

**REQUEST FOR PROPOSALS**

**FOR**

**CHILD HEALTH INITIATIVES UNDER THE MICHIGAN CHILD  
HEALTH IMPROVEMENT PARTNERSHIP**

Issued By:

Michigan Department of Community Health  
Medical Services Administration  
400 S. Pine Street  
Lansing, Michigan 48933

## **I. Introduction**

### **A. Project**

The Michigan Department of Community Health (MDCH) proposes to issue a grant to a maximum of two organizations to perform a pilot project with primary care physicians in Michigan delivering Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services. This grant will apply to selected child health initiatives as part of Michigan's Assuring Better Child Development (ABCD) initiative under the scope of the Michigan Child Health Improvement Partnership (MICHIP). This is a Medicaid quality improvement initiative to fully implement the provisions of Michigan's new EPSDT policy that aligns with the American Academy of Pediatrics' Bright Futures guidelines. MICHIP is comprised of a broad group of stakeholders with an active interest in child health, including professional organizations representing physicians providing health care to children. The Medical Services Administration (MSA) within MDCH is currently the fiduciary for MICHIP. This is a demonstration project.

### **B. Goals and Outcomes**

In 2007, standardized developmental screening was identified as MICHIP's first initiative. The goal of this project is to spread standardized developmental screening, using recruitment criteria developed by MICHIP, in physician practices providing primary care to Medicaid enrolled children throughout Michigan.

Successful completion of this project will result in an increased number of pediatric providers serving Medicaid enrolled children conducting standardized developmental screening, early identification of children with potential development issues, and timely referral for further evaluation and intervention. Successful spread among pediatric practices will also facilitate spread of the MICHIP model in future child health initiatives.

### **C. Eligibility Criteria**

Organizations eligible to bid for and receive this grant must:

- Be formal or incorporated Michigan-based entities
- Be directly affiliated with medical professionals providing EPSDT services to Medicaid-eligible children
- Have the ability and expertise to conduct physician office-based education and training
- Demonstrate the capacity to complete all project activities within the timeframe specified in the contract
- Commit to actively collaborate with MDCH and all stakeholders involved with the ABCD initiative.
- Be a professional association that represents physicians

D. Issuing Office

This Request for Proposal (RFP) is issued by the MDCH. The contact person for the RFP is:

Anita Oglesby  
[oglesbya1@michigan.gov](mailto:oglesbya1@michigan.gov)  
(517) 241-6305

The issuing office is the sole point of contact for bidders who are considering preparing responses to the RFP.

E. Award and Funding

The award will be made to the bidder(s) who most successfully meets the criteria of the RFP. MDCH intends to fund this grant for a period of up to 12 months, beginning April 1, 2009 to September 30, 2009, and then extended to October 1, 2009 to March 31, 2010.

The maximum grant award will be \$100,000. Any funds received by the Contractor, but not spent for the specific purposes of the project must be returned to MDCH at the completion of the project.

In submitting the bid, the bidder assures that funds will only be used for the intended project purpose. The Department will not assume any responsibility or liability for costs incurred by the Contractor prior to the signing of an agreement.

F. Contractor Responsibilities

The Contractor will be required to assume responsibility for all contractual activities in the proposal whether or not that Contractor performs them. If any part of the work is to be subcontracted, responses to the RFP must include a list of subcontractors including the firm name and address, the name of the contact person, a complete description of the work to be subcontracted, and information concerning the subcontractor's organization and abilities. The State will consider the selected Contractor to be the sole point of contact with regard to project matters, including payment of any and all charges resulting from the award.

G. Reimbursement

All contractors must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site: <http://www.cpexpress.state.mi.us/>

Payment will be provided to the Contractor through the Financial Status Reports (FSRs). FSRs shall be prepared and submitted to:

Michigan Department of Community Health,  
Bureau of Finance  
Accounting Division, Expenditure Operations Sections,  
P.O. Box 307200, Lansing, Michigan 48909

FSRs must be submitted on a monthly basis, no later than thirty (30) days after the close of each calendar month. The monthly FSRs must reflect total actual program expenditures, regardless of the source of funds. The FSR form and instructions for completing the FSR form are available through your Contract Manager or the Department's website:

- [http://www.michigan.gov/documents/DCH-0384-Financial\\_Status\\_Report\\_8214\\_7.pdf](http://www.michigan.gov/documents/DCH-0384-Financial_Status_Report_8214_7.pdf) and
- [http://www.michigan.gov/documents/DCH-0384-Financial\\_Status\\_Report\\_Instructions\\_8216\\_7.pdf](http://www.michigan.gov/documents/DCH-0384-Financial_Status_Report_Instructions_8216_7.pdf).

#### H. Pre-Bid Meetings and Questions

No pre-bid meeting will be held. Written questions concerning the RFP are to be submitted electronically, no later than 5:00 p.m. on Tuesday February 10, 2009 to Anita Oglesby at [oglesbya1@michigan.gov](mailto:oglesbya1@michigan.gov). Answers will be posted on the MDCH Request for Proposals website.

#### I. Submission Deadline

All proposals must be received by MDCH/Program Policy Division by Tuesday, March 3, 2009 at 5:00 p.m. Eastern Standard Time.

#### J. Disclosure of Proposal Contents

All information in a bidder's proposal is subject to disclosure under the provisions of Public Act No. 442 of 1976, known as the "Freedom of Information Act." This act also provides for the disclosure of grant agreements and agreement attachments.

## II. **Background**

### A. Assuring Better Child Health and Development (ABCD) Screening Academy

Michigan has been a participant in the ABCD (Assuring Better Child Health and Development) Screening Academy since April of 2007. The Screening Academy

is a 15-month initiative, supported by the Commonwealth Fund, during which state ABCD teams work with pediatric practice sites to implement standard child developmental screening tools.

**The Goals of ABCD are to:**

- Promote the use of an objective developmental screening tool as part of well-child care
- Improve state policy to support developmental screening by PCPs
- Initiate a statewide spread strategy that establishes standardized developmental screening for young children in primary care
- Measure results

**Michigan's ABCD Progress:**

Promote use of developmental screening tool

- Target group: children ages 0 to 3
- Nine physician practices providing primary care
- Primary care providers chose from a list of validated standardized developmental screening tools.
- All pilot practices implemented standardized developmental screening as of 12/1/07.

