

**Contract Declarations & Execution Page**

<p><b>CONTRACT #:</b> 5882IMM##</p>	<p><b>PROJECT TITLE:</b> Equity and Prioritizing COVID-19 Vaccine Access for Populations Disproportionately Affected by COVID-19</p>
<p><b>CONTRACTOR LEGAL NAME AND ADDRESS:</b> Insert Contractor's legal name and address</p>	<p><b>PROJECT PERIOD:</b> insert project period dates to match the contract period, not to exceed three years (or the available funds) whichever ends sooner.</p>
<p><b>STATE OF IOWA DEPT. OF ADMINISTRATIVE SERVICES VENDOR #:</b> insert contractor's 11 digit vendor #</p>	<p><b>CONTRACT PERIOD:</b> insert contract period, not to exceed three years or the end date of the available funds, whichever is sooner</p>
<p><b>IOWA CODE CHAPTER 8F DESIGNATION:</b></p> <p>This contract is covered by Iowa Code chapter 8F</p> <p>This contract is NOT covered by Iowa Code chapter 8F</p> <p>At the time of execution, this contract is NOT covered by Iowa Code chapter 8F, if the Contractor executes additional contracts with the Department, the aggregate of which exceed \$ 500,000, the contract will be covered.</p>	<p><b>TOTAL CONTRACT AMOUNT:</b> \$0</p>
	<p><b>FUNDING SOURCE:</b></p> <p>FEDERAL: \$0</p> <p>STATE: \$0</p> <p>OTHER:\$0</p> <p>Interagency State: \$0</p> <p>Interagency Federal: \$0</p> <p>Private/Fees/Other:\$0</p>
<p><b>Federal Subrecipient Addendum Needed? YES/NO</b></p>	
<p>The Contractor agrees to perform the work and to provide the services described in the Special conditions for the consideration stated herein. The duties, rights and obligations of the parties to this contract shall be governed by the Contract Documents, which include the Special Conditions, General Conditions, Request for Proposal and Application.</p> <p>The Contractor has reviewed and agrees to the Iowa Department of Public Health <a href="#">General Conditions Effective July 1, 2019</a> as posted on the Department's website under Funding Opportunities or as available by contacting Emma Gelman (515) 229-5080. The Contractor specifies no changes have been made to the Special Conditions or General Conditions.</p>	
<p>The parties hereto have executed this contract on the day and year last specified below.</p>	
<p><b>For and on behalf of the Department:</b></p> <p>By: _____</p> <p>Ken Sharp, Division of Acute Disease Prevention, Emergency Response and Environmental Health</p>	<p><b>For and on behalf of the Contractor:</b></p> <p>By: _____</p> <p>Insert Date (required if not a digital signature): _____</p>

## Special Conditions for Contract # 5882IMM##

### Article I- Identification of Parties:

This contract is entered into by and between the Iowa Department of Public Health (hereinafter referred to as Department) and the Contractor, as identified on the contract face sheet.

### Article II - Designation of Authorized State Official:

Ken Sharp, Director, Division of Acute Disease Prevention, Emergency Response and Environmental Health is the Authorized State Official for this contract. Any changes in the terms, conditions, or amounts specified in this contract must be approved by the Authorized State Official. Negotiations concerning this contract should be referred to Emma Gelman [emma.gelman@idph.iowa.gov](mailto:emma.gelman@idph.iowa.gov) (515) 229-5080.

### Article III - Designation of Contract Administrator:

[Insert Name](#) has been designated by the Contractor to act as the Contract Administrator. This individual is responsible for financial and administrative matters of this contract. Negotiations concerning this contract should be referred to: [insert name](#); telephone ( ); [email address](#).

### Article IV – Key Personnel:

The following individual(s) shall be considered key personnel for purposes of this contract:

#### Department Personnel

Name	Title	Email Address
Don Callaghan	Bureau Chief	<a href="mailto:Donald.Callaghan@idph.iowa.gov">Donald.Callaghan@idph.iowa.gov</a>
Emma Gelman	Program Consultant	<a href="mailto:emma.gelman@idph.iowa.gov">emma.gelman@idph.iowa.gov</a>
Karen Quinn	Program Contract Manager	<a href="mailto:Karen.Quinn@idph.iowa.gov">Karen.Quinn@idph.iowa.gov</a>

#### Key Contractor Personnel [Essential personnel for delivery of services as determined by IDPH program](#)

Name	Title	Email Address
	<a href="#">Project Director or Coordinator</a>	
	<a href="#">Add more as applicable</a>	

The Contractor shall notify the Department in writing within ten (10) working days of any change of Key Personnel identified in this section.

