

**DIVISION OF PUBLIC HEALTH  
 LOCAL HEALTH DEPARTMENT  
 CONSOLIDATED AGREEMENT (CA), AGREEMENT ADDENDUM (AA), BUDGETARY  
 ESTIMATE (BE) AND FUNDING AUTHORIZATION (FA) PROCESSING PROCEDURES**

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## I. Introduction

The purpose of these procedures is to provide the Division of Public Health staff with a processing guide for the Consolidated Agreement (CA), Agreement Addendum (AA), Budgetary Estimates (BE) and Funding Authorization (FA) with local health departments. These procedures do not include programmatic or other Federal/State guidelines required in the daily operations of these services.

The Division of Public Health and the local health departments execute a CA each fiscal year to establish the terms and conditions governing the use of Federal and State funds. An AA will be prepared each fiscal year for each funded program Activity to establish annual program objectives to be achieved by the local health department. In addition, budgetary estimates will be entered into the Aid to County Database, where the estimates will be electronically passed for approval. Local health departments and DPH programs will be able to track proposed estimates through approval process to completion. The DPH Budget Office will send Funding Authorizations to local health departments after the budget is certified. The Agreement Addenda become an attachment to the Consolidated Agreement. Per SESSION LAW 2001-424, SENATE BILL 1005; SECTION 21.16, the Division of Public Health must notify the local health departments of approved estimates by February 15<sup>th</sup> each year. Payments are contingent upon an executed CA and AA. **If you are unable to meet the February 15<sup>th</sup> deadline, please go to Section III.**

Local health departments are required to submit electronic monthly expenditure reports to receive reimbursement for services performed.

For purposes of this document only, the term “Local Health Department” refers to a single-county health department, a district health department, or public health authority.

## II. Processing Procedures for Request for Applications (RFA’S) and CA/AA/BE

RFA’s are required when program staff receive funds for which local health departments must apply in order to receive funding based on specific evaluation criteria. Sometimes, this may only include a particular geographic area. The funding source will be the primary guide for when an RFA is required. Contact the DPH Contracts Office at 919-707-5110 for assistance in this determination. If an RFA is required prior to the distribution of funds to local health departments please adhere to the following guidelines:

Program staff should complete the RFA approval Form, the RFA justification memorandum, and the RFA template located on the DPH Contracts website at [www.NCPUBLICHEALTH.com/contracts/contracts.htm](http://www.NCPUBLICHEALTH.com/contracts/contracts.htm). Program staff should secure approval signatures on the RFA Approval Form and submit the original documents to the DPH Contracts Office at least 30 days prior to the submission of the RFA. These documents must also be submitted by email to the DPH Contracts Office.

The DPH Contracts Office will review the RFA package for completeness and accuracy. If there are questions or suggestions on the RFA package, they will be directed to the appropriate program staff.

The DPH Contracts Office will secure the approval of the DPH Budget Office prior to returning the approved package to the appropriate program staff.

The program staff will handle all aspects of the RFA mailing, evaluation and awarding of funds. Awarding of funds will follow the processing procedures for local health department funding.

Program staff should contact the DPH Contracts Office AA Coordinator at 707-5138, when new Activity numbers are needed. Activity numbers and titles should be consistent on all AA documents and Aid to County Database entries. DPH Contracts Office AA Coordinator notifies the Budget Office when a new Activity number has been issued so the Budget Office can set up an account with the Controller's Office.

### **Step 1: By September 30**

DPH Contracts Office Will Send Reminder Regarding Processing Procedures for AA and BE

- A. The Contracts Manager will remind OPS Managers of the timeframes and processing procedures regarding processing of 2011-2012 Budgetary Estimates and Agreement Addenda.
- B. The DPH Contracts Office AA Coordinator will contact the Administrator for each current Activity to inquire on the status of Activity for the upcoming year. The DPH Contracts Office AA Coordinator will document status for each Activity.

### **Step 2: By October 31st**

**Local Technical Assistance and Training Branch Annual review of CA:**

- A. The LTAT Branch will distribute the CA for review and comments to Programs, Budget, Contracts, Controller's Office, Administrative Consultants, and DENR.
- B. When the CA has been returned, LTAT Branch will interpret/research all comments and proposed changes and combine into a final recommendation.

