

ORDINANCE 2022-08-04-0541

**AUTHORIZING THE ACCEPTANCE OF FUNDS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), FOR THE COMMUNITY HEALTH WORKERS (CHW) FOR COVID RESPONSE AND RESILIENT COMMUNITIES GRANT TO CONTINUE TO TRAIN AND DEPLOY CHWS AND STRENGTHEN COVID-19 RECOVERY EFFORTS IN AN AMOUNT UP TO \$4,800,000.00 FOR THE PERIOD OF AUGUST 31, 2022 THROUGH AUGUST 30, 2024, AUTHORIZING THE EXECUTION OF AMENDMENTS TO SUBCONTRACTS WITH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO, NORTHWEST VISTA COLLEGE AND SAN ANTONIO AREA FOUNDATION FOR SERVICES RELATED TO GRANT DELIVERABLES, AUTHORIZING THE EXECUTION OF MEMORANDA OF AGREEMENT THAT ENHANCE PROGRAM SERVICES WITH NO EXCHANGE OF FUNDS ASSOCIATED WITH THIS GRANT-FUNDED PROJECT, AND APPROVING AN EXISTING PERSONNEL COMPLEMENT.**

\* \* \* \* \*

**WHEREAS**, the San Antonio Metropolitan Health District (Metro Health) recently released a five-year strategic direction through the SA Forward Blueprint for 2021-2026; and

**WHEREAS**, the plan responds to pandemic-related lessons learned around health disparities, social justice, public health capacity, and the state of the public health workforce; and

**WHEREAS**, as part of the SA Forward plan, Metro Health continues working to address the public health impacts of COVID-19 through the Access to Care priority area; and

**WHEREAS**, on May 23, 2021, Metro Health applied to the Centers for Disease Control and Prevention (CDC) Community Health workers for Public Health Response and Resilient Communities Grant (CHW Grant); and

**WHEREAS**, this funding opportunity supports efforts in preventing COVID-19 through training and deployment of Community Health Workers (CHWs) to build and strengthen community resilience by addressing health disparities; and

**WHEREAS**, through Ordinance 2021-11-18-0878, City Council authorized the acceptance of funds from the CDC for Year 1 of the CHW Grant for a period beginning August 31, 2021 through August 30, 2022; and

**WHEREAS**, on April 21, 2022, Metro Health submitted a continuation grant application for the CHW Grant; and

**WHEREAS**, through Ordinance 2021-11-18-0878, City Council also authorized the following initial agreements relating to the CHW Grant for a period through August 30, 2022; and



**WHEREAS**, as part of the COVID-19 CHW grant, this ordinance further authorizes the negotiation and execution of the following agreements to continue the provision of services related to the deliverables of the grant award through August 30, 2024: 1. An amendment to an agreement with University of Texas Health Science Center at San Antonio to amend the scope of services and add an additional \$480,000 for a total cumulative amount up to \$720,000.00 2. An amendment to an agreement with University of Texas Health Science Center at San Antonio to amend the scope of services and add an additional \$918,144.00 for a total amount up to \$1,298,077.00 3. An amendment to an agreement with Alamo Community Colleges District's Northwest Vista College to amend the scope of services and add an additional \$86,000.00 for a total amount up to \$129,000.00 and 4. an amendment to an agreement with San Antonio Area Foundation to amend the scope of services and add an additional \$1,100,000.00 for a total amount up to \$1,400,000.00; and

**WHEREAS**, a total of nine full time positions will continue to be supported through the CHW Grant; and

**WHEREAS**, finally this ordinance authorizes the Director of Metro Health to execute Memoranda of Agreement (MOA) that enhance program services with no exchange of funds associated with the grant-funded program, including Data Use Agreements and Business Associate Agreements; **NOW THEREFORE**:

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO,**

**SECTION 1.** The City Manager or designee, or the Director of the San Antonio Metropolitan Health District or designee, is hereby authorized to accept grant funds in the amount not to exceed \$4,800,000.00 from the Centers for Disease Control and Prevention (CDC) for the Community Health Workers for COVID Response and Resilient Communities Grant for a term beginning August 31, 2022 and ending August 30, 2024.

