

AN ORDINANCE 2010-04-01-0265

APPROVING THE SUBMISSION OF AN AMENDED GRANT APPLICATION AND AUTHORIZING THE ACCEPTANCE OF UP TO \$15,612,353.00 BY THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION THROUGH THE 2009 COMMUNITIES PUTTING PREVENTION TO WORK INITIATIVE FUNDED BY THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 FOR OBESITY PREVENTION FOR THE PERIOD MARCH 1, 2010 THROUGH FEBRUARY 29, 2012; AND FURTHER AUTHORIZING A PROGRAM BUDGET, AND PERSONNEL COMPLEMENT FOR THE DURATION OF THE GRANT PERIOD.

* * * * *

WHEREAS, President Obama signed the American Recovery and Reinvestment Act (ARRA) into law on February 17, 2009; and

WHEREAS, one billion dollars of ARRA funding is allocated for prevention and wellness from which the San Antonio Communities Putting Prevention to Work (SA-CPPW) Initiative is funded to carry out evidence-based clinical and community-based prevention and wellness strategies as determined by the Secretary of Health and Human Services, that deliver specific, measurable health outcomes that address chronic disease rates; and

WHEREAS, the San Antonio Metropolitan Health District (Metro Health), in coordination with other City departments, submitted a competitive grant application approved by Council on November 11, 2009 and has subsequently been awarded \$15,612,353.00 to support a two-year initiative entitled the SA-CPPW Obesity Project; and

WHEREAS, the SA-CPPW Obesity Project will address obesity prevention through a comprehensive set of initiatives that support specific, measurable, health outcomes to increase opportunities for physical activity and access to healthy foods for children and families of San Antonio to reduce chronic disease rates, specifically associated with obesity; and

WHEREAS, as the lead agency for the SA-CPPW Obesity Project, Metro Health will coordinate efforts with multiple partner organizations including: other City of San Antonio departments (Parks and Recreation, Public Works, Office of Environmental Planning, Planning and Development Services, Library, San Antonio Police, and Community Initiatives); the Metropolitan Planning Organization; VIA Metropolitan Transit; the San Antonio Restaurant Association; and other established public health entities to leverage the resources and expertise necessary to complete the project; and

WHEREAS, the SA-CPPW interventions will include a multi-disciplinary physical activity event, expansion of the use facilities, such as schools, for after-hours use for physical activity, city development projects to improve protection for "vulnerable users", such as complete streets,

implementation of healthy food and beverage guidelines by local restaurants, and trainings for schools to improve physical activity and the availability of healthy food; and

WHEREAS, this ordinance authorizes a Metro Health personnel complement of seven (7) full time equivalents (FTEs) for key project areas including the following: Health Program Manager for Project Oversight; Senior Management Analyst- Physical Activity/Built Environment; Senior Management Analyst- Media and Advertising; Senior Management Analyst- Leadership Team/Community Coalition; Senior Management Analyst- Evaluation and Monitoring; Registered Dietitian; Fiscal Officer; and

WHEREAS, overall, the SA-CPPW Obesity Project will yield community assessment and evaluation data; build an environment more conducive to walking and cycling; increase the availability of no-cost spaces for physical activity; promote healthier options on restaurant menus; encourage changes to municipal and organizational policies that promote healthier lifestyles and activities; and support a multidisciplinary collaborative investment in community health: **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The City Manager or her designee or the Director of the San Antonio Metropolitan Health District (Metro Health) or his designee, is authorized to submit an amended grant application and accept up to \$15,612,353.00 upon award from the Centers for Disease Control and Prevention through the 2009 Communities Putting Prevention to Work Initiative funded by the American Recovery and Reinvestment Act of 2009 for obesity prevention for the period March 1, 2010 through February 29, 2012. A copy of the application is attached hereto and incorporated herein for all purposes as **Attachment I**.

