be doing the work described in the grant as assigned to Judy Ashley-McLaughlin. Neither Tracy's nor Judy's positions appear on any list of positions that may or will be eliminated.

-----Original Message-----

From: Nathan Lavery [mailto:nlaavery@leg.state.vt.us]
Sent: Monday, April 13, 2009 3:13 PM
To: Ashley-McLaughlin, Judy; Clark, Leo
Cc: Riven, Matt; Mark Larson; Michael Obuchowski
Subject: Questions on minority health grant

Hello Mr. Clark,

Below are a few questions associated with JFO #2372, the grant to the Health Department for the Office of Minority Health.

I have also sent this message to Judy Ashley-McLaughlin because I saw her name appear frequently in the application materials. Your responses are appreciated.

1) Why are certain sections pertaining to the timing and method of payment crossed out of the submission? What did these sections require, and why was the requirement(s) eliminated?

2) Are the positions that are mentioned in this grant still in existence? Specifically, does the position of "director of the office of minority health" currently exist and is it filled? Does this position or any other position associated with this grant application (or the activities described therein) appear on any list of positions that may or will be eliminated?

If you need further clarification, please contact me via phone (828-1488) or email.

Please copy Rep. Obuchowski (obie@leg.state.vt.us) and Rep. Mark Larson (mlarson@leg.state.vt.us) on your response.

Thank you.

Nathan Lavery
Fiscal Analyst
Legislative Joint Fiscal Office
One Baldwin Street
Montpelier VT 05633-5301
(802) 828-1488
nlavery@leg.state.vt.us

This email message may contain privileged and/or confidential information. If you are not the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email message from your computer. CAUTION: The Agency of Human Services cannot ensure the confidentiality or security of email transmissions.



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: April 2, 2009
Subject: Grant Request

Enclosed please find two (2) requests that the Joint Fiscal Office has received from the Administration:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations. **Included in this submission is form AA-1PN; this form serves as notification to the Joint Fiscal Committee that the grant recipient intends to spend state funds in advance of JFC action on this item. Please note that this form was not submitted to the Joint Fiscal Committee prior to submission of form AA-1.** [JFO received 3/30/09]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment. **Included in this submission is form AA-1PN; this form serves as notification to the Joint Fiscal Committee that the grant recipient intends to spend state funds in advance of JFC action on this item. Please note that this form was not submitted to the Joint Fiscal Committee prior to submission of form AA-1.** Additional supporting documents will be provided upon request. [JFO received 3/30/09]

The Joint Fiscal Office has reviewed these submissions and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by April 16 we will assume that you agree to consider as final the Governor's acceptance of this request.

cc: James Reardon, Commissioner

Wendy Davis, Commissioner
Robert Hofmann, Secretary



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Representative Pugh

From: Nathan Lavery, Fiscal Analyst

Date: April 2, 2009

Subject: JFO #2372 & 2373

Representative Michael Obuchowski asked that I forward to you a copy of the enclosed requests and cover memo. He requests your observations regarding the enclosed items.

cc: Rep. Michael Obuchowski
Stephen Klein



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Representative Maier

From: Nathan Lavery, Fiscal Analyst

Date: April 2, 2009

Subject: JFO #2372 & 2373

Representative Michael Obuchowski asked that I forward to you a copy of the enclosed requests and cover memo. He requests your observations regarding the enclosed items.

cc: Rep. Michael Obuchowski
Stephen Klein

INFORMATION NOTICE

The following items were recently received by the Joint Fiscal Committee:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations.

[JFO received 3/30/09]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment.

[JFO received 3/30/09]

State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376
 [fax] 802-828-2428

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:		To implement health surveillance objectives of the Vermont Office of Minority Health Strategic Plan.		
Date:		3/10/2009		
Department:		Health Department		
Legal Title of Grant:		Cooperative Agreements to Improve the Health Status of Minority Populations		
Federal Catalog #:		93.004		
Grant/Donor Name and Address:		Harvard Medical School, Boston, Massachusetts 02115		
Grant Period:	From:	12/1/2008	To:	11/30/2009
Grant/Donation		\$50,000		
	SFY 1	SFY 2	SFY 3	Comments
Grant Amount:	\$15,600	\$34,400	\$	
Position Information:	# Positions	Explanation/Comments		
	0			
Additional Comments:				
This grant will support the Health department in meeting the deliverable for this grant; they need to produce a "Health Disparities Report" this state fiscal year. This is one-time funding that will help the Health department produce this report. This is a federal subgrant from the Federal Office of Minority Health sub awarded through Harvard Medical School to Vermont's Department of Health.				
Department of Finance & Management		<i>[Signature]</i> 3/15/09	(Initial)	
Secretary of Administration		<i>[Signature]</i> 3/16/09	(Initial)	
Sent To Joint Fiscal Office		3/24/09	Date	

RECEIVED
 MAR 30 2009
 JOINT FISCAL OFFICE

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-IPN)

PURPOSE & INSTRUCTIONS:

This form is intended solely as notification to the Joint Fiscal Committee of the unavoidable need to spend State funds in advance of Joint Fiscal Committee approval of grant requests and with the intent of securing a federally or privately funded grant award. Pre-notification is required for expenditures of state funds beyond basic grant application preparation and filing costs. Expenditure of these state funds does not guarantee that a grant will be awarded to the State of Vermont, or that a future grant award will be accepted by the Joint Fiscal Committee. If a grant award is subsequently received, a completed **Form AA-1 Request for Grant Acceptance** must be submitted to the Joint Fiscal Committee for review and approval before spending or obligating additional funds.

BASIC GRANT INFORMATION

1. Agency:	Human Services
2. Department:	Health
3. Program:	Surveillance
4. Legal Title of Grant:	Cooperative Agreements to Improve the Health Status of Minority Populations
5. Federal Catalog #:	93.004

6. Grant/Donor Name and Address:

Harvard Medical School

7. Grant Period:	From: 12/1/2008	To: 11/30/2009
-------------------------	------------------------	-----------------------

8. Purpose of Grant:

To implement the health surveillance objectives of the Vermont Office of Minority Health Strategic Plan. (see AA1 summary attached)

9. STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:

Expenditures:	FY 2009	Required Explanation/Comments
Personal Services	\$5,200.00	(Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.) Staff costs for planning and assessment thru the end of March. Grant award has been received and AA1 is attached but JFC approval is not expected until then.
Operating Expenses	\$0.00	
Grants	\$0.00	
Total	\$5,200.00	

10. AUTHORIZATION AGENCY/DEPARTMENT

I/We certify that spending these State funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a completed **Form AA-1 Request for Grant Acceptance** will be submitted for Joint Fiscal Committee approval if a grant award is received for this program:

Signature: <i>Christine Finley</i>	Date: 2/13/2009
Title: Commissioner, Department of Health	
Signature: <i>Patrick F. Cord</i>	Date: 2/20/09
Title: DEPUTY SECRETARY	

11. ATTACHMENTS: Attach relevant documentation that demonstrates the necessity of this expenditure. (example: funding opportunity guidelines require training, etc.)

Distribution:

- Original - Joint Fiscal Office;
- Copy 1 - Department Grant File;
- Copy 2 - Attach to Form AA-1 (if grant is subsequently received).

(End Form AA-IPN - Grant Spending Pre-Notice - Form AA-IPN)

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION			
1. Agency:	Agency of Human Services		
2. Department:	Health		
3. Program:	Health Surveillance		
4. Legal Title of Grant:	Cooperative Agreements to Improve the Health Status of Minority Populations		
5. Federal Catalog #:	93.004		
6. Grant/Donor Name and Address: Harvard Medical School, Boston, Massachusetts 02115			
7. Grant Period:	From:	12/1/2008	To: 11/30/2009
8. Purpose of Grant: To implement the health surveillance objectives of the Vermont Office of Minority Health Strategic Plan. (see summary attached)			
9. Impact on existing program if grant is not Accepted: none			

10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 09	FY 10	FY	
Personal Services	\$15,600	\$31,283	\$	
Operating Expenses	\$	\$3,117	\$	
Grants	\$	\$	\$	
Total	\$15,600	\$34,400	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$15,600	\$34,400	\$	
(Direct Costs)	\$15,250	\$33,695	\$	
(Statewide Indirect)	\$35	\$70	\$	
(Departmental Indirect)	\$315	\$635	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	Total Award
Total	\$15,600	\$34,400	\$	\$50,000

Appropriation No:	Amount:
3420021000	\$15,600
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$15,600

REC'D FEB 25 2009

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.
 Appointing Authority Name: _____ Agreed by: EL 2/13/09 (initial)

12. Limited Service Position Information:	# Positions	Title
	0	
Total Positions		

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Christine Fumley</u>	Date: 2/13/2009
	Title: Commissioner, Department of Health	
	Signature: <u>Deputy Commissioner of Public Health</u>	Date: 2/20/09
	Title: <u>DEPUTY SECRETARY</u>	

14. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Accepted	<u>[Signature]</u> (Governor's signature)	3/24/09
<input type="checkbox"/> Rejected		Date:

15. SECRETARY OF ADMINISTRATION

<input type="checkbox"/> Request to JFO	<u>Ronda P. McEnts</u> (Secretary's signature or designee)	3/16/09
<input type="checkbox"/> Information to JFO		Date:

16. DOCUMENTATION REQUIRED

- Required GRANT Documentation**
- | | |
|---|---|
| <input type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input type="checkbox"/> Grant Budget | |

End Form AA-1

Cooperative Agreement to Improve the Health Status of Minority Populations
2/13/09

The Department of Health has received a subgrant of \$50,000 to implement the health surveillance objectives of the Department's Minority Health Strategic Plan. These are Federal funds from the Office of Minority Health being subawarded through Harvard Medical School to the Department of Health, under CFDA # 93.004 for Cooperative Agreements to Improve the Health Status of Minority Populations.

Under this subaward, the Department will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations. The grant period runs through November of 2009, and the Department proposes to complete the project, providing all deliverables to Harvard, by that date.

Funds will be used primarily to underwrite the staff time associated with the project. Project activities will utilize current Department personnel, primarily a public health analyst in the Department's Statistics section. No additional personnel will be required. About \$3,000 of these funds will be used to print and distribute project reports.

In order to meet the Deliverables Time Line established in the grant award, the Department will need to begin the planning and assessment stages of the project by early April. Understanding that final Legislative authorization to receive these funds may not be granted before that date, we are submitting the AA-1PN form, Grant Spending Pre-Notice, to indicate that other funds might be expended before the final approval date.

The original application funded an existing employee at three-quarters time for a full year. The AA-1 budget assumes that the project will require a full-time effort for nine months, with a third of these personnel costs falling in the current State fiscal year, 2009. The remaining grant funds will be carried forward into State fiscal year 2010. We are including a copy of the original application to Harvard and a copy of the Subaward Agreement, as well as the AA-1PN.

Subaward Agreement

Institution/Organization (UNIVERSITY)		Institution/Organization (COLLABORATOR)	
Name: President and Fellows of Harvard College Harvard Medical School		Name: Vermont Department of Health	
Address: Sponsored Programs Administration 25 Shattuck Street, Suite 509 Boston, MA 02115		Address: 108 Cherry Street PO Box 70 Burlington, VT 05402	
EIN #: 1042103580C5		EIN #:	
Prime award #: 6-MPCMP051007-04-03		Subaward #: 1518071008	
Awarding agency: PHS-OASH/OMH		CFDA #: 93.004	
Subaward period of performance: 12/01/08 11/30/09		Amount funded this action: \$50,000.00	Est. total (if incrementally funded):
Project title: State Office of Minority Health Infrastructure Building Project - Vermont			
Reporting Requirements [Check here if applicable: <input checked="" type="checkbox"/> See Attachment 4]			

Terms and Conditions

1. University hereby awards a (choose one): cost reimbursable subaward firm-fixed-price subaward as described above, to Collaborator. The statement of work, budget and deliverables schedule are specified in Attachment 5. In its performance of subaward work, Collaborator shall be an independent entity and not an employee or agent of University.
2. University shall issue a lump sum payment of \$50,000 USD upon execution of this Agreement and receipt of invoice for the full amount. Invoice shall be submitted using Collaborator's standard invoice, but at a minimum shall include full dollar amount, subaward number, and certification as to truth and accuracy of invoice. Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party's Financial Contact, as shown in Attachment 3. Expenditures of Collaborator shall conform to budget in Attachment 5.
3. A final statement of cumulative costs incurred, including cost sharing, marked "FINAL," must be submitted to University's Financial Contact NOT LATER THAN forty-five (45) days after subaward end date. The final statement of costs shall constitute Collaborator's final financial report.
4. All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Collaborator.
5. Matters concerning the technical performance of this subaward should be directed to the appropriate party's Project Director, as shown in Attachment 3. Technical reports are required as shown above, "Reporting Requirements."
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachment 3. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official, as shown in Attachment 3.
7. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
8. Either party may terminate this agreement with thirty days written notice to the appropriate party's Administrative Contact, as shown in Attachment 3. University shall pay Collaborator for termination costs as allowable under OMB Circular A-21, A-122 or A-110 (45 CFR Part 74 Appendix E), as applicable.
9. No-cost extensions require the approval of the University. Any requests for a no-cost extension should be addressed to and received by the Administrative Contact, as shown in Attachment 3, not less than thirty days prior to the desired effective date of the requested change.
10. The Subaward is subject to the terms and conditions of the Prime Award and other special terms and conditions, as identified in Attachment 5.
11. By signing below Collaborator makes the certifications and assurances shown in Attachments 1 and 2.

By an Authorized Official of UNIVERSITY:

Deborah Reed 1/23/09

 Signature Date

Title:
Associate Director, SPA

By an Authorized Official of COLLABORATOR:

Christine Finley 2/13/09

 Signature Date

Title:
Christine Finley
Deputy Commissioner

**Attachment 1
Subaward Agreement**

By signing the Subaward Agreement, the authorized official of COLLABORATOR certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Collaborator, 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.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Collaborator shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the University.
3. The Collaborator shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

Debarment, Suspension, and Other Responsibility Matters

Collaborator certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

OMB Circular A-133 Assurance

Collaborator assures University that it complies with A-133 and that it will notify UNIVERSITY of completion of required audits and of any adverse findings, which impact this subaward.