**SECTION 2.** The City Manager or designee, or the Director of the San Antonio Metropolitan Health District or designee, is further authorized to initiate, negotiate, and execute any and all necessary documents and a grant contract to effectuate the acceptance of the referenced grant, and to execute contract amendments pertaining to this contract, to include a) carry-over funds, when ascertained and approved by the funding agency through a revised notice of award; b) line item budget revisions authorized by the funding agency; c) modifications to the performance measures authorized by the funding agency and listed in the contract so long as the terms of the amendment stay within the general parameters of the intent of the grant; d) no cost extensions; 3) amendments which will provide supplemental grant funds to the grant by the funding agency in an amount up to 20% of the total amount awarded to the grant; f) reimbursement increases of administrative funds for each participant served; g) amendments funding one time equipment purchases or defined program services; and h) changes in regulations mandated by the funding agency.

**SECTION 3.** Upon acceptance of this award, new funds and internal order numbers will be created, upon which the award amount not to exceed \$4,800,000.00 will be appropriated from CDC. The budget, which is attached hereto and incorporated herein for all purposes as **Attachment I**, is approved and adopted for entry in the City books.

**SECTION 4.** The personnel complement of nine (9) positions, which is attached hereto and incorporated herein for all purposes as **Attachment I**, is hereby approved. The Director of Metro Health or designee is further authorized to change personnel complement classifications within the approved personnel complement so long as there is no increase to the overall budget.

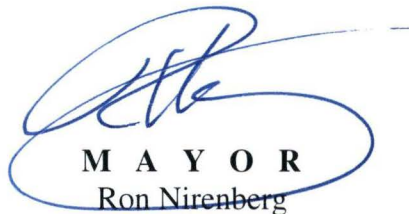
**SECTION 5.** The City Manager or designee or the Director of Metro Health or designee is authorized to negotiate and execute amendments to agreements for grant deliverables through August 30, 2024 with: 1. The University of Texas Health Science Center at San Antonio for evaluation services for up to \$720,000.00 2. The University of Texas Health Science Center at San Antonio for Community Health Clubs services for a total amount up to \$1,298,077.00 3. Northwest Vista College for program certification services for a total amount up to \$129,000.00 and 4. The San Antonio Area Foundation for administering mini-grant funding for community organizations for a total amount up to \$1,400,000.00. The amendments in substantially final form are attached hereto and incorporated herein for all purposes as **Attachment II-V**. The execution authority granted by this Ordinance shall expire 60 days after the effective date.

**SECTION. 6.** The City Manager or designee or the Director of Metro Health or designee is further authorized to execute Memoranda of Agreement, to include Data Use Agreements and Business Associate Agreements that enhance program services with no exchange of funds associated with this grant funded project.


**SECTION 7.** The financial allocations in this Ordinance are subject to approval by the Deputy Chief Financial Officer, City of San Antonio. The Deputy Chief Financial Officer may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

**SECTION 8.** This Ordinance is effective immediately upon the receipt of eight affirmative votes; otherwise, it is effective ten days after passage.

**PASSED and APPROVED this 4<sup>th</sup> day of August 2022.**

  
**M A Y O R**  
Ron Nirenberg

**ATTEST:**

  
Debbie Racca Sittre, City Clerk

**APPROVED AS TO FORM:**

  
Andrew Segovia, City Attorney





## City of San Antonio

### City Council Meeting August 4, 2022

11.