SECTION 2. The Director of Health, or his designee, is authorized to initiate, negotiate and execute any and all necessary documents and grant contracts to effectuate acceptance of the referenced grant, and to execute contract amendments pertaining to these contracts, to include: a) carry-over funds, when ascertained and approved by the funding agency through a revised notice of award; b) line item budget revisions authorized by the funding agency up to 20% of the total dollar amount of the program budget; c) modifications to the performance measures authorized by the funding agency and listed in the contracts so long as the terms of the amendment stay within the general parameters of the intent of the grant; d) no cost extensions; e) awards of discretionary funds by funding agency; f) amendments funding one time equipment purchases or defined program services; g) changes in federal regulations mandated by the funding agency and h) contract extensions.

SECTION 3. Fund 2302236000 entitled "Dept Of Health & Human Services" is hereby designated for use in the accounting for the fiscal transaction in the acceptance of this grant and should funding be awarded, the sum of \$15,612,353.00 from the Department of Health and Human Services will be appropriated in said fund. A formal final budget which will include Internal Order numbers and General Ledger numbers will be submitted by the department upon approval of this ordinance.

SECTION 4. A personnel complement of seven (7) employees for the duration of the grant is hereby approved.

SECTION 5. The financial fiscal allocations in this Ordinance are subject to approval by the Chief Financial Officer, City of San Antonio. The Chief Financial Officer, may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

SECTION 6. This ordinance shall become effective immediately upon passage by eight (8) or more affirmative votes of the entire City Council; otherwise, said effective date shall be ten (10) days from the date of passage hereof.

PASSED AND APPROVED this 1st day of April, 2010.



M A Y O R

Julián Castro

ATTEST:

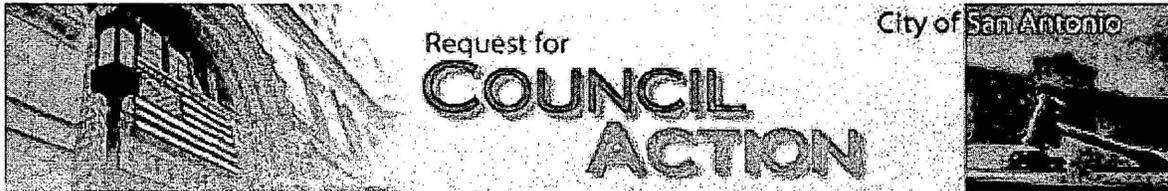


Leticia M. Vacek, City Clerk

APPROVED AS TO FORM:



for Michael Bernard, City Attorney



Agenda Voting Results - 27

Name:	27						
Date:	04/01/2010						
Time:	09:58:36 AM						
Vote Type:	Motion to Approve						
Description:	An Ordinance approving the submission of an amended grant application and authorizing the acceptance of up to \$15,612,353.00 by the San Antonio Metropolitan Health District (Metro Health) from the Centers for Disease Control and Prevention (CDC) through the 2009 Communities Putting Prevention to Work Initiative funded by the American Recovery and Reinvestment Act of 2009 for obesity prevention for the period March 1, 2010 through February 29, 2012; and authorizing a program budget, and personnel complement for the duration of the grant period. [Sharon De La Garza, Assistant City Manager, Dr. Fernando A. Guerra, Director, Health]						
Result:	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Julián Castro	Mayor		x				
Mary Alice P. Cisneros	District 1		x				x
Ivy R. Taylor	District 2		x				
Jennifer V. Ramos	District 3		x				
Leticia Cantu	District 4		x				
David Medina Jr.	District 5	x					
Ray Lopez	District 6		x				
Justin Rodriguez	District 7		x				
W. Reed Williams	District 8		x			x	
Elisa Chan	District 9		x				
John G. Clamp	District 10		x				

**Centers for Disease Control and Prevention
Funding Opportunity Announcement DP09-912ARRA09
*Communities Putting Prevention to Work (CPPW)***

**Objective Review
Summary Statement**

Date Reviewed: January 11-14, 2010

Applicant Organization: City of San Antonio Metropolitan Health District

Application Number: 90015865

Application Title: Communities Putting Prevention to Work (CPPW)