**Attachment 2
Subaward Agreement**

Agency-Specific Certifications/Assurances

The following assurances/certifications are made and verified by Collaborator's Authorized Official on the face page of this Subaward. Descriptions of individual assurances/certifications are provided in Section III of the PHS 398. 1) Human Subjects; 2) Research Using Human Embryonic Stem Cells; 3) Research on Transportation of Human Fetal Tissue; 4) Women and Minority Inclusion Policy; 5) Inclusion of Children Policy; 6) Vertebrate Animals; 7) Debarment and Suspension; 8) Drug-Free Workplace; 9) Lobbying; 10) Non-Delinquency on Federal Debt; 11) Research Misconduct; 12) Civil Rights (Form HHS 441 or HHS 690); 13) Handicapped Individuals (Form HHS 641 or HHS 690); 14) Sex Discrimination (Form HHS 639-A or HHS 690); 15) Age Discrimination (Form HHS 680 or HHS 690); 16) Recombinant DNA and Human Gene Transfer Research; 17) Financial Conflict of Interest.

General terms and conditions

1. The restrictions on the expenditures of federal funds in appropriations acts are applicable to this subaward to the extent those restrictions are pertinent.

2. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

3. The Authorization Title XVII, Section 1701(e)(1), Public Health Service Act, as amended.

4. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expended \$500,000 or more of federal funds in each fiscal year.

5. Collaborator must obtain prior approval from University authorized business official and Principal Investigator (as listed in Attachment 3) for any change in the Collaborator Principal Investigator including replacement, absence or reduction in the level of participation. The University must be notified no later than 30 days before the expected date of departure or change in participation level. A resume must be submitted for approval for any replacement.

Special terms and conditions

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

2. Data Rights: Collaborator grants to University the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

Additional Terms and Conditions referenced in the MOU for Cooperative Agreement for Minority Faculty Development Program

1. Any publication/announcements (flyers, brochures, pamphlets, public service announcements, etc.) developed under this project must be submitted to OMH for approval prior to publication and/or distribution.

2. An interim report must be submitted by 06/15/09 to the University and to OMH. Final report due 11/30/09.

**Attachment 3
Subaward Agreement**

University Contacts	Collaborator Contacts
<p><i>Administrative</i> Name: Tiffany Blackman Sr. Sponsored Programs Administrator</p> <hr/> <p>Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2660 Fax: (617) 432-2651</p> <hr/> <p>E-mail: tiffany_blackman@hms.harvard.edu</p>	<p><i>Administrative</i> Name: Chris Finley, Deputy Commissioner of Health</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: 802-863-7281 Fax: 802-951-1275</p> <hr/> <p>E-mail: cfinley@vdh.state.vt.us</p>
<p><i>Principal Investigator</i> Name: Joan Y. Reede Dean for Diversity and Community Partnership</p> <hr/> <p>Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2413 Fax: (617) 432-3834</p> <hr/> <p>E-mail: joan_reede@hms.harvard.edu</p>	<p><i>Project Director</i> Name: Elizabeth Peterson, Epidemiologist IV</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 863-7654 Fax: (802) 652-4157</p> <hr/> <p>E-mail: epeters@vdh.state.vt.us</p>
<p><i>Financial</i> Name: Ying Wang Assistant Director</p> <hr/> <p>Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2313 Fax: (617) 432-3834</p> <hr/> <p>E-mail: ying_wang@hms.harvard.edu</p>	<p><i>Financial</i> Name: Charon Goldwyn, Business Administrator</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 865-7748 Fax: (802) 652-4157</p> <hr/> <p>E-mail: cgoldwyn@vdh.state.vt.us</p>
<p><i>Authorized Official</i> Name: Jill Mortali Director</p> <hr/> <p>Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-1596 Fax: (617) 432-2651</p> <hr/> <p>E-mail: spa_award@hms.harvard.edu</p>	<p><i>Authorized Official</i> Name: Chris Finley, Deputy Commissioner of Health</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 863-7281 Fax: (802) 951-1275</p> <hr/> <p>E-mail: cfinley@vdh.state.vt.us</p>

Attachment 4
Harvard Special Conditions and Reporting Requirements

1. Harvard assumes no obligation to reimburse costs in excess of the total amount funded.
 - ~~2. Payment: Invoices, indicating approval by Collaborating Institution's authorized project director, are to be submitted on a monthly basis. Two (2) copies of all invoices, detailing current charges and total-to-date charges, should be sent to the Harvard Financial Contact. The final invoice clearly marked final, must be submitted no later than forty-five (45) days after the end of each subcontract budget period. If the final invoice is submitted after the forty-five (45) day period, it may not be reimbursed. The Collaborating Institution shall inform the Harvard Financial Contact if the final invoice cannot be submitted within such forty-five (45) day period. The total amount of any unobligated balance which Collaborating Institution elects to carry forward under expanded authorities must be reflected in the final invoice.~~
 3. Collaborator shall cooperate with Harvard in resolving questions Harvard may have concerning the auditors' report and plan for corrective action. Harvard may send notices requesting that the Subrecipient audit Form be completed. If no response is received within thirty (30) days, the second notice will be sent. If no response is received within thirty (30) days thereafter, Harvard may withhold all, or a portion of, the final payment from the Collaborator until the form is received.
- promotion without the prior written approval of the party whose name is requested to be used. The parties may, however, acknowledge Harvard and Prime Sponsor's support for, and the nature of, the scope of work being pursued under this Agreement. In any such statement, the relationship of the parties shall be accurately and appropriately described.
5. In the event of any controversy or claim arising out of or relating to any provision of this Agreement or the breach thereof, the parties shall try to settle such conflicts amicably between themselves. Subject to the limitation stated herein, any such conflict which the parties are unable to resolve shall be settled through arbitration conducted as set forth in this paragraph and otherwise in accordance with the rules of the American Arbitration Association. The demand for arbitration shall be filed within a reasonable time after the controversy or claim has arisen, and in no event after the date upon which institution of legal proceedings based on such controversy or claim would be barred by applicable statute of limitations periods. This provision will not be applicable to state institutions unable to accept it.
 6. The final technical report describing accomplishments and significant research findings is due 45 calendar days after the expiration or termination of the award.

Human Subjects Clause

7. Collaborating Institution hereby certifies compliance with all regulatory requirements pertaining to the protection of human subjects in research. If human subjects are used in the conduct of the research, the protocol must be approved by the Collaborating Institution's human subjects committee, and verification of same must be submitted to Harvard upon Collaborating Institution's execution of this Consortium Agreement and any amendments, and, if requested by Harvard, for ratification by Harvard's Committee on the Use of Humans as Experimental Subjects. No research involving human subjects may be carried out under this agreement in the absence of a protocol approved by the Collaborating Institution's human subjects committee or institutional review board. In the event of a lapse in protocol approval, all human subjects' activities must cease and any costs associated with human subjects activities conducted during the lapse, whether or not the protocol is ultimately re-approved, are unallowable under this agreement.

Collaborating Institution hereby certifies that it is in compliance with the requirements for human subjects training as set forth in "REQUIRED EDUCATION IN THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS," dated June 5, 2000 (Revised August 25, 2000, NOTICE: OD-00-039, National Institutes of Health).

Foreign Agreements

8. Collaborator shall, whenever possible, purchase only American-made items.
9. Governing Language: The English Language version of this agreement shall be the official version.

ATTACHMENT 5

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project
REVISED – January 12, 2009

APPLICANT: Vermont Department of Health

CONTACT: Judy Ashley-McLaughlin, Special Assistant to the Commissioner for
Minority Health
State Office of Vermont
20 Houghton St.
St. Albans, VT 05478

Phone: (802) 527-5582

Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture’s perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.
- Goal 5: Enhance community development and leadership.

Race Categories for Total Population

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100%	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawaiian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%
Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

¹ Due to Vermont’s numbers, “Asian” is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

² Two or more races not collected in 1990 Census.

PURPOSE:

The purpose of this award is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this award, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

DELIVERABLES AND TIME LINE:

The Deliverables and Time Line have been revised per communication with the Office of Minority Health at HHS and the Harvard Medical School. Approval for award and implementation of this project was provided by OMH to the VDH in September 2008 with a request by OMH to revise the time line to cover the period of 12/1/08 – 11/30/09. In October, the VDH provided a revised time line covering this period.

Per the communications in January 2009, this revised document includes:

- Revised time line of 12/1/08 – 11/30/09;
- Revised plan for deliverables;
- Grant agreement format stipulated as a deliverables payment.

A copy of this revised document will be provided to the points of contact for both organizations.

DELIVERABLES

TIME LINE

PHASE ONE

Assess Current Data Collection for Race/Ethnicity at VDH	12/1/08 - 1/30/09
Planning Meetings for Minority Health Status (MHS) Report	12/1/08 - 1/30/09
Identify High-Risk Populations for Inclusion in MHS Report	2/1/09 - 3/15/09
Content Meetings for Minority Health Status Report	2/1/09 - 3/15/09

PHASE TWO

Data Analysis for MHS Report	3/16/09 - 6/15/09
Early Draft of MHS Report	6/15/09
Progress Report Submitted to OMH and Harvard	6/15/09

PHASE THREE

Feedback on MHS Report Draft from Programs and Stakeholders	6/16/09 - 7/30/09
Final Draft of MHS Report	8/15/09
Approvals - VDH Leadership; Communications Office	8/30/09
MHS Report Completed	9/15/09
MHS Report Printed; Press Release; Distribution	10/15/09

PHASE FOUR

Meetings with Key Programs / Stakeholders on Using MHS Report (including feedback on improving data collection of race/ethnicity data)	10/15/09 - 11/15/09
Complete a Revision of Dept. Web Site with Race/Ethnicity Data and Resources	11/30/09
Grant Report to OMH and Harvard (includes copy of Minority Health Status Report; presentations; etc.)	11/30/09

PAYMENT SCHEDULE:

The award shall be a "deliverables" agreement. The awarding office has the option to award the grant to the VDH either as, a) one lump sum of \$50,000 at the start of work, ~~or b) two X payments of \$25,000 each upon delivery of the progress report and the final report. The VDH is comfortable with either payment schedule but the final document to be signed by the awarding office and the VDH shall specify which of these payment schedules is to be utilized~~

PERSONNEL:

All matters related to contractual agreements and payment will be conducted with Richard McCoy, Director for the Center for Health Statistics, for the VDH.

The analyst funded under this award and assigned to the project is Liz Peterson and she will serve as the project manager. Liz will coordinate her activities with other staff, such as:

- Jennifer Hicks (Research and Statistics Unit Chief): Jennifer is the supervisor that assigns and reviews Liz's projects. Liz will meet on a regular basis with her supervisor to assess progress towards this project's deliverables. Jennifer's role as supervisor will be to provide guidance on data collection methods, appropriate data sources for analytical activities, and report writing.
- Judy Ashley-McLaughlin (VDH Office of Minority Health Director): Judy is our Department's coordinator and facilitator for incorporating the needs of racial and ethnic minorities within our public health planning. Liz will consult with Judy at least monthly to obtain input on the most important information for the community as the analyses and report writing are initiated. Judy will assist Liz with obtaining feedback from important stakeholders to ensure that the deliverables will meet the needs of multiple parties.

We expect that Liz will be working with a variety of support staff and program managers across the VDH during the period of this project. For example, she will interact with the Vital Records' Office on matters of race/ethnicity data collection (births and deaths) and to obtain data for the final report. Also, Liz will work with the BRFSS Program Coordinator to utilize BRFSS data for the final report. Due to the variety of programs that Liz will be contacting, we foresee the possibility that she may need to convene a short-term workgroup specific to planning and developing the Minority Health Status Report.

The reporting "channel" for this project is as follows: Liz Peterson reports to Jennifer Hicks, and for purposes of this specific project, there is a dotted line between Judy Ashley-McLaughlin and Liz Peterson. If there are any situations in which there is a difference of opinion for any of the

deliverables under this grant or the content of the final report, Jennifer and Judy will discuss it with Richard McCoy.

Important contact information:

Richard McCoy
Director, Health Statistics
Vermont Department of Health
108 Cherry St., PO Box 70
Burlington, VT 05402-0070

Phone: 802-651-1862

Fax: 802-865-7701

Email: rmccoy@vdh.state.vt.us

Liz Peterson
Vermont Department of Health
108 Cherry St., PO Box 70
Burlington, VT 05402-0070

Phone: 802-863-7654

Fax: 802-865-7701

Email: epeters@vdh.state.vt.us

PERIOD OF PERFORMANCE: December 1, 2008 – November 30, 2009

BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non-Federal	Total
<p>Improve data quality, collection, and reporting</p> <ol style="list-style-type: none"> 1. Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible. <ul style="list-style-type: none"> • Assess current data collection forms and standards. • Collaborate with department programs to improve collection of racial and ethnic health data • Investigate sources and content of race/ethnicity data collected by other Agency of Human Services and develop plan to standardize data collection • Identify minority populations and assess health disparities and the effectiveness of health interventions targeting these groups • Identify gaps in data due to small populations and strategies to address them • Publish Minority Health Status Report in August 2009 2. Establish web page for Office of Minority 	<p>Public Health Analyst</p>	<p>\$47,000</p>	<p>75%</p>			<p>\$35,250</p>

State Office of Minority Health Infrastructure Building Project

Health.						
<ul style="list-style-type: none"> Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 						
SUBTOTAL PERSONNEL_FTE			.75 FTE			\$35,250
Fringe Benefits						
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non-Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst III	3%				\$ 1,058
Report Printing / Copying; Supplies						\$ 3,117
TOTAL						
Personnel						\$46,883
Fringe Benefits				FEDERAL DIRECT	NON-FEDERAL IN-KIND	TOTAL
TOTAL REQUEST BUDGET YEAR ONE						
						\$50,000

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project

APPLICANT: Vermont Department of Health

CONTACT: Judy Ashley-McLaughlin, Special Assistant to the Commissioner for
Minority Health
State Office of Vermont
20 Houghton St.
St. Albans, VT 05478

Phone: (802) 527-5582
Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture’s perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.
- Goal 5: Enhance community development and leadership.

Race Categories for Total Population

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100%	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawaiian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%

¹ Due to Vermont’s numbers, “Asian” is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

Joan Y. Reede 12
Harvard Medical School

Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

PURPOSE:

The purpose of this contract is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this contract, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

Deliverables and Time Line

Project period is based on contract requirements and is unknown at this time. For the timeline below, the project period is estimated as September 1, 2008 – August 31, 2009.