**2022-08-04-0541**

Ordinance approving the acceptance of funds from the Centers for Disease Control and Prevention (CDC), for the Community Health Workers (CHW) for COVID Response and Resilient Communities Grant to continue to train and deploy CHWs and strengthen COVID-19 recovery efforts in an amount up to \$4,800,000.00 for the period of August 31, 2022 through August 30, 2024, approving amendments to subcontracts with the University of Texas Health Science Center at San Antonio, Northwest Vista College and San Antonio Area Foundation for services related to grant deliverables, approving the execution of Memoranda of Agreement that enhance program services with no exchange of funds associated with this grant-funded project, and approving an existing personnel complement. [Erik Walsh, City Manager; Claude A. Jacob, Director, Health]

Councilmember Viagran moved to Approve on the Consent Agenda. Councilmember Rocha Garcia seconded the motion. The motion carried by the following vote:

**Aye:** Nirenberg, Bravo, McKee-Rodriguez, Viagran, Rocha Garcia, Castillo, Cabello  
Havrda, Sandoval, Pelaez, Courage, Perry



## **Attachment I**

**FY23 Community Health Workers for COVID Response and Resilient Communities Grant**

Budget for Period: 8/31/22 - 8/30/24

Cost Center

Fund No

GM No

Internal Order 13600000xxxx

<u>GL</u>	<u>ESTIMATED REVENUES</u>	<u>FY23 Budget</u>	<u>FY24 Budget</u>
4501000	Grants Revenue	2,400,000	2,400,000
	<b>Total Estimated Revenues</b>	<b>2,400,000</b>	<b>2,400,000</b>

APPROPRIATIONS				
1	5101010	Regular Salaries	485,675	507,119
1	5101020	Overtime Salaries		
1	5101050	Language Skill Pay	1,800	1,800
1	5101070	Retiree Payout Sal		
2	5103005	FICA & Medicare Exp	37,788	39,441
2	5103010	Life Insurance	494	516
1	5103035	Personal Leave Buy Back	4,144	4,309
1	5103056	Transportation Allowance - Parking	2,340	2,340
2	5105010	Retirement Exp - TMRS	61,251	63,931
2	5170040	Civln Actv Healthcr	80,046	80,046
6	5201025	Education - Classes	39,950	51,950
5	5201040	Fees to Professional Contactors	1,042,072	1,042,072
5	5202010	Temporary Services		
6	5202025	Other Contractual Services	19,500	21,000
6	5203040	Advertising & Publications	284,406	272,906
6	5203050	Membership Dues	200	200
6	5203060	Binding & Printing	3,000	6,000
3	5203090	Transportation Fees	6,084	6,084
4	5205020	Rental of Office Equipment		
6	5206010	Rental of Facilities	57,570	59,298
3	5207010	Travel-Official	4,689	10,239
4	5302010	Office Supplies	457	2,500
6	5304010	Food		
4	5304040	Chems Meds Drugs		
4	5304050	Tools & Apparatus		
6	5304075	Computer Software		
6	5304080	Other Commodities		12,655
6	5403040	Cellular Phone Service	5,400	5,400
6	5403510	Wireless Data Communications		
8	5406530	Indirect Costs	183,135	190,195
6	5403545	DW Other	20,000	20,000
7	5501055	Cap<5000 Equipment		
6	5404520	Software Licenses		
4	5501000	Cap<5000 Computer Equipment		
4	5501065	Furniture & Fixtures	60,000	
Total Appropriations			2,400,001	2,400,000

**Personnel Complement**

<u>Job Title</u>	<u>FY23</u>	<u>FY24</u>
0251 EPIDEMIOLOGIST	1	1
2448 COMMUNITY HEALTH WORKER	3	3
2478 HEALTH PROGRAM SPECIALIST II	2	2
0999 SR. MANAGEMRNT ANALYST	2	2
0206 HEALTH PROGRAM MANAGER	1	1
<b>Total</b>	<b>9</b>	<b>9</b>

**FY 23**

<u>Category</u>	<u>Budget</u>
1 Personnel	493,958
2 Fringe Benefits	179,579
3 Travel	10,773
4 Supplies	60,457
5 Contractual	1,042,072
6 Other	430,026
7 Equipment	-
<b>Total Direct</b>	<b>2,216,865</b>
8 Indirect Cost	183,135
<b>Total Budget</b>	<b>2,400,000</b>

