

## Data Across Sectors for Health



The Illinois Public Health Institute ("IPHI") as part of its Data Across Sectors for Health (DASH) program hereby awards a contract to **Fort Bend County Social Services ("AWARDEE")**, subject to the following terms and conditions:

### TERMS AND CONDITIONS:

1. IPHI's DASH program is providing AWARDEE a contract to support time-limited activities that build skills and capacity at the community or regional level to (a) engage partners from multiple sectors in planning for shared data, (b) systematically share data across sectors, and/or (c) design or implement interventions based on shared multi-sector data. A more detailed description of AWARDEE's statement of work and deliverables are outlined in Attachments A-C.
2. This contract is effective 03-04-2020 through 09-04-2020.
3. Upon receipt of the fully executed contract agreement, IPHI will submit an initial payment totaling 90% of the program budget. Funds may be used as outlined in the approved budget only. AWARDEE will not use funds for political support or to carry out lobbying efforts of propaganda, or to otherwise attempt to influence any legislation, within the meaning of IRC Section 4945 and the Treasury; or to engage in, support or promote violence, terrorist activity or related training of any kind.
4. AWARDEE will maintain a separate accounting of the use of contract funds to enable confirmation of expenditures incurred pursuant to this contract.
5. No substantial variances, including the use of budgeted funds and project scope and deliverables, will be made from the contract application or the schedule outlined in Attachment C without IPHI's prior written approval.
6. AWARDEE will inform IPHI immediately of (a) any change in its organizational leadership or key personnel or (b) any material change or adverse development relative to its financial condition, operations, activities or affairs. No payment hereunder shall be required to be made at any time after AWARDEE ceases to be a legal corporate entity.
7. AWARDEE will have full control of the disposition of the contract and accepts responsibility for complying with this contract agreement's terms and conditions.
8. The AWARDEE shall not assign or otherwise transfer any of its rights or duties except as may be specified in Attachments A-C.
9. AWARDEE agrees to promptly respond to interim inquiries and requests for information from IPHI regarding uses of the contract funds, compliance with the terms of the contract and progress made towards achieving the goals of the contract, pursuant to the list of expectations in Attachment A.
10. AWARDEE acknowledges that IPHI and its representatives have made no actual or implied promise of funding or renewal of funding in addition to amounts provided under this agreement.
11. It is understood that by signing this contract agreement, AWARDEE agrees that it will conduct all activities to be funded by this contract in compliance with all applicable federal, state and local laws, regulations and



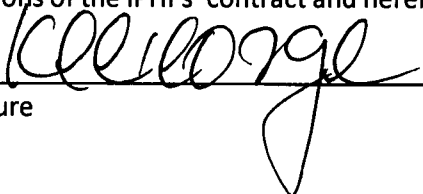
ordinances including, without limitation: a) all laws relating to applicable anti-terrorist financing and asset-control laws, statutes and executive orders, and b) privacy and confidentiality of patient health information including, without limitation, the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. parts 160 and 164 ("the HIPAA Privacy Regulations").

12. AWARDDEE agrees to ensure that all potential recipients and participants of AWARDDEE's programs and services have access to programs and receive equitable services without regard to race, sex, education, ethnicity, socio-economic status, religion, ability/disability, sexual orientation, gender self-identification, age, country of origin, first language, marital status, citizenship or immigration status.
13. For publications, AWARDDEE must contact the IPHI at least two weeks before the desired date of publicity for review and approval by IPHI. AWARDDEE shall not issue press releases or make any public statements referring to this contract or use IPHI's name or logo without the prior written consent from IPHI. Press releases, public announcements, statements, campaign reports, or materials that mention the contract must receive advance written approval from IPHI. AWARDDEE shall provide IPHI with copies of all final press releases, public announcements and/or publications related to this contract. IPHI may make information about this contract public at any time via their websites, presentations or as part of their public reports, and documents.
14. AWARDDEE hereby agrees to the fullest extent permitted by law to defend, indemnify and hold harmless IPHI, their officers, employees and agents from and against all claims, liabilities, losses and expenses (including reasonable attorney's fees), directly or indirectly, wholly or partially arising from or in connection with any act or omission of AWARDDEE, its directors, employees or agents in obtaining or accepting the contract from the IPHI, in expending or applying the proceeds of the contract from the IPHI, or in carrying out the project or program.
15. If IPHI terminates this contract for cause, or if AWARDDEE ceases to be a legal corporate entity, AWARDDEE shall immediately return to IPHI any funds in the AWARDDEE's possession that AWARDDEE has not earned or is not entitled to keep as of the date of the termination or date of corporate status changes. In addition to the circumstances cited above, IPHI shall have cause to terminate the contract if AWARDDEE becomes unable to carry out the purposes of the contract, AWARDDEE uses funds for a purpose other than those set forth in this contract without written approval, or AWARDDEE is in breach of any term of the contract. IPHI reserves the right to request immediate reimbursement of any funds used for purposes other than those for which the contract was made or to which IPHI has consented.