DELIVERABLES

DUE DATE

1. Submit a work plan that outlines the strategies, actions, and schedule for deliverables. 12/01/08
2. Submit progress reports. 02/01/09, 04/01/09
3. Submit final report 08/31/09

PAYMENT SCHEDULE

- Payment 1 Receipt of 02/01/09 Progress Report
Payment 2 Receipt of 04/01/09 Progress Report
Payment 3 Receipt and Acceptance of Final Report

² Two or more races not collected in 1990 Census.

Joan Y. Reede 13
Harvard Medical School

PERIOD OF PERFORMANCE: September 30, 2008 – September 29, 2009
BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non-Federal	Total
<p>Improve data quality, collection, and reporting</p> <p>1. Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.</p> <ul style="list-style-type: none"> • Assess current data collection forms and standards. • Collaborate with department programs to improve collection of racial and ethnic health data • Investigate sources and content of race/ethnicity data collected by other Agency of Human Services and develop plan to standardize data collection • Identify minority populations and assess health disparities and the effectiveness of health interventions targeting these groups • Identify gaps in data due to small populations and strategies to address them • Publish Minority Health Status Report in August 2009 	<p>Public Health Analyst</p>	<p>\$47,000</p>	<p>75%</p>			<p>\$35,250</p>

Joan Y. Reede 14
Harvard Medical School

2. Establish web page for Office of Minority Health.						
<ul style="list-style-type: none"> Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 						
SUBTOTAL PERSONNEL FTE			.75 FTE			\$35,250
Fringe Benefits						
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non-Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst III	3%				\$ 1,058
Report Printing / Copying; Supplies						\$ 3,117
TOTAL						
Personnel						\$46,883
Fringe Benefits				FEDERAL DIRECT	NON-FEDERAL IN-KIND	TOTAL
TOTAL REQUEST BUDGET YEAR ONE						
						\$50,000

Attachment A

Vermont Department of Health

Office of Minority Health

Strategic Goals & Objectives

Goal 1: Build organizational infrastructure and capacity		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 1.1</i> Create a realistic and sustainable budget.</p>	<ol style="list-style-type: none"> 1. Identify funding requirements for a functioning OMH. 2. Locate the OMH within the department where it will have optimal impact on policy, planning and decision-making. 3. Develop boilerplate material to use in obtaining grant funding. 4. Identify viable grant opportunities to support racial and ethnic health priorities. 5. Collaborate within the department to include a racial and ethnic component in funding requests. 	<ul style="list-style-type: none"> * Establish OMH budget with VDH Financial Operations and Deputy Commissioner. ➤ July 2008 * Confer with Deputy Commissioner and Commissioner regarding location of OMH within the department. ➤ July 2008 * Prepare boilerplate grant information. ➤ January 2008 * Develop a list of potential grant opportunities and review with Financial Operations and Deputy Commissioner to determine optimal opportunities for submission. ➤ July 2008 * Identify program grant funding deadlines and make recommendations regarding opportunities to include racial and ethnic populations. ➤ Ongoing
<p><i>Objective 1.2</i> Establish an internal leadership team to support, monitor, and evaluate the progress of the Strategic Plan.</p>	<ol style="list-style-type: none"> 1. Each department will select at least one representative to participate in internal leadership team to share accountability to the strategic plan's objectives. 	<ul style="list-style-type: none"> * Internal leadership team developed to meet on a quarterly basis. ➤ July 2008
<p><i>Objective 1.3</i> Support recruitment and retention of qualified racial and ethnic health professionals.</p>	<ol style="list-style-type: none"> 1. Collaborate with the Governor's Workforce Equity and Diversity Council Explore and examine health workforce issues. 2. Advocate for the hiring of qualified individuals from 	<ul style="list-style-type: none"> * Participate in the Governor's Workforce Equity and Diversity Council and incorporate pertinent racial and ethnic workforce issues into the annual report. ➤ December 2009 * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds <u>within the health department.</u>

	<p>federally recognized racial and ethnic backgrounds at higher levels of responsibility within state government.</p> <p>3. Collaborate with the Office of Rural Health and Primary Care and others (e.g., Area Health Education Centers) to recruit and retain racial and ethnic health care providers throughout state.</p>	<ul style="list-style-type: none"> ➤ Monitor yearly personnel report on employee recruitment and retention * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds <u>within state government</u>. ➤ Monitor yearly personnel report on employee recruitment and retention. * Develop coordinated plan to increase racial and ethnic health care providers. ➤ July 2009 * Develop and implement marketing plans for the Office of Rural Health's loan repayment program at minority colleges and university including Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), and Tribal Colleges and Universities (TCU). ➤ July 2008
--	---	---

Goal 2: Improve data quality, collection, and reporting

Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 2.1</i> Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.</p>	<ol style="list-style-type: none"> 1. Assess current data collection processes. 2. Collect and use standardized data to correctly identify all high-risk populations and monitor the effectiveness of health interventions. targeting these groups 3. Collaborate with VDH programs to improve collection of racial and ethnic health data 4. Initiate strategies to identify gaps in data from small population groups. 5. Produce Minority Health Status Report. 	<ul style="list-style-type: none"> * Consult with Director for the Center for Health Statistics to identify current data collection and develop plan for future. ➤ Ongoing. * Participate in health statistics meetings. ➤ As scheduled * Minority Health Status Report published. ➤ August 2009
<p><i>Objective 2.2</i> Establish web page for Office of Minority Health.</p>	<ol style="list-style-type: none"> 1. Collaborate with webmaster to develop minority health web page 2. Provide appropriate health and health disparities links, health education information, and data. 	<ul style="list-style-type: none"> * Racial and ethnic health web page developed. ➤ July 2008

Goal 3: Support cultural competency training

Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 3.1</i> Explore culturally competent program training delivery.</p>	<ol style="list-style-type: none"> 1. In addition to Angel cultural competency training, engage in an internal collaborative learning process. 2. Incorporate national cultural 	<ul style="list-style-type: none"> * Adapt tools from the National Association of City and County Health Officials to implement an internal dialogue process addressing health disparities. ➤ January 2009

	<p>competency standards into all VDH policies, procedures, and programs where appropriate.</p> <ol style="list-style-type: none"> 3. Research and compile list of local, regional and national trainers available to provide culturally competency training. 4. Work with health care delivery oversight entities (e.g., Vermont Hospital and Health Care Association) to ensure that National Standards on Culturally and Linguistically Appropriate Services (CLAS) standards are in place. 	<ul style="list-style-type: none"> * Develop standards and guidelines for participation and use of cultural competency training. <ul style="list-style-type: none"> ➤ December 2008 * Provide technical assistance for incorporation of cultural competency issues to VDH program planners. <ul style="list-style-type: none"> ➤ Beginning January 2009 * Produce and distribute list of trainers. <ul style="list-style-type: none"> ➤ September 2009 * Identify and contact health care delivery oversight entities to discuss CLAS standards. <ul style="list-style-type: none"> ➤ January 2009
<p><i>Objective 3.2</i> Ensure clear and effective health communications for an increasingly diverse population.</p>	<ol style="list-style-type: none"> 1. Collaborate with Vermont State Refugee Coordinator and VDH Refugee Health Coordinator to ensure appropriate translation and interpretation services at public health encounters. 2. Ensure emergency response planning addresses non-English speakers and racial and ethnic populations. 3. Recognize informal leaders within racial and ethnic communities as points of information dissemination. 	<ul style="list-style-type: none"> * OMH Chief, State Refugee Coordinator and VDH Refugee Health Coordinator meet every other month. <ul style="list-style-type: none"> ➤ Beginning in June 2007 * OMH Chief represents VDH at the Agency of Human Services Limited English Proficiency (LEP) Committee. <ul style="list-style-type: none"> ➤ Ongoing
<p><i>Objective 3.4</i> Support VDH programs addressing racial and ethnic health and health disparities.</p>	<ol style="list-style-type: none"> 1. Assist VDH Divisions and Programs to ensure that health disparities are addressed in prevention and intervention efforts. 2. Ensure that social marketing strategies are culturally sensitive and that public awareness campaigns are directed at high-risk racial and ethnic populations. 3. Include racial and ethnic minority populations in the pilot testing of VDH materials. 4. Obtain yearly internal reports from federally funded programs outlining past and future activities that address 	<ul style="list-style-type: none"> * Increase number of health department initiatives that address racial and ethnic populations. <ul style="list-style-type: none"> ➤ Ongoing * Regular meetings with programs and VDH Communications Office to review social marketing outreach. <ul style="list-style-type: none"> ➤ Ongoing * Federally funded programs submit yearly reports outlining past and future racial and ethnic activities. <ul style="list-style-type: none"> ➤ December 2007 * Recommendations presented to Expanded Senior Management Team yearly. <ul style="list-style-type: none"> ➤ April 2008 * Conduct an inventory of current VDH toolkits for culturally appropriate materials. <ul style="list-style-type: none"> ➤ July 2009

	<p>racial and ethnic populations.</p> <p>5. Assess and provide recommendations regarding priorities in health disparities by examining current and proposed VDH health initiatives.</p> <p>6. Review current Toolkits to assure culturally competent materials are included.</p>	
Goal 4: Increase access to preventive and treatment services		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 4.1</i> Collaborate with racial and ethnic community groups to identify health concerns and plan strategies to address them.</p>	<p>1. Support opportunities for individuals and groups to participate in design and implementation of programs to meet local needs.</p> <p>2. Provide technical assistance to community organizations in assessing health needs and priorities.</p> <p>3. Encourage the use of lay community health workers to improve access to healthcare.</p>	<p>* Establish mechanism for participation in program design and implementation. ➤ July 2009</p>
<p><i>Objective 4.2</i> Determine mental health initiatives that address racial and ethnic populations.</p>	<p>1. Review Report of the Surgeon General on Mental Health: Culture, Race, Ethnicity.</p>	<p>* Initiate conversations with the Department of Mental Health on how to incorporate racial and ethnic mental health goals into planning. ➤ July 2009</p>
Goal 5: Enhance community development and leadership		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 5.1</i> Improve health care knowledge in racial and ethnic communities.</p>	<p>1. Disseminate culturally appropriate health education information to community groups and other common health care access points.</p> <p>2. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners.</p>	<p>* Incorporate health care information at existing access points that serve racial and ethnic community organizations. ➤ January 2009</p> <p>* Provide yearly updates on racial and ethnic health resources and prevention services available. ➤ January</p> <p>* Develop internal and external communication channels for information dissemination and health education. ➤ July 2008</p> <p>* Arrange Minority Health Summit to coincide with National Minority Health month. ➤ Biennially</p>
<p><i>Objective 5.2</i> Develop a statewide collaborative of agency</p>	<p>1. Identify agency and non-agency entities who are involved in addressing racial</p>	<p>* Contact agencies within the state addressing racial and ethnic health issues and determine interest in establishing a collaborative to</p>

Joan Y. Reede 19
Harvard Medical School

and non-agency entities involved with addressing racial and ethnic health issues.	and ethnic health issues.	coordinate resources. ➤ July 2009
<i>Objective 5.3</i> Guide program planning and implementation through community participation in OMH.	1. Determine best mechanism for engaging racial and ethnic population as advisors to the OMH.	* Convene small groups or engage in individual discussions to determine best mechanism for participation. ➤ July 2008

Attachment B

The Health Status of Vermonters

See link to Vermont Department of Health web site:

<http://healthvermont.gov/research/healthstatusreport.aspx>

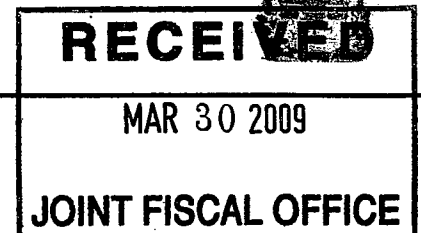
State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376
 [fax] 802-828-2428

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		To implement health surveillance objectives of the Vermont Office of Minority Health Strategic Plan.			
Date:		3/10/2009			
Department:		Health Department			
Legal Title of Grant:		Cooperative Agreements to Improve the Health Status of Minority Populations			
Federal Catalog #:		93.004			
Grant/Donor Name and Address:		Harvard Medical School, Boston, Massachusetts 02115			
Grant Period:	From:	12/1/2008	To:	11/30/2009	
Grant/Donation		\$50,000			
	SFY 1	SFY 2	SFY 3	Comments	
Grant Amount:	\$15,600	\$34,400	\$		
Position Information:	# Positions	Explanation/Comments			
	0				
Additional Comments:					
This grant will support the Health department in meeting the deliverable for this grant; they need to produce a "Health Disparities Report" this state fiscal year. This is one-time funding that will help the Health department produce this report. This is a federal subgrant from the Federal Office of Minority Health sub awarded through Harvard Medical School to Vermont's Department of Health.					
Department of Finance & Management			<i>[Signature]</i> 3/15/09	(Initial)	
Secretary of Administration			<i>[Signature]</i> 3/16/09	(Initial)	
Sent To Joint Fiscal Office			3/24/09	Date	



STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIONS:

*This form is intended solely as notification to the Joint Fiscal Committee of the unavoidable need to spend State funds in advance of Joint Fiscal Committee approval of grant requests and with the intent of securing a federally or privately funded grant award. Pre-notification is required for expenditures of state funds beyond basic grant application preparation and filing costs. Expenditure of these state funds does not guarantee that a grant will be awarded to the State of Vermont, or that a future grant award will be accepted by the Joint Fiscal Committee. If a grant award is subsequently received, a completed **Form AA-1 Request for Grant Acceptance** must be submitted to the Joint Fiscal Committee for review and approval before spending or obligating additional funds.*

BASIC GRANT INFORMATION

1. Agency:	Human Services
2. Department:	Health
3. Program:	Surveillance
4. Legal Title of Grant:	Cooperative Agreements to Improve the Health Status of Minority Populations
5. Federal Catalog #:	93.004

6. Grant/Donor Name and Address:

Harvard Medical School

7. Grant Period:	From: 12/1/2008	To: 11/30/2009
-------------------------	------------------------	-----------------------

8. Purpose of Grant:

To implement the health surveillance objectives of the Vermont Office of Minority Health Strategic Plan. (see AA1 summary attached)

9. STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:

Expenditures:	FY 2009	Required Explanation/Comments
Personal Services	\$5,200.00	(Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.) Staff costs for planning and assessment thru the end of March. Grant award has been received and AA1 is attached but JFC approval is not expected until then.
Operating Expenses	\$0.00	
Grants	\$0.00	
Total	\$5,200.00	

10. AUTHORIZATION AGENCY/DEPARTMENT

I/We certify that spending these State funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a completed **Form AA-1 Request for Grant Acceptance** will be submitted for Joint Fiscal Committee approval if a grant award is received for this program:

Signature: <i>Christine Finley</i>	Date: 2/13/2009
Title: Commissioner, Department of Health	
Signature: <i>Patrick Flood</i>	Date: 2/20/09
Title: DEPUTY SECRETARY	

11. ATTACHMENTS: Attach relevant documentation that demonstrates the necessity of this expenditure. (example: funding opportunity guidelines require training, etc.)

