

STATE OF HAWAII
NOTICE OF AND REQUEST FOR EXEMPTION
FROM CHAPTER 103F, HRS

24OCT'08 AM 11:46 SPO-A

To: Chief Procurement Officer

From: Community Health Division, Chronic Disease Management and Control Branch
Department/Division/Branch or Office

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s): Hawaii Childhood Rural Asthma Project. The project will focus on building community capacity to control factors which contribute to asthma severity, and will develop strategies to control indoor environmental asthma triggers that exacerbate asthma. Approaches will address improving indoor air quality for people with asthma by reducing exposure to known allergens and irritants. The project will attempt to improve indoor air quality for people with asthma by reducing exposure to known allergens and irritants. The project will identify patients serviced by a community health center with current physician-diagnosed asthma, and will train outreach workers to implement a comprehensive home-based intervention. Based on current surveillance data, the project will take place on the island of Oahu in the rural sub-county of Nanakuli/Waianae, selected due to the high prevalence of asthma and high number of uninsured residents with asthma of Native Hawaiian origin. The project will recruit 40-50 households of children with asthma to participate.	
2. Provider Name and Address:	Hawaii Primary Care Association 345 Queen Street Honolulu, HI 96813
3. Total Contract Funds: Contract Funds per Year (if applicable):	\$92,886 N/A
4. Reference number of Previous Request for this Service (if applicable):	N/A
5. Term of Contract:	Start: From approval End: 9/29/09

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6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:
Funding appropriation for this project stems from a federal congressional earmark. The congressional language states that resources will be used to improve the care for children with asthma in rural areas. Since the role of public health (i.e. DOH) does not focus on direct services, the Hawaii Primary Care Association (HPCA) will serve as the key link between State and Community Health Centers (CHC) that provide health care to the underserved populations.

This earmark was first awarded in 2002. Federal agency oversight has come from CDC, variously the National Center for Chronic Disease Prevention and Health Promotion (in Phase 01), and the National Center for Environmental Health (in Phases 02-04 and the current Phase). The intent of the earmark then, as now, has been to insure that funding is directed to the community health center level, entrusting the recipient, Community Health Division (CHD), to decide how this is done. At the local level, HPCA is best suited to make decisions about which community resource is best suited to carry out the intention of the earmark.

Subsequent earmarks were granted for budget periods that ended in September 2006. In each of these phases, the Hawaii State Department of Health / Community Health Division / Chronic Disease Management and Control Branch / Hawaii State Asthma Control Program (HSACP) has established a working professional relationship with the HPCA. During the period from 2002 to 2006, there was a single contract between DOH and HPCA with multiple funding phases. Each phase provided additional funds for the same project, which included HPCA as the lead agency, and four to five CHCs as the providers of direct services and participants in the planning and evaluation processes

Procurement by competitive means is not practicable because the HPCA is already positioned to provide the administrative oversight needed to work with the CHCs on this type of project. They have the involvement and expertise to identify, engage, and develop agreements with the appropriate CHCs. They have always acted as the lead agency for these earmarks. Pending future funding, this project may be replicated statewide to other CHCs. HPCA would serve as the lead agency to identify the future sites and to assure dissemination of acquired knowledge and expertise. The oversight and coordination they bring to this project provide a distinct advantage to the state that would be lost if these functions were assigned to other partners who are better suited to providing expertise in other areas of the project. HPCA is identified in the grant application as the contractor to provide the described services. (See attached Budget Narrative and Background Information on Earmarks.) While not named specifically in the notice of award, the contractual budget for HPCA as submitted to CDC was approved as part of the earmark. (See attached Notice of Award.)

7. Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:

The HPCA represents community health organizations and providers focused on primary care for medically underserved people, such as low-income families, immigrants, the homeless, Native Hawaiians, and those without health insurance. Their core membership consists of non-profit multi-service CHCs and Native Hawaiian Health Care Systems founded and governed by the communities they serve. These core members see more than 75,000 patients annually on seven islands. Members also include physicians, hospitals, schools, HMO's, and other entities with a special interest in primary care for the underserved. HPCA strives to initiate and support action that achieves access to quality community-based primary care and that eliminates health disparities throughout Hawaii. In previous years of this earmark, HPCA has served as the lead coordinating agency in partnership with DOH and the CHCs.