**FY 24**

<u>Category</u>	<u>Budget</u>
1 Personnel	515,569
2 Fringe Benefits	183,933
3 Travel	16,323
4 Supplies	2,500
5 Contractual	1,042,072
6 Other	449,409
7 Equipment	-
<b>Total Direct</b>	<b>2,209,806</b>
8 Indirect Cost	190,195
<b>Total Budget</b>	<b>2,400,000</b>



MH  
08/04/22  
Item No. 11

## **Attachment II**

**AMENDMENT OF  
PROFESSIONAL SERVICES AGREEMENT  
FOR  
COMMUNITY HEALTH WORKER (CHW) PROJECT NORTHWEST VISTA COLLEGE CHW  
CERTIFICATION PROGRAM SERVICES**

This Amendment is entered into by and between the City of San Antonio, a Texas Municipal Corporation, ("CITY") on behalf of the San Antonio Metropolitan Health District ("Metro Health") acting by and through its City Manager or designee, and Northwest Vista College, a college of the Alamo Community College District, a junior college district and local government unit of the State of Texas (hereinafter referred to as "CONTRACTOR"), both of which may be referred to herein collectively as the "Parties."

The Parties hereto severally and collectively agree, and by the execution hereof are bound, to the mutual obligations herein contained and to the performance and accomplishment of the tasks hereinafter described.

**WHEREAS**, the purpose of the U.S. Department of Health and Human Services (DHHS) Community Health Workers for Public Health Response and Resilient Communities Grant project's ("Project") is to train and deploy community health workers (CHWs) to response efforts and build and strengthen community resilience to fight COVID-19 by addressing existing health disparities, with program strategies which 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; and

**WHEREAS**, CITY received funding for the Project from DHHS to provide CHW certification program services for individuals who complete CHW coursework; and

**WHEREAS**, these services are consistent with requirements of the CITY's Community Health Workers for Public Health Response and Resilient Grant Project; and

**WHEREAS**, through a Professional Services Agreement executed on March 15, 2022, the CITY entered into a Professional Services Agreement (hereafter the "Agreement") with CONTRACTOR; and

**WHEREAS**, the Agreement provides for an initial term commencing upon execution on March 15, 2022 and terminating on August 30, 2022; and

**WHEREAS**, pursuant to the Agreement, CONTRACTOR provides CHW certification program services for individuals who complete CHW coursework; and

**WHEREAS**, due to additional Project funding, the CITY wishes to amend the Agreement to extend the term of the Agreement through August 30, 2024, amend the scope of services for additional CHW certification program services and increase the total compensation to an amount up to \$129,000.00; **NOW THEREFORE:**

**ARTICLE I.  
AMENDMENTS**

A. Article I. Term, Section 1.1 of the Agreement is hereby amended to read as follows:

1.1 The term of this Agreement shall commence upon execution and terminate on August 30, 2024.

B. Article II. Scope of Services, Section 2.1.5 and 2.1.6 of the Agreement are hereby amended to read as follows:



2.1.5 CONTRACTOR shall cooperate with a program evaluator selected by Metro Health and shall provide data reports on August 30, 2022, August 30, 2023 and August 30, 2024 on matters related to the implementation and success of the program including, but not limited to: the number of students enrolled from priority neighborhoods; retention rate per student, per class; rates of students achieving DSHS CHW certification; number of students employed as a CHW or in a relevant role within the contract period; and information on whether students from priority areas identified by Metro Health as areas of high health disparities related to COVID-19 sought out the program as a result of marketing efforts of Metro Health.

2.1.6 Funding will support up to 30 community students, prioritizing those from areas Metro Health has identified as having high health disparities related to COVID-19, and up to 57 students from Metro Health Staff who enroll in CONTRACTOR'S CHW Certification Program. CONTRACTOR shall provide supporting documentation as may be required by City to City which supports the amount of reimbursement.