Distribution:

- Original - Joint Fiscal Office;
- Copy 1 - Department Grant File;
- Copy 2 - Attach to Form AA-1 (if grant is subsequently received).

(End Form AA-1PN - Grant Spending Pre-Notice - Form AA-1PN)

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION

1. Agency:	Agency of Human Services		
2. Department:	Health		
3. Program:	Health Surveillance		
4. Legal Title of Grant:	Cooperative Agreements to Improve the Health Status of Minority Populations		
5. Federal Catalog #:	93.004		
6. Grant/Donor Name and Address:	Harvard Medical School, Boston, Massachusetts 02115		
7. Grant Period:	From:	12/1/2008	To: 11/30/2009
8. Purpose of Grant:	To implement the health surveillance objectives of the Vermont Office of Minority Health Strategic Plan. (see summary attached)		
9. Impact on existing program if grant is not Accepted:	none		

10. BUDGET INFORMATION

	SFY 1 FY 09	SFY 2 FY 10	SFY 3 FY	Comments
Expenditures:				
Personal Services	\$15,600	\$31,283	\$	
Operating Expenses	\$	\$3,117	\$	
Grants	\$	\$	\$	
Total	\$15,600	\$34,400	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$15,600	\$34,400	\$	
(Direct Costs)	\$15,250	\$33,695	\$	
(Statewide Indirect)	\$35	\$70	\$	
(Departmental Indirect)	\$315	\$635	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	Total Award
Total	\$15,600	\$34,400	\$	\$50,000

Appropriation No:	Amount:
3420021000	\$15,600
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$15,600

REC'D FEB 25 2009

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.
 Appointing Authority Name: _____ Agreed by: MS 2/13/09 (initial)

12. Limited Service Position Information:	# Positions	Title
	0	
Total Positions		

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Christine Finley</u>	Date: 2/13/2009 <u>JMC</u>
	Title: Commissioner, Department of Health	
	Signature: <u>Patrick Flood</u>	Date: 2/20/09
	Title: <u>DEPUTY SECRETARY</u>	

14. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Accepted	<u>[Signature]</u> (Governor's signature)	3/24/09 Date:
<input type="checkbox"/> Rejected		

15. SECRETARY OF ADMINISTRATION

<input type="checkbox"/> Request to JFO	<u>Ronda P. McEnts</u> (Secretary's signature or designee)	3/16/09 Date:
<input type="checkbox"/> Information to JFO		

16. DOCUMENTATION REQUIRED

Required GRANT Documentation	
<input type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input type="checkbox"/> Grant Budget	

End Form AA-1

Cooperative Agreement to Improve the Health Status of Minority Populations
2/13/09

The Department of Health has received a subgrant of \$50,000 to implement the health surveillance objectives of the Department's Minority Health Strategic Plan. These are Federal funds from the Office of Minority Health being subawarded through Harvard Medical School to the Department of Health, under CFDA # 93.004 for Cooperative Agreements to Improve the Health Status of Minority Populations.

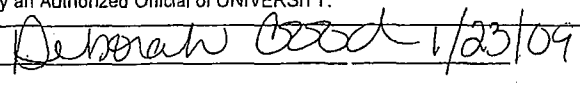
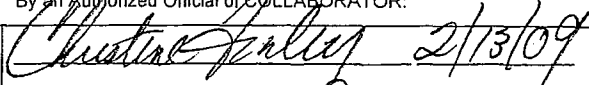
Under this subaward, the Department will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations. The grant period runs through November of 2009, and the Department proposes to complete the project, providing all deliverables to Harvard, by that date.

Funds will be used primarily to underwrite the staff time associated with the project. Project activities will utilize current Department personnel, primarily a public health analyst in the Department's Statistics section. No additional personnel will be required. About \$3,000 of these funds will be used to print and distribute project reports.

In order to meet the Deliverables Time Line established in the grant award, the Department will need to begin the planning and assessment stages of the project by early April. Understanding that final Legislative authorization to receive these funds may not be granted before that date, we are submitting the AA-1PN form, Grant Spending Pre-Notice, to indicate that other funds might be expended before the final approval date.

The original application funded an existing employee at three-quarters time for a full year. The AA-1 budget assumes that the project will require a full-time effort for nine months, with a third of these personnel costs falling in the current State fiscal year, 2009. The remaining grant funds will be carried forward into State fiscal year 2010. We are including a copy of the original application to Harvard and a copy of the Subaward Agreement, as well as the AA-1PN.

Subaward Agreement

Institution/Organization (UNIVERSITY)		Institution/Organization (COLLABORATOR)	
Name: President and Fellows of Harvard College Harvard Medical School		Name: Vermont Department of Health	
Address: Sponsored Programs Administration 25 Shattuck Street, Suite 509 Boston, MA 02115		Address: 108 Cherry Street PO Box 70 Burlington, VT 05402	
EIN #: 1042103580C5		EIN #:	
Prime award #: 6:MCMP051007-04-03		Subaward #: 1518071008	
Awarding agency: PHS-OASH/OMH		CFDA #: 93.004	
Subaward period of performance: 12/01/08 11/30/09		Amount funded this action: \$50,000.00	Est. total (if incrementally funded):
Project title: State Office of Minority Health Infrastructure Building Project - Vermont			
Reporting Requirements [Check here if applicable: <input checked="" type="checkbox"/> See Attachment 4]			
Terms and Conditions			
<ol style="list-style-type: none"> 1. University hereby awards a (choose one): <input type="radio"/> cost reimbursable subaward <input checked="" type="radio"/> firm-fixed-price subaward as described above, to Collaborator. The statement of work, budget and deliverables schedule are specified in Attachment 5. In its performance of subaward work, Collaborator shall be an independent entity and not an employee or agent of University. 2. University shall issue a lump sum payment of \$50,000 USD upon execution of this Agreement and receipt of invoice for the full amount. Invoice shall be submitted using Collaborator's standard invoice, but at a minimum shall include full dollar amount, subaward number, and certification as to truth and accuracy of invoice. Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party's Financial Contact, as shown in Attachment 3. Expenditures of Collaborator shall conform to budget in Attachment 5. 3. A final statement of cumulative costs incurred, including cost sharing, marked "FINAL," must be submitted to University's Financial Contact NOT LATER THAN forty-five (45) days after subaward end date. The final statement of costs shall constitute Collaborator's final financial report. 4. All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Collaborator. 5. Matters concerning the technical performance of this subaward should be directed to the appropriate party's Project Director, as shown in Attachment 3. Technical reports are required as shown above, "Reporting Requirements." 6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachment 3. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official, as shown in Attachment 3. 7. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law. 8. Either party may terminate this agreement with thirty days written notice to the appropriate party's Administrative Contact, as shown in Attachment 3. University shall pay Collaborator for termination costs as allowable under OMB Circular A-21, A-122 or A-110 (45 CFR Part 74 Appendix E), as applicable. 9. No-cost extensions require the approval of the University. Any requests for a no-cost extension should be addressed to and received by the Administrative Contact, as shown in Attachment 3, not less than thirty days prior to the desired effective date of the requested change. 10. The Subaward is subject to the terms and conditions of the Prime Award and other special terms and conditions, as identified in Attachment 5. 11. By signing below Collaborator makes the certifications and assurances shown in Attachments 1 and 2. 			
By an Authorized Official of UNIVERSITY:		By an Authorized Official of COLLABORATOR:	
 Signature Date		 Signature Date	
Title: Associate Director, SPA		Title: Christine Finley Deputy Commissioner	

**Attachment 1
Subaward Agreement**

By signing the Subaward Agreement, the authorized official of COLLABORATOR certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Collaborator, 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.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Collaborator shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the University.
3. The Collaborator shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

Debarment, Suspension, and Other Responsibility Matters

Collaborator certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

OMB Circular A-133 Assurance

Collaborator assures University that it complies with A-133 and that it will notify UNIVERSITY of completion of required audits and of any adverse findings, which impact this subaward.

Attachment 2 Subaward Agreement

Agency-Specific Certifications/Assurances

The following assurances/certifications are made and verified by Collaborator's Authorized Official on the face page of this Subaward. Descriptions of individual assurances/certifications are provided in Section III of the PHS 398. 1) Human Subjects; 2) Research Using Human Embryonic Stem Cells; 3) Research on Transportation of Human Fetal Tissue; 4) Women and Minority Inclusion Policy; 5) Inclusion of Children Policy; 6) Vertebrate Animals; 7) Debarment and Suspension; 8) Drug-Free Workplace; 9) Lobbying; 10) Non-Delinquency on Federal Debt; 11) Research Misconduct; 12) Civil Rights (Form HHS 441 or HHS 690); 13) Handicapped Individuals (Form HHS 641 or HHS 690); 14) Sex Discrimination (Form HHS 639-A or HHS 690); 15) Age Discrimination (Form HHS 680 or HHS 690); 16) Recombinant DNA and Human Gene Transfer Research; 17) Financial Conflict of Interest.

General terms and conditions

1. The restrictions on the expenditure of federal funds in cooperation with any applicable to this subaward to the extent those restrictions are pertinent.

2. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

3. The Authorization Title XVII, Section 1701(e)(1), Public Health Service Act, as amended.

4. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expended \$500,000 or more of federal funds in each fiscal year.

5. Collaborator must obtain prior approval from University authorized business official and Principal Investigator (as listed in Attachment 3) for any change in the Collaborator Principal Investigator including replacement, absence or reduction in the level of participation. The University must be notified no later than 30 days before the expected date of departure or change in participation level. A resume must be submitted for approval for any replacement.

Special terms and conditions

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

2. Data Rights: Collaborator grants to University the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

Additional Terms and Conditions referenced in the MOU for Cooperative Agreement for Minority Faculty Development Program

1. Any publication/announcements (flyers, brochures, pamphlets, public service announcements, etc.) developed under this project must be submitted to OMH for approval prior to publication and/or distribution.

2. An interim report must be submitted by 06/15/09 to the University and to OMH. Final report due 11/30/09.

**Attachment 3
Subaward Agreement**

University Contacts	Collaborator Contacts
<p><i>Administrative</i> Name: Tiffany Blackman Sr. Sponsored Programs Administrator</p> <hr/> <p>Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2660 Fax: (617) 432-2651</p> <hr/> <p>E-mail: tiffany_blackman@hms.harvard.edu</p>	<p><i>Administrative</i> Name: Chris Finley, Deputy Commissioner of Health</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: 802-863-7281 Fax: 802-951-1275</p> <hr/> <p>E-mail: cfinley@vdh.state.vt.us</p>
<p><i>Principal Investigator</i> Name: Joan Y. Reede Dean for Diversity and Community Partnership</p> <hr/> <p>Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2413 Fax: (617) 432-3834</p> <hr/> <p>E-mail: joan_reede@hms.harvard.edu</p>	<p><i>Project Director</i> Name: Elizabeth Peterson, Epidemiologist IV</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 863-7654 Fax: (802) 652-4157</p> <hr/> <p>E-mail: epeters@vdh.state.vt.us</p>
<p><i>Financial</i> Name: Ying Wang Assistant Director</p> <hr/> <p>Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2313 Fax: (617) 432-3834</p> <hr/> <p>E-mail: ying_wang@hms.harvard.edu</p>	<p><i>Financial</i> Name: Charon Goldwyn, Business Administrator</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 865-7748 Fax: (802) 652-4157</p> <hr/> <p>E-mail: cgoldwyn@vdh.state.vt.us</p>
<p><i>Authorized Official</i> Name: Jill Mortali Director</p> <hr/> <p>Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-1596 Fax: (617) 432-2651</p> <hr/> <p>E-mail: spa_award@hms.harvard.edu</p>	<p><i>Authorized Official</i> Name: Chris Finley, Deputy Commissioner of Health</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 863-7281 Fax: (802) 951-1275</p> <hr/> <p>E-mail: cfinley@vdh.state.vt.us</p>

Attachment 4
Harvard Special Conditions and Reporting Requirements

1. Harvard assumes no obligation to reimburse costs in excess of the total amount funded.
 - ~~2. Payment Invoices, indicating approval by Collaborating Institution's authorized project director, are to be submitted on a monthly basis. Two (2) copies of all invoices, detailing current charges and total-to-date charges, should be sent to the Harvard Financial Contact. The final invoice clearly marked final, must be submitted no later than forty-five (45) days after the end of each subcontract budget period. If the final invoice is submitted after the forty-five (45) day period, it may not be reimbursed. The Collaborating Institution shall inform the Harvard Financial Contact if the final invoice cannot be submitted within such forty-five (45) day period. The total amount of any unobligated balance which Collaborating Institution elects to carry forward under expanded authorities must be reflected in the final invoice.~~
 3. Collaborator shall cooperate with Harvard in resolving questions Harvard may have concerning the auditors' report and plan for corrective action. Harvard may send notices requesting that the Subrecipient audit Form be completed. If no response is received within thirty (30) days, the second notice will be sent. If no response is received within thirty (30) days thereafter, Harvard may withhold all, or a portion of, the final payment from the Collaborator until the form is received.
- promotion without the prior written approval of the party whose name is requested to be used. The parties may, however, acknowledge Harvard and Prime Sponsor's support for, and the nature of, the scope of work being pursued under this Agreement. In any such statement, the relationship of the parties shall be accurately and appropriately described.
5. In the event of any controversy or claim arising out of or relating to any provision of this Agreement or the breach thereof, the parties shall try to settle such conflicts amicably between themselves. Subject to the limitation stated herein, any such conflict which the parties are unable to resolve shall be settled through arbitration conducted as set forth in this paragraph and otherwise in accordance with the rules of the American Arbitration Association. The demand for arbitration shall be filed within a reasonable time after the controversy or claim has arisen, and in no event after the date upon which institution of legal proceedings based on such controversy or claim would be barred by applicable statute of limitations periods. This provision will not be applicable to state institutions unable to accept it.
 6. The final technical report describing accomplishments and significant research findings is due 45 calendar days after the expiration or termination of the award.