The current project focuses on the Waianae coast of Oahu. In May of this year a planning meeting was held with the HSACP, HPCA, and Waianae Coast Comprehensive Health Center (WCCHC) as partners for the current project. Roles and responsibilities were defined in keeping with the intent of the earmark: HSACP as the liaison between the funder and HPCA; HPCA as the liaison between HSACP and WCCHC; and WCCHC as the provider of direct services to the patient participants, as intended.

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In the previous project periods of this earmark dating back to 2002, similar meetings were held that were inclusive of the CHCs whose participation was crucial to the project by virtue of their location and expertise. HPCA has been the lead agency for the Childhood Rural Asthma Project from the beginning of this earmark. Their knowledge and expertise and the existing infrastructure they provide with the CHCs has ensured the necessary continuity for the project since 2002. This infrastructure-based continuity would be difficult or impossible to duplicate.

8. Describe the state agency's internal controls and approval requirements for the exempted procurement:
The State and HPCA will enter into a contract. This contract is in line with the mandates contained in the CDC Notice of Award, US DHHS Public Health Service Grants Policy Statement, as well as with other applicable Federal and State rules and regulations.

9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Gregg Kishaba, Coordinator, Hawaii State Asthma Control Program
Sandra Chang, Supervisor, Chronic Disease Section
Danette Wong Tomiyasu, Chief, CDMCB
Wayne Kotaki, Public Health Administrative Officer, CHD
Barbara Yamashita, Chief, CHD
Morgan Barrett, M.D., Deputy Director, Health Resources Administration
Sharon Abe, Chief, ASO
Susan Jackson, Deputy Director of Health
Chiyome Leinaala Fukino, M.D., Director of Health

10. Direct questions to (name & position):	Barbara Yamashita, Chief, Community Health Div.
Phone number:	586-4126
e-mail address:	barbara.yamashita@doh.hawaii.gov

I certify that the information provided above is to the best of my knowledge true and correct.



Department Head Signature

OCT 23 2007

Date

Chiyome Leinaala Fukino, M.D.

Typed Name

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NOTICE

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer's Comments:

The selection of a provider for inclusion in the purchasing agency's application for federal funding shall be pursuant to HAR §3-143-614(d), a request for exemption, or request for a restrictive purchase, as appropriate, prior to submitting the application for federal funding.

CHD submitted the 2008 federal grant application naming Hawaii Primary Care Association as the provider, without fulfilling the above requirement. Your request for exemption is disapproved as this is a procurement violation. Please submit form SPO 16.

APPROVED DISAPPROVED NO ACTION



Chief Procurement Officer Signature

11/19/08

Date

Please ensure adherence to applicable administrative requirements.

Background Information on Childhood Rural Asthma Earmarks

In the past, the Childhood Rural Asthma Project was historically funded by earmarks distributed through two different Centers (National Center for Chronic Disease Prevention and Health Promotion and National Center for Environmental Health) within the Centers for Disease Control and Prevention (CDC).

<u>Earmark</u>	<u>Funded By</u>
Year 01	CDC – National Center for Chronic Disease Prevention & Health Promotion
Year 02	CDC – National Center for Environmental Health
Year 03	CDC – National Center for Environmental Health
Year 04	CDC – National Center for Environmental Health

To differentiate between the three CDC earmarks, the term "Phase" will refer to the time period within each earmark year that project activities were carried out by the community health centers. The table below identifies the "Phases" with their respective funding sources.