**Medicaid Policy Improvement**

Medicaid policy changes include:

- List of recommended validated standardized screening tools in the EPSDT Policy
- Recommended use of approved guidelines and minimal screening standards based on AAP policy and Bright Future Guidelines
- Clarification of Medicaid billing process for developmental screening (i.e., coding and reimbursement) in the form of a provider letter.

**ABCD Spread Strategy**

- Spread within pilot sites is an essential component
- ABCD stakeholder organizations will:
  - Promote developmental screening using existing communication mechanisms – meetings, written communication, web sites
  - Participate in regional and statewide efforts
- Regionally, community stakeholders will:
  - Expand local partnerships
  - Assess and create referral capacity
  - Create public awareness at the community level
  - Identify opportunities for networking and ongoing communication
- Statewide efforts include:
  - Dissemination of pediatric preventive care guidelines
  - Clarifying and revising policy

- Promoting consistency in payment, billing and coding
- Stakeholders will continue to meet after the conclusion of the formal project to sustain momentum and increase developmental screening rates.

### **Measurement/Evaluation**

Data for pilot site practice measures is being collected via medical record review

- Screening rates include:
  - % children screened with standardized tool
  - % children with abnormal result
  - % children with evidence of referral
  - Rates reported in aggregate and by practice
- Provider survey/focus group conducted in May of 2008
- Member survey (3-5 questions in postcard format) conducted in June 2008

### **B. Michigan Child Health Improvement Partnership (MICHIP):**

The Michigan Medicaid program is the recipient of an award from the Vermont Child Health Improvement Program (VCHIP) to form a sustainable quality improvement collaborative to address health and well-being issues for all infants, children, adolescents, and their families. The initial improvement project is focused on building the collaboration of public and private partners to advance the use of standardized developmental screening tools as part of comprehensive well child visits aligned the 2007 *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents—Third Edition*.

The MICHIP institutional home is the Medicaid agency which has the dominant role in facilitating the partnership activities at the present time. To implement and continue a collaborative Michigan improvement partnership, it combines the expertise and strengths of advisory and stakeholder partnerships established for the Michigan ABCD initiative. Members of this group include senior leadership representing Medicaid, Community Mental Health, Family and Child Services, Children's Special Health Care Services, Part C/Early On, the Department of Human Services, the Michigan Chapter of the American Academy of Pediatrics (MIAAP), Michigan Academy of Family Physicians (MAFP), pediatricians from the pilot sites, the Michigan State University's Institute for Health Care Studies and the University of Michigan Child Health Evaluation and Research Unit.

Michigan was represented at a Vermont Technical Assistance Meeting on January 10 and 11, 2008. The purpose of this meeting was for project managers to view and understand the components and functions necessary for the day to day operation of the Vermont IP. Michigan was also represented at an Improvement Partnership National Meeting on March 18, 2008, with the purpose of discussing

the development and role of improvement partnerships at the state and national level.

### **III. Statement of Work**

#### **A. Scope of Work**

This section outlines the activities necessary to achieve the goals of the project.

1. Fully Implement Standardized Developmental Screening in Pilot Practices:
  - a. Serve as point of contact for pilot practices
  - b. Provide technical support to ensure all providers in pilot practices are conducting standardized developmental screening
  - c. Identify and report issues, barriers, and lessons learned regarding spread to the MICHIP Executive Committee
  - d. Represent pilot practices on the MICHIP Executive Committee and provide project updates and reports, as requested.
2. Identify, Recruit, and Train Additional Primary Care Practices Providing EPSDT Services
  - a. Participate in the development of practice recruitment criteria and methods developed by MICHIP
  - b. Identify potential practices based on recruitment criteria developed by MICHIP
  - c. Recruit practices and obtain formal letters of commitment to participate
  - d. Identify physician champions using strategies approved by MICHIP
  - e. Develop training materials
  - f. Recruit physicians to conduct training in identified practices
  - g. Schedule and conduct training
  - h. Identify and provide lists of community referral resources for participating practices
  - i. Represent practices recruited on the MICHIP Executive Committee and provide project updates and reports as requested
3. Create and Disseminate Tools and Educational Material Around Developmental Screening
  - a. Identify format(s) for training/educational material
  - b. Identify materials to be used/included
  - c. Obtain approval of educational materials from MICHIP Steering Committee

- d. Provide training/educational materials to MICHIP Executive committee for dissemination to other stakeholders/organization

**B. Reporting/Deliverables**

Grantee agrees to submit the following deliverables:

- Detailed project plan and timeline
- Quarterly reports to MDCH, including status of tasks against target dates
- Ongoing project updates and status reports to MICHIP Executive Committee
- Formal letters of agreement from practices agreeing to participate
- Formal letters of agreement from physicians conducting training
- Training materials
- Documentation of completed training
- Lists of community referral agencies

**IV. Proposal Requirements to be Included in Response**

**A. Response to Eligibility Criteria**

A response to eligibility criteria must be submitted and must include a narrative on how the bidder specifically meets the requirements outlined in Section IC.

**B. Work Plan and Timeline**

A work plan and timeline must be developed and submitted with the proposal. The work plan should be comprehensive to meet all of the objectives of the project as identified in the Statement of Work.

**C. Staffing Plan and Identification of Key Personnel**

Identify the key project personnel that will be responsible for project and oversight. The bidder should provide a list of names and titles of personnel assigned to the project, as well as resumes for each person listed.

The bidder is required to provide an organization chart highlighting the key personnel assigned to this project and their responsibilities for this project.

**D. Budget Detail**

A breakdown of the bidder's proposed costs for each component listed in the Statement of Work should be included with the bid.

**E. Michigan Based Waiver Certification**

To comply with 18.1261 and 18.1268 of the Michigan Compiled Laws and Executive Order 2004-03, a bidder must complete the Michigan Based Vendor Certification (see Attachment 3) and submit it with their proposal.

Failure or refusal to submit any of the information requested in this section may result in the bidder being considered non-responsive and, therefore, ineligible for award consideration.