For the Illinois Public Health Institute

	Elissa J. Bassler, CEO	
Signature	Name/Title	Date

On behalf of **Fort Bend County Social Services**, I understand and agree to the foregoing terms and conditions of the IPHI's contract and hereby certify my authority to execute this agreement.

	KP George, County Judge	2-25-2020
Signature	Name/Title	Date

## Attachment A

### Program Activities and Expectations

- Complete the *All In* Capacity Assessment at the beginning of the contract. We request that the assessment be completed by one team member from 3-5 key partners.
- Engage as a member of *All In: Data for Community Health*, at a minimum through the online community:
  - Update individual profiles
  - Encourage partner staff to create profiles/sign up for the All In Newsletter
  - Submit a project profile
  - Participate in an All In 101 webinar and platform demonstration
- Encouraged: participate in other learning collaborative activities such as webinars, affinity groups or peer-to-peer calls as a member of *All In*.
- Provide copies to the DASH NPO of any contractor and consultant agreements that were executed as a part of the CIC-START award.
- Consider a low-effort virtual or in-person site visit from DASH, ideally around an existing (public) meeting, to witness activities and/or milestones.
- Participate in update calls and cohort webinars with the DASH NPO. AWARDEE can schedule additional calls with DASH staff as necessary.
- Submit a final narrative and financial report of lessons, outcomes, and products that resulted from this contract 30 days after award ends. The DASH NPO will provide a template.
- Optional: Communications support and consultation from DASH NPO.

## Attachment B: Proposed Workplan

Project Name: FBCCIS\_OSCAR System

### Project Summary

Fort Bend County Collaborative Information System is proposing to enhance an existing data sharing platform by adding the OSCAR (On-Line System for Coordinated Access & Referral). An on-line web portal, the OSCAR will make multi-sector services accessible to Fort Bend County's most vulnerable residents, allowing them to request services, upload documents, schedule appointments, check the status of their case, and receive electronic referrals to partnering agencies. It also allow partners to promptly follow up with residents.

### Project Deliverables

### Project Work Plan

	Mar	April	May	June	July	Aug	Sept	Oct
Deliverable 1: : Web Portal Set-Up								
Activity/task: Complete the All In Capacity Assessment	X							
Activity/task: Place award for consideration on Fort County Commissioner's Court agenda February 25th or March 3rd.	X							
Activity/task: Issue formal announcement re: grant award to FBCCIS Partners and community	X	X						
Activity/task: Engage as a member of All In: Data for Community Health, at a minimum through the online community: <ul style="list-style-type: none"> <li>• Update individual profiles</li> <li>• Encourage partner staff to create profiles/sign up for the All In Newsletter</li> <li>• Submit a project profile</li> <li>• Participate in an All In 101 webinar and platform demonstration</li> </ul>	X	X	X					

Activity/task: Meet with Caseworthy. Conduct discovery and needs analysis for OSCAR Web Portal. Complete review of project plan. Sign contract with Caseworthy.	X	X						
Activity/task: Review and discuss set-up of portal, websites, link. Ensure accessibility with all partners and all county departments		X	X					
Activity/task: Participate in other learning collaborative activities such as webinars, affinity groups or peer-to-peer calls as a member of All In	X	X	X	X	X	X	X	
Deliverable 2: Go-Live								
Activity/task: Begin to monitor, track the use of the system and follow-up with beneficiaries to obtain feedback.						X	X	
Activity/task: Submit a final narrative and financial report of lessons, outcomes, and products that resulted from this contract 30 days after award ends.								X

Attachment C

Project Budget

	Period 1	
	Duration*6 months	
<b>Personnel</b>		<b>Total</b>
Proj. Dir./Prin. Invest.	0	0
Program Staff	0	0
Administrative Staff	0	0
Other Staff	0	0
Fringe Benefits %	0	0
Personnel Total	0	0
<b>Other Direct Costs</b>		<b>Total</b>
Office Operations	0	0
Communications/Marketing	0	0
Travel	0	0
Meeting Expenses	0	0
Polls and Surveys	0	0
Equipment	0	0
Project Space	0	0
Other	0	0
Other Direct Costs Total	0	0
<b>Purchased Services</b>		<b>Total</b>
Consultants	0	0
Contracts	\$25,000	\$25,000
Purchased Services Total		
<b>Indirect Costs</b>		<b>Total</b>
Indirect Costs Total	0	0
<b>Total</b>	<b>\$25,000</b>	<b>\$25,000</b>

**Payment Schedule**

Total payments from IPHI to the AWARDEE will not exceed Twenty-five thousand AND 00/100 DOLLARS (\$ 25,000 ). Payments will be made per the following schedule:

- 90% of the requested funds will be distributed within 14 business days of IPHI's receipt of the fully signed contract agreement.
- The remaining 10%, will be paid within 14 business days after receipt of the final program narrative and financial report, and project stated deliverables.

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# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

### OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Illinois Public Health Institute  
Chicago, IL United States

**Certificate Number:**  
2020-591549

**Date Filed:**  
02/24/2020

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Fort Bend County

**Date Acknowledged:**  
02/25/2020

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
2020-326TAD5CIC-GRN-001  
DASH CIC-START grant

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

### 6 UNSWORN DECLARATION

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)