Human Subjects Clause

7. Collaborating Institution hereby certifies compliance with all regulatory requirements pertaining to the protection of human subjects in research. If human subjects are used in the conduct of the research, the protocol must be approved by the Collaborating Institution's human subjects committee, and verification of same must be submitted to Harvard upon Collaborating Institution's execution of this Consortium Agreement and any amendments, and, if requested by Harvard, for ratification by Harvard's Committee on the Use of Humans as Experimental Subjects. No research involving human subjects may be carried out under this agreement in the absence of a protocol approved by the Collaborating Institution's human subjects committee or institutional review board. In the event of a lapse in protocol approval, all human subjects' activities must cease and any costs associated with human subjects activities conducted during the lapse, whether or not the protocol is ultimately re-approved, are unallowable under this agreement.

Collaborating Institution hereby certifies that it is in compliance with the requirements for human subjects training as set forth in "REQUIRED EDUCATION IN THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS," dated June 5, 2000 (Revised August 25, 2000, NOTICE: OD-00-039, National Institutes of Health).

Foreign Agreements

8. Collaborator shall, whenever possible, purchase only American-made items.
9. Governing Language: The English Language version of this agreement shall be the official version.

ATTACHMENT 5

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project
REVISED – January 12, 2009

APPLICANT: Vermont Department of Health

CONTACT: Judy Ashley-McLaughlin, Special Assistant to the Commissioner for
Minority Health
State Office of Vermont
20 Houghton St.
St. Albans, VT 05478

Phone: (802) 527-5582

Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture’s perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.
- Goal 5: Enhance community development and leadership.

Race Categories for Total Population

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100%	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawaiian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%
Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

¹ Due to Vermont’s numbers, “Asian” is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

² Two or more races not collected in 1990 Census.

PURPOSE:

The purpose of this award is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this award, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

DELIVERABLES AND TIME LINE:

The Deliverables and Time Line have been revised per communication with the Office of Minority Health at HHS and the Harvard Medical School. Approval for award and implementation of this project was provided by OMH to the VDH in September 2008 with a request by OMH to revise the time line to cover the period of 12/1/08 – 11/30/09. In October, the VDH provided a revised time line covering this period.

Per the communications in January 2009, this revised document includes:

- Revised time line of 12/1/08 – 11/30/09;
- Revised plan for deliverables;
- Grant agreement format stipulated as a deliverables payment.

A copy of this revised document will be provided to the points of contact for both organizations.

DELIVERABLES

TIME LINE

PHASE ONE

Assess Current Data Collection for Race/Ethnicity at VDH	12/1/08 - 1/30/09
Planning Meetings for Minority Health Status (MHS) Report	12/1/08 - 1/30/09
Identify High-Risk Populations for Inclusion in MHS Report	2/1/09 - 3/15/09
Content Meetings for Minority Health Status Report	2/1/09 - 3/15/09

PHASE TWO

Data Analysis for MHS Report	3/16/09 - 6/15/09
Early Draft of MHS Report	6/15/09
Progress Report Submitted to OMH and Harvard	6/15/09

PHASE THREE

Feedback on MHS Report Draft from Programs and Stakeholders	6/16/09 - 7/30/09
Final Draft of MHS Report	8/15/09
Approvals - VDH Leadership; Communications Office	8/30/09
MHS Report Completed	9/15/09
MHS Report Printed; Press Release; Distribution	10/15/09

PHASE FOUR

Meetings with Key Programs / Stakeholders on Using MHS Report (including feedback on improving data collection of race/ethnicity data)	10/15/09 - 11/15/09
Complete a Revision of Dept. Web Site with Race/Ethnicity Data and Resources	11/30/09
Grant Report to OMH and Harvard (includes copy of Minority Health Status Report; presentations; etc.)	11/30/09

PAYMENT SCHEDULE:

The award shall be a "deliverables" agreement. The awarding office has the option to award the grant to the VDH either as, a) one lump sum of \$50,000 at the start of work, ~~or b) as two X~~
~~payments split as \$25,000 each upon delivery of the progress report and the final report. The~~
~~VDH is comfortable with either payment schedule, but the final document to be signed by the~~
~~awarding office and the VDH will specify which of these payment schedules is to be utilized.~~

PERSONNEL:

All matters related to contractual agreements and payment will be conducted with Richard McCoy, Director for the Center for Health Statistics, for the VDH.

The analyst funded under this award and assigned to the project is Liz Peterson and she will serve as the project manager. Liz will coordinate her activities with other staff, such as:

- Jennifer Hicks (Research and Statistics Unit Chief): Jennifer is the supervisor that assigns and reviews Liz's projects. Liz will meet on a regular basis with her supervisor to assess progress towards this project's deliverables. Jennifer's role as supervisor will be to provide guidance on data collection methods, appropriate data sources for analytical activities, and report writing.
- Judy Ashley-McLaughlin (VDH Office of Minority Health Director): Judy is our Department's coordinator and facilitator for incorporating the needs of racial and ethnic minorities within our public health planning. Liz will consult with Judy at least monthly to obtain input on the most important information for the community as the analyses and report writing are initiated. Judy will assist Liz with obtaining feedback from important stakeholders to ensure that the deliverables will meet the needs of multiple parties.

We expect that Liz will be working with a variety of support staff and program managers across the VDH during the period of this project. For example, she will interact with the Vital Records' Office on matters of race/ethnicity data collection (births and deaths) and to obtain data for the final report. Also, Liz will work with the BRFSS Program Coordinator to utilize BRFSS data for the final report. Due to the variety of programs that Liz will be contacting, we foresee the possibility that she may need to convene a short-term workgroup specific to planning and developing the Minority Health Status Report.

The reporting "channel" for this project is as follows: Liz Peterson reports to Jennifer Hicks, and for purposes of this specific project, there is a dotted line between Judy Ashley-McLaughlin and Liz Peterson. If there are any situations in which there is a difference of opinion for any of the

deliverables under this grant or the content of the final report, Jennifer and Judy will discuss it with Richard McCoy.

Important contact information:

Richard McCoy
Director, Health Statistics
Vermont Department of Health
108 Cherry St., PO Box 70
Burlington, VT 05402-0070

Phone: 802-651-1862
Fax: 802-865-7701

Email: rmccoy@vdh.state.vt.us

Liz Peterson
Vermont Department of Health
108 Cherry St., PO Box 70
Burlington, VT 05402-0070

Phone: 802-863-7654
Fax: 802-865-7701

Email: epeters@vdh.state.vt.us

PERIOD OF PERFORMANCE: December 1, 2008 – November 30, 2009

BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non-Federal	Total
<p>Improve data quality, collection, and reporting</p> <ol style="list-style-type: none"> 1. Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible. <ul style="list-style-type: none"> • Assess current data collection forms and standards. • Collaborate with department programs to improve collection of racial and ethnic health data • Investigate sources and content of race/ethnicity data collected by other Agency of Human Services and develop plan to standardize data collection • Identify minority populations and assess health disparities and the effectiveness of health interventions targeting these groups • Identify gaps in data due to small populations and strategies to address them • Publish Minority Health Status Report in August 2009 2. Establish web page for Office of Minority 	<p>Public Health Analyst</p>	<p>\$47,000</p>	<p>75%</p>			<p>\$35,250</p>

State Office of Minority Health Infrastructure Building Project

Health.						
<ul style="list-style-type: none"> Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 						
SUBTOTAL PERSONNEL FTE			.75 FTE			\$35,250
Fringe Benefits						
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non-Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst III	3%				\$ 1,058
Report Printing / Copying; Supplies						\$ 3,117
TOTAL						
Personnel						\$46,883
Fringe Benefits				FEDERAL DIRECT	NON-FEDERAL IN-KIND	TOTAL
TOTAL REQUEST BUDGET YEAR ONE						
						\$50,000

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project

APPLICANT: Vermont Department of Health

CONTACT: Judy Ashley-McLaughlin, Special Assistant to the Commissioner for
Minority Health
State Office of Vermont
20 Houghton St.
St. Albans, VT 05478

Phone: (802) 527-5582
Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture’s perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.
- Goal 5: Enhance community development and leadership.

Race Categories for Total Population

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100%	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawaiian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%

¹ Due to Vermont’s numbers, “Asian” is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

Joan Y. Reede 12
Harvard Medical School

Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

PURPOSE:

The purpose of this contract is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this contract, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

Deliverables and Time Line

Project period is based on contract requirements and is unknown at this time. For the timeline below, the project period is estimated as September 1, 2008 – August 31, 2009.

DELIVERABLES

DUE DATE

- | | |
|---|--------------------|
| 1. Submit a work plan that outlines the strategies, actions, and schedule for deliverables. | 12/01/08 |
| 2. Submit progress reports. | 02/01/09, 04/01/09 |
| 3. Submit final report | 08/31/09 |

PAYMENT SCHEDULE

- | | |
|-----------|--|
| Payment 1 | Receipt of 02/01/09 Progress Report |
| Payment 2 | Receipt of 04/01/09 Progress Report |
| Payment 3 | Receipt and Acceptance of Final Report |

² Two or more races not collected in 1990 Census.

Joan Y. Reede 13
Harvard Medical School

PERIOD OF PERFORMANCE: September 30, 2008 – September 29, 2009
BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non-Federal	Total
<p>Improve data quality, collection, and reporting</p> <ol style="list-style-type: none"> 1. Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible. <ul style="list-style-type: none"> • Assess current data collection forms and standards. • Collaborate with department programs to improve collection of racial and ethnic health data • Investigate sources and content of race/ethnicity data collected by other Agency of Human Services and develop plan to standardize data collection • Identify minority populations and assess health disparities and the effectiveness of health interventions targeting these groups • Identify gaps in data due to small populations and strategies to address them • Publish Minority Health Status Report in August 2009 	<p>Public Health Analyst</p>	<p>\$47,000</p>	<p>75%</p>			<p>\$35,250</p>

Joan Y. Reede 14
Harvard Medical School

2. Establish web page for Office of Minority Health.						
<ul style="list-style-type: none"> Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 						
SUBTOTAL PERSONNEL FTE			.75 FTE			\$35,250
Fringe Benefits						
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non-Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst III	3%				\$ 1,058
Report Printing / Copying; Supplies						\$ 3,117
TOTAL						
Personnel						\$46,883
Fringe Benefits				FEDERAL DIRECT	NON-FEDERAL IN-KIND	TOTAL
TOTAL REQUEST BUDGET YEAR ONE						
						\$50,000

Attachment A
Vermont Department of Health
Office of Minority Health
Strategic Goals & Objectives

Goal 1: Build organizational infrastructure and capacity		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 1.1</i> Create a realistic and sustainable budget.</p>	<ol style="list-style-type: none"> 1. Identify funding requirements for a functioning OMH. 2. Locate the OMH within the department where it will have optimal impact on policy, planning and decision-making. 3. Develop boilerplate material to use in obtaining grant funding. 4. Identify viable grant opportunities to support racial and ethnic health priorities. 5. Collaborate within the department to include a racial and ethnic component in funding requests. 	<ul style="list-style-type: none"> * Establish OMH budget with VDH Financial Operations and Deputy Commissioner. > July 2008 * Confer with Deputy Commissioner and Commissioner regarding location of OMH within the department. > July 2008 * Prepare boilerplate grant information. > January 2008 * Develop a list of potential grant opportunities and review with Financial Operations and Deputy Commissioner to determine optimal opportunities for submission. > July 2008 * Identify program grant funding deadlines and make recommendations regarding opportunities to include racial and ethnic populations. > Ongoing
<p><i>Objective 1.2</i> Establish an internal leadership team to support, monitor, and evaluate the progress of the Strategic Plan.</p>	<ol style="list-style-type: none"> 1. Each department will select at least one representative to participate in internal leadership team to share accountability to the strategic plan's objectives. 	<ul style="list-style-type: none"> * Internal leadership team developed to meet on a quarterly basis. > July 2008
<p><i>Objective 1.3</i> Support recruitment and retention of qualified racial and ethnic health professionals.</p>	<ol style="list-style-type: none"> 1. Collaborate with the Governor's Workforce Equity and Diversity Council Explore and examine health workforce issues. 2. Advocate for the hiring of qualified individuals from 	<ul style="list-style-type: none"> * Participate in the Governor's Workforce Equity and Diversity Council and incorporate pertinent racial and ethnic workforce issues into the annual report. > December 2009 * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds within the health department.