**Article V - Statement of Contract Purpose:**

The parties have entered into this Contract for the purpose of retaining the Contractor to implement strategies that ensure greater equity and access to COVID-19 vaccine for those disproportionately affected by COVID-19 in Iowa.

**Article VI - Description of Work and Services:**

Deliverables:

Item/Deliverable description and Performance Measures	Due Date
<p><b>Performance Measure Collection Plan</b></p>	<p>Within 2 weeks of the agreement start date</p>
<p>1. <b>Vaccination Clinic:</b> Plan and implement pop-up, mobile, or other vaccination clinics with COVID-19 vaccine providers. Coordinate planning with existing community events (e.g., food drives/pantries, health fairs, adult education programs, religious services, special-interest clubs and community organization events). Ensure access to vaccination sites and appointments by using multiple types of locations, including community-based sites, and with flexible hours that are accessible to and frequented by the identified communities of focus.  <i>Please note:</i> Only approved COVID-19 providers may administer COVID-19 vaccine. Partnering with a COVID-19 provider is necessary when planning a vaccination clinic.</p> <p><b>Performance measure:</b></p> <p>Number of pop-up and mobile vaccination events conducted in partnership with CBOs. Include event location, the number of days each event was held, day(s) of the week, hours of operation, population(s) served and number of vaccine doses administered at each event.</p>	<p>TBD</p>
<p>2. <b>Increase cultural competence:</b> Support increased staffing of culturally competent medical personnel that reflect the identified community who may administer COVID-19 vaccine. at various locations, mobile or pop-up vaccination sites/clinics organized through community-based organizations. This could include partnering with minority community health workers.</p> <p><b>Performance measure:</b></p> <p>Number of vaccination events organized with culturally competent staff. Include the number of culturally competent staff supporting each event.</p>	<p>TBD</p>
<p>3. <b>Support transportation:</b> Support free or subsidized transportation options to access vaccination appointments. Directly or indirectly through community partners (e.g., partner with local transportation services or transportation network companies to provide no-cost transport to vaccination sites in communities of high social vulnerability).</p>	<p>TBD</p>

<p><b>Performance measure:</b></p> <p>Name of community partner(s), populations targeted and number of individuals served through these services.</p>	
<p>4. <b>Simplify vaccination operations:</b> Simplify or assist COVID-19 vaccine patient registration procedures. Prioritize offering vaccination options that do not require pre-registration (e.g., at local community centers, schools, houses of worship, or other highly frequented and trusted sites in the community). Ensure patient registration options do not require the internet or digital platforms (such as phone or in-person registration). Ensure registration is accessible to those with limited English proficiency or limited literacy. It should be made clear registration does not require nonessential documentation, such as proof of citizenship, likely to deter individuals from immigrant communities from seeking vaccination.</p> <p><b>Performance measure:</b></p> <p>Describe the work to simplify or assist with COVID-19 vaccine registration processes, including successes and challenges. Describe non-digital options for COVID-19 registration.</p>	TBD
<p>5. <b>Develop messaging:</b> Develop and implement community-based and culturally and linguistically appropriate messages that focus on COVID-19 prevention and benefits of vaccination.</p> <p><b>Performance measure:</b></p> <ul style="list-style-type: none"> <li>● Number of products created or adapted (e.g., infographics, flyers, videos, commercials), method of dissemination (website, mail, bulletin boards, radio, social media) and intended audience.</li> <li>○ If translation of materials occurred, include the number of languages translated.</li> </ul>	TBD
<p>6. <b>Engage trusted messengers:</b> Engage communities by identifying trusted messengers that represent the population to promote vaccination and have bidirectional conversations about vaccine hesitancy. Collaborate with trusted messengers to develop testimonial campaigns. Testimonials could include representation from diverse groups of people including millennials, physicians, elderly, frontline workers, someone who lost a loved one, individuals who experienced a reaction following vaccination (or did not have a reaction), local or national celebrities of color, etc.</p> <p><b>Performance measure:</b></p> <ul style="list-style-type: none"> <li>● Number of trusted messengers engaged and the communities of focus represented.</li> </ul> <p>Number of products developed or used in partnership with trusted messengers. Include product type (video, face-to-face conversations, positive social media posts, flyers) and intended audience.</p>	TBD
<p>7. <b>Promote vaccine confidence:</b> Conduct outreach activities to promote vaccine confidence.</p> <p><b>Performance measure:</b></p> <p>Number of outreach events held and communities targeted to promote vaccine confidence.</p>	TBD

<p>8. <b>Support grassroots-style outreach:</b> Support grassroots-style outreach campaigns through text messages, phone-banking, and/or safely conducted in-person to share information such as vaccine availability, vaccine education, appointment sign-up options, and appointment and COVID-safety reminders.</p> <p><b>Performance measure:</b></p> <p>Number of outreach campaigns conducted. Include method(s) of outreach (text, phone banking, person-to-person), summary of information shared and the targeted audience.</p>	<p>TBD</p>
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**Article VII – Performance Measure:**

Reimbursement under the contract will be based upon successful performance in meeting the requirements and deliverables outlined in the budget section. All deliverables must meet Department approval prior to payment of the reimbursement. Failure to provide deliverables meeting Department satisfaction will result in non-payment of corresponding deliverable.