#### F. Reporting/Deliverables

Grantee agrees to submit the following deliverables:

- Detailed project plan and timeline
- Quarterly reports to MDCH, including status of tasks against target dates
- Ongoing project updates and status reports to MICHIP Executive Committee
- Formal letters of agreement from practices agreeing to participate
- Formal letters of agreement from physicians conducting training
- Training materials
- Documentation of completed training
- Lists of community referral agencies

Attachment 1 identifies the terms and conditions that will be in effect for the duration of the grant award resulting from this RFP. By submitting a proposal, the applicant is agreeing to accept all grant agreement terms and conditions.

### V. **Proposal Process**

The following factors will be used in evaluating each response to the RFP.

#### A. Checklist

The checklist identified in Attachment 4 must be completed and returned as the proposal cover page with the proposal.

#### B. Submission Criteria

1. Proposals should be prepared on single sides, white, 8.5 and 11 inch paper with at least a .75 inch margin. Proposals should be single spaced, using at least a 12 point Courier font or comparable font and size. The narrative of the proposal should be contained within a twenty (20) page limit. Completed budget forms, DCH-0385 and DCH-0386 (Attachment 2), Michigan Based Certification (Attachment 3), and the RFP Package Checklist (Attachment 4) should also be attached to the proposal.

2. Submit one signed original and three (3) copies of the Proposal and one CD copy of the Proposal to:

Anita Oglesby  
 Michigan Department of Community Health  
 Program Policy Division  
 P.O. Box 30479  
 400 South Pine Street  
 7<sup>th</sup> floor, Capitol Commons Center  
 Lansing, MI 48909-7979

C. Submission Deadline

All proposals must be received by the MDCH/Program Policy Division by Tuesday, March 3, 2009 at 5:00 p.m. Eastern Standard Time.

D. Review Criteria

In awarding this contract, proposals will be evaluated by MDCH based on the following factors:

		Weight
1.	Response to Eligibility Criteria	30
2.	Work Plan and Timeline	20
3.	Staffing Plan and Identification of Key Personnel	20
4.	Budget Detail	20
5.	Michigan Based Organization	10
	<b>TOTAL</b>	<b>100</b>

E. Grant Awards

Awarding this grant is contingent upon the availability of funds as determined by MDCH and is subject to State Administrative Board approval. MDCH may also issue an award based on the entire proposal or a portion of the proposal.

**CERTIFICATION OF A MICHIGAN BASED BUSINESS**

DEFINITION: To qualify as a Michigan business, vendor must have during the 12 months immediately preceding this bid deadline, or if the business is newly established, for the period the business has been in existence, it has (check all that apply):

- ( ) Filed a Michigan single business tax return showing a portion or all of the income tax base allocated or apportioned to the State of Michigan pursuant to the Michigan Single Business Tax Act, 1975 PA 228, MCL §§ 208.1 – 208.145; or
- ( ) Filed a Michigan income tax return showing income generated in or attributed to the State of Michigan; or
- ( ) Withheld Michigan income tax from compensation paid to the bidder's owners and remitted the tax to the Department of Treasury; or

I certify that **I have personal knowledge** of such filing or withholding, that it was more than a nominal filing for the purpose of gaining the status of a Michigan business, and that it indicates a significant business presence in the state, considering the size of the business and the nature of its activities.

I authorize the Michigan Department of Treasury to verify that the business has or has not met the criteria for a Michigan business indicated above and to disclose the verifying information to the procuring agency.

\_\_\_\_\_  
Authorized Agent Name (print or type)

\_\_\_\_\_  
Authorized Agent Signature

Fraudulent Certification as a Michigan business is prohibited by MCL 18.1268 § 268. A BUSINESS THAT PURPOSELY OR WILLFULLY SUBMITS A FALSE CERTIFICATION THAT IT IS A MICHIGAN BUSINESS OR FALSELY INDICATES THE STATE IN WHICH IT HAS ITS PRINCIPAL PLACE OF BUSINESS IS GUILTY OF A FELONY, PUNISHABLE BY A FINE OF NOT LESS THAN \$25,000.

Bidder shall also indicate one of the following:

- Bidder qualifies as a Michigan business  
(provide zip code: \_\_\_\_\_)
- Bidder does not qualify as a Michigan business  
(provide name of State: \_\_\_\_\_)
- Principle place of business is outside the State of Michigan, however service/commodity provided by a location within the State of Michigan  
(provide zip code: \_\_\_\_\_)

CHILD HEALTH INITIATIVES UNDER THE MICHIGAN CHILD HEALTH  
IMPROVEMENT PARTNERSHIP GRANTS  
RFP Package Checklist

- RFP Package Checklist
- Response to Eligibility Criteria
- Work Plan and Timeline
- Staffing Plan
- Résumés of Key Personnel
- Letters from Key Stakeholders
- Composite budget Summary 10/01/08 – 9/30/09
- Organization Description and Organization Chart
- Michigan Based Vendor Certification
- One signed original and three (3) copies of written proposal and one CD copy of the Proposal mailed to:

Date Received: _____ Time Received: _____ Person Receiving: _____
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Anita Oglesby  
 Michigan Department of Community Health  
 Program Policy Division  
 P.O. Box 30479  
 400 South Pine Street  
 7<sup>th</sup> Floor, Capitol Commons Center  
 Lansing, Michigan 48909-7979  
[OglesbyA1@michigan.gov](mailto:OglesbyA1@michigan.gov)

- Authorized Official
  - I certify that I am authorized on behalf of this organization to submit the RFP.
  - I certify that I am authorized to negotiate agreements on behalf of this organization.

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Name	Title	Phone Number
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Signature	Date
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**ATTACHMENT B**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

**I. INTRODUCTION**

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

**II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION**

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page \_\_\_ of \_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**  
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

**Expenditures:**

1. Salary and Wages
  2. Fringe Benefits
  3. Travel
  4. Supplies and Materials
  5. Contractual (Subcontracts/Subrecipients)
  6. Equipment
  7. Other Expenses
  8. Total Direct Expenditures
  9. Indirect Costs
  10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
  12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
  13. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
  14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.

**ATTACHMENT B**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**  
**PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION** (continued)

15. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “K” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**  
**III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM**  
**PREPARATION**

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference. Use additional pages if needed.