C. Article III. Compensation to Contractor, Section 3.1 of the Agreement is hereby amended to read as follows:

3.1 In consideration of CONTRACTOR's performance in a satisfactory and efficient manner, as determined solely by the Director, of all services and activities set forth in this Agreement, CITY agrees to pay CONTRACTOR up to \$129,000.00 as total compensation, to be paid to CONTRACTOR as set out below.

- a. For the period of 3/15/2022 – 12/31/2022 CONTRACTOR may invoice up to \$43,000.00
- b. For the period of 8/31/2022 – 8/30/2023 CONTRACTOR may invoice up to \$43,000.00
- c. For the period of 8/31/2023 – 8/30/2024 CONTRACTOR may invoice up to \$43,000.00

CONTRACTOR shall not invoice more than the amount set out for each period set out above.

**Cost Breakdown per student:**

City agrees to pay CONTRACTOR for 17 credit hours for up to 30 community students for a maximum total of \$1,784.00 per student, and for 12 credit hours for up to 57 students from Metro Health for a maximum total of \$1,274.00 per student as follows:

**Community Students**

Each three-hour academic credit course=\$99.00 per semester hour X 17 credit hours=\$1,683.00  
Plus, \$3.00/semester credit hour for student fees X 17 credit hours=\$51.00  
Plus, \$50.00 student support fee/year

For a total of \$1,784.00 per student for a total of up to 30 students as follows:

Contractor may invoice up to \$17,840.00 through December 31, 2022 for up to 10 students.  
Contractor may invoice up to an additional \$17,840.00 through August 30, 2023 for up to 10 additional students.  
Contractor may invoice up to an additional \$17,840.00 through August 30, 2024 for up to 10 additional students.

**Metro Health Students**

Each three-hour academic credit course=\$99.00 per semester hour X 12 credit hours= \$1,188.00  
Plus, \$3.00/semester credit hour for student fees X 12 credit hours=\$36.00  
Plus, \$50.00 student support fee/year

For a total of \$1,274.00 per student for up to 57 students as follows:

Contractor may invoice up to \$24,206.00 through December 31, 2022 for up to 19 students.  
Contractor may invoice up to an additional \$24,206.00 through August 30, 2023  
for up to an additional 19 students.  
Contractor may invoice up to an additional \$24,206.00 for up to an additional 19 students  
through August 30, 2024.

CONTRACTOR will invoice for courses students have registered for at the beginning of each 8-week Flex Semester Cycle ("Cycle"). The fee shall cover all tuition, student support fees and student activity fees. CONTRACTOR agrees that if a student withdraws or drops out of a course during a Cycle prior to its completion at any time for any reason, CONTRACTOR shall apply the funds paid for that course to another student identified by Metro Health as set out in 2.1.4.

D. Article XVII. Compliance, of the Agreement is hereby amended to add section 17.2.3 as follows:

**17.2.3 Certification Regarding Lobbying**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions, which can be found at <https://www.state.gov/documents/organization/149465.pdf>.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Signature of Contractor's Authorized Official

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Name and Title of Contractor's Authorized Official



\_\_\_\_\_  
Date

**ARTICLE II.  
TERMS AND CONDITIONS**

All other terms, conditions, covenants and provisions of the Agreement are hereby continued and shall remain in effect in their original form.

**EXECUTED** and **AGREED** to as of the dates indicated below.

**CITY OF SAN ANTONIO**

**NORTHWEST VISTA COLLEGE**

\_\_\_\_\_  
Claude A. Jacob  
Health Director  
San Antonio Metropolitan Health District

\_\_\_\_\_  
Ric Baser  
President, Northwest Vista College

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

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

Approved as to Form:

\_\_\_\_\_  
City Attorney

## **Attachment III**



**AMENDMENT OF  
PROFESSIONAL SERVICES AGREEMENT  
FOR  
COMMUNITY HEALTH WORKER (CHW) PROJECT EVALUATION SERVICES**

This Amendment is entered into by and between the City of San Antonio, a Texas Municipal Corporation, (CITY) on behalf of the San Antonio Metropolitan Health District (Metro Health) acting by and through its City Manager or designee, and The University of Texas Health Science Center at San Antonio, an institution of The University of Texas System and an agency of the State of Texas (CONTRACTOR), both of which may be referred to herein collectively as the "Parties."