### **Step 3: By November 30th**

**Program completes AA for next fiscal year**

AA Templates are available at [www.NCPUBLICHEALTH.com/contracts/contracts.htm](http://www.NCPUBLICHEALTH.com/contracts/contracts.htm).

- A. Program staff should have completed their AA. Instructions on how to complete the form are imbedded in the template. Clicking the show/hide button "¶" reveals the hidden text.

- B. Agreement Addenda that are financed with Federal American Recovery and Reinvestment Act (ARRA) Funds require ARRA Provisions to be attached. The Program Staff are required to insert the Federal Award number and the associated CFDA number in the fields provided on the last page of the ARRA provisions.
- C. Branch Head will complete the Quality Assurance (QA) Checklist ensuring that the AA follow the requirements of the new template before it leaves the program and gets to the DPH Contracts Office. Branch Head will only need to complete one (1) QA Checklist per Activity (not per county).
- D. Liaison Committee approval: Program staff will present for review and comment any proposed changes in the upcoming fiscal year's AA requirements to the appropriate Liaison Committee of the North Carolina Association of Local Health Directors (NCALHD).

#### **Step 4: By 2nd Friday in December**

**\*NOTE: If this step is not completed by the stated deadline above, the DPH Budget Office cannot guarantee that the BE approval process will be completed in time for the February 15<sup>th</sup> mailing.**

**Program user enters the Budgetary Estimate (BE) in Aid to County Database and Program Administrator approves.**

After review and any changes have been made, the program staff will:

- A. Determine local health department estimates by program Activity. Program staff should make every effort to ensure the first submission is correct.
- B. Submit BE with the effective Service dates (The Service Period dates are June through May or any dates in between and must match the dates in the Aid to County Database) and effective Payment dates (The Payment Period dates are July through June or any dates in between and must match the dates in the Aid to County Database) to the DPH Budget Office electronically (via the Aid to County Database) along with the original hard copy (printable copy from Aid to County Database) to DPH Contracts Office AA Coordinator, signed by the appropriate Program Administrator and Section Chief. These dates must be consistent with the dates entered on the Agreement Addenda.
- C. The initial BE **must** indicate that an Agreement Addenda is required. Always assign revision number zero "0" for the **Original** Agreement Addenda for each State Fiscal Year. All BE received that do not indicate the need for an Agreement Addenda will be returned to the appropriate program for correction and resubmission before they can be resubmitted.
- D. DPH Contracts Office AA Coordinator will date stamp BE, log in tracking spreadsheet and verify that both Program Administrator and DPH Section Chief have signed off on BE. The DPH Contracts Office AA Coordinator will sign acknowledging that the BE has been received in the DPH Contracts Office and is ready for DPH Budget Office review and approval of both the electronic copy (via the Aid to County Database) and the hard copy.

- E. DPH Contracts Office AA Coordinator will route to appropriate DPH Budget Officer for signature. (DPH Budget Office will turn-around within 3 State business days.)
- F. Upon receipt of signed BE from DPH Budget Office, the DPH Contracts Office AA Coordinator will date stamp and log into spreadsheet. The DPH Contracts Office AA Coordinator will scan the BE and email the scanned copy to the Program Office for attachment to the AA.
- G. For the future budget year, the Budget Office Business Officer will review budget on the RK 325 Report, and compare it to the Aid to County budgetary estimate. Budget numbers and the Budget Office Business Officers' estimates must be reconciled at all times. Budget administrator must certify the BE in the Aid to County Database and a budget revision will be prepared in February for the second year of a biennium. In the event it is a new grant, a budget cannot be prepared, but accounts must be validated at this time. At the beginning of a new biennium, the Budget Office Business Officer must use Worksheet I to view available funds for approving estimates.

### **Current Budget Year**

- A. For the current budget year, budget on 701 report, Aid to County Database, and estimates must be reconciled at all times. Budget administrator must not certify in the Aid to County Database until a budget revision has been approved and formatted. Budget supervisor signs hard copy after budget revision has been approved and certifies in the aid-to-county database. Budget administrator keeps the original signed copy in a notebook.

