

Division of Public Health Fiscal Year 2018 Training for Program Staff

The Process for

- Agreement Addenda
- Budgetary Estimates
- Consolidated Agreements
- Funding Authorizations

for the Local Health Departments



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What are Consolidated Agreements?

The master annual agreement between DPH and each local health department (LHD).

- Each LHD has its own Consolidated Agreement (CA)
- All CAs are identical
- The CA is in effect for the entire fiscal year
- Establishes the roles and responsibilities of the two parties
- Contains all the terms and conditions

What are Agreement Addenda?

The agreement between each local health department and DPH for a single activity.

- Each Agreement Addendum (AA) is an addendum to the Consolidated Agreement
- The AA provides for the Activity to be performed
- It includes specifics about the work
 - reasons for the work, deliverables, timeframes, measures, and reporting
- In effect for the entire fiscal year
(unless the funding source starts or ends short of the fiscal year)

What is the Aid-to-Counties Database?

ATC is a web-based system used by NC DHHS, DPH and the local health departments.

Funding is arranged in ATC by LHD and by Activity.

It is on the **State fiscal year cycle**, so only one fiscal year's funds — the current year — can be expended. Once a fiscal year ends, the “books” for the year are closed and the new year can begin.

How does one access the ATC database?

Web Identity Role Management — The WIRM

The WIRM is a portal which allows authorized users to access the Aid-to-Counties database (ATC).

Users are granted access only to those parts of the ATC which are appropriate for his or her job responsibilities.

Who uses the ATC Database?

Many areas play a part...



Payments to the LHDs are generated monthly.

When Users Can Enter Data in ATC

All those with ATC access can view data at any time.
Access to enter data has been divided into “windows.”

Each month starts and ends with DPH having write access to ATC:

DPH Staff → LHD → Controller's → DPH Staff
about one week — about one week — about one week — about one week

During DPH Staff's window:

- Program — create BEs
- Budget — certify BEs
- Contracts — release funds to LHDs

During the other windows:

- LHDs — submit their expenditure reporting
- Controller's — prepare and process the payments to the LHDs

How it all fits together...

Agreements and ATC Database

Before the start of each fiscal year...

- CAs and AAs are mailed to the LHDs.
- In order to get their funds released in ATC, the LHDs must sign and mail them to the Contracts Office.
- Funds are released *by LHD* and *by specific AA* signed.

For the rest of the fiscal year...

- As new AAs are emailed to the LHDs, the funds get released in ATC when the executed AAs are received.

The Mandate — it's the law!

General Statute 108A-88 — Determination of State and county financial participation

What it means to us:

1. A hard deadline —

We must mail everything so it's received by the LHDs no later than February 14

2. The entire fiscal year —

We must prepare AAs and BEs for the full 12 months of the State Fiscal Year



How do we get it done in time?

The Major Distribution

Starting many months in advance of that deadline, we all work on our pieces of this puzzle.

For the upcoming fiscal year, we prepare:

- Agreement Addenda
- Budgetary Estimates
- Funding Released in ATC
- Consolidated Agreement
- Supplement Pages
- Funding Authorizations

The Timeline for the Major Distribution Process

Getting all the agreements and financial components completed requires work by the staffs in DPH —

Programs • Contracts • Budget • LTAT Branch
(LTAT = Local Technical Assistance and Training)

To coordinate it all, we have ***The Timeline...***

When each person gets his or her parts done on time, we will get *everything* accomplished on time.

Notable Items from The Timeline

Some deadlines for the Program Staff:

By	Task
August, September, or October	First draft of your AA due to the AA Team Leader <ul style="list-style-type: none">• Each Activity has its own due date.• Dates are distributed equitably among the Sections.• Due dates <i>proposed late June</i> and are set the first week of July.
December	Reviews are complete and all AAs are now final ; All have been presented to the Core Public Health Committee
1 st Fri in Dec by 3:00 p.m.	All BE data entered in ATC and all BEs approved by Program Administrator; All BEs delivered to Encumbrance Officer
3 rd Fri in Jan	All paper delivered to Contracts Office <ul style="list-style-type: none">• CAs, AA+BEs, AA+Supplement+BEs for mailing to the LHDs