CDC Earmark	Funding Source	Lead Agency and Community Health Center (CHC) Sites	Budget Period	DOH Phase
Year 01 NCCDPHP	CDC – National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) CDC Contacts: Lucy Picciolo & Carlos Smiley \$494,494	<u>Lead Agency</u> Hawaii Primary Care Association <u>4 CHCs</u> (1) Hamakua Health Center (2) Kauai Community Health Center (3) Waianae Coast Comp. Health Center (4) Waimanalo Health Center	8/1/02 – 7/31/04 (no-cost extension)	Phase 01
		<u>Lead Agency</u> Hawaii Primary Care Association <u>1 CHC</u> (1) Bay Clinic (joined project)	4/1/04 – 4/30/05 (no-cost extension)	
Year 01 NCEH	CDC – National Center for Environmental Health (NCEH) CDC Contacts: Gregory Crawford & Sharron Orum \$141,087	<u>Lead Agency</u> Hawaii Primary Care Association <u>4 CHCs</u> (1) Hamakua Health Center (2) Kauai Community Health Center (3) Waianae Coast Comp. Health Center (4) Waimanalo Health Center	9/15/03 – 9/14/04	Phase 02
	CDC – National Center for Environmental Health (NCEH) CDC Contacts: Gregory Crawford & Sharron Orum \$141,254	<u>Lead Agency</u> Hawaii Primary Care Association <u>5 CHCs</u> (1) Bay Clinic (2) Hamakua Health Center (3) Kauai Community Health Center (4) Waianae Coast Comp. Health Center (5) Waimanalo Health Center (left project)	9/15/04 – 9/14/05	Phase 03

Year 02 NCEH	CDC – National Center for Environmental Health (NCEH) CDC Contacts: Gregory Crawford & Terrian Dixon \$148,800	<u>Lead</u> Hawaii Primary Care Association <u>4 CHCs</u> (1) Bay Clinic (2) Hamakua Health Center (3) Koolauloa Community Health & Wellness Center (4) Waianae Coast Comp. Health Center	9/15/05 – 9/14/06	Phase 04
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Earmark Purpose

Funding appropriation for this project stems from a federal congressional earmark. The congressional language states that resources will be used to improve the care for children with asthma in rural areas. Since the role of public health does not focus on direct services, the Hawaii Primary Care Association (HPCA) will serve as the key link between State and Community Health Centers that provide health care to the underserved populations.

Hawaii Primary Care Association

The HPCA represents community health organizations and providers focused on primary care for medically underserved people, such as low-income families, immigrants, the homeless, Native Hawaiians, and those without health insurance. Their core membership consists of non-profit multi-service Community Health Centers (CHC) and Native Hawaiian Health Care Systems founded and governed by the communities they serve. These core members see more than 75,000 patients annually on seven islands. Members also include physicians, hospitals, schools, HMO's, and other entities with a special interest in primary care for the underserved. The HPCA strives to initiate and support action that achieves access to quality community-based primary care and that eliminates health disparities throughout Hawaii.

Partnership History

Over the years, the Hawaii State Department of Health, Community Health Division, Chronic Disease Management and Control Branch, Asthma Control Program has established a working professional relationship with the HPCA. Procurement by competitive means is not practicable because the HPCA is already positioned to provide the administrative oversight needed to work with the CHCs on this type of project. They have the involvement and expertise to identify, engage and develop agreements with the appropriate CHCs. Pending future funding, this project may be replicated statewide to other CHCs. The HPCA will serve as the lead agency to identify the future sites and assure dissemination of acquired knowledge and expertise.

Hawaii State Department of Health
 Community Health Division
 Proposed Budget Period: September 1, 2008 – August 31, 2009
 Funding Opportunity Announcement (FOA) Number: EH08EM-801

BUDGET NARRATIVE JUSTIFICATION

I. Line Item Budget

Object/Category	Federal Assistance
A. TOTAL SALARIES AND WAGES	\$ 0
B. FRINGE BENEFITS	\$ 0
TOTAL SALARIES & FRINGE	\$ 0
C. TRAVEL	\$ 300
D. EQUIPMENT	\$ 0
E. SUPPLIES	\$ 200
F. CONTRACTUAL	\$ 92,886
G. CONSULTANT	\$ 0
H. OTHER	\$ 25,500
I. TOTAL DIRECT COSTS	\$118,886
J. TOTAL INDIRECT COSTS	\$ 0
K. TOTAL	\$118,886

- The Hawaii Primary Care Association (HPCA) will be contracted to coordinate the implementation of the proposed services and provide the venue for networking providers, community health workers and other site staff, for the purposes of strengthening guidelines, follow-up training of staff, and problem solving. The HPCA is the only organization in the state of Hawaii whose core membership consists of the non-profit, multi-service community health centers and Native Hawaiian Health Care Systems, which are founded and governed by their respective communities. The HPCA represents health organizations and providers focused on primary care for medically underserved populations.

