



UTAH DEPARTMENT OF HEALTH CONTRACT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

2104004
Department Log Number

212701581
State Contract Number

1. **CONTRACT NAME:** The name of this contract is SJ Building Resilient Inclusive Communities (BRIC)
2. **CONTRACTING PARTIES:** This contract is between the Utah Department of Health (DEPARTMENT) and the following CONTRACTOR:

PAYMENT ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding UT, 84511

MAILING ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding UT, 84511

Vendor ID: 06866HL
Commodity Code: 93131

3. **GENERAL PURPOSE OF CONTRACT:** The general purpose of this contract is Build sustainable programming into existing efforts and address high risk populations for COVID-19 (African Americans, Hispanics, Native Americans, young children, aging adults, and people with disabilities) by providing technical assistance (TA) to increase nutrition security, access to safe physical activity and social connectedness..
4. **CONTRACT PERIOD:** The service period of this contract is 01/01/2021 through 12/31/2021, unless terminated or extended by agreement in accordance with the terms and conditions of this contract.
5. **CONTRACT AMOUNT:** The DEPARTMENT agrees to pay \$13,500.00 in accordance with the provisions of this contract.
6. **CONTRACT INQUIRIES:** Inquiries regarding this Contract shall be directed to the following individuals:

CONTRACTOR

Mike Moulton
(435) 678-2723
mmoulton@sanjuancounty.org

DEPARTMENT

Disease Control and Prevention
Health Promotion
Rebecca Fronberg
(801) 538-6229
rfronberg@utah.gov

7. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:

Attachment A: Special Provisions

8. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:

A. All other governmental laws, regulations, or actions applicable to services provided herein.

B. All Assurances and all responses to bids as provided by the CONTRACTOR.

C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

9. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

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Contract with Utah Department of Health and San Juan County, Log # 2104004

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____
Kenneth Maryboy
County Commission Chair

Date

By: _____
Shari A. Watkins, C.P.A.
Director, Office Fiscal Operations

Date

**Attachment A - Special Provisions – 1/1/2021
San Juan County Health Department 2021**

Building Resilient Inclusive Communities (BRIC)

Healthy Living Through Environment, Policy and Improved Clinical Care (EPICC)

I. DEFINITIONS

DEPARTMENT	Utah Department of Health—EPICC Program
SUB-RECIPIENT	Local Health Department
ULACHES	Utah Local Association of Certified Health Education Specialists—Local Health Department Health Promotion Directors

II. FUNDING

- A. The source of funding provided for this agreement is from the following: Contract with National Association of Chronic Disease Directors (NACDD)
- B. DUNS Number: 079815014
- C. Indirect Cost Rate: [0%]
- D. As set forth in the funding periods below, the DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of \$13,500.00 for expenditures made by the SUB-RECIPIENT directly related to this project as described in Section III Services A.
 - i. Allowable expenditures include wages and salaries, fringe benefits, supplies, travel, subcontract costs, consultants and current expense.
 - ii. The SUB-RECIPIENT will report monthly expenditures, using a separate line item for each allocation coding as shown in the table below, on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

III. SERVICES

- A. The SUB-RECIPIENT shall conduct at least one of the following activities related to BRIC funding. These activities are complementary to the 1807 SPAN grant activities.
 - i. Nutrition Security
 - 1. Collaborate with state and or community food council/coalition/task force on equitable nutrition security for food banks, pantries, or feeding sites during COVID.
 - 2. Efforts to increase number of food banks, pantries, or feeding sites in each community selected adopt nutrition standards due to increase in demand during the COVID-19 pandemic since February 2020. (Please note: this date is correct; this can be retroactive.)
 - 3. Efforts to support the increase in the number of people in communities who receive healthier foods distributed by food pantries, food banks, or other feeding sites including how demand has changed during COVID-19
 - 4. Efforts to increase number of places providing increased financial access to healthier foods.
 - ii. Physical activity access

1. Collaborate with state and or community task forces/coalitions that support equitable, safe physical activity during COVID.
 2. Progress to support at least one Community Action Plan includes the potential assessment of local community design as it relates to improving safe and equitable access to physical activity (including number of federal, state or local partners formally engaged) as well as how local demand had changed during COVID-19
 3. Efforts to support at least two verified changes in the characteristics of each selected community that demonstrates walkability or increased safety for those most at risk for COVID illness and death (e.g., measure: safer and pedestrian-friendly streets, increased access to transit with social distancing from public records) including how local demand has changed during COVID-19.
 4. Efforts to support at least two alternative commuting facilities, programs or services created or enhanced that support equitable access that can be used by the priority population in each community to safely travel to essential services, including jobs, medical appointments, grocery stores or food pantries including how local demand has changed during COVID-19.
- iii. Social Connectedness
1. Collaborate with state and or community task forces/coalitions that support equitable social connectedness during COVID.
 2. Efforts to implement new or improved community strategies that emphasize and integrate feasible and innovative social connectedness efforts for older adults at higher risk for severe illness from COVID-19; incorporation of existing networks of community health workers should be encouraged.
 3. Efforts to implement at least two new or improved equitable programs for older adults living in high burden communities that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement working in collaboration with existing programs (e.g., mental health or Arthritis Programs, AARP, or other)
 4. Efforts to implement at least two new or improved equitable Intergenerational Mentoring Programs have been established in the community to foster healthy, ongoing, supportive relationships between older adults and youth.

IV. RESPONSIBILITY OF THE SUB-RECIPIENT

- A. The SUB-RECIPIENT shall conform to the Americans with Disabilities Act (ADA) including associated regulations and policies and Civil Rights laws, regulations and policies, which includes providing reasonable accommodations to those with disabilities and displaying required notices of rights.
- B. The SUB-RECIPIENT shall provide detailed reports on progress and results by the following dates:
 - i. April 15, 2021
 - ii. July 15, 2021
 - iii. October 15, 2021

iv. January 15, 2022

- C. The SUB-RECIPIENT shall use Catalyst to document the progress made on the activities to the DEPARTMENT's Program Liaison. The SUB-RECIPIENT shall ensure that necessary information is entered into all required reporting fields.
- D. The SUB-RECIPIENT shall provide progress, results and performance measure data as outlined in Catalyst.
- E. The DEPARTMENT will provide additional evaluation criteria as agreed upon by EPICC and ULACHES.

V. RESPONSIBILITY OF DEPARTMENT

- A. The DEPARTMENT agrees to provide written confirmation of receipt of reports within 10 working days
- B. The DEPARTMENT agrees to provide written feedback on results or progress within 20 working days of receipt of quarterly progress and end-year reports.
 - i. The SUB-RECIPIENT agrees to reply to feedback, in the space provided in Catalyst, within 10 working days of receipt of DEPARTMENT feedback.
- C. The DEPARTMENT agrees to provide training and technical assistance as requested or needed.