Funds Requested: \$18,023,416

Recommendation: Recommended

Final Average Score: 82.42

Human Subjects Issues: None

Summary of the Project

The San Antonio Metropolitan Health District (Metro Health) proposes to address obesity prevention through a comprehensive set of initiatives to increase opportunities for physical activity and access to healthy foods for children and families of San Antonio, Texas. Metro Health will serve as the lead agency for the San Antonio-Communities Putting Prevention to Work Obesity Project (SA-CPPW). Oversight of the SA-CPPW will be carried out by Jennifer Herriott, MPH, Population-based Services Area Administrator and the Leadership Team consisting of community leaders and the SA-CPPW program director. Metro Health will coordinate efforts with City of San Antonio government departments, the transportation planning organization, the transit system, the restaurant association and established public health collaboration networks to leverage the resources and expertise necessary to implement the proposed initiative. Together, SA-CPPW partners will work to implement population-based policy, systems and environmental changes across five evidence-based MAPPs strategies that address physical activity, nutrition and active living.

The SA-CPPW proposes five goals to make progress toward a reduction in chronic disease and obesity: 1) An increase in physical activity as a result of community-wide and school-based policy, systems and environmental changes; 2) An improvement in nutrition as a result of community-wide and school-based policy, systems and environmental changes; 3) Improve aspects of San Antonio's Built Environment through policy, systems, and environmental changes; 4) Elicit behavior change regarding physical activity and nutrition through a successful social marketing campaign; and 5) Establish infrastructure and processes for planning, implementation and evaluation of San Antonio-CPPW Project activities.

The SA-CPPW interventions will include a multi-disciplinary physical activity event, expansion of the use facilities, such as schools, for after-hours use for physical activity, city development projects to improve protection for 'vulnerable users', such as complete streets, implementation of healthy food and beverage guidelines by local restaurants, and trainings for schools to improve physical activity and the availability of healthy food. Overall, the initiative is expected to yield community assessment and evaluation data, a built environment more conducive to walking and cycling, an increase in the availability of no-cost spaces for physical activity, healthier options on restaurant menus, approved changes to related municipal and organizational policies, and a multidisciplinary collaborative invested in community health.

Summary of Strengths

The *program infrastructure and fiscal management* are relatively well-addressed. The lead fiduciary agency is clearly identified. Metro Health is a well-established organization with extensive community outreach. It appears to have appropriate fiduciary procedures in place to manage additional funding. The agency received a STEPS grant that has laid groundwork for the proposed project. A financial management system has been executed by the CoSA Departmental Fiscal Division of Metro Health. In accordance with OMB A-102 OMB Circular A-133, CoSA is responsible for establishing and maintaining acceptable internal controls for financial reporting. Building upon established school policies and other previous successful initiatives such as menu labeling with a specific restaurant, it appears that strategies are ready to expand. The applicant identifies the need for 12 positions (e.g., program manager, 11 full time

and / or contract staff with capacity in media planning, administrative and fiscal management for 6 small teams. Each team lead will be responsible for the coordination of one of the critical operational areas of the project (e.g., physical activity, nutrition, media, leadership team and coalitions, contracts and budget, and evaluation and monitoring). In addition to Metro Health's staffing, five contracted positions are included to support other partner departments within the City of San Antonio. Three CVs are provided for the Health Director, Assistant Director, and Population-Based Service Area Administrator who is the only staff person currently hired with project responsibilities. Concrete letters of support are provided from the Mayor plus a variety of organizations (e.g., 8 school districts, health care, coalitions, media, city / public agencies, professional associations, business, and a university). Position descriptions are provided, roles are defined, and positions are full time. With regard to demonstrating staff experience with policy making and briefing political leaders and policy makers, there is one filled staff position with an individual who administered the STEPS to a Healthier San Antonio project and addressed policy and environmental change.