The Timeline — Major Distribution

Step	Date	By Whom	To Whom	Activity
1	By June 20	AA Team Leader	Program Staff	Propose v1 draft AA due dates for FY18 Activities.
	By July 1	Program Staff	AA Team Leader	Reply to accept or suggest a different due date.
	By July 5	AA Team Leader	Program Staff, Section Operations Managers	Stating assigned v1 draft AA due dates for FY18 Activities.
<i>Program staff and Ops Managers need to ensure their own timeline allows for the completion of all work associated with the AAs and the BEs — so these can be received by the LHDs by Feb 14, as required by state law.</i>				
2	By 4 th week in Aug	AA Team Leader	Program Staff	Emails inquiry about Activity status for FY18
		Program Staff	AA Team Leader	Provides requested info about Activities for FY18
3	Aug * / Sep * / Oct *	Program Staff	AA Team Leader	Submits v1 draft (first draft) for review * Due dates will have been assigned to each Activity
4	Sep – Dec	AA Team Leader	Program Staff	Work together to turn the AA drafts into AA finals
		Program Staff	AA Team Leader	
5	Oct ** / Nov **	Program Staff (Branch Heads)	Core Public Health Committee	Present the AAs to the Committee ** Committee assigns meeting dates

The Timeline (continued)

Step	Date	By Whom	To Whom	Activity
6	By end of Oct	LTAT Branch Head	Programs, Budget, Contracts, Controller's, LTAT Admin Consultants	Work on the Consolidated Agreement by... Reviewing...
	By end of Nov	Programs, Budget, Contracts, Controller's, LTAT Admin Consultants	LTAT Branch Head	...providing feedback about changes needed
	Mid-Dec	LTAT Branch Head	NCALHD meeting	...and presenting it.
7	By 1st Friday in Dec	Program Staff	—	Enters BE into ATC database
		Program Administrators		Approves BE information
8	By 1st Friday in Dec (by 3pm)	Program Staff	Encumbrance Officer	Delivers program-signed BE If this deadline is missed, the Budget Office cannot guarantee the BE will be approved in time for the Major Distribution in mid-February
9	...As BEs are processed	Encumbrance Officer	Budget Officer	Reviews BE, delivers BE
		Budget Officer	Encumbrance Officer	Certifies BE, reconciles reports, emails BE
		Encumbrance Officer	Program Staff	Emails certified BE

The Timeline (continued)

Step	Date	By Whom	To Whom	Activity
10	By 3rd Friday in Jan	Program Staff	AA Team Leader	Delivers printed, for each LHD: <ul style="list-style-type: none"> • CAs, Memos, Forms • AAs+Supplements+BEs and QA Checklists
11	By February 8	AA Team Leader	LHDs	Mails CAs, AAs+Supplements+BEs
12	...As CAs are received back from LHDs	AA Team Leader	DPH Director	CAs routed for DPH signature
		DPH Director	AA Team Leader	Routes fully executed CAs
		AA Team Leader	Controller's Office	Routes copies of fully executed CAs' pertinent pages
13	...As <u>non</u> negotiable AAs are received from LHDs	AA Team Leader	Program Staff	Routes executed AAs for Programs' files
14	...As negotiable AAs are received from LHDs	AA Team Leader	Program Staff	Routes negotiable AAs

The Timeline (continued)

Step	Date	By Whom	To Whom	Activity
15	By May 23	Program Staff	AA Team Leader	Reviews, negotiates, and signs to approve, then routes fully executed negotiable AAs
16	By May 26	AA Team Leader	LHDs	Mails originals to LHDs: CAs, negotiable AAs
17	In July (once Budget Office approves the release)	Encumbrance Officer	—	Releases funds in ATC database for all executed AAs
18	During September (or later if legislature works on Budget longer)	Budget Supervisor	Budget Officer	Certifies BEs
		Budget Officer	LHDs	Releases Funding Authorizations
		LHDs	Budget Officer	Signs to accept Funding Authorization, returns it
		Budget Officer	Program Staff	Notifies about any outstanding FAs

Process for AAs and BEs

For the rest of the year — many steps are the same...