### **Step 5: At the December Meeting of NCALHD**

#### **CA revisions to NCALHD**

Joy Reed, head of Local Technical Assistance and Training, will present any proposed changes to the CA to the NCALHD at its December meeting. Issues of concern raised by the Executive Committee of the NCALHD will be reviewed by DMT for modification.

LTAT will complete the review process and modify the CA.

### **Step 6: By the 3rd Friday in January**

#### **CA/AA/BE to DPH Contracts Office**

The Local Technical Assistance and Training Branch will submit to the DPH Contracts Office: three (3) CA originals, with attachments, per local health department and instructional letter for local health directors. The letter will include general informational items as well as specific instructions for return of required documents. The letter will also list major changes from the previous year.

**And**

- A. Program staff must email one (1) electronic version of the final ***negotiable AA*** (please note: you **do not** need to email non-negotiable AA) and all attachments to the ***DPH Contracts Office*** at [rebecca.miller@dhhs.nc.gov](mailto:rebecca.miller@dhhs.nc.gov) (*please do not send mail merge file*).

The file name should be formatted “Activity number - Activity description” such as 110-General Aid to Counties (If you have attachments to the AA, format the file name “Activity number-Activity name-attachment 1”, etc.).

Submit one (1) master copy with the names of the participating local health departments. If an AA for the same Activity Number has different requirements, under any section (such as the number of participants), then a separate electronic version and master copy must be submitted with the names of the participating local health departments.

- B. For all AA: Make two (2) hard copies of the AA with Budgetary Estimates stapled to each copy, per local health department.
- C. Submit one master copy with BE attached for each Activity. If an AA for the same Activity Number has different requirements, then a separate master copy with BE attached will be required with the names of the participating health departments.
- D. Each set of completed AA must be stapled at top left corner, if more than one page.
- E. Compile two (2) separate stacks of addenda:
- (1.) One stack will consist of two (2) copies of the AA with BE stapled for each local health department, in alphabetical order.
  - (2.) The second stack will consist of one (1) AA master copy with the BE attached. If an AA for the same Activity Number has different requirements, then a separate master copy with BE attached will be required with the names of the participating health departments.
- F. Place the signed original of the AA QA Checklist on top of the Activity Batch.

**Reminders:**

- (1.) AA’s to be included in the February 15<sup>th</sup> mass mailing must be received 7 State business days prior to the February 15<sup>th</sup> deadline. Any AA’s received after the 7 State business days will be mailed after the February 15<sup>th</sup> deadline**
- (2.) Please compare service dates and payment dates with BE’s for accuracy. If any discrepancies that impact the Aid to County Database, Budget Officer must be notified and budgetary estimate corrected before further action is taken.**
- (3.) Please do not staple two (2) AA together.**
- (4.) Please do not staple different activities together.**
- (5.) Please do not use paperclips.**
- (6.) Please rubber band large batches.**
- (7.) Please do not criss-cross copies.**

## **Step 7: By February 15th**

### **DPH Contracts Office processes the AA/BE and CA and distributes to LHD**

The DPH Contracts Office will submit electronic copies and attachments of negotiable AA to the LHD's and mail the verification letter, the instructional letter, three (3) original CA with attachments, two (2) original AA by Activity number to each local health department. The DPH Contracts Office will be tracking the AA and CA as it moves through the process. A master copy of each AA Activity with BE will be filed in the DPH Contracts Office file. Upon execution, the DPH Contracts Office will file the original signed AA and CA in the permanent file.

## **Step 8: By March 1st**

**DPH Contracts Office AA Coordinator will follow-up with LHD's to track receipt of signed verification letters in order to verify receipt of documents.**

## **Step 9: By May 15th**

### **CA and AA are executed**

The local health department will complete the AA as instructed. The local health director will sign the two (2) original AA's, and the three (3) original CA's and the attachments (the CA requires signature by the local health department finance officer and when applicable, the Chair of the County Commissioners) and return all originals to the DPH Contracts Office.

**And**

Upon receipt of the three (3) completed and signed CA originals and attachments from the local health department, the DPH Contracts Office will post the receipt on the applicable tracking log and secure the final Division signature by the State Health Director. The three (3) signed CA originals will then be forwarded to DENR for appropriate signatures. DENR will return the three (3) signed CA originals to the DPH Contracts Office for distribution.