	<p>federally recognized racial and ethnic backgrounds at higher levels of responsibility within state government.</p> <p>3. Collaborate with the Office of Rural Health and Primary Care and others (e.g., Area Health Education Centers) to recruit and retain racial and ethnic health care providers throughout state.</p>	<p>➤ Monitor yearly personnel report on employee recruitment and retention</p> <p>* Increase number of qualified individuals from federally recognized racial and ethnic backgrounds <u>within state government</u>.</p> <p>➤ Monitor yearly personnel report on employee recruitment and retention.</p> <p>* Develop coordinated plan to increase racial and ethnic health care providers.</p> <p>➤ July 2009</p> <p>* Develop and implement marketing plans for the Office of Rural Health's loan repayment program at minority colleges and university including Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), and Tribal Colleges and Universities (TCU).</p> <p>➤ July 2008</p>
Goal 2: Improve data quality, collection, and reporting		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 2.1</i> Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.</p>	<p>1. Assess current data collection processes.</p> <p>2. Collect and use standardized data to correctly identify all high-risk populations and monitor the effectiveness of health interventions targeting these groups</p> <p>3. Collaborate with VDH programs to improve collection of racial and ethnic health data</p> <p>4. Initiate strategies to identify gaps in data from small population groups.</p> <p>5. Produce Minority Health Status Report.</p>	<p>* Consult with Director for the Center for Health Statistics to identify current data collection and develop plan for future.</p> <p>➤ Ongoing.</p> <p>* Participate in health statistics meetings.</p> <p>➤ As scheduled</p> <p>* Minority Health Status Report published.</p> <p>➤ August 2009</p>
<p><i>Objective 2.2</i> Establish web page for Office of Minority Health.</p>	<p>1. Collaborate with webmaster to develop minority health web page</p> <p>2. Provide appropriate health and health disparities links, health education information, and data.</p>	<p>* Racial and ethnic health web page developed.</p> <p>➤ July 2008</p>
Goal 3: Support cultural competency training		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 3.1</i> Explore culturally competent program training delivery.</p>	<p>1. In addition to Angel cultural competency training, engage in an internal collaborative learning process.</p> <p>2. Incorporate national cultural</p>	<p>* Adapt tools from the National Association of City and County Health Officials to implement an internal dialogue process addressing health disparities.</p> <p>➤ January 2009</p>

	<p>competency standards into all VDH policies, procedures, and programs where appropriate.</p> <ol style="list-style-type: none"> 3. Research and compile list of local, regional and national trainers available to provide culturally competency training. 4. Work with health care delivery oversight entities (e.g., Vermont Hospital and Health Care Association) to ensure that National Standards on Culturally and Linguistically Appropriate Services (CLAS) standards are in place. 	<ul style="list-style-type: none"> * Develop standards and guidelines for participation and use of cultural competency training. <ul style="list-style-type: none"> ➤ December 2008 * Provide technical assistance for incorporation of cultural competency issues to VDH program planners. <ul style="list-style-type: none"> ➤ Beginning January 2009 * Produce and distribute list of trainers. <ul style="list-style-type: none"> ➤ September 2009 * Identify and contact health care delivery oversight entities to discuss CLAS standards. <ul style="list-style-type: none"> ➤ January 2009
<p><i>Objective 3.2</i> Ensure clear and effective health communications for an increasingly diverse population.</p>	<ol style="list-style-type: none"> 1. Collaborate with Vermont State Refugee Coordinator and VDH Refugee Health Coordinator to ensure appropriate translation and interpretation services at public health encounters. 2. Ensure emergency response planning addresses non-English speakers and racial and ethnic populations. 3. Recognize informal leaders within racial and ethnic communities as points of information dissemination. 	<ul style="list-style-type: none"> * OMH Chief, State Refugee Coordinator and VDH Refugee Health Coordinator meet every other month. <ul style="list-style-type: none"> ➤ Beginning in June 2007 * OMH Chief represents VDH at the Agency of Human Services Limited English Proficiency (LEP) Committee. <ul style="list-style-type: none"> ➤ Ongoing
<p><i>Objective 3.4</i> Support VDH programs addressing racial and ethnic health and health disparities.</p>	<ol style="list-style-type: none"> 1. Assist VDH Divisions and Programs to ensure that health disparities are addressed in prevention and intervention efforts. 2. Ensure that social marketing strategies are culturally sensitive and that public awareness campaigns are directed at high-risk racial and ethnic populations. 3. Include racial and ethnic minority populations in the pilot testing of VDH materials. 4. Obtain yearly internal reports from federally funded programs outlining past and future activities that address 	<ul style="list-style-type: none"> * Increase number of health department initiatives that address racial and ethnic populations. <ul style="list-style-type: none"> ➤ Ongoing * Regular meetings with programs and VDH Communications Office to review social marketing outreach. <ul style="list-style-type: none"> ➤ Ongoing * Federally funded programs submit yearly reports outlining past and future racial and ethnic activities. <ul style="list-style-type: none"> ➤ December 2007 * Recommendations presented to Expanded Senior Management Team yearly. <ul style="list-style-type: none"> ➤ April 2008 * Conduct an inventory of current VDH toolkits for culturally appropriate materials. <ul style="list-style-type: none"> ➤ July 2009

	<p>racial and ethnic populations.</p> <p>5. Assess and provide recommendations regarding priorities in health disparities by examining current and proposed VDH health initiatives.</p> <p>6. Review current Toolkits to assure culturally competent materials are included.</p>	
Goal 4: Increase access to preventive and treatment services		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 4.1</i> Collaborate with racial and ethnic community groups to identify health concerns and plan strategies to address them.</p>	<p>1. Support opportunities for individuals and groups to participate in design and implementation of programs to meet local needs.</p> <p>2. Provide technical assistance to community organizations in assessing health needs and priorities.</p> <p>3. Encourage the use of lay community health workers to improve access to healthcare.</p>	<p>* Establish mechanism for participation in program design and implementation. ➤ July 2009</p>
<p><i>Objective 4.2</i> Determine mental health initiatives that address racial and ethnic populations.</p>	<p>1. Review Report of the Surgeon General on Mental Health: Culture, Race, Ethnicity.</p>	<p>* Initiate conversations with the Department of Mental Health on how to incorporate racial and ethnic mental health goals into planning. ➤ July 2009</p>
Goal 5: Enhance community development and leadership		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 5.1</i> Improve health care knowledge in racial and ethnic communities.</p>	<p>1. Disseminate culturally appropriate health education information to community groups and other common health care access points.</p> <p>2. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners.</p>	<p>* Incorporate health care information at existing access points that serve racial and ethnic community organizations. ➤ January 2009</p> <p>* Provide yearly updates on racial and ethnic health resources and prevention services available. ➤ January</p> <p>* Develop internal and external communication channels for information dissemination and health education. ➤ July 2008</p> <p>* Arrange Minority Health Summit to coincide with National Minority Health month. ➤ Biennially</p>
<p><i>Objective 5.2</i> Develop a statewide collaborative of agency</p>	<p>1. Identify agency and non-agency entities who are involved in addressing racial</p>	<p>* Contact agencies within the state addressing racial and ethnic health issues and determine interest in establishing a collaborative to</p>

Joan Y. Reede 19
Harvard Medical School

and non-agency entities involved with addressing racial and ethnic health issues.	and ethnic health issues.	coordinate resources. ➤ July 2009
<i>Objective 5.3</i> Guide program planning and implementation through community participation in OMH.	1. Determine best mechanism for engaging racial and ethnic population as advisors to the OMH.	* Convene small groups or engage in individual discussions to determine best mechanism for participation. ➤ July 2008

Attachment B

The Health Status of Vermonters

See link to Vermont Department of Health web site:

<http://healthvermont.gov/research/healthstatusreport.aspx>

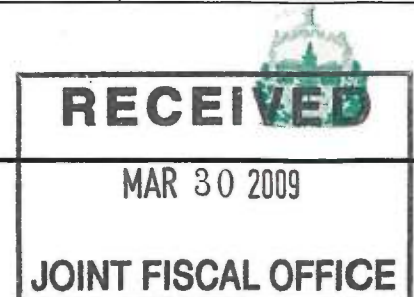
State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376
 [fax] 802-828-2428

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:	To implement health surveillance objectives of the Vermont Office of Minority Health Strategic Plan.			
Date:	3/10/2009			
Department:	Health Department			
Legal Title of Grant:	Cooperative Agreements to Improve the Health Status of Minority Populations			
Federal Catalog #:	93.004			
Grant/Donor Name and Address:	Harvard Medical School, Boston, Massachusetts 02115			
Grant Period:	From:	To:		
	12/1/2008	11/30/2009		
Grant/Donation	\$50,000			
	SFY 1	SFY 2	SFY 3	Comments
Grant Amount:	\$15,600	\$34,400	\$	
Position Information:	# Positions	Explanation/Comments		
	0			
Additional Comments:				
This grant will support the Health department in meeting the deliverable for this grant; they need to produce a "Health Disparities Report" this state fiscal year. This is one-time funding that will help the Health department produce this report. This is a federal subgrant from the Federal Office of Minority Health sub awarded through Harvard Medical School to Vermont's Department of Health.				
Department of Finance & Management	[Signature] 3/15/09			(Initial)
Secretary of Administration	[Signature] 3/16/09			(Initial)
Sent To Joint Fiscal Office	3/24/09			Date



STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIONS:			
This form is intended solely as notification to the Joint Fiscal Committee of the unavoidable need to spend State funds in advance of Joint Fiscal Committee approval of grant requests and with the intent of securing a federally or privately funded grant award. Pre-notification is required for expenditures of state funds beyond basic grant application preparation and filing costs. Expenditure of these state funds does not guarantee that a grant will be awarded to the State of Vermont, or that a future grant award will be accepted by the Joint Fiscal Committee. If a grant award is subsequently received, a completed Form AA-1 Request for Grant Acceptance must be submitted to the Joint Fiscal Committee for review and approval before spending or obligating additional funds.			
BASIC GRANT INFORMATION			
1. Agency:	Human Services		
2. Department:	Health		
3. Program:	Surveillance		
4. Legal Title of Grant:	Cooperative Agreements to Improve the Health Status of Minority Populations		
5. Federal Catalog #:	93.004		
6. Grant/Donor Name and Address: Harvard Medical School			
7. Grant Period:	From:	12/1/2008	To: 11/30/2009
8. Purpose of Grant: To implement the health surveillance objectives of the Vermont Office of Minority Health Strategic Plan. (see AA1 summary attached)			
9. STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:			
Expenditures:	FY 2009	Required Explanation/Comments	
Personal Services	\$5,200.00	(Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.) Staff costs for planning and assessment thru the end of March. Grant award has been received and AA1 is attached but JFC approval is not expected until then.	
Operating Expenses	\$0.00		
Grants	\$0.00		
Total	\$5,200.00		
10. AUTHORIZATION AGENCY/DEPARTMENT			
I/We certify that spending these State funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a completed Form AA-1 Request for Grant Acceptance will be submitted for Joint Fiscal Committee approval if a grant award is received for this program:	Signature: <i>Christine Finley</i>		Date: 2/13/2009 <i>JAF</i>
	Title: Commissioner, Department of Health <i>Deputy Commissioner of Public Health</i>		
	Signature: <i>Patrick Flood</i>		Date: 2/20/09
	Title: <i>DEPUTY SECRETARY</i>		
11. ATTACHMENTS: Attach relevant documentation that demonstrates the necessity of this expenditure. (example: funding opportunity guidelines require training, etc.)			
Distribution: Original - Joint Fiscal Office; Copy 1 - Department Grant File; Copy 2 - Attach to Form AA-1 (if grant is subsequently received).			
(End Form AA-1PN - Grant Spending Pre-Notice - Form AA-1PN)			

*OK
2/20*

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:		Agency of Human Services		
2. Department:		Health		
3. Program:		Health Surveillance		
4. Legal Title of Grant:		Cooperative Agreements to Improve the Health Status of Minority Populations		
5. Federal Catalog #:		93.004		
6. Grant/Donor Name and Address: Harvard Medical School, Boston, Massachusetts 02115				
7. Grant Period:		From: 12/1/2008	To: 11/30/2009	
8. Purpose of Grant: To implement the health surveillance objectives of the Vermont Office of Minority Health Strategic Plan. (see summary attached)				
9. Impact on existing program if grant is not Accepted: none				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 09	FY 10	FY	
Personal Services	\$15,600	\$31,283	\$	
Operating Expenses	\$	\$3,117	\$	
Grants	\$	\$	\$	
Total	\$15,600	\$34,400	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$15,600	\$34,400	\$	
(Direct Costs)	\$15,250	\$33,695	\$	
(Statewide Indirect)	\$35	\$70	\$	
(Departmental Indirect)	\$315	\$635	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	Total Award
Total	\$15,600	\$34,400	\$	\$50,000
Appropriation No:	3420021000	Amount:	\$15,600	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
		Total	\$15,600	

REC'D FEB 25 2009

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: _____ Agreed by: EL 2/13/09 (initial)

12. Limited Service Position Information:	# Positions	Title
	0	
Total Positions		

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature: <u>Christine Finley</u>	Date: <u>2/13/2009</u>
Title: <u>Commissioner, Department of Health</u>	
Signature: <u>Patrick Flood</u>	Date: <u>2/20/09</u>
Title: <u>DEPUTY SECRETARY</u>	

14. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Accepted	<u>[Signature]</u>	<u>3/24/09</u>
<input type="checkbox"/> Rejected	(Governor's signature)	Date:

15. SECRETARY OF ADMINISTRATION

<input type="checkbox"/> Request to JFO	<u>Ronda P McLeod</u>	<u>3/16/09</u>
<input type="checkbox"/> Information to JFO	(Secretary's signature or designee)	Date:

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- | | |
|---|---|
| <input type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input type="checkbox"/> Grant Budget | |

End Form AA-1

Cooperative Agreement to Improve the Health Status of Minority Populations
2/13/09

The Department of Health has received a subgrant of \$50,000 to implement the health surveillance objectives of the Department's Minority Health Strategic Plan. These are Federal funds from the Office of Minority Health being subawarded through Harvard Medical School to the Department of Health, under CFDA # 93.004 for Cooperative Agreements to Improve the Health Status of Minority Populations.

Under this subaward, the Department will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations. The grant period runs through November of 2009, and the Department proposes to complete the project, providing all deliverables to Harvard, by that date.

Funds will be used primarily to underwrite the staff time associated with the project. Project activities will utilize current Department personnel, primarily a public health analyst in the Department's Statistics section. No additional personnel will be required. About \$3,000 of these funds will be used to print and distribute project reports.

In order to meet the Deliverables Time Line established in the grant award, the Department will need to begin the planning and assessment stages of the project by early April. Understanding that final Legislative authorization to receive these funds may not be granted before that date, we are submitting the AA-1PN form, Grant Spending Pre-Notice, to indicate that other funds might be expended before the final approval date.

The original application funded an existing employee at three-quarters time for a full year. The AA-1 budget assumes that the project will require a full-time effort for nine months, with a third of these personnel costs falling in the current State fiscal year, 2009. The remaining grant funds will be carried forward into State fiscal year 2010. We are including a copy of the original application to Harvard and a copy of the Subaward Agreement, as well as the AA-1PN.