- 1. Draft of Agreement Addenda submitted and reviewed**
Program Staff → AA Team Leader → Program Staff
- 2. Budgetary Estimates data added to Aid-to-Counties database**
Program Staff, Program Administrators
- 3. Budgetary Estimates signed and delivered**
Program Staff → Encumbrance Officer
- 4. Budgetary Estimates processed and approved**
Encumbrance Officer → Budget Officer → Encumbrance Officer → Program Staff
- 5. Agreement Addenda (AA+BE, AA+Supplement+BE) prepared as PDF files, emailed**
Program Staff → AA Team Leader
- 6. AA+BEs, AA+Supplement+BEs emailed to the LHDs, signed and returned**
AA Team Leader → LHDs → AA Team Leader → Program Staff
- 7. Funds released in ATC for all executed AAs**
AA Team Leader → Encumbrance Officer

Major Distribution vs. the rest of the year

	Major	After
How Delivered	<p>Mailed in February so...</p> <ul style="list-style-type: none">• AA+BEs and AA+Supplement+BEs• Signed QA checklists <p>...are delivered no later than January 15 by the program as paper.</p>	<p>Emailed so...</p> <ul style="list-style-type: none">• AA+BEs and AA+Supplement+BEs• Signed QA checklists <p>...are emailed by the program prior to the effective date as PDF files.</p>
Certifying BEs	<p>NGA for the entire FY is not needed if the BE received from the Program Staff by 1st Friday in December.</p>	<p>Budget Office must have the NGA and must have the funds budgeted prior to BE getting certified.</p>

Document Specifics for:

- Budgetary Estimates
- BE Revision
- Supplements
- Agreement Addendum
- AA Revision
- Quality Assurance Checklist
- Funding Authorizations

Budgetary Estimate: What Info Appears on It

A two-page report displaying some of the info entered by Program Staff in the ATC database.

- Fiscal Year
- BE's Revision Nbr
- Activity Nbr
- Row for each LHD
- Columns:
 - If AA is required
 - AA's revision nbr
 - Funding by center code, service & payment periods
 - Proposed Total
 - New Total
- Signature boxes

DPH Aid-to-Counties For Fiscal Year: 16/17 Budgetary Estimate Number: 0

Activity 123		AA	1234 5678 AB	1234 5678 AC	Proposed Total	New Total
Service Period			06/01-12/31	01/01-05/31		
Payment Period			07/01-01/31	02/01-06/30		
01 Alamance	*	0	\$4,827	\$23,583	\$28,410	\$28,410
D1 Albemarle	*	0	\$726	\$3,546	\$4,272	\$4,272
...	

...	
99 Yadkin	*	0	\$2,589	\$9,015	\$11,604	\$11,604
Totals			\$391,869	\$1,286,105	\$1,677,974	\$1,677,974
Sign and Date - DPH Program Administrator				Sign and Date - DPH Section Chief		
Sign and Date - DPH Contracts Office				Sign and Date - DPH Budget Officer		

BE Revision: NGAs Required



Before a BE revision can be submitted for processing and certification, you must have received your Notice of Grant Award (NGA).

The Budget Office will not process any BE revisions until they have received your NGA — please make sure that you have forwarded a copy of your NGA to your Budget Officer prior to sending the BE revision to the Encumbrance Officer.

After the Budget Office receives your NGA, they must budget the funds before they can certify your BE.

BE Revision: Service & Payment Periods

- All AA and BE revisions keep the original AA and BE dates.
- Revisions which **add funds**
 - Existing source of funding (existing center codes)
 - Add funds to BE columns with the existing dates
 - New source of funding (new center codes) – this is rare
 - Add funds to a new BE column
- Revisions which **reduce funds**
 - Existing source of funding (existing center codes)
 - Reduce funds from BE columns with the existing dates
- Revisions which **don't affect funds**
 - No BE required

AA and BE Revisions: Revision Numbers

- Each AA has a revision number — original AA is #0.
- Each BE has a revision number — original BE is #0.
- Revision numbers for AAs and BEs are **unrelated** — each uses its own sequential numbering.
- After receiving an original AA, an LHD may or may not get an AA revision — it depends upon what is needed.
So within a single Activity, LHDs can end up with different quantities of AA revisions.
- The BEs reference the AA revision numbers.
So for a specific BE, one needs to use the AA revision number that is specific to the particular LHD receiving it.