Name of Contractor: Hawaii Primary Care Association
 Method of Selection: State of Hawaii Procurement Process
 Period of Performance: September 1, 2008 – August 31, 2009
 Scope of Work: (1) Serve as liaison between DOH and WCCHC
 (2) Serve as fiscal agent
 (3) Oversee contract between HPCA and WCCHC
 (4) Purchase Indoor Environmental Quality Control Tools
 (5) Implement trainings
 (6) Oversee implementation of home visits
 (7) Project reporting
 (8) Evaluation
 (9) Promote sustainability
 Method of Accountability: The Hawaii State Department of Health’s Chronic Disease Section Supervisor and Hawaii State Asthma Control Program Coordinator will be responsible for supervising the contract.

G. Consultant	TOTAL CONSULTANT COSTS	<u>\$0</u>
H. Other Costs	TOTAL OTHER COSTS	<u>\$25,500</u>

- US Postage, Federal Express \$120
- 2009 Behavioral Risk Factor Surveillance System \$7,980

Purchase 6 Random Child Selection Module @ \$1,330 each.

The BRFSS is designed to mainly capture health-related information of adults. The BRFSS is not designed to capture health information on children. The one exception to this is asthma. Questions regarding asthma among children are available for inclusion in state-level BRFSS surveys in the form of “modules”.

The Random Child Selection Module contains questions that link BRFSS to the 2009 National Asthma Call-back Survey which provide information on lifetime and current childhood asthma rates, management, severity and demographic information on children, which is a critical component in identifying health

disparities. The continued addition of the Random Child Selection Module in future Hawaii BRFSS surveys will play a crucial role in future planning of the CRA Project.

- 2009 Hawaii Health Information Corporation (HHIC) \$6,400

Negotiate and purchase from HHIC a 1-year data access agreement for Emergency Department (ED) Data. This agreement with the HHIC will provide access to ED data which is an indicator for asthma management and severity.

- Hawaii Asthma Initiative Workgroups \$11,000

Implement activities which will link the Childhood Rural Asthma Project with the statewide asthma coalition and its workgroups. Enhance partnerships among community health centers and community organizations to develop and share evidence-based programs, resources, and health policies that support patients with asthma in their efforts to manage chronic disease. Community health centers with strong linkages to the community make special efforts to coordinate chronic illness guidelines, measures, and resources throughout the community. Community health centers that make these important links to community resources improve patient care and outcomes and enable communities and patients to take an active role in managing chronic illness.

I. TOTAL DIRECT COSTS \$118,886

A. Salaries and Wages	\$ 0
B. Fringe Benefits	\$ 0
C. Travel	\$ 300
D. Equipment	\$ 0
E. Supplies	\$ 200
F. Contractual Costs	\$ 92,886
G. Consultant Costs	\$ 0
H. Other	<u>\$ 25,500</u>
TOTAL DIRECT COSTS	\$118,886

J. TOTAL INDIRECT COSTS \$0

K. TOTAL \$118,886

Total Direct Cost	\$118,886
Total Indirect Cost	<u>\$ 0</u>
TOTAL PROJECTED BUDGET	\$118,886

*** Budget Attachment**

Contractual Costs: Hawaii Primary Care Association (HPCA)

BUDGET NARRATIVE JUSTIFICATION

A. Total Salaries and Wages	TOTAL SALARIES AND WAGES	<u>\$11,923</u>
<ul style="list-style-type: none"> Project Coordinator, HPCA (.18 FTE) \$11,923 The project coordinator staffs network meetings, prepares and submits progress reports to the Hawaii State Department of Health, oversees the evaluator and project evaluation, coordinates training, facilitates payment 		
B. Fringe Benefits	TOTAL FRINGE BENEFITS	<u>\$2,981</u>
<ul style="list-style-type: none"> Tax & Fringe, HPCA (25%) 		
C. Travel	TOTAL TRAVEL	<u>\$283</u>
<ul style="list-style-type: none"> 70 miles/meeting x \$.505/mile x 8 meetings, HPCA 		
D. Equipment	TOTAL EQUIPMENT	<u>\$0</u>
E. Supplies	TOTAL SUPPLIES	<u>\$250</u>
<ul style="list-style-type: none"> General office supplies such as paper, laser cartridge, envelopes, address labels folders and binders will be used by the HPCA to carry out activities of the project. 		
F. Contractual	TOTAL CONTRACTUAL	<u>\$9,500</u>