The Contractor shall submit any documentation required for the performance measure to the Department .

**Article VIII – Reports:**

The Contractor shall complete and submit the following reports

Report Title	Form Frequency/Type	Date Due
Subcontracts- draft, unsigned with a value over \$2,000	Type: Subcontract Documents	Submit for Department approval Prior to obtaining signatures
FFATA Report (the FFATA report must be included and scheduled if FFATA reporting is required by the federal grant. Department staff must input the information submitted to us on this form into the federal reporting system by the end of the month following the month of the award date. Example: if the award is made October 15 the filing must be made by November 30)	Type: FFATA Report	Contractor Submits within 15-30 days of the start date of the contract.
Progress Report, including performance measures & Invoice/Claim	Narrative report describing the services provided, and a requested amount consistent with section 4 and 5 of this	Due upon completion of services and submitted with claim/invoice

	<p>agreement.</p> <p>The contractor will report specific performance measures to the Department based on services offered. Performance measures must be collected on a Department provided template and submitted to the Department via an email submission. The reporting due dates will be determined at a later date.</p>	
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**Article IX - Budget:**

**Deliverable-based Reimbursement**

Reimbursement under this contract will be deliverable-based. These amounts are all inclusive and no other costs or expenses will be provided.

<b>Deliverable (description)</b>	<b>Due Date</b>	<b>Fixed Cost</b>
Vaccination Clinic		\$
Increase cultural competence		\$
Support transportation		\$
Simplify vaccination operations		\$
Develop messaging		\$
Engage trusted messengers		\$
Promote vaccine confidence		\$
Support grassroots-style outreach		\$
<b>Total Fixed Cost:</b>		\$

\*Reimbursements will not be provided until the Department approves the deliverable.

**Article X - Payments:**

1. Submission of Claims for contract period:

The Contractor shall complete and submit a claim following the completion of the corresponding deliverable. The claim shall be emailed to the Program Consultant within

30 days of Department approval of the deliverable.

The Department shall verify the Contractor's performance of the provision of Services/Deliverables and timeliness of claims before making payment. The Department may elect not to pay claims that are considered untimely.

2. End of State Fiscal Year Claims Submission:

Notwithstanding the timeframes above, and absent:

- i. longer timeframes established in federal law or
- ii. the express written consent of the Department,

the Contractor shall submit all claims to the Department by August 10th for all services performed in the preceding state fiscal year (the State fiscal year ends June 30).

The Department will not automatically pay end of state fiscal year claims that are considered untimely. If the Contractor seeks payment for end of state fiscal year claim(s) submitted after August 10th, the Contractor may submit the late claim(s), as well as a justification for the untimely submission. The justification and request for payment must be submitted within the Correspondence component of this grant site. The Department may reimburse the claim if funding is available after the end of the fiscal year.

If funding is not available after the fiscal year, the claim may be submitted to State Appeal Board in accordance with instructions for consideration. Instructions for this process may be found at: [http://www.dom.state.ia.us/appeals/general\\_claims.html](http://www.dom.state.ia.us/appeals/general_claims.html).

3. The Department shall pay all approved invoices/claims in arrears. The Department may pay in less than sixty (60) days, but an election to pay in less than sixty (60) days shall not act as an implied waiver of Iowa law.
4. Final payment may be withheld until all contractually required reports have been received and accepted by the Department. At the end of the contract period, unobligated contract amount funds shall revert to the Department.

## **Article XI – Additional Conditions**

1. All work plan revisions or changes to an approved deliverable or budget amount must be approved by the Department prior to implementation. Requests for work plan revisions, changes to a deliverable, or budget amount must be received by the Department through email to the Program Consultant at least 15 days before the due date of the deliverable.
2. Add any additional conditions to include, but not limited to: funder requirements such as federal requirements (refer to the NOA's for each funding source); additional requirements from another funder such as DHS or private entity (refer to the contract b/w IDPH and the funder). Examples of additional conditions might be including limitations on costs/expenses not allowed for reimbursement, limitations on data usage or disclosure, or federal compliance items, etc. Do not repeat or include conditions covered by the General Conditions in this section, but if a funder's agreement/contract/NOA requires us to pass along additional conditions or to modify IDPH's General Conditions (with CCO or

AAG approval only), that must be stated here in the contract.