AA and BE Revisions: Time Period to Avoid

Unexpended ATC Grant Funding — Same Grant Year

- Every federal grant year resides over two state fiscal years, and so resides over two AAs
- If an LHD does not spend all its federal funds in a prior AA, the Program Staff may want to “move” the funds to the new AA
- **It may not be possible to move these funds** into the new AA due to:
 - The North Carolina State Fiscal Year and the closing and opening of the budget year
 - When the federal grant year ends — If your grant year ends in July or August, it is likely impossible to get the revised AA+BE completed and out to the LHD before that grant year ends
- **Act early!** Prevent the need to move unexpended funds by splitting the funding appropriately into the two AAs at the start
 - **Don't assume that the funds can be moved later**

Supplement: What It Is and Why It's Needed

- Federal grant awardees are required to provide a lot of information to the subawardees about the source of their agreement's funding — an Omni-Circular requirement.
- Most of the information is contained on the NGAs and NOAs we receive throughout the year.
- As we don't have all of the required info at the time we send out our AAs, we have created Supplement pages to provide this information.
- Starting with the FY17 AAs, all AAs include a reference to the Supplement pages in Section VI. Funding Guidelines

Supplement: What Info Appears on It

A Supplement is a single page which enables DPH to provide to the LHDs all the required information about the federal grant award:

- Subrecipient name *
- Subrecipient DUNS number
- Subaward period of performance start and end dates *
- Federal Award Identification Number (FAIN)
- Federal award date
- Federal award project description
- Name of federal awarding agency; Pass-through entity * ; DPH contact info for awarding official *
- CFDA number and name
- Whether the award is research & development
- The indirect cost rate for the federal award
- Amount of federal funds obligated by this action
- Total amount of federal funds obligated to the subrecipient
- Total amount of the federal award

* This information appears on the AA or AA Revision.

Supplement: Page Elements

All the required information about the federal grant — on one page.

The page gives **information that links it to the specific state fiscal year and Activity**, and provides a simple way to **distinguish between multiple Supplement pages**.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

➔ **FY18 Activity:** Activity's number and Activity's name are entered here. ←
➔ **Supplement Nbr**

➔ Supplement reason: In AA+BE or AA+BE Rev -OR- n/a ←

CFDA #:	CFDA	Federal awd date: NGA date	Is award R&D? no	FAIN: Enter FAIN only	Total amount of federal awd: \$ Dollars only
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CFDA name: Enter CFDA name	Fed award project description: Enter the name found on the NGA	Fed award indirect cost rate: n/a %
Fed awarding agency: Choose an agency		%

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	=	=	Jackson	019728518	=	=
Albemarle	130537822	=	=	Johnston	097599104	=	=
Alexander	030495105	=	=	Jones	095116935	=	=
Hoke	091563643	=	=	Wilson	075585695	=	=
Hyde	832526243	=	=	Yadkin	089910624	=	=
Iredell	074504507	=	=				

Supplement: Supplement Reason

- If the **page is to be attached to the AA or AA Revision**, tick the **first checkbox** labeled “In AA+BE or AA+BE Revision”
- If the **page is to be sent to the LHDs on its own**, tick the **second checkbox** and select one of the choices from the dropdown list:
 - Federal grant data was unavailable at the time of AA mailing.
 - Federal grant data elements have changed.
 - Federal funding has been replaced by another federal grant.
 - State funding has been replaced by federal funding.
 - Federal funding has been replaced by state funding.

Each choice includes these words, too: No change in Activity total.

Supplement: Page Elements

The Supplement page displays information **for one federal grant** that is providing funds for the particular Activity.

This is information which appears on the NGA or NOA received.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

FY18 Activity: Activity's number and Activity's name are entered here.