Name of Contractor: Tomas Tamulis, PhD
 Period of Performance: September 1, 2008 – August 31, 2009
 Scope of Work: Design and oversee project evaluation
 Organizational affiliation: University of Hawaii,
 Nature of services to be rendered: Design and oversee project evaluation.
 Relevance of service to the project: Ensures effective outcomes measurement.
 Tasks: Assist with developing data collection mechanisms; ensure data collection is consistent; refine data collection tools; provide ongoing phone support, as needed; collect and analyze data; prepare periodic and final data reports. Deliverables include evaluation tools, data collection methodologies, quarterly meetings with project partners,

ongoing technical assistance/training and final report.
 Number of days of consultation: 100 hours, expended as appropriate
 Expected rate of compensation: \$95/hour
 Method of accountability: Reports to project partners quarterly, regular phone consultation and project meetings. The HPCA will be responsible for supervising the contract.

G. Consulting TOTAL CONSULTING COSTS \$0

H. Other Costs TOTAL OTHER COSTS \$58,642

Site Costs: Waianae Coast Comprehensive Health Center (WCCHC) - \$58,000

Personnel, WCCHC:

- Asthma Coordinator, WCCHC \$18,828
 The Asthma Coordinator (.45 FTE for 12 months) is responsible for implementation of the project at the site. Responsibilities include conducting outreach to families and children, implementing education programs, working with the evaluator to set up satisfactory data collection and reporting mechanisms, working as liaison between site providers, community health workers and project coordinator to ensure objectives are met.
- Community Health Worker, WCCHC \$8,428
 The Community Health Worker (.27 FTE for 12 months) is responsible for developing educational tools, conducting home visit assessments and providing education.

Tax & Fringe, WCCHC (28%): \$7,632

Indoor Environmental Quality Control Tools, WCCHC: \$20,000

- Tools utilized will be based on needs identified through the in-home assessment (e.g. dust mite mattress and pillow covers, HEPA vacuum filters, non-toxic cleaners, cockroach traps and baits)

Trainings, WCCHC: \$3,112

- Implement “Provider” training at WCCHC which incorporates the environmental management of asthma into pediatric health care as part of a child’s comprehensive asthma management plan.
- Implement “Community Health Worker” training at WCCHC to enable them to educate patients and their families about indoor asthma triggers and to self-assess their environment for those triggers.

Administrative Costs: Hawaii Primary Care Association (HPCA) - \$642

Planning Meeting Expenses, HPCA: \$642

- Direct meeting expenses and other costs directly attributable to HPCA convening planning meetings (e.g. meeting room rental, parking validation, etc.)

I. Total Direct Costs \$83,579

A. Salaries and Wages	\$11,923
B. Fringe Benefits	\$ 2,981
C. Travel	\$ 283
D. Equipment	\$ 0
E. Supplies	\$ 250
F. Contractual Costs	\$ 9,500
G. Consultant Costs	\$ 0
H. Other	<u>\$58,642</u>
TOTAL DIRECT COSTS	\$83,579

J. Total Indirect Costs \$9,307

- The approved rate agreement for indirect costs (Federal negotiated rate with DHHS, Division of Cost Allocation) is 18.4%. For clarification, refer to the non-profit indirect cost rate agreement for the HPCA on the following page.