The *leadership team and community coalitions* are clearly described, and appear to be well-established. The Leadership Team has 14 members from a variety of organizations. There is an emphasis on involvement of the medical community to institute a systems change to include the calculation of body mass index (BMI) at every medical office visit and to emphasize monitoring prenatal weight gain. Members have been selected based upon their decision-making authority in their respective organizations. Members of the leadership team demonstrate a high-level commitment to the CPPW Initiative, including a commitment of time and other resources. Letters of support are provided from 10 of the 14 members. Membership of three coalitions is documented. The capacity of the existing coalition are described in terms of leadership, expertise, community representation, collaborative experience / abilities, and agency representation. Members of the existing coalitions appear to have successfully worked together and in collaboration with community leaders to implement broad-based policy, systems, and environmental change initiatives. Examples of past successes are provided. Evidence is offered to substantiate that the applicant will encourage linkages with other community-based efforts and the Office of the Regional Health Administrator, with special attention to leveraging other federally funded and foundation activities. The applicant is building upon the success of Steps-SA with partnerships that continue to support policy, environmental, and systems change to increase active living and healthy eating for children and families. The applicant notes the Steps-SA partners provided in-kind contributions during 2004-2009 that equaled \$1,845,000 and that partners have committed in-kind resources estimated at \$181,812 over the next four years. The San Antonio Restaurant Association (SARA) joined with Metro Health to develop the San Antonio Healthy Restaurants Coalition (HRC), which was established to support healthy food choices in community restaurants. The applicant notes three Recovery Act Programs in San Antonio with which they will collaborate.

The *intervention area, CAP, and intervention strategies* are clearly addressed and described for the most part. The plan is sufficiently robust to impact the entire jurisdiction and to achieve the short- and long-term goals of the initiative, and includes the creation of grassroots coalitions and partnerships. The proposed intervention area encompasses the entire jurisdiction of the health department, including a thorough description of the exact size and location of the populations to be served. Data are provided that substantiate the existing burden and / or disparities of chronic diseases, conditions, existing health behaviors, and risk factors in the jurisdiction and populations to be served. Assets and barriers to successful program implementation are

identified, including an understanding of the policy, systems, and environmental policies in the community. The applicant clearly articulates which risk factors they will address, and has selected from the prescribed set of MAPPs evidence-based strategies and the appropriate mix of interventions. The MAPPs strategies relate to the goals to create an environment in which physical activity is the norm, to establish policy and systematic changes that provide more nutritious and affordable food options for residents in need, and to develop a social marketing program that helps realize the necessary transformation in the risk population. The community action plan describes an overall integrated strategy. Realistic plans are outlined to coordinate proposed activities with state- and community-level programs to prevent and control chronic disease. An overview of the work to be done is described. The proposed strategies appear to build upon activities from the Steps-SA. The applicant provides evidence of leveraging resources from partners. Cultural and linguistic diversity are clearly addressed.

Plans for project monitoring and evaluation are well-developed and are clearly articulated to some extent. The applicant references use of the CHANGE tool as its basis for evaluation. However, there is no mention of the quarterly reports or benchmarks. Plans are described to collaborate fully in external, independently coordinated evaluation activities to evaluate the overall impact of the initiative, especially the national evaluation activities. The applicant notes participation in CDC evaluation activities. With regard to the overall plan to evaluate the initiative at the community level, and applicant references experience in engaging research experts as outside evaluators. Metro Health needs to use a competitive bid process, and plans to include surveys of key leaders to measure changes in perceptions and attitudes regarding policy and environmental interventions, and an Inter-Organizational Network Survey that was conducted in 2008. YRBSS data will be collected and analyzed, and the YRBSS lead will attend the August 2010 training. Letters are provided from the 12 independent school districts, 7 of which indicate commitment to collaborating in administering the YRBSS during the specified timeframe. The applicant notes that Bexar also has more than 50 parochial schools and over 100 private schools.

Programmatic support needs are clearly addressed. Opportunities, supports, and barriers to achieving intended outcomes are discussed. Barriers to achieving broad reach and impact are realistically discussed. Specific topic areas for which support will be needed are identified. The applicant notes a general willingness to seek support from CDC, TDSHS, and the evaluation contractor. The applicant is building upon the recent success of the STEPS program.

Summary of Weaknesses / Concerns

While *program infrastructure and fiscal management* are relatively well-addressed, a number of concerns were articulated by panelists. In terms of how well the applicant evidences the ability to implement funding for this program in the timeframe required, both full time and contract staff will have to be hired for services (p.1-2). However, there is no indication of how long this is expected to take. There is inconsistency between the narrative and the budget in terms of the number of staff positions, fulltime and / or contractual, that are being created for the proposed program. The narrative states 12, while the budget shows 7 staff for Metro Health and 10 contract staff. Only one staff member is currently working in Metro Health who is assigned to manage the proposed program, and the applicant will need to recruit and hire the remaining 11 to 16 proposed staff positions. The staffing plan provides for the hiring of policy experts, but does not demonstrate sufficient existing expertise in this area (e.g., one relevant filled staff

position).

