



HARRIS COUNTY, TEXAS

Office of Management and Budget 1001 Preston, Suite 500 Houston, TX 77002 713-274-1135

Grants Coordination Section - Conveyance Form Application Award

Amendment

| | | |
|---|---|--|
| Department Name / Number | DUNs | Grant Title |
| Public Health Services - 275 | JFMKAENLGN81 | Community Health Workers for COVID Response & Resilient Communities Y2 |
| Funding Source: U.S. Department of Health & Human Services: CFDA# 93.495 | Grant Agency: U.S. Department of Health & Human Services | |
| Program Year: 2 nd | Program Ending: | |
| Grant Begin Date: 08/31/2022 | Grant End Date: 08/30/2023 | |
| Grant Org. Key: FY_23 COVID CHW | If applicable, Prior Year Org. Key: 100001000001116 | |

Grant Description:

Funded by the Centers for Disease Control (CDC) of the U.S. Department of Health & Human Services, this program is authorized by the CARES Act of 2020. This program seeks to prevent COVID-19 and to protect the American people from related public health impacts through training and deployment of community health workers (CHWs) to response efforts and by building and strengthening community resilience to fight COVID-19 through addressing existing health disparities. Program strategies include integrating CHWs into organizations and care teams and strengthening relevant CHW knowledge, roles, and skills to prepare them to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations.

| | Revised Total Budget | New Grant Funded | Orig. Grant Funded | New County Funded | Orig. County Funded |
|---------------------------|-----------------------|---------------------|-----------------------|-------------------|---------------------|
| Salary & Benefits | \$991,854.00 | \$244,593.00 | \$747,261.00 | \$0.00 | \$0.00 |
| Non-Labor | \$2,631,385.00 | \$622,063.00 | \$2,009,322.00 | \$0.00 | \$0.00 |
| Sub Tot. Incremental Cost | \$3,623,239.00 | \$866,656.00 | \$2,756,583.00 | \$0.00 | \$0.00 |
| Indirect Cost | \$275,131.00 | \$31,959.00 | \$243,172.00 | \$0.00 | \$0.00 |
| TOTALS | \$3,898,370.00 | \$898,615.00 | \$2,999,755.00 | \$0.00 | \$0.00 |

* under development

Full Time Equivalent Positions
% of Positions Paid by Grant

Date Guidelines are Available
Grant Submittal Deadline Date

Grant Discussion:

This amendment is related to an award approved by Commissioners Court on 8/23/22. The purpose of this item is to increase the award by \$898,615 to fund three additional positions to expand community health worker activities in response to COVID-19 and to increase engagement with the community through partnerships with community based organizations. All other aspects remain the same.

County Funded Cost Projection

| Year | Required | Discretionary |
|------|----------|---------------|
| 2022 | - | - |
| 2023 | - | - |
| 2024 | - | - |
| 2025 | - | - |
| 2026 | - | - |

Completed by: Michael Mattingly Mattingly, Mike

Date: 1/3/23

Reviewed by: [Signature]

Date: 1/3/23

ORDER OF COMMISSIONERS COURT
Authorizing Request to Carryover Funds

The Commissioners Court of Harris County, Texas, convened at a meeting of said Court at the Harris County Administration Building in the City of Houston, Texas, on _____, 2023, with all members present except _____.

A quorum was present. Among other business, the following was transacted:

ORDER AUTHORIZING REQUEST TO CARRYOVER UNOBLIGATED GRANT FUNDS TO A NEW PROGRAM YEAR

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

| Vote of the Court | <u>Yes</u> | <u>No</u> | <u>Abstain</u> |
|--------------------|--------------------------|--------------------------|--------------------------|
| Judge Hidalgo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comm. Ellis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comm. Garcia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comm. Ramsey, P.E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comm. Briones | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The County Judge thereupon announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that County Judge is hereby authorized to execute for and on behalf of Harris County a Request to Carryover Unobligated Funds for the CDC Year 2 Community Health Workers for COVID Response & Resilient Communities Program Grant. The Request to Carryover Unobligated Funds is incorporated herein as though fully set forth word for word.

All Harris County officials and employees are authorized to do any and all things necessary or convenient to accomplish the purposes of this order.

INTERNAL SIGNATURE PAGE

FOR CARRYOVER REQUEST FOR CDC GRANT CDC YEAR 2 COMMUNITY HEALTH
WORKERS FOR COVID RESPONSE & RESILIENT COMMUNITIES PROGRAM GRANT

Approved:

By: _____
Lina Hidalgo
County Judge
Date Signed: _____

Approved as to Form:

Christian D. Menefee
County Attorney

By: Sam Kirchhoff
Sam Kirchhoff
Assistant County Attorney
CA File: 22GEN4389

Approved:

By: Barbie L. Robinson
Barbie L. Robinson, MPP, JD, CHC
Executive Director
Harris County Public Health
Date Signed: 12/21/2022

Fact Sheet: Recipient Expanded Authority for Carryover Funding

CDC may waive certain prior approval requirements and provide authority for a recipient to undertake activities and expenditures without the need for agency prior approval. These operating authorities are termed “expanded authority.” Under expanded authority for carryover, the recipient may spend unobligated funds in a following budget period for any approved cost that falls within the scope and objectives of the project.