Subaward Agreement

Institution/Organization (UNIVERSITY)		Institution/Organization (COLLABORATOR)	
Name: President and Fellows of Harvard College Harvard Medical School		Name: Vermont Department of Health	
Address: Sponsored Programs Administration 25 Shattuck Street, Suite 509 Boston, MA 02115		Address: 108 Cherry Street PO Box 70 Burlington, VT 05402	
EIN #.: 1042103580C5		EIN #.:	
Prime award #: 6.MPCMP051007-04-03		Subaward #: 151807.1008	
Awarding agency: PHS-OASH/OMH		CFDA #: 93.004	
Subaward period of performance: 12/01/08 11/30/09		Amount funded this action: \$50,000.00	Est. total (if incrementally funded):
Project title: State Office of Minority Health Infrastructure Building Project - Vermont			
Reporting Requirements [Check here if applicable: <input checked="" type="checkbox"/> See Attachment 4]			

Terms and Conditions

1. University hereby awards a (choose one): cost reimbursable subaward firm-fixed-price subaward as described above, to Collaborator. The statement of work, budget and deliverables schedule are specified in Attachment 5. In its performance of subaward work, Collaborator shall be an independent entity and not an employee or agent of University.
2. University shall issue a lump sum payment of \$50,000 USD upon execution of this Agreement and receipt of invoice for the full amount. Invoice shall be submitted using Collaborator's standard invoice, but at a minimum shall include full dollar amount, subaward number, and certification as to truth and accuracy of invoice. Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party's Financial Contact, as shown in Attachment 3. Expenditures of Collaborator shall conform to budget in Attachment 5.
3. A final statement of cumulative costs incurred, including cost sharing, marked "FINAL," must be submitted to University's Financial Contact NOT LATER THAN forty-five (45) days after subaward end date. The final statement of costs shall constitute Collaborator's final financial report.
4. All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Collaborator.
5. Matters concerning the technical performance of this subaward should be directed to the appropriate party's Project Director, as shown in Attachment 3. Technical reports are required as shown above, "Reporting Requirements."
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachment 3. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official, as shown in Attachment 3.
7. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
8. Either party may terminate this agreement with thirty days written notice to the appropriate party's Administrative Contact, as shown in Attachment 3. University shall pay Collaborator for termination costs as allowable under OMB Circular A-21, A-122 or A-110 (45 CFR Part 74 Appendix E), as applicable.
9. No-cost extensions require the approval of the University. Any requests for a no-cost extension should be addressed to and received by the Administrative Contact, as shown in Attachment 3, not less than thirty days prior to the desired effective date of the requested change.
10. The Subaward is subject to the terms and conditions of the Prime Award and other special terms and conditions, as identified in Attachment
11. By signing below Collaborator makes the certifications and assurances shown in Attachments 1 and 2.

By an Authorized Official of UNIVERSITY:

Dorothy Good 1/23/09

Signature

Date

Title:

Associate Director, SPA

By an Authorized Official of COLLABORATOR:

Christine Finley 2/13/09

Signature

Date

Title:

Christine Finley
Deputy Commissioner

**Attachment 1
Subaward Agreement**

By signing the Subaward Agreement, the authorized official of COLLABORATOR certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Collaborator, 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.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Collaborator shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the University.
3. The Collaborator shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

Debarment, Suspension, and Other Responsibility Matters

Collaborator certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

OMB Circular A-133 Assurance

Collaborator assures University that it complies with A-133 and that it will notify UNIVERSITY of completion of required audits and of any adverse findings, which impact this subaward.

**Attachment 2
Subaward Agreement**

Agency-Specific Certifications/Assurances

The following assurances/certifications are made and verified by Collaborator's Authorized Official on the face page of this Subaward. Descriptions of individual assurances/certifications are provided in Section III of the PHS 398. 1) Human Subjects; 2) Research Using Human Embryonic Stem Cells; 3) Research on Transportation of Human Fetal Tissue; 4) Women and Minority Inclusion Policy; 5) Inclusion of Children Policy; 6) Vertebrate Animals; 7) Debarment and Suspension; 8) Drug-Free Workplace; 9) Lobbying; 10) Non-Delinquency on Federal Debt; 11) Research Misconduct; 12) Civil Rights (Form HHS 441 or HHS 690); 13) Handicapped Individuals (Form HHS 641 or HHS 690); 14) Sex Discrimination (Form HHS 639-A or HHS 690); 15) Age Discrimination (Form HHS 680 or HHS 690); 16) Recombinant DNA and Human Gene Transfer Research; 17) Financial Conflict of Interest.

General terms and conditions

1. The restrictions on the expenditure of Federal funds in appropriations acts are applicable to this subaward to the extent those restrictions are pertinent.

2. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

3. The Authorization Title XVII, Section 1701(e)(1), Public Health Service Act, as amended.

4. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expended \$500,000 or more of federal funds in each fiscal year.

5. Collaborator must obtain prior approval from University authorized business official and Principal Investigator (as listed in Attachment 3) for any change in the Collaborator Principal Investigator including replacement, absence or reduction in the level of participation. The University must be notified no later than 30 days before the expected date of departure or change in participation level. A resume must be submitted for approval for any replacement.

Special terms and conditions

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

2. Data Rights: Collaborator grants to University the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

Additional Terms and Conditions referenced in the MOU for Cooperative Agreement for Minority Faculty Development Program

1. Any publication/announcements (flyers, brochures, pamphlets, public service announcements, etc.) developed under this project must be submitted to OMH for approval prior to publication and/or distribution.

2. An interim report must be submitted by 06/15/09 to the University and to OMH. Final report due 11/30/09.

**Attachment 3
Subaward Agreement**

University Contacts	Collaborator Contacts
<p><i>Administrative</i> Name: Tiffany Blackman Sr. Sponsored Programs Administrator</p> <hr/> <p>Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2660 Fax: (617) 432-2651</p> <hr/> <p>E-mail: tiffany_blackman@hms.harvard.edu</p>	<p><i>Administrative</i> Name: Chris Finley, Deputy Commissioner of Health</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: 802-863-7281 Fax: 802-951-1275</p> <hr/> <p>E-mail: cfinley@vdh.state.vt.us</p>
<p><i>Principal Investigator</i> Name: Joan Y. Reede Dean for Diversity and Community Partnership</p> <hr/> <p>Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2413 Fax: (617) 432-3834</p> <hr/> <p>E-mail: joan_reede@hms.harvard.edu</p>	<p><i>Project Director</i> Name: Elizabeth Peterson, Epidemiologist IV</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 863-7654 Fax: (802) 652-4157</p> <hr/> <p>E-mail: epeters@vdh.state.vt.us</p>
<p><i>Financial</i> Name: Ying Wang Assistant Director</p> <hr/> <p>Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-2313 Fax: (617) 432-3834</p> <hr/> <p>E-mail: ying_wang@hms.harvard.edu</p>	<p><i>Financial</i> Name: Charon Goldwyn, Business Administrator</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 865-7748 Fax: (802) 652-4157</p> <hr/> <p>E-mail: cgoldwyn@vdh.state.vt.us</p>
<p><i>Authorized Official</i> Name: Jill Mortali Director</p> <hr/> <p>Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115</p> <hr/> <p>Telephone: (617) 432-1596 Fax: (617) 432-2651</p> <hr/> <p>E-mail: spa_award@hms.harvard.edu</p>	<p><i>Authorized Official</i> Name: Chris Finley, Deputy Commissioner of Health</p> <hr/> <p>Address: 108 Cherry Street PO Box 70 Burlington, VT 05402</p> <hr/> <p>Telephone: (802) 863-7281 Fax: (802) 951-1275</p> <hr/> <p>E-mail: cfinley@vdh.state.vt.us</p>

Attachment 4
Harvard Special Conditions and Reporting Requirements

1. Harvard assumes no obligation to reimburse costs in excess of the total amount funded.

~~2. Payment Invoices, indicating approval by Collaborating Institution's authorized project director, are to be submitted on a monthly basis. Two (2) copies of all invoices, detailing current charges and total-to-date charges, should be sent to the Harvard Financial Contact. The final invoice clearly marked final, must be submitted no later than forty-five (45) days after the end of each subcontract budget period. If the final invoice is submitted after the forty-five (45) day period, it may not be reimbursed. The Collaborating Institution shall inform the Harvard Financial Contact if the final invoice cannot be submitted within such forty-five (45) day period. The total amount of any unobligated balance which Collaborating Institution elects to carry forward under expanded authorities must be reflected in the final invoice.~~

3. Collaborator shall cooperate with Harvard in resolving questions Harvard may have concerning the auditors' report and plan for corrective action. Harvard may send notices requesting that the Subrecipient audit Form be completed. If no response is received within thirty (30) days, the second notice will be sent. If no response is received within thirty (30) days thereafter, Harvard may withhold all, or a portion of, the final payment from the Collaborator until the form is received.

promotion without the prior written approval of the party whose name is requested to be used. The parties may, however, acknowledge Harvard and Prime Sponsor's support for, and the nature of, the scope of work being pursued under this Agreement. In any such statement, the relationship of the parties shall be accurately and appropriately described.

5. In the event of any controversy or claim arising out of or relating to any provision of this Agreement or the breach thereof, the parties shall try to settle such conflicts amicably between themselves. Subject to the limitation stated herein, any such conflict which the parties are unable to resolve shall be settled through arbitration conducted as set forth in this paragraph and otherwise in accordance with the rules of the American Arbitration Association. The demand for arbitration shall be filed within a reasonable time after the controversy or claim has arisen, and in no event after the date upon which institution of legal proceedings based on such controversy or claim would be barred by applicable statute of limitations periods. This provision will not be applicable to state institutions unable to accept it.
6. The final technical report describing accomplishments and significant research findings is due 45 calendar days after the expiration or termination of the award.

Human Subjects Clause

7. Collaborating Institution hereby certifies compliance with all regulatory requirements pertaining to the protection of human subjects in research. If human subjects are used in the conduct of the research, the protocol must be approved by the Collaborating Institution's human subjects committee, and verification of same must be submitted to Harvard upon Collaborating Institution's execution of this Consortium Agreement and any amendments, and, if requested by Harvard, for ratification by Harvard's Committee on the Use of Humans as Experimental Subjects. No research involving human subjects may be carried out under this agreement in the absence of a protocol approved by the Collaborating Institution's human subjects committee or institutional review board. In the event of a lapse in protocol approval, all human subjects' activities must cease and any costs associated with human subjects activities conducted during the lapse, whether or not the protocol is ultimately re-approved, are unallowable under this agreement.

Collaborating Institution hereby certifies that it is in compliance with the requirements for human subjects training as set forth in "REQUIRED EDUCATION IN THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS," dated June 5, 2000 (Revised August 25, 2000, NOTICE: OD-00-039, National Institutes of Health).

Foreign Agreements

8. Collaborator shall, whenever possible, purchase only American-made items.
9. Governing Language: The English Language version of this agreement shall be the official version.

ATTACHMENT 5

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project
REVISED – January 12, 2009

APPLICANT: Vermont Department of Health

CONTACT: Judy Ashley-McLaughlin, Special Assistant to the Commissioner for
Minority Health
State Office of Vermont
20 Houghton St.
St. Albans, VT 05478

Phone: (802) 527-5582
Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture’s perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.
- Goal 5: Enhance community development and leadership.

Race Categories for Total Population

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100%	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawaiian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%
Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

¹ Due to Vermont’s numbers, “Asian” is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

² Two or more races not collected in 1990 Census.

PURPOSE:

The purpose of this award is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this award, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

DELIVERABLES AND TIME LINE:

The Deliverables and Time Line have been revised per communication with the Office of Minority Health at HHS and the Harvard Medical School. Approval for award and implementation of this project was provided by OMH to the VDH in September 2008 with a request by OMH to revise the time line to cover the period of 12/1/08 – 11/30/09. In October, the VDH provided a revised time line covering this period.

Per the communications in January 2009, this revised document includes:

- Revised time line of 12/1/08 – 11/30/09;
- Revised plan for deliverables;
- Grant agreement format stipulated as a deliverables payment.

A copy of this revised document will be provided to the points of contact for both organizations.

DELIVERABLES

TIME LINE

PHASE ONE

Assess Current Data Collection for Race/Ethnicity at VDH	12/1/08 - 1/30/09
Planning Meetings for Minority Health Status (MHS) Report	12/1/08 - 1/30/09
Identify High-Risk Populations for Inclusion in MHS Report	2/1/09 - 3/15/09
Content Meetings for Minority Health Status Report	2/1/09 - 3/15/09

PHASE TWO

Data Analysis for MHS Report	3/16/09 - 6/15/09
Early Draft of MHS Report	6/15/09
Progress Report Submitted to OMH and Harvard	6/15/09

PHASE THREE

Feedback on MHS Report Draft from Programs and Stakeholders	6/16/09 - 7/30/09
Final Draft of MHS Report	8/15/09
Approvals - VDH Leadership; Communications Office	8/30/09
MHS Report Completed	9/15/09
MHS Report Printed; Press Release; Distribution	10/15/09

PHASE FOUR

Meetings with Key Programs / Stakeholders on Using MHS Report (including feedback on improving data collection of race/ethnicity data)	10/15/09 - 11/15/09
Complete a Revision of Dept. Web Site with Race/Ethnicity Data and Resources	11/30/09
Grant Report to OMH and Harvard (includes copy of Minority Health Status Report; presentations; etc.)	11/30/09

PAYMENT SCHEDULE:

The award shall be a "deliverables" agreement. The awarding office has the option to award the grant to the VDH either as, a) one lump sum of \$50,000 at the start of work, ~~or b) as two X~~
~~payments of \$25,000 each upon delivery of the progress report and the final report. The~~
~~VDH is comfortable with either payment schedule, but the final document to be signed by the~~
~~awarding office and the VDH shall specify which of these payment schedules is to be utilized.~~

PERSONNEL:

All matters related to contractual agreements and payment will be conducted with Richard McCoy, Director for the Center for Health Statistics, for the VDH.

The analyst funded under this award and assigned to the project is Liz Peterson and she will serve as the project manager. Liz will coordinate her activities with other staff, such as:

- Jennifer Hicks (Research and Statistics Unit Chief): Jennifer is the supervisor that assigns and reviews Liz's projects. Liz will meet on a regular basis with her supervisor to assess progress towards this project's deliverables. Jennifer's role as supervisor will be to provide guidance on data collection methods, appropriate data sources for analytical activities, and report writing.
- Judy Ashley-McLaughlin (VDH Office of Minority Health Director): Judy is our Department's coordinator and facilitator for incorporating the needs of racial and ethnic minorities within our public health planning. Liz will consult with Judy at least monthly to obtain input on the most important information for the community as the analyses and report writing are initiated. Judy will assist Liz with obtaining feedback from important stakeholders to ensure that the deliverables will meet the needs of multiple parties.

We expect that Liz will be working with a variety of support staff and program managers across the VDH during the period of this project. For example, she will interact with the Vital Records' Office on matters of race/ethnicity data collection (births and deaths) and to obtain data for the final report. Also, Liz will work with the BRFSS Program Coordinator to utilize BRFSS data for the final report. Due to the variety of programs that Liz will be contacting, we foresee the possibility that she may need to convene a short-term workgroup specific to planning and developing the Minority Health Status Report.