- One (1) of the three (3) CA executed originals will be filed in the DPH Contracts Office master file
- One (1) of the three (3) CA executed originals will be forwarded to DENR, and
- One (1) of the three (3) CA executed originals will be forwarded to the local health department.
- Also, one (1) photocopy of the first page of the CA and all signature pages will be forwarded to the DHHS Controller's Office.

**And**

## **AA is executed**

### **A. If the AA is non-negotiable:**

The AA is executed and the DPH Contracts Office will date stamp and post the receipt date on the applicable tracking log. The DPH Contracts Office AA Coordinator will update the status of each AA received from the LHD's to **executed** in the Aid to County Database for each executed non-negotiable AA received. Once this occurs, the funding is available for the LHD's use. One (1) original is sent to the appropriate program staff and one (1) original is kept on file in the DPH Contracts Office.

### **B. If the AA is negotiable:**

Upon receipt of the two (2) original signed AA, the DPH Contracts Office will date stamp and post the receipt date on the applicable tracking log and will forward two (2) original AA to the appropriate program staff for signature. Program staff will negotiate and sign these original AA's and return both to the DPH Contracts Office. Program staff will make a copy for their file. Once received, the DPH Contracts Office will date stamp and post the receipt date on the applicable tracking log. The DPH Contracts Office AA Coordinator will update the status of each negotiated AA received from the Programs to **executed** in the Aid to County Database for each executed negotiable AA received. Once this occurs, the funding is available for the LHD's use. One (1) executed original is sent to the local health department and the second original is kept on file in the DPH Contracts Office.

**Program staff are responsible for ensuring that completed signed AA's are submitted to the DPH Contracts Office by May 15<sup>th</sup>. If the local health department does not submit the completed AA to the DPH Contracts Office by May 15<sup>th</sup> funds are subject to be withheld.**

## **Step 10: By (Approximately) September 1st**

Annually the Budget Administrator will release all of the pending Budgetary Estimates from an estimate to a Funding Authorization. Funding Authorization is sent to local health department after budget is certified. The funding authorization will include all budgetary estimates certified by Budget Super up to certification of budget. This is usually completed by September of each year. After certification of budget, a funding authorization and cover letter is sent to local health departments every time a budgetary estimate is certified by Budget Super. The local health department will return the signed Funding Authorization to the DPH Budget Office. The DPH Budget Office reviews all Funding Authorizations for completeness, and will contact the Administrative Consultant for any county that does not return a signed Funding Authorization.

## **III. Instructions if NOT Meeting Feb. 15th Mandate.**

**Program staff are required to email the DPH Contracts Office Agreement Addenda Coordinator ([rebecca.miller@dhhs.nc.gov](mailto:rebecca.miller@dhhs.nc.gov)) in the DPH Contracts Office**

no later than Dec. 31<sup>st</sup> with the reason why they cannot meet the Feb. 15<sup>th</sup> deadline.

Please note: Funding issues, such as your funding is not yet available, would be a legitimate reason for not meeting the deadline; however, being short staffed would not be a legitimate reason for missing the deadline. Any AA's not meeting the Feb. 15<sup>th</sup> deadline are still required to follow Steps 1-10, including obtaining the Liaison Committee approval.

#### IV. Revisions to the Original AA:

##### A. Revisions to the original AA occurring before the AA are mailed out by the DPH Contracts Office:

Contact the DPH Contracts Office AA Coordinator for instructions.

##### B. Revisions to the original AA after the AA are mailed out by the DPH Contracts Office:

Revisions occurring to the original AA after the AA is mailed should be submitted to the DPH Contracts Office using the AA template. The only language on the revision should reflect what has changed from the original AA (i.e., do not include all the original language). After Program review and any changes have been made, the program staff will determine local health department estimates by program Activity. Program staff should make every effort to ensure the first submission is correct. {Revision numbers are consecutive, not the Aid to County Database revision number.}

Program must submit BE with the effective Service dates (The Service Period dates are June through May or any dates in between and must match the dates in the Aid to County Database) and effective Payment dates (The Payment Period dates are July through June or any dates in between and must match the dates in the Aid to County Database) to the DPH Budget Office electronically (via the Aid to County Database) along with a hard copy (printable copy from the aid-to-county database) to DPH Contracts Office Agreement Addenda Coordinator, signed by appropriate program administrator and DPH section chief. These dates must be consistent with the dates entered on the Agreement Addenda.

