

**Contract Attachment No. 24**

**LOCAL AGENCY**                      **Sedgwick County Health Department**

**PROGRAM**                              **Personal Responsibility Education Program**

**TERM**                                      **Until rescinded**

**AMOUNT**                                **Per List of Grant Awards**

The undersigned parties agree that the following provisions of Contract Attachment No. 24 are hereby incorporated into the KDHE Aid To Local Universal Contract (Universal Contract) to which it is attached and made a part thereof.

**STATE AGENCY AGREES TO:**

1.     Make payments for the Personal Responsibility Education Program to the Local Agency as follows:
  - a.     Pay 25% of the fiscal year grant amount as first quarter funding on or about July 1 or upon processing of this Contract Attachment if later than July 1 of each year. If the total amount for the program period is \$2,000 or less, the entire amount will be paid on or about July 1 of each year.
  - b.     Pay 12.5% of the fiscal year grant amount on or about October 1 of each year.
  - c.     Pay 12.5% of the fiscal year grant amount, less any unexpended grant funds from prior quarters, on or about November 15, February 15, and May 15 of each year. Said payments will be made upon receipt and acceptance of quarterly Certified Expenditure Affidavit forms showing expenditures from grant and Local Agency funds and fees for services.
  - d.     Pay 12.5% of the fiscal year grant amount on or about January 1 and April 1 of each year. Such payments will be made after an evaluation is made to determine if grant funds previously advanced have been expended in accordance with grant objectives.
2.     Forward to the Local Agency on or about July 1 of each year a copy of the Notice of Grant Award Amount and Summary of Program Objectives that contains the State Fiscal Year objectives.
3.     Provide the Local Agency with timely updates, statistics, and other relevant information concerning teen pregnancy, STDs, and HIV.

Effective 7/1/2011

**LOCAL AGENCY AGREES TO:**

4. Provide approved program models/ interventions to targeted youth populations on comprehensive sexual education inclusive of adulthood preparation subjects.
5. Submit a budget, on or about July 1 of each year outlining projected expenditures for grant funds and Local Agency funds, which is to be approved by appropriate State Agency program staff, and is hereby incorporated in this Contract Attachment and made a part hereof. Failure to submit this budget may result in the withholding of future payments by the State Agency.

**IT IS MUTUALLY AGREED THAT:**

6. Tender and acceptance of the first payment of the fiscal year shall constitute formal acceptance of the terms of the program objectives, which shall be incorporated by reference into the Universal Contract.
7. This Contract Attachment No. 24 supersedes any prior Contract Attachment No. 24.
8. Failure to comply with this Contract Attachment No. 24 may result in reduction of funds or cancellation of Contract Attachment No. 24.

Secretary: \_\_\_\_\_  
Robert Moser, MD  
Kansas Department of Health & Environment

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
Sedgwick County Health Department

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved As To Form**



Effective 7/1/2011

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
NOTICE OF GRANT AWARD AMOUNT & SUMMARY OF PROGRAM OBJECTIVES**

**PROGRAM NAME:** Personal Responsibility Education Program (#24)

**LOCAL AGENCY NAME:** Sedgwick County Health Department

**PROGRAM PERIOD:** July 1, 2011 - June 30, 2012

**AMOUNT THIS PERIOD:** \$180,000

*This document is incorporated by reference into Contract Attachment No. 24. Acceptance of the first payment constitutes Local Agency's agreement to the amount of the grant, the program objectives set out below, and the terms of Contract Attachment No. 24. In addition to the general program provisions and objectives set forth in Contract Attachment No. 24, Local Agency agrees to the following Fiscal Year/Local Agency-specific requirements:*

**A. KDHE AGREES:**

1. The total grant amount for the duration of this program period shall not exceed \$180,000.
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**B. LOCAL AGENCY AGREES:**

1. Local Agency must account for funds received and spent that originated with State Agency. All revenues received hereunder shall be identified and reported to the Internal Revenue Service and the Kansas Department of Revenue.
2. Submit to the State Agency within fifteen (15) days after the end of each quarter of the Contract Attachment period, State Agency quarterly Program/Fiscal Reports.
3. Program activities shall adhere to the program model/ intervention structure. Significant modifications or adaptations must be submitted to State Agency for approval. Significant modification includes but is not limited to activities that redefine terms, delivery methods, theory basis, or methodology. Fidelity to model must be upheld at all times.
4. Program model/ intervention must include at least 3 of the following adulthood preparation subjects; healthy relationships, adolescent development, financial literacy, parent-child communication, education and career success and healthy life skills.
5. Local Agency must submit a request to State Agency for all staff (current and hired) to be paid from this funding. This shall be conducted in writing and include a copy of the candidates resume or curriculum vitae.
6. All Project employees must successfully complete:
  - a. Required training and certification for program model/intervention prior to the facilitation of sessions.
  - b. HIV/STD Basic Training (on-line) with a score of 80%.
  - c. HIV Prevention Counseling and Behavior Change.