While the *intervention area, CAP, and intervention strategies* are clearly addressed and described for the most part, some concerns were raised. The proposed strategies appear to build upon activities from the Steps-SA; however, it is not clear whether they are unique to this funding. There appear to be multiple funding resources available to this area for childhood obesity and physical activity (p.5-6). While the applicant provides evidence of leveraging resources from partners (p.4), there is no indication of how the newly created staff / contract positions will be continued when this funding ends.

Plans for project monitoring and evaluation are well-developed and are clearly articulated to some extent; however, some panelists raised issues of concern. While the applicant references the use of the CHANGE tool as its basis for evaluation (p.26-27), there is no mention of the quarterly reports or benchmarks.

Budget

The budget is reasonable, clearly justified, and appears to be consistent with the proposed activities and intent of the initiative for the most part. However, some issues of concern were noted. There appear to be multiple funding resources, but the applicant does not clarify who is responsible for carrying out specific tasks. Some panelists thought the budget seemed excessive in some cases with proposed costs that may not be appropriate. The following items were cited in particular:

- Personnel requests 7 full time positions (\$669,329) and 10 contractual positions (\$988,607), all of which are vacant. However, the narrative only identifies 12 fulltime positions and / or contractual positions.
- Equipment includes T-3 scooters (\$49,750), radio communication systems (\$7,595), computer equipment (\$38,746), physical activity equipment (\$981,900), and salad bar equipment (\$759,078), but the narrative does not specify how this will be distributed and used. Materials budgeted at \$5,625,000 include items such as curb ramp installation, sidewalk improvements, pedestrian signal improvements, cross walk marking, and speed bumps.
- The narrative references the Shared User Agreement on page 17, and notes that partners would supply equipment of exercise classes and special events and capitalize on shared use agreements with schools and faith-based organizations. On page 24, Strategy 5 is a systems change creating formal partnerships allowing the public to use the facilities. The budget includes a contract budget for Shared User Agreement for \$1,422,655 which includes \$270,000 salary plus \$20,655 fringe, administrative support \$30,000, marketing \$30,000, and incentives \$1,072,000. It is not clear why this amount of funds is necessary for this strategy or why full-time staff are needed.
- The budget justification provides a detailed plan for how resources will be implemented in the time required; however, a narrative explaining the ability of the applicant to implement funding quickly is not provided.

→ There is a \$1 discrepancy in personnel costs on budget form and budget narrative.

Reductions were recommended during the budget mark up process due to limited programmatic funding.

Human Subjects

Not applicable.

Recommendation(s)

If considered for funding, the applicant should address any issues of concern noted in the Weaknesses / Concerns, Budget, and Human Subjects Sections and / or as follows:

- Provide assurances that hiring of new staff can be put in place 30-days post-award.
- Ensure that individuals identified for key staff positions have extensive experience with policy making and / or environmental change.
- Engage with Project Officer to (1) clearly identify activities funded specifically by this FOA and (2) develop and finalize a sustainability plan encompassing all program components.
- Secure commitment of support for the administration of YRBS from remaining five school districts.

Attachment II
U.S Department of Health and Human Services

HRSA Healthy Start Initiative Project
Budget Period: 6/1/09 to 05/31/10

ESTIMATED REVENUES	SAP GL No.	CURRENT AMOUNT	CARRYOVER REQUEST
HRSA Healthy Start Initiative H49MC00101	4501100	\$ 750,000	
HRSA Healthy Start Initiative Unobligated Funds	4501100		

Total Estimated Revenues

APPROPRIATIONS

Healthy Start Initiative
Activity: 36-06-61
Cost Center 3606610003
Internal Order 136000000xxx