The BE **must** show the correct Agreement Addenda revision number for the fiscal year.

DPH Contracts Office AA Coordinator will date stamp BE and log in tracking spreadsheet and verify that both the Program Manager and Section Chief have signed off on BE. The DPH Contracts Office AA Coordinator will sign acknowledging that the BE has been received in the DPH Contracts Office and is ready for DPH Budget Office review and approval of both the electronic copy (via the Aid to County Database) and the hard copy (printable copy from the Aid to County Database).

DPH Contracts Office AA Coordinator will review BE for accuracy before sending to DPH Budget Office for approval signature.

DPH Contracts Office AA Coordinator will route to appropriate DPH Budget Officer for signature. (The DPH Budget Office will keep the original and route a copy to DPH Contracts Office. The DPH Budget Office will turn-around within 3 State business days.)

Upon receipt of signed BE from DPH Budget Office, the DPH Contracts Office AA Coordinator will date stamp and post the receipt date on the applicable tracking log. The DPH Contracts Office AA Coordinator will make a copy of BE and route to the Program for completion of AA processing. Program should complete AA processing and return to DPH Contracts Office AA Coordinator within 5 State business days along with the master copy of the AA

The DPH Contracts Office AA Coordinator will update the status of each AA received from the LHD's to **executed** in the Aid to County Database for each executed AA received. Once this occurs, the funding is available for the LHD's use.

\*NOTE: BE revisions are prohibited prior to the receipt of signed CA, AA, and AA revisions.

**C. Revisions to the original AA occurring March 1st through April 30th per Dennis Harrington's memo dated March 8, 2007:**

**Period of March 1 through April 30**

Before awarding funds to the local health departments, DPH program staff must inform the local health departments of the funds availability and obtain its approval to accept the new funds before allocating the funds in the Aid to County Database. Program staff are to notify local health departments of the funding opportunities via e-mail and shall copy the appropriate Administrative Consultant(s). Program staff should also, get confirmation from the Health Director and Finance Office that there is adequate time to get the AA through their system for signatures before the Program initiates AA. Program staff shall ensure the Administrative Consultant(s) are informed of the local health department's decision to accept or reject the funding. DPH program staff can utilize the local health department's Liaison Committee as long as there is representation for all of the impacted local health departments. Otherwise, DPH program staff is required to directly communicate with each impacted local health department. (Note: DPH program staff shall not utilize the List Serve to broadcast funding opportunities to the local health departments.)

Providing adequate notification and obtaining the local health department's prior acceptance of new or reallocated funding before making awards will allow local health department's to utilize funding more efficiently. If you have any questions regarding this process, please contact Sharon Smith at 919-707-5111 or [sharon.smith@dhhs.nc.gov](mailto:sharon.smith@dhhs.nc.gov).

**Division of Public Health  
Agreement Addendum  
FY 11-12**

\_\_\_\_\_  
Local Health Department Legal Name

\_\_\_\_\_  
DPH Section/Branch Name

\_\_\_\_\_  
Activity Number and Description

\_\_\_\_\_  
DPH Program Contact Name, Telephone  
Number (with area code) and Email

\_\_\_\_\_  
Service Period

\_\_\_\_\_  
DPH Program Signature Date  
(only required for negotiable agreement  
addendum)

\_\_\_\_\_  
Payment Period

- Original Agreement Addendum  
 Agreement Addendum Revision # \_\_\_\_\_ **(Please do not put the Aid to County BE revision # here.)**

**I. Background:**

\_\_\_\_\_  
Health Director Signature (use blue ink)

\_\_\_\_\_  
Date

Local Health Department to complete:  
(If follow up information is needed by DPH)

LHD program contact name: \_\_\_\_\_  
Phone number with area code: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Signature on this page signifies you have read and accepted all pages of this document.**