The Parties hereto severally and collectively agree, and by the execution hereof are bound, to the mutual obligations herein contained and to the performance and accomplishment of the tasks hereinafter described.

**WHEREAS**, the purpose of the U.S. Department of Health and Human Services (DHHS) Community Health Workers for Public Health Response and Resilient Communities Grant project's (Project) is to train and deploy community health workers (CHWs) to response efforts and build and strengthen community resilience to fight COVID-19 by addressing existing health disparities, with program strategies which 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; and

**WHEREAS**, CITY received funding for the Project from the DHHS to provide Project evaluation services to include creating and implementing an evaluation and performance measurement plan using a mixed-methods approach; and

**WHEREAS**, these services are consistent with requirements of the CITY's Community Health Workers for Public Health Response and Resilient Grant Project; and

**WHEREAS**, pursuant to Ordinance No. 2021-11-18-0878 passed and approved on November 18, 2021, the CITY executed a Professional Services Agreement (Agreement) on May 3, 2022, with CONTRACTOR; and

**WHEREAS**, the Agreement provides for an initial term commencing on October 1, 2021 and terminating on August 30, 2022; and

**WHEREAS**, pursuant to the Agreement, CONTRACTOR provides Project evaluation services; and

**WHEREAS**, due to additional Project funding, the CITY wishes to amend the Agreement to extend the term of the Agreement through August 30, 2024, amend the scope of services for additional Project evaluation services and deliverables for the period of August 31, 2022 through August 30, 2024 and increase the total compensation to an amount up to \$720,000.00; **NOW THEREFORE:**

**ARTICLE I.  
AMENDMENTS**

A. Article I. Term, Section 1.1 of the Agreement is hereby amended to read as follows:

1.1 The term of this Agreement shall commence upon execution and terminate on August 30, 2024.

B. Article II, "Scope of Services", Section 2.2 is amended to reflect the replacement of **Attachment I-Statement of Work** with the attached Attachment I. **Attachment I-Statement of Work** of the

Agreement is hereby replaced with the attached **Attachment I-Statement of Work**.

- C. Article III. Compensation to CONTRACTOR, Section 3.1 of the Agreement is hereby amended to read as follows:

3.1 In consideration of CONTRACTOR's performance in a satisfactory and efficient manner, as determined solely by the Director, of all services and activities set forth in this Agreement, CITY agrees to pay CONTRACTOR up to \$720,000.00 as total compensation, to be paid to CONTRACTOR as follows: Invoicing will be submitted based on completion of deliverables set out in **Attachment I-Statement of Work**.

- Year 1 10/01/2021 – 8/30/2022 \$240,000.00
- Year 2 8/31/2022 – 8/30/2023 \$240,000.00
- Year 3 8/31/2023 – 8/30/2024 \$240,000.00

- D. Article XVI. Audit, Section 16.12 of the Agreement is hereby amended to read as follows:

16.12 If the CITY determines, in its sole reasonable discretion, that CONTRACTOR is in violation of the above requirements, the City shall have the right to dispatch auditors of its choosing to conduct the required audit and to have the CONTRACTOR pay for such audit from non-City resources. Subject to CITY's compliance with funding entity requirements, CITY may allow CONTRACTOR to utilize its formal solicitation process to select a qualified auditor in consultation with CITY.

## ARTICLE II. TERMS AND CONDITIONS

All other terms, conditions, covenants and provisions of the Agreement are hereby continued and shall remain in effect in their original form.