1	Regular Salaries & Wages	5101010	405,507	
1	Temporary Salaries	5101015	2,264	
1	Overtime Salaries	5101020	0	
1	High Class Pay	5101030	0	
2	Language Skill Pay	5101050	1,500	
2	Retirement Benefits - Soc. Sec.	5103005	31,021	
2	Temporary FICA	5103007	173	
2	Life Insurance	5103010	406	
1	Personal Leave Buy Back Pay	5103035	2,200	
2	Tuition reimbursement	5103050		
2	Flex benefits contribution	5104030	68,570	
2	Retirement Benefits - TMRS	5105010	49,675	
3	Education-classes	5201025	710	
5	Fees to Professional Contractors	5201040	43,000	
3	Other Contractual Services	5202025		
6	Advertising & Publication	5203040		
6	Membership Dues & Licenses	5203050	5,250	
3	Inter Fund Rental of City Motor Pool	5208020		
4	Binding, Printing & Reproduction	5203060	400	
3	Transportation fees	5203090	12,540	
4	Mail & Parcel Post Service	5205010	250	
4	Rental of office equipment	5206010	1,361	
3	Travel - Official	5207010	13,177	
4	Office Supplies	5302010	1,330	
6	Food	5304010	750	
6	Other Commodities	5304080	4,651	
	Communications: Telephones	5403010		
6	Cellular Phones - Air Time	5403040	5,040	
	Workers' Disability Compensation	5405020		
I	Indirect Cost	5406530	99,406	
	Total 2008 Fiscal Period Budget		\$ <u>750,000</u>	
	Total Carryover			<u>0</u>
	Total Appropriations			

PERSONNEL COMPLEMENT	PREVIOUS POSITIONS	Changes	CURRENT POSITIONS
----------------------	--------------------	---------	-------------------

Activity No. 36-06-61
Cost Center 3606610003
Internal Order 136000000xxx

Senior Office Assistant	1	0	1
Health Program Manager	1	0	1
Health Program Specialist	1	0	1
Management Analyst	4	-2	2
Community Service Specialist	0	2	2
Senior Management Analyst	1	0	1
Social Services Manager	1	0	1
Case Aide	1	0	1
Total Personnel:	<u>10</u>	<u>0</u>	<u>10</u>



COOPERATIVE AGREEMENTS
Department of Health and Human Services
Centers for Disease Control and Prevention
NATIONAL CENTER FOR CHRONIC DISEASE PREV AND HEALTH PROMO

Notice of Award

Issue Date: 03/18/2010



THIS AWARD IS ISSUED UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 AND IS SUBJECT TO SPECIAL HHS TERMS AND CONDITIONS AS REFERENCED IN SECTION III

Grant Number: 1U58DP002453-01

Principal Investigator(s):
Jennifer Herriott

Project Title: CATEGORY A: COMMUNITIES PUTTING PREVENTION TO WORK

FERNANDO GUERRA
SAN ANTONIO METROPOLITAN HEALTH
332 WEST COMMERCE STREET
SAN ANTONIO, TX 78205

Budget Period: 03/19/2010 – 03/18/2012
Project Period: 03/19/2010 – 03/18/2012

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$15,612,353 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN ANTONIO METROPOLITAN HEALTH DISTRICT in support of the above referenced project. This award is pursuant to the authority of 301A, 311BC, 317K2 (42USC 241A, 243BC, 247BK2) 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,

Tracey M. Sims
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – DP Special Terms and Conditions – 1U58DP002453-01

Notice of Cooperative Agreement
Cooperative Agreement Number: 1 U58 DP002453-01
ARRA AWARD - Category A: \$15,612,353
Grantee: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Note 1. INCORPORATION: Funding Opportunity Announcement Number CDC-RFA-DP09-912ARRA titled, U.S Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), American Recovery and Reinvestment Act of 2009, Communities Putting Prevention to Work; the Category A (Obesity, Physical Activity and Nutrition) application dated 11/30/2009; and budget discussions held 2/12/2010.

Note 2. RESPONSE TO SUMMARY STATEMENT: Attached to this Notice of Award is a Summary Statement providing the strengths, weaknesses and recommendations of the application. A response to the Recommendations and Weaknesses within the summary statement must be submitted to the Grants Management Specialist no later than 30 days from the issue date of the Notice of Grant Award. Failure to respond could result in enforcement actions, including withholding of funds or termination.