Supplement Nbr

Supplement reason: In AA+BE or AA+BE Rev OR n/a

CFDA #:	CFDA	Federal awd date:	NGA date	Is award R&D?	no	FAIN:	Enter FAIN only	Total amount of federal awd:	\$ Dollars only
CFDA name:	Enter CFDA name	Fed award project description:		Enter the name found on the NGA		Fed awarding agency:	Choose an agency	Federal award indirect cost rate:	n/a %

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	=	=	Jackson	019728518	=	=
Albemarle	130537822	=	=	Johnston	097599104	=	=
Alexander	030495105	=	=	Jones	095116935	=	=
Hoke	091563643	=	=	Wilson	075585695	=	=
Hyde	832526243	=	=	Yadkin	089910624	=	=
Iredell	074504507	=	=				

Supplement: Page Elements

The funding amounts listed for each LHD show funds both **for this Supplement** and **all federal funds for this Activity**.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

FY18 Activity: Activity's number and Activity's name are entered here.

Supplement Nbr

Supplement reason: In AA+BE or AA+BE Rev OR n/a

CFDA #: CFDA Federal awd date: NGA date Is award R&D? no FAIN: Enter FAIN only Total amount of federal awd: \$ Dollars only

CFDA name: Enter CFDA name

Fed award project description: Enter the name found on the NGA

Fed award agency: Choose an agency

Federal award indirect cost rate: %

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	=	=	Jackson	019728518	=	=
Albemarle	130537822	=	=	Johnston	097599104	=	=
Alexander	030495105	=	=	Jones	095116935	=	=
Hoke	091563643	=	=	Wilson	075585695	=	=
Hyde	832526243	=	=	Yadkin	089910624	=	=
Iredell	074504507	=	=				

Agreement Addendum: Areas in an AA

Three areas to every AA:

1. Header →

2. Body →

3. Signature →

Division of Public Health Agreement Addendum FY 16-17		Page 1 of 1
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 (only required for a <u>negotiable</u> agreement addendum)	Date
Payment Period		
<input type="checkbox"/> Original Agreement Addendum <input type="checkbox"/> Agreement Addendum Revision # _____ (Please do <u>not</u> put the Budgetary Estimate revision # here.)		
I. <u>Background:</u>		
II. <u>Purpose:</u>		
III. <u>Scope of Work and Deliverables:</u>		
IV. <u>Performance Measures/Reporting Requirements:</u>		
V. <u>Performance Monitoring and Quality Assurance:</u>		
VI. <u>Funding Guidelines or Restrictions:</u> (if applicable)		
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.		
Revised July 2015		

Agreement Addendum: Header Elements

The **Header** has eight elements:

1. Local Health Department Legal Name
2. Activity Number and Description
3. Service Period
4. Payment Period
5. DPH Section/Branch Name
6. DPH Program Contact
7. DPH Program Signature and Date
8. Original AA or AA Revision #

Division of Public Health Agreement Addendum FY 16–17		Page 1 of 1
_____ 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 (only required for a negotiable agreement addendum)	_____ Date
_____ Payment Period		
<input type="checkbox"/> Original Agreement Addendum		
<input type="checkbox"/> Agreement Addendum Revision # ____ (Please do <u>not</u> put the Budgetary Estimate revision # here.)		

Agreement Addendum: Header Elements

The eight elements of the **Header**:

1. Local Health Department Legal Name

- Use the local health department's or district's **legal** name
 - A list of the legal names is available on the Contract Office's webpage
- This named entity can be referred to throughout the AA as the *Local Health Department*

Agreement Addendum: Header Elements

The eight elements of the **Header**:

2. Activity Number and Description

- There are scores of Activities every year — using both the number and name makes it clearer

Agreement Addendum: Header Elements

The eight elements of the **Header**:

3. Service Period
4. Payment Period
 - AA dates and BE dates must match
 - Per the Mandate, almost all original AAs use the full twelve months in the SFY:
 - Service: 6/1/15 – 5/31/16
 - Payment: 7/1/15 – 6/30/16
 - Must start on the first and end on the last day of a month
 - Payment Period's start and end dates are one month after the Service Period's dates

Agreement Addendum: Header Elements

The eight elements of the **Header**:

5. DPH Section/Branch Name

- Spell out the name of the section / spell out the name of the branch

6. DPH Program Contact

- Person's name and phone number
- Person's email address below the name and phone number
- This person is referred to throughout the AA as the *DPH Program Contact*

Agreement Addendum: Header Elements

The eight elements of the **Header**:

7. DPH Program Signature and Date
 - For negotiable AAs only
8. Original AA or AA Revision #
 - The initial AA is termed the Original AA
 - Select the checkbox to indicate that the AA is the Original

Agreement Addendum: Body Elements

The **Body** has six sections:

1. Background
2. Purpose
3. Scope of Work and Deliverables
4. Performance Measures/Reporting Requirements
5. Performance Monitoring and Quality Assurance
6. Funding Guidelines or Restrictions

- I. Background:
- 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)

Agreement Addendum: Body Elements

The six sections of the **Body**:

1. Background

Provide an understanding of the problem to be addressed and how it prevents the program's goals from being achieved

- What is the primary goal of the program?
- Give an overview of what the problem is and explain why the service is necessary

Agreement Addendum: Body Elements

The six sections of the **Body**:

2. Purpose

- Identifies the goals of the Activity and desired outcome of the AA

Agreement Addendum: Body Elements

The six sections of the **Body**:

3. **Scope of Work and Deliverables**

Describes the who — what — when — how — where

- Identifies the target population — quantified (who receives, who benefits from this service?)
- Identifies the deliverables including activities, tasks, and services — with timeframes
- How is the service provided?
- Where is the work performed?
- Include supporting references, if possible (e.g., General Statute, Medical Guidelines)

Agreement Addendum: Body Elements

The six sections of the **Body**:

4. Performance Measures / Reporting Requirements

- Define performance measures, indicators, benchmarks
- How will performance be measured?
(Quantity? Quality? Timeliness? Effectiveness? Efficiency?)
- What must be accomplished to get the desired results?
- Use SMART measures: specific, measurable, achievable, relevant, and time-bound
- Reporting requirements should include elements such as frequency, due dates, format, data source, and to whom the report goes

Agreement Addendum: Body Elements

The six sections of the **Body**:

5. Performance Monitoring and Quality Assurance

- Brief explanation of how performance will be monitored such as site visits, reports, phone conferences. If applicable, refer to existing program sub-recipient monitoring plan. (Refer to month and year of plan.)
- What are the consequences if performance is below expectation? Corrective action plan? Termination of AA? Funding reduction?

Agreement Addendum: Body Elements

The six sections of the **Body**:

6. Funding Guidelines / Restrictions

- Limitations on the use of funds
- Requirements for pre-approval of selected expenditures

Agreement Addendum: Summary

To sum up... In the six sections:

1. Background

- The Big Picture — the Program's goal... why it has the Activity

2. Purpose

- More specific — the Activity's goal and the outcome the AA will produce

3. Scope of Work and Deliverables

- Very specific — exactly what the LHD will be doing
- Services Provided, Quantities Served, Due Dates, Planning, Hiring, Meetings

4. Performance Measures / Reporting Requirements

- What will be measured, when, how — to get the desired result
- The reports — what, when, how, to whom — and be specific

5. Performance Monitoring and Quality Assurance

- How the Program will monitor what the LHD does
- What happens if the Program finds the LHD's work is lacking

6. Funding Guidelines / Restrictions

- Funding — any specific rules on how to use it or how not to use it

Agreement Addendum: Signature Elements

The **Signature** has three elements:

1. Health Director Signature and Date lines — signed and dated by the Health Director
2. LHD Program Contact information — completed by the LHD (optional)
3. Statement that the signature confers acceptance by the LHD of all pages

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: _____	
<u>Signature on this page signifies you have read and accepted all pages of this document.</u>		
Revised July 2015		

AA Revision: Areas in an AA Revision

The same document is used for the revision,

1. Header →

with the same three areas:

2. Body →

3. Signature →

Division of Public Health Agreement Addendum FY 16-17		Page 1 of 1
Local Health Department Legal Name	DPH Section/Branch Name	
Activity Number and Description	DPH Program Contact <small>(name, telephone number with area code, and email)</small>	
Service Period	DPH Program Signature Date <small>(only required for a negotiable agreement addendum)</small>	
Payment Period		
<input type="checkbox"/> Original Agreement Addendum <input type="checkbox"/> Agreement Addendum Revision # _____ <small>(Please do not put the Budgetary Estimate revision # here.)</small>		
I. <u>Background:</u>		
II. <u>Purpose:</u>		
III. <u>Scope of Work and Deliverables:</u>		
IV. <u>Performance Measures/Reporting Requirements:</u>		
V. <u>Performance Monitoring and Quality Assurance:</u>		
VI. <u>Funding Guidelines or Restrictions:</u> (if applicable)		
Health Director Signature <small>(use blue ink)</small>	Date	
Local Health Department to complete: <small>(If follow-up information is needed by DPH)</small>	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.		
<small>Revised July 2015</small>		

AA Revision: Header Elements

The **Header** for a revision will use the *same* information that appeared in the original *except* for the checkboxes:

- Tick the revision box to indicate that this is a revision.
- Enter a number on the line next to the pound sign (#).



Division of Public Health Agreement Addendum FY 16–17		Page 1 of 1
_____ 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 a <u>negotiable</u> agreement addendum)
_____ Payment Period		
<input type="checkbox"/> Original Agreement Addendum		
<input type="checkbox"/> Agreement Addendum Revision # ____ (Please do <u>not</u> put the Budgetary Estimate revision # here.)		

- These are sequential numbers assigned to the AA revisions, so the first revision is given the numeral 1.

AA Revision: Body Elements

The **Body** displays the same six sections as the Original AA so the LHD can see clearly what has changed.

- Sections **with changes** will state *only what has changed*
- Sections **with no changes** will have text stating “No change.”

- I. Background:
- 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)

AA Revision: Types of Changes

Changes take three main forms:

1. **Additions** — New language which is to be added to the existing AA
2. **Deletions** — Language from the existing AA which is to be “removed”
3. **Modifications** — A combination of additions and deletions, such as when terms are modified mid-year.

Remember: All language from the original AA that is not mentioned in the revision continues to exist.

AA Revision: Some Examples by Section

1. Background

- The scope of the problem is expanded in the federal grant

2. Purpose

- Stating, in broad terms, the reason for the revision

3. Scope of Work and Deliverables

- Specific deliverables being added or eliminated due to funding change

4. Performance Measures / Reporting Requirements

- Changed deliverables cause a change in what is measured / what reports are produced

5. Performance Monitoring and Quality Assurance

- Changed deliverables cause a change in what is being monitored

6. Funding Guidelines / Restrictions

- Additional limitations on the use of funds

AA Revision: Signature Elements

The **Signature** area for a revision is completed by the LHD, in the same manner as the original.

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: _____	
<u>Signature on this page signifies you have read and accepted all pages of this document.</u>		Revised July 2015

Quality Assurance Checklist

The QA Checklist lists what information should be in an AA.

By checking the boxes, signing, and dating the QA Checklist, the Branch Head is certifying that the AA meets the guidelines described in the QA Checklist.

Division of Public Health
Agreement Addendum
Quality Assurance Checklist

DPH Section/Branch Name

Activity Number and Description

Original Agreement Addendum

Agreement Addendum Revision # _____ (Please do not put the BE revision # here.)

I have reviewed the above listed Agreement Addendum and certify the following:

QA Checklist

- 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/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.)
 - Include supporting references, if possible (e.g., General Statute, medical guidelines)

QA Checklist

- 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, achievable, relevant, 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 a 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

Funding Authorization

North Carolina
 Department of Health and Human Services
 Division of Public Health

Funding Authorization

Report Date: 5/12/2015

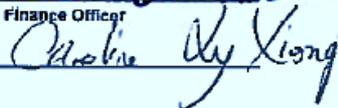
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Description	Activity	Fund	RCC	FRC	CFDA	CFDA Title	Federal Award Number	Federal Award Start Date	Federal Award End Date	Total
STD Prevention	610	1311	462B	NB	93.977	Preventive Health Services - Sexually Transmitted Diseases Control Grants	1H25PS004349-02	01/01/2015	12/31/2015	5 -167.00
Immunization Action Plan	715	1331	623C	VJ	93.268	Immunization Cooperative Agreements	H231P000759-03	01/01/2015	12/31/2015	\$521.00

Received and Agreed to by:
 Local Health Director



Local Finance Officer



Total after revision: \$354.00