AA Revised 9/10/10

**II. Purpose:**

**III. Scope of Work and Deliverables:**

**IV. Performance Measures/Reporting Requirements:**

**V. Performance Monitoring and Quality Assurance:**

**VI. Funding Guidelines or Restrictions: (if applicable)**

## Appendix B: Quality Assurance Checklist

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DPH Section/Branch Name

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Activity Number and Description

Original Agreement Addendum

Agreement Addendum Revision # \_\_\_\_\_ **(Please do not put the Aid to County BE revision # here.)**

**I have reviewed the Agreement Addendum and certify the following:**

- The **Background** provides understanding of problem(s) to be addressed and how it prevents goals of the program from being achieved. Complete in brief paragraph form.
  - What is the primary goal of the program?
  - Gives an overview of what the problem is and explains why the service is necessary.
  
- The **Purpose** identifies the goals of the Activity and desired outcome of Agreement Addendum. Complete in brief paragraph form.
  
- The **Scope of Work** is in narrative form and should describe who, what, when, how and where.
  - Identifies the target population and the number of clients or participants expecting to be served.
    - Who will receive/benefit from the service? (Population served or impacted.)
  - Identifies deliverables including activities, tasks and services with appropriate time frames.
  - How is the service provided?
  - Where is the work performed? (LHD, other location, etc.)
  
- Performance Measures/Reporting Requirements:**
  - Define performance measures and indicators with benchmarks to be met. How will they be measured (Quantity? Quality? Timeliness? Effectiveness? Efficiency?). Explains what must be accomplished to give the desired result (i.e., performance measures that are specific, measurable, accountable, results-oriented, and time-bound).
  - Reporting requirements are in narrative form and include frequency, due dates, to whom the report goes, format and data source, etc.
  
- Performance Monitoring and Quality Assurance:**
  - Brief explanation of how performance will be monitored, for example, site visits, reports, phone conference, and if applicable, program sub-recipient monitoring plan.
  - What are the consequences if performance is below expectations? (Example, request corrective action plan.)
  
- The **Funding Guidelines/Restrictions** section (if applicable) clearly identifies any limitations on the use of funds or requirements on pre-approval of selected expenditures.

---

Branch Head Signature

---

Date

- Complete (1) one Quality Assurance Checklist for each Activity number; (batch) and deliver to Contracts.**

## Appendix C: Agreement Addendum Completion Instructions

<b>Local Health Department Name</b>	Enter the official legal name of the Local Health Department, as listed on the DPH website.
<b>Activity Number and Description</b>	Enter Activity Number and Description. Activity Number is assigned by the DPH Contracts Office with the description that has been labeled by the Program. This Activity Number and Activity Description will be used when entering information into the Aid to County Database. This information should not be changed or altered in any way. If the program requires a new Activity Number, they must contact the DPH Contracts Office and give the description of the Activity and request a new Activity Number to be used in required areas.
<b>Service Period</b>	Timeframe in which the Local Health Department can perform services. Dates will be entered in the format of MM/DD/YYYY. The Service Period dates are June through May or any dates in between and must match the dates in the Aid to County Database.
<b>Payment Period</b>	Timeframe in which the Local Health Department can bill for payment of services. Dates will be entered in the format of MM/DD/YYYY. The Payment Period dates are July through June or any dates in between and must match the dates in the Aid to County Database.
<b>DPH Section/Branch Name</b>	Enter the Division Section and Branch Name.
<b>DPH Program Contact Name</b>	Enter the Division Contact Name, Telephone Number including the area code, and e-mail address. This is the person to whom questions will be asked and approved Agreement Addendum copies sent.
<b>DPH Program Signature and Date</b>	DPH Program signature and date is only required for negotiable Agreement Addenda. When signed negotiable Agreement Addenda are received by the DPH Contracts Office from the Local Health Departments, they will be routed to the programs for completion of negotiation process and final sign off signature. Leave blank if Agreement Addenda is non-negotiable.