Note 3. APPROVED FUNDING: Funding in the amount of \$15,612,353, is approved for the budget period, which is March 19, 2010, through March 18, 2012.

Grantee must submit a revised budget, budget narrative and a statement identifying any initially proposed activities that will no longer be pursued as a result of available funding as stated in the Notice of Award. Grantee shall submit a revised 424a, budget narrative and the statement identifying any initially proposed activities that will no longer be pursued to the Grants Management Specialist identified at Note 19 within 30 days from the effective date of this Notice of Award.

Note 4. INDIRECT COSTS:

Indirect costs are approved based on the Indirect Cost Rate Agreement dated June 12, 2009 which calculates indirect costs as follows, a provisional rate is approved at a rate of 17.70% of the base, which includes, total salaries and fringe benefits. The effective dates of this indirect cost rate are from June 12, 2009 until amended.

Note 5. REPORTING REQUIREMENTS:

Final performance and Financial Status reports are due no more than 90 days after the end of the project period. These reports must be submitted to the grants management specialist identified at Note 19.

Note 6. ADDITIONAL REQUIREMENTS:

Grantees are required to participate in the meetings and trainings described in the funding opportunity announcement.

Grantees must ensure that three members of the Leadership Team: the Program Director, the Program Coordinator or equivalent, and one additional leader outside the health department attend a kick-off meeting in Atlanta Georgia April 13-15, 2010.

Grantees must ensure that 8-10 members of the Leadership team participate in one Regional Action Institute currently scheduled as follows:
May 25-28: San Diego Marriott Hotel and Marina
June 1-4: Hyatt Regency Capitol Hill
June 8-11: St. Louis Union Station Marriott

Note 7. CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding this award must be dated and identified with the AWARD NUMBER.

Note 8. PRIOR APPROVAL: All requests which require the prior approval of the Grants Management Officer as noted in 45 CFR 92 or 45 CFR 74 must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director. Any requests received, which reflect only one signature, will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include a new proposed budget, and a narrative justification of the requested changes.

Note 9. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

Note 10. 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 the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 11. CONFERENCE DISCLAIMER AND USE OF LOGOS:

Disclaimer: Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites;

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Logos: Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos; and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 12. EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization policy.

The grantee may use its own property management standards and procedures provided it observes the provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations
<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments.

http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

Note 13. **TRAFFICKING IN PERSONS.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

Note 14. **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.

Note 15. **PAYMENT INFORMATION:**

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). The Division of Payment Management, Program Support Center, administers PMS, HHS administers PMS. PMS will forward instructions for obtaining payments.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Fax Numbers:
University and Non-Profit Payment Branch (301) 443-2672
Governmental and Tribal Payment Branch (301) 443-2569
Cross Servicing Payment Branch: (301) 443-0377
General Fax: (301) 443-8362

Email PMSSupport@psc.gov

Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

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.

Note 16. **LOBBYING STATEMENT:** We want to remind you that federal law prohibits award recipients and their sub-contractors from using Federal funds for lobbying congress or a Federal agency, or to influence legislation or appropriations pending before the Congress or any State or local legislature.

This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public

to contact their elected representatives at the Federal, State or local levels to urge support of, or opposition to, pending legislative proposals is prohibited.

Recipients of CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and grassroots activities that relate to specific legislation, recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

CDC also cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.

All reported activity under the CPPW Communities Initiative, including Recovery Act reporting, must be activity that is consistent with federal law.

For additional guidance, please refer to the FOIA, Additional Requirement # 12 on lobbying restrictions and 31 U.S.C. Section 1352; 18 U.S.C. Section 1913.

Note 17. CERTIFICATION STATEMENT: By drawing down funds, awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations, and the President's Budget and Congressional intent.