CDC Implementation of Expanded Authority for Carryover

By providing expanded authority for carryover, CDC creates efficiencies by reducing the time and effort of administering an award for both recipients and CDC. The Office of Financial Resources’ Office of Grants Services (OGS) will review new, continuation, and amendment award actions to determine if expanded authority is applicable. If applicable, expanded authority for carryover will be *explicitly* stated in the Notice of Award Terms and Conditions.

Determining Expanded Authority for Carryover Applicability for CDC/ATSDR Recipients

Expanded authority for carryover on a Notice of Award (NOA) will be based on the several factors as outlined below:

- Location of performance of award (**limited to awards performed in the US and US Territories**)
- Documented recipient risk, performance, or financial management conditions
- Any conditions imposed by law, statutory authority, or funding appropriation for the award

Limitations on Expanded Authority for Carryover

Prior approval requirements for other budget, programmatic, or cost-related prior approvals identified in [45 CFR Part 75.308](#) and the Notice of Award remain in effect. Recipients may not carryover any funds previously restricted, or apply carryover funds to items that would normally require prior approval (e.g. equipment, revision of program plans, etc.). In addition, recipients must use funds for purposes within scope of the approved project and published Notice of Funding Opportunity (NOFO).

How do recipients report Carryover of unobligated funds?

A recipient granted expanded authority for carryover will report use/intended use of unobligated funds with submission of the annual Federal Financial Report (FFR), in Section 12 “Remarks.”

Conditions for Continued Approval for Expanded Authority for Carryover

Once an expanded authority for carryover is granted, continued authority is conditioned upon recipient compliance with all terms and conditions, acceptable program performance, and maintenance of all applicable fiscal requirements. If the Grants Management Officer (GMO) determines a recipient is not in compliance, a GMO may remove the expanded authority; use unobligated balances to offset CDC funding for a subsequent budget period; or a combination of these actions.

July 2019



U.S. Department of Health
and Human Services
Centers for Disease
Control and Prevention

| | |
|--------------------------|-----------------------------|
| Applicant Name: | Harris County Public Health |
| City/State | Houston, TX |
| Application #: | |
| Budget Year: | 2 |
| Fiscal Fund Year: | FY23 |
| Budget Title | Annual Budget |

\$ 1,274,683.95

| SUMMARY | |
|-----------------------|-------------------|
| Category | |
| Personnel | \$ 156,000 |
| Fringe | \$ 88,592 |
| Travel | \$ 27,150 |
| Supplies | \$ 249,192 |
| Consultant/Contract | \$ 75,000 |
| Other | \$ 270,721 |
| Total Direct | \$ 866,656 |
| Total Indirect | \$ 31,959 |
| TOTAL | \$ 898,615 |

| PERSONNEL | | | | |
|---------------------------------------|------|--------------------|--------------|-------------------|
| Position | Name | Yearly Salary/Rate | # of Persons | Total |
| Community Health Worker Field Lead | TBD | \$ 52,000 | 3 | \$ 156,000 |
| TOTAL | | | | \$ 156,000 |

| FRINGE | | | | | |
|---------------------------------------|------|--------------|----------------|------------|------------------|
| Position | Name | Fringe Rates | Salary/Benefit | % to Grant | Total |
| Community Health Worker Field Lead | TBD | 57% | \$ 156,000 | 100% | \$ 88,592 |
| TOTAL | | | | | \$ 88,592 |

| TRAVEL IN-STATE | | | | | |
|---|------------------------|---------------|-----------|-----------|------------------|
| Purpose | Item | Per Unit Cost | #Units | # Persons | Total |
| Travel to partner events | Mileage for HCPH staff | \$ 0.63 | 11,200.00 | N/A | \$ 7,000.00 |
| Partner Events, Conferences, Workshops | Registration Fees | \$ 650.00 | 1 | 31 | \$ 20,150.00 |
| TOTAL | | | | | \$ 27,150 |

| SUPPLIES | | | | | |
|--------------------------------|---|--|---------|-------------------|--|
| Purpose | Item | Per Unit Cost | # Units | Total | |
| Computers for FTES | Laptop | \$ 1,500.00 | 30 | \$ 45,000 | |
| Apparel | Branded shirts | \$ 30.00 | 140 | \$ 4,200 | |
| | Branded backpacks | \$ 50.00 | 80 | \$ 4,000 | |
| | Branded hats | \$ 30.71 | 140 | \$ 4,299 | |
| In Field Promotional Materials | Supplies for Care Kit Materials - Masks | \$ 0.05 | 100000 | \$ 5,000 | |
| | Supplies for Care Kit Materials - Die Cut Handle Bags | \$ 54.35 | 300 | \$ 16,305 | |
| | Supplies for Care Kit Materials - Water Bottles | \$ 1.00 | 15000 | \$ 15,000 | |
| | Supplies for Care Kit Materials - Hand Sanitizer | \$ 0.85 | 18000 | \$ 15,300 | |
| | Supplies for Care Kit Materials - Other promotional items | \$ 1.00 | 15000 | \$ 15,000 | |
| Office furniture | Office furniture for staff while in office | \$ 150,000.00 | 1 | \$ 150,000 | |
| Office supplies | Pens, pencils, paper | Approximately \$54/month for 31 people | 1 | \$ 20,088 | |
| TOTAL | | | | \$ 249,192 | |