- A. Page \_\_\_ of \_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

**Expenditure Categories:**

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**  
**PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM**  
**PREPARATION (continued)**

- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.)
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - as part of the Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount for each subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to

**ATTACHMENT B**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

the subrecipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

- P. Equipment - Enter a description of the equipment being purchased, including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided(line 6). Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specified. . Minor items may be identified by general type of cost and summarized as a single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
  2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**  
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM  
PREPARATION (continued)

3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
  4. Other - All other items purchased exclusively for the operation of the program and not previously included, patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect costs rate. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures – Enter the sum of items 8 and 9 on line 10.

## PROGRAM BUDGET SUMMARY

View at 100% or Larger  
Use **WHOLE DOLLARS Only**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT ORIGINAL                      AMENDMENT ►			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			
(I) EXPENDITURE CATEGORY					(K) TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES		43,000			43,000	
2. FRINGE BENEFITS		11,180			11,180	
3. TRAVEL		1,400			1,400	
4. SUPPLIES & MATERIALS		37,000			37,000	
5. CONTRACTUAL (Subcontracts/Subrecipients)		3,500			3,500	
6. EQUIPMENT		5,000			5,000	
7. OTHER EXPENSES						
		8,000			8,000	
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)		109,080			109,080	
9. INDIRECT COSTS: Rate #1                      %						
INDIRECT COSTS: Rate #2                      %						
10. TOTAL EXPENDITURES		109,080			109,080	

## (J) SOURCE OF FUNDS

11. FEES & COLLECTIONS		10,000			10,000	
12. STATE AGREEMENT		90,000			90,000	
13. LOCAL		9,080			9,080	
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING		109,080			109,080	

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding

The Department of Community Health is an equal opportunity employer, services and programs provider.

DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete.

PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS ONLY**

(B) PROGRAM Budget and Contracts		(C) BUDGET PERIOD		DATE PREPARED
		From: 10/01/xx	To: 9/30/xx	7/01/xx
(E) CONTRACTOR NAME Michigan Agency		(F) BUDGET AGREEMENT ORIGINAL AMENDMENT		AMENDMENT #
(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
(K) 1. TOTAL SALARY & WAGES:		1.5	\$ 43,000	
(L) 2. FRINGE BENEFITS (Specify) FICA LIFE INS. DENTAL INS COMPOSITE RATE UNEMPLOY INS. VISION INS. WORK COMP AMOUNT 26% RETIREMENT HEARING INS. HOSPITAL INS. OTHER (specify) _____				2. TOTAL FRINGE BENEFITS:
				\$ 11,180
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures) Conference registration \$350 Airfare \$600 Hotel accommodations and per diem for 4 days \$45				3. TOTAL TRAVEL:
				\$ 1,400
(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures) Office Supplies 2,000 Medical supplies 35,000				4. TOTAL SUPPLIES & MATERIALS:
				\$ 37,000
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients) <u>Subcontractor Name</u> <u>Address</u> <u>Amount</u> ACME Evaluation Services 555 Walnut, Lansing, MI 48933 \$ 2,000 <u>Subrecipient Name</u> Health Care Partners 333 Kalamazoo, Lansing, MI 48933 \$ 1,500				5. TOTAL CONTRACTUAL:
				\$ 3,500
(P) 6. EQUIPMENT (Specify items) Microscope \$5,000				6. TOTAL EQUIPMENT:
				\$ 5,000
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures) Communication Costs \$2,400 Space Costs \$3,600 Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing \$2,000				7. TOTAL OTHER:
				\$ 8,000
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 109,080
(S) 9. INDIRECT COSTS CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 109,080
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity		
COMPLETION: Is Voluntary, but is required as a condition of funding		employer, services and programs provider.		
DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

**ATTACHMENT B. 3**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
CONTRACT MANAGEMENT SECTION

**EQUIPMENT INVENTORY SCHEDULE**

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget, Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward this form to the MDCH contract manager with the final progress report.

Contractor Name: Michigan Agency Contract #: 2009000 Date: 10/31/08

Quantity	Item Name	Item Specification	Tag Number	Purchase Price
1	<b>LW Scientific M5 Labscope</b>	<ul style="list-style-type: none"> <li>• Binocular</li> <li>• Trinocular with C-mount or eye tube</li> <li>• 35mm and digital camera adapters available</li> <li>• Diopter adjustment</li> <li>• Inclined 30 degrees (45 degrees available), rotates 360 degrees</li> <li>• 10X/20 high point eyepieces</li> <li>• Interpupillary distance range 50-75mm</li> </ul>	N0938438EW098	\$ 5,000
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total</b>				\$ 5,000

EXAMPLE

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PROGRAM BUDGET – COST DETAIL SCHEDULE**

View at 100% or Larger  
Use **WHOLE DOLLARS** Only

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page Of

PROGRAM MICHIP-Standardized Developmental Screening		BUDGET PERIOD		DATE PREPARED			
		From: 4/1/2009	To: 3/31/2010				
CONTRACTOR NAME		BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #			
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY				
			\$0				
			\$0				
			\$0				
			\$0				
			\$0				
			\$0				
			\$0				
1. TOTAL SALARIES & WAGES:		0	\$ 0				
2. FRINGE BENEFITS (Specify)							
<input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS.                      COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP.                      AMOUNT 0.00% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____							
2. TOTAL FRINGE BENEFITS:				\$0			
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)							
3 TOTAL TRAVEL:				\$0			
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)							
4. TOTAL SUPPLIES & MATERIALS:				\$0			
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)							
<table border="0"> <tr> <td><u>Name</u></td> <td><u>Address</u></td> <td><u>Amount</u></td> </tr> </table>				<u>Name</u>	<u>Address</u>	<u>Amount</u>	
<u>Name</u>	<u>Address</u>	<u>Amount</u>					
5. TOTAL CONTRACTUAL:				\$0			
6. EQUIPMENT (Specify items)							
6. TOTAL EQUIPMENT:				\$0			
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)							
7. TOTAL OTHER:				\$0			
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 0			
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0			
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0			
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0			
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0			
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.					
COMPLETION: Is Voluntary, but is required as a condition of funding							
DCH-0386 (E) (Rev 05-08) (W) Previous Edition Obsolete. Use Additional Sheets as Needed							

**Grant Agreement Between**  
**Michigan Department of Community Health**  
**hereinafter referred to as the "Department"**

**and**

\_\_\_\_\_

\_\_\_\_\_

Federal I.D.#: \_\_\_\_\_

hereinafter referred to as the "Contractor"

**for**

\_\_\_\_\_

**Part I**

1. **Period of Agreement:** This agreement shall commence on April 1, 2009 and continue through March 31, 2010. This agreement is in full force and effect for the period specified.
2. **Program Budget and Agreement Amount**

**A. Agreement Amount**

The total amount of this agreement is \$ 100,000. The Department under the terms of this agreement will provide funding not to exceed \$ 100,000. The federal funding provided by the Department: is \$ 50,000 or approximately 50%; the Catalog of Federal Domestic Assistance (CFDA) number is 93.778 and the CFDA Title is Medical Assistance Program; the federal agency name is Centers for Medicare and Medicaid Services, Department of Health and Human Services; the federal grant award number is \_\_\_\_\_ and the award phase is \_\_\_\_\_, The federal program title is \_\_\_\_\_. The grant agreement is designated as a:

subrecipient relationship; or

vendor relationship.