The reporting "channel" for this project is as follows: Liz Peterson reports to Jennifer Hicks, and for purposes of this specific project, there is a dotted line between Judy Ashley-McLaughlin and Liz Peterson. If there are any situations in which there is a difference of opinion for any of the

deliverables under this grant or the content of the final report, Jennifer and Judy will discuss it with Richard McCoy.

Important contact information:

Richard McCoy
Director, Health Statistics
Vermont Department of Health
108 Cherry St., PO Box 70
Burlington, VT 05402-0070

Phone: 802-651-1862

Fax: 802-865-7701

Email: rmccoy@vdh.state.vt.us

Liz Peterson
Vermont Department of Health
108 Cherry St., PO Box 70
Burlington, VT 05402-0070

Phone: 802-863-7654

Fax: 802-865-7701

Email: epeters@vdh.state.vt.us

PERIOD OF PERFORMANCE: December 1, 2008 – November 30, 2009

BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non-Federal	Total
<p>Improve data quality, collection, and reporting</p> <ol style="list-style-type: none"> 1. Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible. <ul style="list-style-type: none"> • Assess current data collection forms and standards. • Collaborate with department programs to improve collection of racial and ethnic health data • Investigate sources and content of race/ethnicity data collected by other Agency of Human Services and develop plan to standardize data collection • Identify minority populations and assess health disparities and the effectiveness of health interventions targeting these groups • Identify gaps in data due to small populations and strategies to address them • Publish Minority Health Status Report in August 2009 2. Establish web page for Office of Minority 	<p>Public Health Analyst</p>	<p>\$47,000</p>	<p>75%</p>			<p>\$35,250</p>

State Office of Minority Health Infrastructure Building Project

Health.						
<ul style="list-style-type: none"> Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 						
SUBTOTAL PERSONNEL FTE			.75 FTE			\$35,250
Fringe Benefits						
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non-Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst III	3%				\$ 1,058
Report Printing / Copying; Supplies						\$ 3,117
TOTAL						
Personnel						\$46,883
Fringe Benefits				FEDERAL DIRECT	NON-FEDERAL IN-KIND	TOTAL
TOTAL REQUEST BUDGET YEAR ONE						
						\$50,000

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project

APPLICANT: Vermont Department of Health

CONTACT: Judy Ashley-McLaughlin, Special Assistant to the Commissioner for
Minority Health
State Office of Vermont
20 Houghton St.
St. Albans, VT 05478

Phone: (802) 527-5582

Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture’s perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.
- Goal 5: Enhance community development and leadership.

Race Categories for Total Population

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100%	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawaiian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%

¹ Due to Vermont’s numbers, “Asian” is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

Joan Y. Reede 12
Harvard Medical School

Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

PURPOSE:

The purpose of this contract is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this contract, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

Deliverables and Time Line

Project period is based on contract requirements and is unknown at this time. For the timeline below, the project period is estimated as September 1, 2008 – August 31, 2009.

DELIVERABLES

DUE DATE

1. Submit a work plan that outlines the strategies, actions, and schedule for deliverables. 12/01/08
2. Submit progress reports. 02/01/09, 04/01/09
3. Submit final report 08/31/09

PAYMENT SCHEDULE

- Payment 1 Receipt of 02/01/09 Progress Report
Payment 2 Receipt of 04/01/09 Progress Report
Payment 3 Receipt and Acceptance of Final Report

² Two or more races not collected in 1990 Census.

Joan Y. Reede 13
Harvard Medical School

PERIOD OF PERFORMANCE: September 30, 2008 – September 29, 2009
BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non-Federal	Total
<p>Improve data quality, collection, and reporting</p> <ol style="list-style-type: none"> 1. Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible. <ul style="list-style-type: none"> • Assess current data collection forms and standards. • Collaborate with department programs to improve collection of racial and ethnic health data • Investigate sources and content of race/ethnicity data collected by other Agency of Human Services and develop plan to standardize data collection • Identify minority populations and assess health disparities and the effectiveness of health interventions targeting these groups • Identify gaps in data due to small populations and strategies to address them • Publish Minority Health Status Report in August 2009 	<p>Public Health Analyst</p>	<p>\$47,000</p>	<p>75%</p>			<p>\$35,250</p>

Joan Y. Reede 14
Harvard Medical School

2. Establish web page for Office of Minority Health.						
<ul style="list-style-type: none"> Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 						
SUBTOTAL PERSONNEL FTE			.75 FTE			\$35,250
Fringe Benefits						
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non-Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst III	3%				\$ 1,058
Report Printing / Copying; Supplies						\$ 3,117
TOTAL						
Personnel						\$46,883
Fringe Benefits				FEDERAL DIRECT	NON-FEDERAL IN-KIND	TOTAL
TOTAL REQUEST BUDGET YEAR ONE						
						\$50,000

Attachment A

Vermont Department of Health

Office of Minority Health

Strategic Goals & Objectives

Goal 1: Build organizational infrastructure and capacity		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 1.1</i> Create a realistic and sustainable budget.</p>	<ol style="list-style-type: none"> 1. Identify funding requirements for a functioning OMH. 2. Locate the OMH within the department where it will have optimal impact on policy, planning and decision-making. 3. Develop boilerplate material to use in obtaining grant funding. 4. Identify viable grant opportunities to support racial and ethnic health priorities. 5. Collaborate within the department to include a racial and ethnic component in funding requests. 	<ul style="list-style-type: none"> * Establish OMH budget with VDH Financial Operations and Deputy Commissioner. ➤ July 2008 * Confer with Deputy Commissioner and Commissioner regarding location of OMH within the department. ➤ July 2008 * Prepare boilerplate grant information. ➤ January 2008 * Develop a list of potential grant opportunities and review with Financial Operations and Deputy Commissioner to determine optimal opportunities for submission. ➤ July 2008 * Identify program grant funding deadlines and make recommendations regarding opportunities to include racial and ethnic populations. ➤ Ongoing
<p><i>Objective 1.2</i> Establish an internal leadership team to support, monitor, and evaluate the progress of the Strategic Plan.</p>	<ol style="list-style-type: none"> 1. Each department will select at least one representative to participate in internal leadership team to share accountability to the strategic plan's objectives. 	<ul style="list-style-type: none"> * Internal leadership team developed to meet on a quarterly basis. ➤ July 2008
<p><i>Objective 1.3</i> Support recruitment and retention of qualified racial and ethnic health professionals.</p>	<ol style="list-style-type: none"> 1. Collaborate with the Governor's Workforce Equity and Diversity Council Explore and examine health workforce issues. 2. Advocate for the hiring of qualified individuals from 	<ul style="list-style-type: none"> * Participate in the Governor's Workforce Equity and Diversity Council and incorporate pertinent racial and ethnic workforce issues into the annual report. ➤ December 2009 * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds within the health department.

	<p>federally recognized racial and ethnic backgrounds at higher levels of responsibility within state government.</p> <p>3. Collaborate with the Office of Rural Health and Primary Care and others (e.g., Area Health Education Centers) to recruit and retain racial and ethnic health care providers throughout state.</p>	<p>➤ Monitor yearly personnel report on employee recruitment and retention</p> <p>* Increase number of qualified individuals from federally recognized racial and ethnic backgrounds <u>within state government</u>.</p> <p>➤ Monitor yearly personnel report on employee recruitment and retention.</p> <p>* Develop coordinated plan to increase racial and ethnic health care providers.</p> <p>➤ July 2009</p> <p>* Develop and implement marketing plans for the Office of Rural Health's loan repayment program at minority colleges and university including Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), and Tribal Colleges and Universities (TCU).</p> <p>➤ July 2008</p>
Goal 2: Improve data quality, collection, and reporting		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 2.1</i> Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.</p>	<ol style="list-style-type: none"> 1. Assess current data collection processes. 2. Collect and use standardized data to correctly identify all high-risk populations and monitor the effectiveness of health interventions targeting these groups 3. Collaborate with VDH programs to improve collection of racial and ethnic health data 4. Initiate strategies to identify gaps in data from small population groups. 5. Produce Minority Health Status Report. 	<p>* Consult with Director for the Center for Health Statistics to identify current data collection and develop plan for future.</p> <p>➤ Ongoing.</p> <p>* Participate in health statistics meetings.</p> <p>➤ As scheduled</p> <p>* Minority Health Status Report published.</p> <p>➤ August 2009</p>
<p><i>Objective 2.2</i> Establish web page for Office of Minority Health.</p>	<ol style="list-style-type: none"> 1. Collaborate with webmaster to develop minority health web page 2. Provide appropriate health and health disparities links, health education information, and data. 	<p>* Racial and ethnic health web page developed.</p> <p>➤ July 2008</p>
Goal 3: Support cultural competency training		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 3.1</i> Explore culturally competent program training delivery.</p>	<ol style="list-style-type: none"> 1. In addition to Angel cultural competency training, engage in an internal collaborative learning process. 2. Incorporate national cultural 	<p>* Adapt tools from the National Association of City and County Health Officials to implement an internal dialogue process addressing health disparities.</p> <p>➤ January 2009</p>

	<p>competency standards into all VDH policies, procedures, and programs where appropriate.</p> <ol style="list-style-type: none"> 3. Research and compile list of local, regional and national trainers available to provide culturally competency training. 4. Work with health care delivery oversight entities (e.g., Vermont Hospital and Health Care Association) to ensure that National Standards on Culturally and Linguistically Appropriate Services (CLAS) standards are in place. 	<ul style="list-style-type: none"> * Develop standards and guidelines for participation and use of cultural competency training. <ul style="list-style-type: none"> ➤ December 2008 * Provide technical assistance for incorporation of cultural competency issues to VDH program planners. <ul style="list-style-type: none"> ➤ Beginning January 2009 * Produce and distribute list of trainers. <ul style="list-style-type: none"> ➤ September 2009 * Identify and contact health care delivery oversight entities to discuss CLAS standards. <ul style="list-style-type: none"> ➤ January 2009
<p><i>Objective 3.2</i> Ensure clear and effective health communications for an increasingly diverse population.</p>	<ol style="list-style-type: none"> 1. Collaborate with Vermont State Refugee Coordinator and VDH Refugee Health Coordinator to ensure appropriate translation and interpretation services at public health encounters. 2. Ensure emergency response planning addresses non-English speakers and racial and ethnic populations. 3. Recognize informal leaders within racial and ethnic communities as points of information dissemination. 	<ul style="list-style-type: none"> * OMH Chief, State Refugee Coordinator and VDH Refugee Health Coordinator meet every other month. <ul style="list-style-type: none"> ➤ Beginning in June 2007 * OMH Chief represents VDH at the Agency of Human Services Limited English Proficiency (LEP) Committee. <ul style="list-style-type: none"> ➤ Ongoing
<p><i>Objective 3.4</i> Support VDH programs addressing racial and ethnic health and health disparities.</p>	<ol style="list-style-type: none"> 1. Assist VDH Divisions and Programs to ensure that health disparities are addressed in prevention and intervention efforts. 2. Ensure that social marketing strategies are culturally sensitive and that public awareness campaigns are directed at high-risk racial and ethnic populations. 3. Include racial and ethnic minority populations in the pilot testing of VDH materials. 4. Obtain yearly internal reports from federally funded programs outlining past and future activities that address 	<ul style="list-style-type: none"> * Increase number of health department initiatives that address racial and ethnic populations. <ul style="list-style-type: none"> ➤ Ongoing * Regular meetings with programs and VDH Communications Office to review social marketing outreach. <ul style="list-style-type: none"> ➤ Ongoing * Federally funded programs submit yearly reports outlining past and future racial and ethnic activities. <ul style="list-style-type: none"> ➤ December 2007 * Recommendations presented to Expanded Senior Management Team yearly. <ul style="list-style-type: none"> ➤ April 2008 * Conduct an inventory of current VDH toolkits for culturally appropriate materials. <ul style="list-style-type: none"> ➤ July 2009

	<ul style="list-style-type: none"> 5. racial and ethnic populations. Assess and provide recommendations regarding priorities in health disparities by examining current and proposed VDH health initiatives. 6. Review current Toolkits to assure culturally competent materials are included. 	
Goal 4: Increase access to preventive and treatment services		
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 4.1</i> Collaborate with racial and ethnic community groups to identify health concerns and plan strategies to address them.	<ul style="list-style-type: none"> 1. Support opportunities for individuals and groups to participate in design and implementation of programs to meet local needs. 2. Provide technical assistance to community organizations in assessing health needs and priorities. 3. Encourage the use of lay community health workers to improve access to healthcare. 	<ul style="list-style-type: none"> * Establish mechanism for participation in program design and implementation. ➤ July 2009
<i>Objective 4.2</i> Determine mental health initiatives that address racial and ethnic populations.	<ul style="list-style-type: none"> 1. Review Report of the Surgeon General on Mental Health: Culture, Race, Ethnicity. 	<ul style="list-style-type: none"> * Initiate conversations with the Department of Mental Health on how to incorporate racial and ethnic mental health goals into planning. ➤ July 2009
Goal 5: Enhance community development and leadership		
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 5.1</i> Improve health care knowledge in racial and ethnic communities.	<ul style="list-style-type: none"> 1. Disseminate culturally appropriate health education information to community groups and other common health care access points. 2. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners. 	<ul style="list-style-type: none"> * Incorporate health care information at existing access points that serve racial and ethnic community organizations. ➤ January 2009 * Provide yearly updates on racial and ethnic health resources and prevention services available. ➤ January * Develop internal and external communication channels for information dissemination and health education. ➤ July 2008 * Arrange Minority Health Summit to coincide with National Minority Health month. ➤ Biennially
<i>Objective 5.2</i> Develop a statewide collaborative of agency	<ul style="list-style-type: none"> 1. Identify agency and non-agency entities who are involved in addressing racial 	<ul style="list-style-type: none"> * Contact agencies within the state addressing racial and ethnic health issues and determine interest in establishing a collaborative to

Joan Y. Reede 19
Harvard Medical School

and non-agency entities involved with addressing racial and ethnic health issues.	and ethnic health issues.	coordinate resources. ➤ July 2009
<i>Objective 5.3</i> Guide program planning and implementation through community participation in OMH.	1. Determine best mechanism for engaging racial and ethnic population as advisors to the OMH.	* Convene small groups or engage in individual discussions to determine best mechanism for participation. ➤ July 2008

Attachment B

The Health Status of Vermonters

See link to Vermont Department of Health web site:

<http://healthvermont.gov/research/healthstatusreport.aspx>