Note 18. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

Note 19. CDC CONTACT NAMES

Business and Grants Policy Contact

Tracey Sims, Grants Management Specialist
Centers for Disease Control, PGO, Branch III
2920 Brandywine Road, Mail Stop E-09
Atlanta, GA 30341-4146
Telephone: 770-488-2739
Fax: 770-488-2778
Email: atu9@cdc.gov

Programmatic and Technical Contact:

Rebecca Payne, MPH

Community Interventions Team Lead
ARRA/CPPW
Division of Adult and Community Health, NCCDPHP
CDC-Atlanta
Office: 770-488-5167
Fax: 770-488-5964
Email: Rco0@cdc.gov

Note 20: RECIPIENT REPORTING REGISTRATION

Recipients and reviewers must be registered with www.federalreporting.gov.
Recipients need the following to register:
DUNS ? <http://fedgov.dnb.com/webform>
CCR ? www.ccr.gov/GAQ.aspx
FRPIN ? www.federalreporting.gov

Note 21: CDC CODES FOR ARRA AWARDS

Awarding Code - 7523
Funding Code ? 7523
CFDA - 93.724
Program TAS - 75-0942
http://cdc.gov/fmo/topic/Recovery_Act/index.html

Standard Terms and Conditions for American Recovery and Reinvestment Act of 2009

1. Other Standard Terms and Conditions

All other grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements apply unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (ARRA) requirements below. Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

2. Recipient Reporting

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below.

Not later than 10 days after the end of each calendar quarter, starting with the quarter ending March 31, 2010 and reporting by April 10, 2010, the recipient must submit quarterly reports to HHS that will posted to Recovery.gov, containing the following information:

- a. The total amount of ARRA funds under this award;
- b. The amount of ARRA funds received under this award that were obligated and expended to projects or activities;
- c. The amount of unobligated award balances;
- d. A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including:
 - The name of the project or activity;
 - A description of the project or activity;
 - An evaluation of the completion status of the project or activity;
 - An estimate of the number of jobs created and the number of jobs retained by the project or activity; and
 - For infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment.
- e. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).

For any sub-award equal to or larger than \$25,000, the following information:
The name of the entity receiving the sub-award;
The amount of the sub-award;

The transaction type;
The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
Program source;
An award title descriptive of the purpose of each funding action;
The location of the entity receiving the award;
The primary location of performance under the award, including the city, State, congressional district, and country; and
A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity.

f. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.

g. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted.

h. Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

3. Buy American - Use of American Iron, Steel, and Manufactured Goods

Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States unless HHS waives the application of this provision. (ARRA Sec. 1605)

4. Wage Rate Requirements

[This term and condition shall not apply to tribal contracts entered into by the Indian Health Service funded with this appropriation. (ARRA Title VII?Interior, Environment, and Related Agencies, Department of Health and Human Services, Indian Health Facilities)]

Subject to further clarification issued by the Office of Management and Budget, and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code. (ARRA Sec. 1606)

5. Preference for Quick Start Activities (ARRA)

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

6. Limit on Funds (ARRA)

None of the funds appropriated or otherwise made available in ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

7. Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>

8. ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

9. Schedule of Expenditures of Federal Awards

Recipients agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512(c). (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

10. Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

STAFF CONTACTS

Grants Management Specialist: Tracey M Sims
Centers for Disease Control and Prevention
Procurement and Grants Office
Koger Center, Colgate Building
2920 Brandywine Road, Mail Stop E-09
Atlanta, GA 30341
Email: tsims3@cdc.gov **Phone:** 770-488-2739 **Fax:** 770-488-2777

Grants Management Officer: Tracey M Sims
Centers for Disease Control and Prevention
Procurement and Grants Office
Koger Center, Colgate Building
2920 Brandywine Road, Mail Stop E-09
Atlanta, GA 30341
Email: tsims3@cdc.gov **Phone:** 770-488-2739 **Fax:** 770-488-2777

SPREADSHEET SUMMARY

GRANT NUMBER: 1U58DP002453-01

INSTITUTION: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

<i>Budget</i>	<i>Year 1</i>
Salaries and Wages	\$669,329
Fringe Benefits	\$229,864
Personnel Costs (Subtotal)	\$899,193
Equipment	\$7,595
Supplies	\$912,372
Travel Costs	\$29,424
Other Costs	\$8,220,950
Consortium/Contractual Cost	\$5,383,662
TOTAL FEDERAL DC	\$15,453,196
TOTAL FEDERAL F&A	\$159,157
TOTAL COST	\$15,612,353