- Original Agreement Addendum** Check this box if it is the original Agreement Addendum.
- Agreement Addendum Revision #** Check this box if the Addendum information is a revision to the original Agreement Addendum. Insert the revision number in the space allowed. The revision numbers should be consecutive Agreement Addendum numbers and not the Aid to County Database revision number.
- I. Background:** Provides understanding of problem(s) to be addressed and how it prevents goals of the program from being achieved. Complete in brief paragraph form.
- What is the primary goal of the program?
  - Gives an overview of what the problem is and explains why the service is necessary.
- II. Purpose:** Identifies the goals of the Activity and desired outcome of Agreement Addendum. Complete in brief paragraph form.
- III. Scope of Work and Deliverables:** The Scope of Work should be in narrative form and should describe who, what, when, how and where.
- Identifies the target population.
    - Who will receive/benefit from the service? (Population served or impacted.)
  - Identifies Deliverables including activities, tasks and services with appropriate time frames.
  - How is the service provided?
  - Where is the work performed? (LHD, other location, etc.)
- IV. Performance Measures/Reporting Requirements:**
- Define performance measures and indicators with benchmarks to be met. How will they be measured (Quantity? Quality? Timeliness? Effectiveness? Efficiency?). Explains what must be accomplished to give the desired result (i.e., performance measures that are specific, measurable, accountable, results-oriented, and time-bound).
  - Reporting requirements should be in narrative form and should include frequency, due dates, to whom the report goes, format and data source, etc.
- V. Performance Monitoring and Quality Assurance:**
- Brief explanation of how performance will be monitored, for example, site visits, reports, phone conference, and if applicable, program sub-recipient monitoring plan.
  - What are the consequences if performance is below expectation? (Example, request corrective action plan.)
- VI. Funding Guidelines or Restrictions: (if applicable)** Include any limitations on the use of funds, or any requirements for pre-approval of selected expenditures.

**Local Health Director Signature**

Original Signature of Local Health Director - (use blue ink). Signature of front page signifies that the Local Health Director has read and accepts all pages of the document.

**Date**

Date that Local Health Director signed Agreement Addendum.

**Local Health Department Information**

Local Health Department should complete contact information.

## Appendix D: Glossary of Terms for Agreement Addendum

<b>Activity Description:</b>	Description of services assigned by the program in conjunction with an activity number.
<b>Activity Number:</b>	Tracking Number assigned by the DPH Contracts Office that is referenced in the Aid to County Database and is used in conjunction with the description of services.
<b>Agreement Addendum:</b>	An Agreement Addendum is the vehicle used by the Division to authorize work in a particular program area, or Activity. The Agreement Addendum defines the work activity to be performed, timeframes, deliverables, measures and reporting requirements.
<b>Agreement Addendum Revision:</b>	Document that revises the Original Agreement Addendum, other than just a budgetary change. It should only include the information to be revised using the required format. Revisions are numbered consecutively and not the same as Aid to County Database revision numbers.
<b>Aid to County Database:</b>	The Aid to County Database is a web-based system for financial authorization, reporting and reimbursement. Funding is authorized by DPH to each local health department for each authorized activity. The local health department uses the system to report expenditures. Payment is generated monthly.
<b>ARRA (American Recovery and Reinvestment Act)</b>	The American Recovery and Reinvestment Act of 2009 has three immediate goals: create new jobs and save existing ones; spur economic activity and invest in long-term growth; and foster unprecedented levels of accountability and transparency in government spending. ARRA provisions must be attached to ARRA agreement addenda. ARRA funds cannot be commingled with other funding sources; as ARRA funds must be tracked separately.
<b>Background Statement:</b>	Statement that provides understanding of problem(s) to be addressed and how it prevents goals from being achieved.
<b>Benchmarks</b>	Points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which is used as a reference for future comparisons (similar to a baseline). Sometimes it also refers to as “best practices” in a particular field.

**Budgetary Estimate:** Document provided to the Local Health Department, via the Aid to County Database, providing budget information by Activity Number and Description and by funding source.

**CFDA (Catalog of Federal Domestic Assistance)** The CFDA is a government-wide compendium of federal programs, projects, services, and activities that provide assistance or benefits to the American public. It contains financial and nonfinancial assistance programs administered by departments and establishments of the Federal government. Programs are assigned a unique CFDA number. There are 413 separate CFDA numbers for DHHS programs.