The grant agreement is designated as:

Research and development project; or

Not a research and development project.

**B. Equipment Purchases and Title**

Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful

life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Contractor upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

**C. Deviation Allowance**

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

- 3. **Purpose:** The focus of the program is to: spread standardized developmental screening, using recruitment criteria developed by MICHIP, in physician practices throughout Michigan.
- 4. **Statement of Work:** The Contractor agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.
- 5. **Financial Requirements:** The financial requirements shall be followed as described in Part II of this agreement and Attachments B and D. which are part of this agreement through reference.
- 6. **Performance/Progress Report Requirements:** The progress reporting methods, as applicable, shall be followed as described in Attachment C, which is part of this agreement through reference.
- 7. **General Provisions:** The Contractor agrees to comply with the General Provisions outlined in Part II, which is part of this agreement through reference.
- 8. **Administration of the Agreement:**

The person acting for the Department in administering this agreement (hereinafter referred to as the Contract Manager) is:

Anita Oglesby, 400 S. Pine Street, 7<sup>th</sup> Floor, Lansing, MI (517) 241-6305  
OglesbyA1@michigan.gov

Name, Location/Building	Title	Telephone No.	Email Address
-------------------------	-------	---------------	---------------

9. **Contractor's Financial Contact for the Agreement:**

The person acting for the Contractor on the financial reporting for this agreement is:

---

Name	Title
------	-------

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E-Mail Address	Telephone No.
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**10. Special Conditions:**

- A.** This agreement is valid upon approval by the State Administrative Board as appropriate and approval and execution by the Department.
- B.** This agreement is conditionally approved subject to and contingent upon the availability of funds.
- C.** The Department will not assume any responsibility or liability for costs incurred by the Contractor prior to the signing of this agreement.
- D.** The Contractor is required by PA 533 of 2004 to receive payments by electronic funds transfer.

**11. Special Certification:**

The individual or officer signing this agreement certifies by his or her signature that he or she is authorized to sign this agreement on behalf of the responsible governing board, official or Contractor.

**12. Signature Section:**

**For the CONTRACTOR**

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Name	<i>(Please print)</i>	Title
------	-----------------------	-------

---

Signature	Date
-----------	------

**For the MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

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Mary Jane Russell, Director, Bureau Of Budget And Audit	Date
---	------

**Part II**  
**General Provisions**

**I. Responsibilities - Contractor**

The Contractor in accordance with the general purposes and objectives of this agreement will:

**A. Publication Rights**

1. Where activities supported by this agreement produce books, films, or other such copyrightable materials issued by the Contractor, the Contractor may copyright such but shall acknowledge that the Department reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and to authorize others to reproduce and use such materials. This cannot include service recipient information or personal identification data.
2. Any copyrighted materials or modifications bearing acknowledgment of the Department's name must be approved by the Department prior to reproduction and use of such materials.
3. The Contractor shall give recognition to the Department in any and all publications papers and presentations arising from the program and service contract herein; the Department will do likewise.

**B. Fees**

Make reasonable efforts to collect 1<sup>st</sup> and 3<sup>rd</sup> party fees, where applicable, and report these as outlined by the Department's fiscal procedures. Any underrecoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

**C. Program Operation**

Provide the necessary administrative, professional, and technical staff for operation of the program.

**D. Reporting**

Utilize all report forms and reporting formats required by the Department at the effective date of this agreement, and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

**E. Record Maintenance/Retention**

Maintain adequate program and fiscal records and files, including source documentation to support program activities and all expenditures made under the terms of this agreement, as required. Assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than three (3) years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved.

## F. Authorized Access

Permit upon reasonable notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, files and documentation related to this agreement, to the extent authorized by applicable state or federal law, rule or regulation.

## G. Audits

This section only applies to Contractors designated as subrecipients. Contractors designated as vendors are exempt from the provisions of this section.

### 1. Required Audit or Notification Letter

Contractors must submit to the Department either a Single Audit, Financial Statement Audit, or Audit Status Notification Letter as described below. If submitting a Single Audit or Financial Statement Audit, Contractors must also submit a Corrective Action Plan for any audit findings that impact MDCH-funded programs, and management letter (if issued) with a response.

#### a. Single Audit

Contractors that expend \$500,000 or more in federal awards during the Contractor's fiscal year must submit to the Department a Single Audit prepared consistent with the Single Audit Act Amendments of 1996, and Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," as revised.

#### b. Financial Statement Audit

Contractors exempt from the Single Audit requirements that receive \$500,000 or more in **total funding** from the Department in State and Federal grant funding must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS). Contractors exempt from the Single Audit requirements that receive less than \$500,000 of total Department grant funding must submit to the Department a Financial Statement Audit prepared in accordance with GAAS if the audit includes disclosures that may negatively impact MDCH-funded programs including, but not limited to fraud, going concern uncertainties, financial statement misstatements, and violations of contract and grant provisions.

#### c. Audit Status Notification Letter

Contractors exempt from both the Single Audit and Financial Statement Audit requirements (a. and b. above) must submit an Audit Status Notification Letter that certifies these exemptions. The template Audit Status Notification Letter and further instructions are available at <http://www.michigan.gov/mdch> by selecting Inside Community Health – MDCH Audit.