| CONTRACT | | | | |
|------------------------|---------------------------|-------------|---------|------------------|
| Name | Item | Yearly Cost | # Units | Total |
| Security Personnel | Hired security for team | \$65,000.00 | 1 | \$ 65,000 |
| Temporary Staff Agency | COVID-19 Ambassador Funds | \$10,000.00 | N/A | \$ 10,000 |
| TOTAL | | | | \$ 75,000 |

| OTHER | |
|-------|--|
| | |

| Purpose | Item | Per Unit Cost | # Units | Total |
|-----------------------|------------------------------------|---------------|---------|------------|
| Equipment Rental | Leased Vehicle | \$ 12,912.00 | 3 | \$ 38,736 |
| Data plans | Data plan for Cell Phone and Ipads | \$ 417.00 | 5 | \$ 2,085 |
| Printing | Printing of materials for CHW's | \$ 100,000.00 | 1 | \$ 100,000 |
| Translation Services | Certified translation services | \$ 100,000.00 | 1 | \$ 100,000 |
| Training Space Rental | Conference Hall, Training Spaces | \$ 1,000.00 | 15 | \$ 15,000 |
| Subscription Services | Online engagement resources | \$ 5,000.00 | 1 | \$ 5,000 |
| Fuel | Fuel for leased vehicles | \$ 9,900.00 | 3 | \$ 9,900 |
| | | | | \$ 270,721 |

| INDIRECT COSTS | | | |
|----------------|------------|--------|------------------|
| Cost Category | Total Cost | Rate % | Total |
| Personnel | \$ 156,000 | 10.00% | \$ 15,600 |
| Fringe | \$ 88,592 | 10.00% | \$ 8,859 |
| Travel | | | \$ - |
| Supplies | | | \$ - |
| Contractual | \$ 75,000 | 10.00% | \$ 7,500 |
| Other | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| TOTAL | | | \$ 31,959 |

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

| Function | Check Applicable | Comments |
|--------------------------------------|---|--|
| Position Update | <input type="checkbox"/> | May require Commissioners Court approval |
| Position Reclassification | <input type="checkbox"/> | May require Commissioners Court approval |
| New Position Request | <input checked="" type="checkbox"/> | Requires Commissioners Court approval |
| Is additional office space required? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

SECTION II – REASON FOR REQUEST

new position

SECTION III – PROPOSED EFFECTIVE DATE

| | | |
|-------------------------|---------------------------------|---|
| Proposed Effective Date | 01/14/2023 | Date must be the beginning of a pay period. For requests requiring Commissioners Court approval, the earliest effective date will be the first pay period after approval. |
| Grant Effective Date | From: 08/31/2022 To: 08/30/2024 | |

SECTION IV – POSITION DATA

| Current <i>Use "Pos_List_File" (PCN Download) to complete all fields</i> | Proposed <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i> |
|---|---|
| | Number of Positions: 3 |
| Position Description (Title) | Position Description (Title-30 Spaces Max): Outreach Worker II |
| Job Code Description | Job Code Description: Outreach Worker II |
| Position Number | Position Number (HRRM Use Only) |
| Company (CS, FC, HC, JV or PA) | Company (CS, FC, HC, JV or PA): HC |
| Business Unit | Business Unit: 27500 |
| Home Department ID Number | Home Department ID Number: 27575000 |
| Location | Location: Default |
| Full Time, Part Time or Temporary | Full Time, Part Time or Temporary: Full Time |
| Budgeted Hours | Budgeted Hours: 40 |
| Salary Range Maximum | Salary Range Maximum: 27.71 |
| FLSA Code | FLSA Code: 1 |
| Reports To Position Number | Reports To Position Number: 10005318 |
| Fund Code | Fund Code: 2801 |
| Funding Department ID Number | Funding Department ID Number: 27575000 |
| Account (Same for all Business Units) | Account (Same for all Business Units): 510010 |
| Business Unit PC (Projects or Grants only) | Business Unit PC (Projects or Grants only): PH001 |
| Project/Grant (Projects or Grants only) | Project/Grant (Projects or Grants only): FY_23_C19_CHW |
| Activity ID (Projects or Grants only) | Activity ID (Projects or Grants only): 10001 |
| Resource Type (Not currently used) | Resource Type (Not currently used) |

| | |
|--|---|
| <p>Richard Williams</p> <p style="font-size: small;">Digitally signed by Richard Williams DN: cn=Richard Williams, o=Harris County Public Health, ou=Financial Services, c=US, email=Richard.Williams@ph.harriscountytx.gov, date=2022.12.05 10:58:16 -0600</p> | <p style="font-size: large; text-align: center;">12/05/2022</p> |
| Business Unit Approval (Business Unit Head or Designee) | Date |