**Central Contractor Registration (CCR)** CCR is the primary registrant database for the federal government. CCR collects, validates, stores and disseminates data in support of agency acquisition missions, including federal agency contract and assistance awards.

**Consolidated Agreement:** Legal binding agreement between the Local Health Departments and the Department of Health and Human Services and the Department of Environment and Natural Resources.

The Consolidated Agreement establishes the roles and responsibilities of each party, and the terms and conditions.

**Deliverable:** A deliverable identifies the work product, activities, tasks, services, and/or output of the Agreement Addendum.

**DUNS (Data Universal Numbering System)** The DUNS number is a unique nine-digit number, assigned by Dun & Bradstreet, that identifies an organization. It is a tool used by the federal government to track how federal money is distributed.

A contractor must have a DUNS number in order to register with CCR. DUNS number assignment is free for all businesses required to register with the federal government for contracts or grants. A contractor can obtain a DUNS number from Dun & Bradstreet at <http://fedgov.dnb.com/webform>.

**Federal Award Number**

Grants are assigned Federal Award numbers by the federal government. Each CFDA number will have one or more grants associated with it, and each of these grants will have its own Federal Award number.

All Agreement Addenda which have federal funding will need to display the CFDA number and the Federal Award number associated with those funds.

**Funding Authorization:**

The FA sets forth the amount of funds that can be made available to a Local Health Department. It is used to detail, to each LHD, its program funding levels, per State Fiscal Year. Amendments to program funding levels are also issued via FA.

The Local Health Director and Local Finance Director will sign each FA and return to the DPH Budget Office, as required by the federal government, to demonstrate that the funds have been obligated. Upon final certification of a budgetary estimate, a FA will be automatically created within the Aid to County Database and mailed by the DPH Budget Office to applicable LHD.

**Goals:**

Broad, long-term aims that define a desired result associated with identified strategic issues.

**Indicator:**

A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, and the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same.

**Measure:**

A means of assessing; a basis or standard of comparison; an estimate of what is to be expected.

**Negotiable Agreement Addendum:**

An activity that the program has identified as needing additional review before execution. The Original Agreement Addendum is mailed to the Local Health Departments; information requested is provided on the Agreement Addendum and mailed back to the DPH Contracts Office for review by programs and final signature for execution.

**Non-negotiable Agreement Addendum:**

An activity which as all terms, expectations and fees stated and requires no additional review before execution. It only requires the signature of the LHD Director to execute. It is not signed by the program.

<b>Objectives:</b>	Objectives are defined as results of specific activities or outcomes to be achieved over a stated time. Objectives are specific, measurable, and realistic statements of intention. Objectives state who will experience what change or benefit and how much change is to be experienced in what time.
<b>Outcome:</b>	An outcome is the benefit or change for individuals or intended beneficiaries due to participation in a program.
<b>Output:</b>	An output is produced as a deliverable or product of a program activity or service. Output measures include the quantity of work, such as number of clients served, number of trainings conducted, etc. Since they measure levels of service, outputs are captured at the service level.
<b>Payment Period:</b>	Timeframe in which the county can bill for payment of services. Dates will be entered on the Agreement Addenda and in the Aid to County Database in the format of MM/DD/YYYY. The payment period dates are July through June or any dates in between and must match the dates in the Aid to County Database.
<b>Performance Monitoring/ Quality Assurance:</b>	Monitoring is regular observation and recording of activities taking place in a project or program. This can be monitored by site visits, phone conference, viewing reports and other technical assistance.
<b>Purpose:</b>	Identifies the goals of the Activity and desired outcome.
<b>Reporting Requirements:</b>	Narrative that includes requirements for reporting. This can include frequency, due dates, recipient of reports, format and data source, etc.
<b>Scope of Work:</b>	Narrative describing the who, what, when, how and where of service to be performed by the Local Health Department.
<b>Service:</b>	A service is a specific Activity that contributes to the overall goal of the program; e.g., an employment program with the overall goal of reducing unemployment might offer job training as a service.
<b>Service Period:</b>	Timeframe in which the county can perform services. Dates will be entered on the Agreement Addendum and in the Aid to County Database in the format of MM/DD/YYYY. The service period dates are June through May or any dates in between and must match the dates in the Aid to County Database.