2. Due Date and Where to Send

The required audit and any other required submissions (i.e. Corrective Action Plan and management letter with a response), or audit Status Notification Letter must be submitted to the Department within nine months after the end of the Contractor's fiscal year to:

Michigan Department of Community Health  
Office of Audit  
Quality Assurance and Review Section  
P.O. Box 30479\*  
Lansing, Michigan 48909-7979

**\*For Express Delivery:**  
Capital Commons Center  
400 S. Pine Street  
Lansing, Michigan 48933

Alternatives to paper filing may be viewed at <http://www.michigan.gov/mdch> by selecting Inside Community Health – MDCH Audit.

3. Penalty

a. Delinquent Single Audit or Financial Statement Audit

If the Contractor does not submit the required Single Audit reporting package, management letter (if issued) with a response, and Corrective Action Plan; or the Financial Statement Audit and management letter (if issued) with a response within nine months after the end of the Contractor's fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the Contractor is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Contractor is more than 180 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit.

b. Delinquent Audit Status Notification Letter

Failure to submit the Audit Status Notification Letter, when required, may result in withholding from the current funding an amount equal to one percent of the audit year's grant funding until the Audit Status Notification Letter is received.

#### 4. Other Audits

The Department or federal agencies may also conduct or arrange for “agreed upon procedures” or additional audits to meet their needs.

#### H. Subrecipient/Vendor Monitoring

The Contractor must ensure that each of its **subrecipients** comply with the Single Audit Act requirements. The Contractor must issue management decisions on audit findings of their subrecipients as required by OMB Circular A-133.

The Contractor must also develop a subrecipient monitoring plan that addresses “during the award monitoring” of **subrecipients** to provide reasonable assurance that the subrecipient administers Federal awards in compliance with laws, regulations, and the provisions of contracts, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight, and monitoring activities such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.

The Contractor must establish requirements to ensure compliance for **for-profit subrecipients** as required by OMB Circular A-133, Section .210(e)

The Contractor must ensure that transactions with **vendors** comply with laws, regulations, and provisions of contracts or grant agreements in compliance with OMB Circular A-133, Section .210(f).

#### I. Notification of Modifications

Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

#### J. Software Compliance

The Contractor must ensure software compliance and compatibility with the Department’s data systems for services provided under this agreement including, but not limited to: stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Contractor’s business operations for processing date/time data.

#### K. Human Subjects

The Contractor agrees that prior to the initiation of the research, the Contractor will submit institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the State of Michigan, to the Department’s IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department’s IRB can only accept the review and approval of another institution’s IRB under a formally-approved interdepartmental agreement. The

manner of the review will be agreed upon between the Department's IRB Chairperson and the Contractor's IRB Chairperson or Executive Officer(s).

## **II. Responsibilities - Department**

The Department in accordance with the general purposes and objectives of this agreement will:

### **A. Reimbursement**

Provide reimbursement in accordance with the terms and conditions of this agreement based upon appropriate reports, records, and documentation maintained by the Contractor.

### **B. Report Forms**

Provide any report forms and reporting formats required by the Department at the effective date of this agreement, and provide to the Contractor any new report forms and reporting formats proposed for issuance thereafter at least ninety (90) days prior to their required usage in order to afford the Contractor an opportunity to review and offer comment.

## **III. Assurances**

The following assurances are hereby given to the Department:

### **A. Compliance with Applicable Laws**

The Contractor will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Contractor will also comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.

### **B. Anti-Lobbying Act**

The Contractor will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies section of the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-208). Further, the Contractor shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

### **C. Non-Discrimination**

1. In the performance of any contract or purchase order resulting herefrom, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position or to receive services. The Contractor further agrees that every subcontract entered into for the performance of any

contract or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq., and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq., and any breach thereof may be regarded as a material breach of the contract or purchase order.

2. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority owned and women owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Contractor shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

**D. Debarment and Suspension**

Assurance is hereby given to the Department that the Contractor will comply with Federal Regulation, 2 CFR part 180 and certifies to the best of its knowledge and belief that it, its employees and its subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;
2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;
4. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

**E. Federal Requirement: Pro-Children Act**

1. Assurance is hereby given to the Department that the Contractor will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract,

loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Contractor also assures that this language will be included in any subawards which contain provisions for children's services.

2. The Contractor also assures, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this agreement will be delivered in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Contractor. If activities or services are delivered in facilities or areas that are not under the control of the Contractor (e.g., a mall, restaurant or private work site), the activities or services shall be smoke-free.

**F. Hatch Political Activity Act and Intergovernmental Personnel Act**

The Contractor will comply with the Hatch Political Activity Act, 5 USC 1501-1508, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally-assisted programs.

**G. Subcontracts**

Assure for any subcontracted service, activity or product:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity. Exceptions to this policy may be granted by the Department upon written request within 30 days of execution of the agreement.
2. That any executed subcontract to this agreement shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail.

A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this agreement;
- b. Restates provisions of this agreement to afford the Contractor the same or substantially the same rights and privileges as the Department; or

- c. Requires the subcontractor to perform duties and/or services in less time than that afforded the Contractor in this agreement.
3. That the subcontract does not affect the Contractor's accountability to the Department for the subcontracted activity.
4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
5. That the Contractor will submit a copy of the executed subcontract if requested by the Department.

#### **H. Procurement**

Assure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of OMB Circular A-102 as revised, implemented through applicable portions of the associated "Common Rule" as promulgated by responsible federal contractor(s), or 2 CFR, Part 215 (OMB Circular A-110) as amended, as applicable, and that records sufficient to document the significant history of all purchases are maintained for a minimum of three years after the end of the agreement period.

#### **I. Health Insurance Portability and Accountability Act**

To the extent that this act is pertinent to the services that the Contractor provides to the Department under this agreement, the Contractor assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements including the following:

1. The Contractor must not share any protected health data and information provided by the Department that falls within HIPAA requirements except to a subcontractor as appropriate under this agreement.
2. The Contractor must require the subcontractor not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Contractor must only use the protected health data and information for the purposes of this agreement.
4. The Contractor must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Contractor's employees.
5. The Contractor must have a policy and procedure to report to the Department unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Contractor becomes aware.

6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Agreement Termination.
7. In accordance with HIPAA requirements, the Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information received by the Contractor from the Department or any other source.