Indirect Cost Calculation:

Total Direct Costs	\$83,579
**Less contract amounts over \$25,000	– <u>\$33,000</u>
Total Indirect Cost Base	\$50,579
Approved Rate Agreement	x <u>18.4%</u>
Total Indirect Cost	\$ 9,307

***Note: The sub-contract with WCCHC is \$58,000, therefore the amount to reduce to get to the indirect cost base is \$58,000 – \$25,000 = \$33,000*

K. Total \$92,886

Total Direct Cost	\$83,579
Total Indirect Cost	+ <u>\$ 9,307</u>
Total Contractual Cost	\$92,886



Grant Number: 1H75EH000373-01

Principal Investigator(s):
Chiyome L Fukino, MD

Project Title: HAWAII CHILDHOOD RURAL ASTHMA PROJECT

CHIEF ADMIN SERVICES OFFICE
HAWAII DEPT OF HEALTH
1250 PUNCHBOWL STREET
HONOLULU, HI 968132498

Award e-mailed to: amhdgrants@doh.hawaii.gov

Budget Period: 09/30/2008 – 09/29/2009
Project Period: 09/30/2008 – 09/29/2009

Dear Business Official:

The Centers for Disease Control hereby awards a grant in the amount of \$118,886 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HI ST DEPARTMENT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A, 317K OF PHSA, 24 USC SEC 241 & 247 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Mildred Garner
Grants Management Officer
Centers for Disease Control

Additional information follows

SECTION I – AWARD DATA – 1H75EH000373-01**Award Calculation (U.S. Dollars)**

Supplies	\$200
Travel Costs	\$300
Consortium/Contractual Cost	\$92,886
Other	\$25,500

Federal Direct Costs	\$118,886
Approved Budget	\$118,886
Federal Share	\$118,886
TOTAL FEDERAL AWARD AMOUNT	\$118,886

AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$118,886
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Fiscal Information:

CFDA Number:	93.283
EIN:	1996000449A4
Document Number:	HEH000373A

	IC	CAN	2008
EH		921020X	\$118,886

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$118,886	\$118,886

CDC Administrative Data:

PCC: R / OC: 4151

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H75EH000373-01

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1H75EH000373-01

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

SECTION IV – EH Special Terms and Conditions – 1H75EH000373-01

Funding Opportunity Announcement (FOA): EM08-801
Award Number: 1H75/EH000373-01
Approval List NO. CO 120 G08

TERMS AND CONDITIONS OF THIS AWARD

1. Program Announcement Number EM08-801, Community Health Centers Hawaii-Childhood Asthma, Hawaii State Department of Health, and the application received April 1, 2008 are made a part of this award by reference.

2. INDIRECT COSTS:

Indirect Costs are included as a provision of this award. They have been based on the negotiated rate agreement dated November 27, 2007. The rates in this agreement are to be used for the remainder of the competitive segment in accordance with OMB Circular A-21. Rebudgeting (redirecting) from direct costs or using carryover funds to accommodate a rate increase is not allowable. Indirect Cost/Facilities and Administration Rates for subcontracts will be treated in the same manner as those for the parent awardee if the subcontractor is covered by A-21.

Type: Prov.
From: 04/01/07
To: 03/31/09
Rate: 18.4%
Location: All
Applicable: All Programs

BASE: Total direct costs excluding capital expenditures (buildings, individual items of equipment, alterations and renovations), and that portion of each subaward in excess of \$25,000.

3. HUMAN SUBJECTS: IRB approval not required, Program Announcement does not allow human subjects or other research to be conducted as part of this cooperative agreement.

4. REPORTING REQUIREMENTS:

a. An Progress Report is required to be submitted (9/1/08-2/27/09) to the CDC Procurement and Grants Office. The report must contain the following: (1) Progress on current budget period objectives and activities to include an explanation on unmet objectives; (2) New budget period proposed program objectives and activities; and (3) Detailed line-item budget and justification for the next budget period.

b. An Annual Progress Report is required to be submitted (September 1, 2008 through February 27, 2009, second semi-annual progress report) Grants Management Specialist; LaKasa Wyatt, no later than October 31, 2009.

c. An annual Financial Status Report (FSR) (SF269 -Long Form) (OMB 269, <http://www.whitehouse.gov/omb/grants/index.html>) must be submitted to the Grants Management Officer 90 days after the end of this budget period. The due date is November 30, 2009. (NOTE: The FSR is prepared on a budget year and NOT on a cumulative basis. The original and two copies of all reports and official correspondence MUST BE IDENTIFIED WITH THE AWARD NUMBER SHOWN ON THIS DOCUMENT. (Documents will be accepted on the next business day after a holiday or weekend.)