7. Local Agency may not change program model/ intervention without request of State Agency personnel.
8. Local Agency must provide support services to Project Beneficiaries in the form of referrals to establish a comprehensive system of services that meet individual needs, is cultural competent, developmentally appropriate and linguistically specific.
9. Process Evaluation and Outcome Monitoring in accordance with Project needs and requirements. State Agency reserves the right to define "Project needs and requirements" as necessary. All Evaluation and Monitoring shall be reported at minimum with the quarterly report. Agency must demonstrate competency in basic data analysis, record keeping, evaluation and monitoring processes. Failure to demonstrate competency may be reprehensible, as determined by State Agency.
10. Project subject to site monitoring by State Agency. Local Agency's failure to comply is reprehensible, as determined by State Agency. State Agency defines non-compliance as an agency's inability to demonstrate Project competency as demonstrated by inadequate documentation, missed deadlines or inability to meet Project requirements.
11. Programs conducted outside of the State of Kansas and/or serving non-Kansas residents must receive prior approval from State Agency.
12. That no charges for services rendered by employees of the State of Kansas, or employees of the Local Agency who are paid through a separate contract or grant between the Local Agency and the State Agency shall be paid from this grant.
13. Local Agency shall comply with K.S.A. 65-6002 and amendments thereto by reporting as required therein on county and regional (as defined by the KDHE HIV/STD/TB Section) levels.

**C. BOTH PARTIES MUTUALLY AGREE THAT:**

1. This contract, including attachments, may be modified, extended and/or amended as necessary if such modification, extension and/or amendment is in writing and executed with the same formality as this contract.
2. This contract, at State Agency's discretion, may be cancelled or payment(s) may be denied if Local Agency fails to submit Quarterly Reports, Program/Fiscal Reports, and/or if program requirements/objectives are not met as specified in this contract.
3. All payments hereunder shall be contingent upon the receipt of adequate funding for the Personal Responsibility Education Program Grant.
4. Local Agency shall be responsible, without qualification, for meeting all terms, conditions, requirements and actions and for supplying all services described herein. Local Agency shall not subcontract any work under the contract without the express, written approval of State Agency prior to the entering said subcontract(s). Local Agency shall be totally responsible for all actions and work performed by its subcontractor(s). All terms, conditions, and requirements of this contract shall apply without qualification to each subcontractor of Local Agency. As used herein, the term "Local Agency" shall include all subcontractors hired by Local Agency.

June 16, 2011



Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

## MEMORANDUM

**DATE:** June 17, 2011

**JUN 23 2011**

**TO:** Local Health Agency

**FROM:** Kevin Shaughnessy,  
Division of Management and Budget

**SUBJECT:** Contract Attachments

Enclosed with this letter are the Aid-to-Local Contract Attachments that need to be signed. **Please sign and return two (2) originals of each contract to Kevin Shaughnessy, KDHE - Division of Management and Budget, 1000 SW Jackson Ave. - Suite 570, Topeka, KS 66612-1368. One (1) original of each contract will be returned for your files after the Secretary has signed the documents.**

The Notice of Grant Award Amount (yearly contract) is a copy for your records and does not need to be signed. The rest of the Notice of Grant Award Amounts will be sent out by June 30<sup>th</sup>. If you have questions or concerns in regards to the contractual process or reporting requirements, contact me at (785) 296-1507 or [kshaughnessy@kdheks.gov](mailto:kshaughnessy@kdheks.gov).

Division of Management and Budget  
Curtis State Office Building, 1000 SW Jackson, Suite 570, Topeka, KS 66612-1368  
Voice: 785-296-1507 Fax: 785-296-8465 e-mail: [kshaughnessy@kdheks.gov](mailto:kshaughnessy@kdheks.gov)

## SFY 2012 KDHE AID TO LOCAL LIST OF GRANT AWARDS

County /  
Agency:

Sedgwick

#	State Agency Grant Award	Term Dates		Fund Source	Amount
		Begin	End		
1	State Formula	07-01-2011	06-30-2012	State	344,933
2	Chronic Disease Risk Reduction NOT FINALIZED YET	07-01-2011	06-30-2012	State (CIF) CDT 93.283 PHB 93.991 Subtotal	
5	Family Planning	07-01-2011	06-30-2012	State FP 93.217 Subtotal	9,013 164,122 173,135
15	STD/HIV Disease Intervention & Prevention Services	07-01-2011	06-30-2012	HIV 93.940	76,760
16	STD Control Programs - Disease Intervention & Prevention Serv	07-01-2011	06-30-2012	STD 93.977	98,905
17	Maternal & Child Health	07-01-2011	06-30-2012	State State (CIF) MCH 93.994 Subtotal	326,357 20,615 234,345 581,317
18	Child Care Licensing and Registration Program	07-01-2011	06-30-2012	State State CCD 93.575 Subtotal	
20	Opt-Out HIV Testing	07-01-2011	06-30-2012	State HIV 93.940 Subtotal	21,539 13,461 35,000
21	HIV Targeted Testing using the RESPECT Model	07-01-2011	06-30-2012	State HIV 93.940 Subtotal	
22	Targeted HIV Prevention Projects (Health Dept's)	07-01-2011	06-30-2012	HIV 93.940	80,000
23	Targeted HIV Prevention Projects (CBO's)	07-01-2011	06-30-2012	HIV 93.940	
24	Personal Responsibility Education Program	07-01-2011	06-30-2012	PREP 93.092	180,000
27	Community Based Primary Care	07-01-2011	06-30-2012	State (PCC) State (PDA) State (Dental) Subtotal	
33	Ryan White Treatment Modernization Act Program	07-01-2011	06-30-2012	State RW 93.917 Subtotal	
34	Immunization Action Plan	07-01-2011	06-30-2012	State Imm 93.268 Subtotal	30,828 27,862 58,690
35	WIC Immunization Collaboration	07-01-2011	06-30-2012	State Imm 93.268 Subtotal	38,406 35,044 73,450
				TOTAL	1,702,190