#### **IV. Financial Requirements**

##### **A. Operating Advance**

An operating advance may be requested by the Contractor to assist with program operations. The request should be addressed to the Contract Manager identified in Part I, Item 8. The operating advance will be administered as follows:

1. The advance amount requested must be reasonable in relationship to the program's requirements, billing cycle, etc.; and in no case may the advance exceed the amount required for 60 days operating expense. Operating advances will be monitored and adjusted by the Department according to total Department agreement amount.
2. The advance must be recorded as an account payable to the Department in the Contractor's financial records. The operating advance payable must remain in the Contractor's financial records until fully recovered by the Department.
3. The monthly Financial Status Report (FSR) reimbursement for actual expenditures by the Department should be used by the Contractor to replenish the operating advance used for program operations.
4. The advance must be returned to the Department within 30 days of the end date of this agreement unless the Contractor has a recurring agreement with the Department, and may not be held pending agreement audit. Subsequent Department agreements may be withheld pending recovery of the outstanding advance from a prior agreement. If the Contractor has a recurring agreement with the Department, the Department requires an annual confirmation of the outstanding operating advance.

The Department may obtain the Michigan Department of Treasury's assistance in collecting outstanding operating advances. The Department will comply with the Michigan Department of Treasury's Due Process procedures prior to forwarding claims to Treasury. Specific Due Process procedures include the following:

- a. Department offer of a hearing to dispute the debt, identifying the time, place and date of such hearing.
- b. A hearing by an impartial official.
- c. An opportunity for the Contractor to examine department's associated records.

- d. An opportunity for the Contractor to present evidence in person or in writing.
  - e. A hearing official with full authority to correct errors and make a decision not to forward debt to Treasury.
  - f. Contractor representation by an attorney and presentation of witnesses if necessary.
5. At the end of either the agreement period or Department's fiscal year, whichever is first, the Contractor must respond to the Department's request for confirmation of the operating advance. Failure to respond to the confirmation request may result in the Department recovering all or part of an outstanding operating advance.

**B. Reimbursement Method**

The Contractor will be reimbursed in accordance with the staffing grant reimbursement method as follows:

Reimbursement from the Department is based on the understanding that Department funds will be paid up to the total Department allocation as agreed to in the approved budget. Department funds are first source after the application of fees and earmarked sources unless a specific local match condition exists.

**C. Financial Status Report Submission**

Financial Status Reports (FSRs) shall be prepared and submitted to:

Michigan Department of Community Health,  
Bureau of Finance  
Accounting Division, Expenditure Operations Section,  
P.O. Box 30720, Lansing, Michigan 48909

FSRs must be submitted on a monthly basis, no later than thirty (30) days after the close of each calendar month. The monthly FSRs must reflect total actual program expenditures, regardless of the source of funds. Attachment D contains the FSR form. The FSR form and instructions for completing the FSR form are available through your Contract Manager or the Department's web site:

- [http://www.michigan.gov/documents/DCH-0384-Financial\\_Status\\_Report\\_8214\\_7.pdf](http://www.michigan.gov/documents/DCH-0384-Financial_Status_Report_8214_7.pdf) and
- [http://www.michigan.gov/documents/DCH-0384-Financial\\_Status\\_Report\\_Instructions\\_8216\\_7.pdf](http://www.michigan.gov/documents/DCH-0384-Financial_Status_Report_Instructions_8216_7.pdf).

Failure to meet financial reporting responsibilities as identified in this agreement may result in withholding future payments.

#### **D. Reimbursement Mechanism**

All contractors must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site:

- <http://www.cpexpress.state.mi.us/>

#### **E. Final Obligations and Financial Status Report Requirements**

##### **1. Preliminary Close Out Report**

A Preliminary Close Out Report, based on annual guidelines, must be submitted by the due date using the format provided by the Department's Accounting Division. The Contractor must provide an estimate of total expenditures for the entire agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables for this agreement.

##### **2. Final FSRs**

Final FSRs are due sixty (60) days following the end of the fiscal year or agreement period. The final FSR must be clearly marked "Final". Final FSRs not received by the due date may result in the loss of funding requested on the Preliminary Close Out Report and may result in the potential reduction in the subsequent year's agreement amount.

#### **F. Unobligated Funds**

Any unobligated balance of funds held by the Contractor at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

#### **V. Agreement Termination**

The Department may cancel this agreement without further liability or penalty to the Department for any of the following reasons:

- A.** This agreement may be terminated by either party by giving thirty (30) days written notice to the other party stating the reasons for termination and the effective date.
- B.** This agreement may be terminated on thirty (30) days prior written notice upon the failure of either party to carry out the terms and conditions of this agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the thirty (30) day period.
- C.** This agreement may be terminated immediately if the Contractor or an official of the Contractor or an owner is convicted of any activity referenced in Section III.D. of this agreement during the term of this agreement or any extension thereof.

#### **VI. Final Reporting Upon Termination**

Should this agreement be terminated by either party, within thirty (30) days after the termination, the Contractor shall provide the Department with all financial, performance and other reports required as a condition of this agreement. The Department will

make payments to the Contractor for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Contractor shall immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Contractor in excess of allowable reimbursable expenditures. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

**VII. Severability**

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

**VIII. Amendments**

Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement. Any change proposed by the Contractor which would affect the Department funding of any project, in whole or in part in Part I, Section 2.C. of the agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change.

**IX. Liability**

- A.** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of the Department, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor, provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Contractor or its employees by statute or court decisions.
- B.** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by the Department in the performance of this agreement shall be the responsibility of the Department, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any Department employee or agent, provided that nothing herein shall be construed as a waiver of any governmental immunity by the State, its agencies (the Department) or employees as provided by statute or court decisions.
- C.** In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and the Department in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein shall be construed as a waiver of any governmental immunity by the Contractor, the State, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

**X. Conflict of Interest**

The Contractor and the Department are subject to the provisions of 1968 PA 317, as amended, MCL 15.321 et seq, MSA 4.1700(51) et seq, and 1973 PA 196, as amended, MCL 15.341 et seq, MSA 4.1700 (71) et seq.

**XI. State of Michigan Agreement**

This is a State of Michigan Agreement and is governed by the laws of Michigan. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

**XII. Confidentiality**

Both the Department and the Contractor shall assure that medical services to and information contained in medical records of persons served under this agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation, in connection with the provision of services or other activity under this agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the patient or a person responsible for the patient, except as may be otherwise required by applicable law or regulation. Such information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular individuals.