Failure to submit timely final reports may affect future funding to the organization or awards with the same Principal Investigator.

d. Audit Requirement: You must comply with the audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, as revised June 27, 2003. You are required to ensure that subrecipients receiving CDC funds also meet the requirements of OMB A-133 (total Federal grant or cooperative agreement funds received exceed \$500,000). Additionally, you must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal laws and regulations. You are to consider whether subrecipient audits necessitate adjustment of your own records. If a

subrecipient is not required to have an OMB A-133 audit, you are still required by OMB A-133 to perform adequate monitoring of subrecipient activities. You should require each subrecipient to permit independent auditors to have access to the subrecipient's records and financial statements. **YOU SHOULD INCLUDE THESE REQUIREMENTS IN SUBRECIPIENT CONTRACTS.**

All reports must be submitted within the specified time frame and location. Delinquent reporting may impact future funding.

5. **CORRESPONDENCE:** All correspondence regarding this award must be identified with the award number as shown at the top right of this page. An original and two copies of ALL requests, official correspondence and formal reports must be addressed to LaKasa Wyatt, Grants Management Specialist. All correspondence must include the Notice of Award Number.

6. **CARRYOVER:**

All requests must be received 120 days prior (April 30, 2009) to the end of the current budget period August 31, 2009. Any requests received after this date will be denied and returned to the grantee. **FAX REQUESTS ARE ACCEPTABLE**

7. **PRIOR APPROVAL:** In accordance with the Code of Federal Regulations (CFR), Parts 74 and 92 All requests that require the prior approval (redirection, carryover, supplement, change in key personnel or entity, lifting of restriction, etc.) must bear the signature of an authorized official of the business office of the grantee organization as well as that of the principal investigator or program director as shown on the Notice of Award. Any prior approval requests received without two signatures must be returned to the grantee unprocessed.

The deadline to submit requests for carryover of unobligated funds and rebudgeting of funds for this budget period is April 30, 2009. Any request received after this date will be denied and returned to the grantee. Though faxed requests will be accepted, a scanned (.pdf) document sent via e-mail is far more efficient. Please cc: or cc: your CDC Project Officer on e-mail correspondence sent to the Grants Management Specialist and included originals in the mail.

The grantee may not approve any action or cost which is inconsistent with the purpose or terms and conditions of this award. Funds provided by CDC in this cooperative agreement must be used for asthma activities agreed to under the current approved workplan in accordance with the Program Announcement Number EH07-702.

8. **INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the standard patent rights clauses in 37 CFR 401.14.

9. **PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Grant/Cooperative Agreement Number 1H75EH000373-01 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

10. **EQUIPMENT AND PRODUCTS:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American made.

11. **ACKNOWLEDGMENT OF FEDERAL SUPPORT:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

12. **INSPECTOR GENERAL:** The United States Department of Health and Human Services Inspector General maintains a toll-free telephone number, 800-368-5779, for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous.

13. **PAYMENT INFORMATION**

Automatic Drawdown:

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward the DHHS Manual for Recipients Financed under the Payment Management System (PMS), PMS-270 and PMS-272 forms.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:
Division of Payment Management, FMS/PSC/HHS, P.O. Box 6021
Rockville, MD 20852.

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:
Division of Payment Management, FMS/PSC/HHS, Rockwall Building #1, Suite 700, 11400
Rockville Pike, Rockville, MD 20852.

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Do not request any funds for contingencies or the maintenance of a Float or Cushion position (excess cash). Requests for advances must be based on estimated Federal cash outlays (disbursements).

Do not request advance funds for any period that has ENDED. This is not considered an advance and requests must be made for ACTUAL EXPENSES incurred, which must be itemized in the disbursement plan.

14. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA): Pursuant to the standards for Privacy of Individually Identifiable Health Information promulgated under the Health Insurance Portability and Accountability Act (HIPAA)(45 CFR Parts 160 and 164) covered entities may disclose protected health information to public health authorities authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The definition of a public health authority includes a person or entity acting under a grant of authority from or contract with such public agency. Through this agreement, the Hawaii State Department of Health is acting under a grant of authority from CDC to carry out the Addressing Asthma From a Public Health Perspective which is authorized under sections 301(a), 317A and 317B of the Public Health Service Act [42 U.S.C. 241(a), 247b-1, and 247b-3], as amended by the Childrens Health Act of 2000. The CDC grants this authority to Hawaii State Department of Health for purposes of this project. Further, CDC considers this to be a public health activity for which disclosure of protected health information by covered entities is authorized by section 164.512(b) of the Privacy Rule (45 CFR 164.512(b)).

15. TRAVEL: Recipient is required to participate in the CDC-sponsored asthma grantee meeting and must ensure that at least two appropriate representatives attend. Travel funds provided by this cooperative agreement may be used for this purpose.

16. TRAFFICKING IN PERSONS

a. Provisions applicable to a recipient that is a private entity.

1. You as the recipient, your employees, sub recipients under this award, and sub recipients? employees may not

i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

ii. Procure a commercial sex act during the period of time that the award is in effect; or

iii. Use forced labor in the performance of the award or sub awards under the award.

2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a sub recipient that is a private entity

i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or

ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either
A. Associated with performance under this award; or
B. Imputed to you or the sub recipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, OMB Guidelines to Agencies on Government wide Debarment and Suspension (Nonprocurement), as implemented by our agency at 2 CFR part 376.

b. Provision applicable to a recipient other than a private entity. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a sub recipient that is a private entity

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either

i. Associated with performance under this award; or

ii. Imputed to the sub recipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, OMB Guidelines to Agencies on Government wide Debarment and Suspension (Nonprocurement), as implemented by our agency at 2 CFR part 376

c. Provisions applicable to any recipient.

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.

2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:

i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and is in addition to all other remedies for noncompliance that are available to us under this award.

ii. You must include the requirements of paragraph a.1 of this award term in any sub award you make to a private entity.

d. Definitions. For purposes of this award term:

1. Employee means either:

i. An individual employed by you or a sub recipient who is engaged in the performance of the project or program under this award; or

ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2. Forced labor means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3. Private entity:

i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

ii. Includes:

A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).

B. A for-profit organization:

4. Severe forms of trafficking in persons, commercial sex act, and coercion have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

17. CDC CONTACT NAMES:

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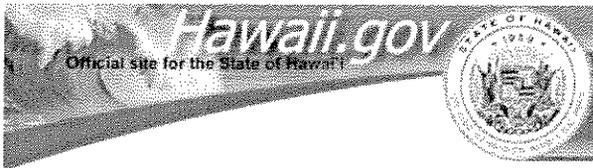
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SPREADSHEET SUMMARY

GRANT NUMBER: 1H75EH000373-01

INSTITUTION: HAWAII STATE DEPARTMENT OF HEALTH

<i>Budget</i>	<i>Year 1</i>
Supplies	\$200
Travel Costs	\$300
Consortium/Contractual Cost	\$92,886
Other	\$25,500
TOTAL FEDERAL DC	\$118,886
TOTAL FEDERAL F&A	
TOTAL COST	\$118,886



Requests for CPO Approvals for Health and Human Services Detail

Type: Exempt
Number: 09-14
Department: Health
Division: Community Health
Branch:
Provider(s): Hawaii Primary Care Association
Total Contract Amount: \$92,886
Amount Per Year: \$0
Start Date: 11/01/2008
End Date: 09/29/2009
Service: Hawaii Childhood Rural Asthma Project to build community capacity to control factors which contribute to asthma severity, and develop strategies to control indoor environmental asthma triggers that exacerbate asthma.

CPO Comments:

Other

Comments:

Date Posted 10/24/2008

Status: Pending

Status Date: 10/24/2008

See the Request

(Click on the name to view in a new window. Right click the name and click on "Save Target As" to download to your computer)

[PEH No. 09-14 \(Uploaded: 10/24/08\)](#)