**ATTACHMENT A  
Free Form**

- Subrecipient
- Vendor
- Research and development project
- Not a research and development project

**STATEMENT OF WORK**

- Subrecipient
- Vendor
- Research and development project
- Not a research and development project

**STATEMENT OF WORK**

**Goal:**

**Methodology: Activities, Responsible Individual(s), Timeline and Deliverable(s)**

Activity(ies)	Responsible Individual(s)	Timeline	Deliverable(s)
<b>Objective</b>			
<b>Objective</b>			
<b>Objective</b>			
<b>Objective</b>			



**PROGRAM BUDGET – COST DETAIL SCHEDULE**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger  
Use **WHOLE DOLLARS** Only

Page Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From: April 1, 2009	To: March 31, 2010	
CONTRACTOR NAME		BUDGET AGREEMENT		AMENDMENT #
		<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> AMENDMENT	
1. SALARY & WAGES	POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
1. TOTAL SALARIES & WAGES:			0	\$ 0
2. FRINGE BENEFITS (Specify)				
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS.	<input type="checkbox"/> DENTAL INS.	COMPOSITE RATE	
<input type="checkbox"/> UNEMPLOY INS.	<input type="checkbox"/> VISION INS.	<input type="checkbox"/> WORK COMP.	AMOUNT 0.00%	
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS.			
<input type="checkbox"/> HOSPITAL INS.	<input type="checkbox"/> OTHER (specify) _____		2. TOTAL FRINGE BENEFITS:	\$0
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
			3 TOTAL TRAVEL:	\$0
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
			4. TOTAL SUPPLIES & MATERIALS:	\$0
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>		<u>Amount</u>	
			5. TOTAL CONTRACTUAL:	\$0
6. EQUIPMENT (Specify items)				
			6. TOTAL EQUIPMENT:	\$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
			7. TOTAL OTHER:	\$0
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 0
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X	Rate 0.0000 %	Total
		Rate #2: Base \$0 X	Rate 0.0000 %	Total
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding				
DCH-0386 (E) (Rev 5-08) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
CONTRACT MANAGEMENT SECTION**

**EQUIPMENT INVENTORY SCHEDULE**

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget's cost detail schedule - Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward to this form to the MDCH contract manager with the final progress report.

Contractor Name: \_\_\_ Contract #: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Quantity</b>	<b>Item Name</b>	<b>Item Specification</b>	<b>Tag Number</b>	<b>Purchased Amount</b>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			<b>Total</b>	\$ 0

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERFORMANCE / PROGRESS REPORT REQUIREMENTS**

- A. The Contractor shall submit the following reports on the following dates:
  
- B. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Contractor as required by the Contract Manager.
  
- C. Reports and information shall be submitted to the Contract Manager at:
  
- D. The Contract Manager shall evaluate the reports submitted as described in Attachment C, Items A. and B. for their completeness and adequacy.
  
- E. The Contractor shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.

**FINANCIAL STATUS REPORT**  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

**ATTACHMENT D**

		Contract Number	Page	Of
Local Agency Name		Program	Code	
Street Address		Report Period	Date Prepared	
		<b>Thru</b>	<b>Final</b>	
City, State, ZIP Code		Agreement Period	FE ID Number	
		<b>Thru</b>		

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9a. Indirect Costs Rate #1:_%				
9b. Indirect Costs Rate #2:_%				
10. TOTAL EXPENDITURES				
<b>SOURCE OF FUNDS:</b>				
11. State Agreement				
12. Local				
13. Federal				
14. Other				
15. Fees & Collections				
16. TOTAL FUNDING				

**CERTIFICATION:** I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date	Title
Contact Person Name	Telephone Number	

**FOR STATE USE ONLY**

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message	
<b>Authority:</b> P.A. 368 of 1978 <b>Completion:</b> is a Condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.

**QUESTIONS AND ANSWERS  
IN REGARDS TO  
THE CHILD HEALTH INITIATIVES UNDER THE MICHIGAN  
CHILD HEALTH IMPROVEMENT PARTNERSHIP (MICHIP)  
REQUEST FOR PROPOSAL (RFP)**

**Question #1:**

**The RFP references physician “recruitment criteria developed by MICHIP”. Has MICHIP already developed the recruitment criteria?**

**Answer #1:**

MICHIP is a collaborative body with broad representation from organizations and entities with a vested interest in children’s health. Since Assuring Better Child Development (ABCD) spread is a MICHIP activity, it is appropriate for the MICHIP oversight body to develop and approve practice recruitment criteria. It should be noted that the potential physician pool is not limited to members of certain organizations, but also includes non-member pediatricians and family physicians providing Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services to Medicaid-eligible children.

**Question #2:**

**The Request for Proposal (RFP) references the contractor representing pilot practices and working in other capacities with the MICHIP Executive Committee. Currently Michigan Medicaid is the convener of the MICHIP Executive Committee. Will Medicaid continue in that role? If not, will the contractor convene the meetings and be responsible for associated expenses? Are meeting expenses (location, food, travel, etc.) an allowable expense for the contractor to bill the Michigan Department of Community Health?**

**Answer #2:**

Convening and coordinating MICHIP Executive Committee meetings does not fall within the scope of this RFP.

**Question #3:**

**In designing training modules for physicians it is most beneficial for the trainee to receive Continuing Medical Education (CME) credits and Maintenance of Certification (MOC) approval. The trainer is assessed professional fees by the national Academy to acquire these credentials. Are the fees that are associated with acquiring those credentials an allowable expense for the contractor to bill?**

**Answer #3:**

Applying for and issuing professional education credit is not specified within the RFP Statement of Work. If the bidder's proposal includes applying for and issuing professional education credit, associated costs should be itemized in bidder's submission.

**Question #4:**

**As the spread of the ABCD is accomplished is the contractor responsible for having an evaluation completed or is that the responsibility of other ABCD partners? Who is responsible for the costs associated with the evaluation?**

**Answer #4:**

An evaluation of the ABCD spread process will be conducted by an external body approved by the MICHIP Executive Committee. As an interested party, the successful bidder will be expected to provide information necessary for the evaluation but will not conduct this activity.