**EXECUTED** and **AGREED** to as of the dates indicated below.

**CITY OF SAN ANTONIO**

**THE UNIVERSITY OF TEXAS HEALTH  
SCIENCE CENTER AT SAN ANTONIO**

\_\_\_\_\_  
Claude A. Jacob  
Health Director  
San Antonio Metropolitan Health District

\_\_\_\_\_  
Chris Green  
Senior Director, Office of Sponsored Programs

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

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

Approved as to Form:

\_\_\_\_\_  
City Attorney



## ATTACHMENT I- STATEMENT OF WORK

- I. Contractor's Institute for Health Promotion Research (IHPR) exists to investigate causes and solutions to the inequitable impact of disease among Latinos in South Texas. IHPR will support the evaluation activities of the CDC's Community Health Workers for COVID Response & Resilient Communities Grant (Project). Activities to include creating and implementing an evaluation and performance measurement plan using a mixed-methods approach to answer the Project's overarching questions:

Train: The evaluation questions associated with Implementation Ready (IR)1 are below.

1. Did the CHW training plan lead to significantly increased COVID-19 related knowledge among participating CHWs?
2. Did the CHW training plan lead to significantly increased self-confidence, among participating CHWs, to support COVID-19 activities?
3. Were knowledge and self-confidence differences reported between Metro Health and external CHWs?
4. What are the training and capacity-building needs of CHWs as they relate to supporting COVID-19 activities?
5. To what extent did CHWs report receiving adequate support in their training and mobilization for COVID-19 efforts?

IR1 measures and data sources:

Outcome-related measures associated with IR1 include CHWs COVID-19 related knowledge (question 1) and CHWs self-confidence to support COVID-19 activities (question 2). To answer evaluation question 1, CHWs COVID-19 knowledge will be assessed. This information will be collected using a pre/post survey that collects change in knowledge related to core competencies for reducing disparities in COVID-19. The survey will use various multiple choice and true and false questions to evaluate knowledge. To answer evaluation question 2, CHWs self-confidence in supporting COVID-19 activities will be assessed. This information will be collected utilizing the same pre/post survey described above. Confidence-related questions such as, "I feel confident in my ability to discuss the importance of contact tracing with community members." Ordinal responses (e.g., strongly agree, strongly disagree) will be used. The pre survey will also collect demographic information including age, race, ethnicity, gender, education, and CHW certification status. The post survey will collect training feedback such as, length, pace, and clarity of information. Data collected as part of the pre/post survey will be evaluated using descriptive statistics including counts and proportions and where appropriate, analysis will be presented by subgroup (e.g., Metro Health/external CHWs [question 3]). Additionally, non-parametric statistical test will be used to determine statistically significant associations among data. The survey will be administered electronically using a Redcap survey link. Data will be analyzed using R statistical software.

Process-related measures associated with IR1 include CHW training needs and support (evaluation questions 4 and 5). Contractor will collect this information by conducting a voluntary focus group with current Metro Health CHWs. The focus group will be facilitated by a trained research associate using a semi-structured focus group guide. The groups will be audio recorded and analyzed using NVIVO to capture themes. Data will inform the CHW training plan. Overall, the data collected as part of IR1 will be used to assess the effectiveness of the training provided to CHWs. This project will leverage the skills of currently employed and to-be-hired CHWs both internal to Metro Health and external from community based organizations who receive seed funding. As such, the data collected over time as part of this strategy will be used for continuous process improvement. However, to ensure the highest level of internal validity, training modifications will be documented and to the extent possible, learning objectives will remain unchanged.

Train: The evaluation questions associated with IR2 are below.

1. Was there an increase in the number of San Antonians who pursued a CHW certification program from the priority neighborhoods?
2. Did the "I am a Community Health Worker" marketing campaign reach the intended audience?
3. Did the annual San Antonio CHW Summit address its intended goals and objectives?
4. Were summit attendees satisfied with the summit?



## IR2 measures and data sources:

The outcome-related measures for IR2 will focus on the number of CHWs who pursued a CHW certification program from the priority neighborhoods. To answer evaluation question 1, Contractor will work closely with Alamo Colleges to collect a ratio of applicants from priority-neighborhood zip codes before and after the campaign is initiated (question 1). Process-related measures for IR2 include marketing campaign reach (question 2), number of summit attendees, number of summit attendees who reside in priority neighborhoods, proportion of attendees who indicate goals and objectives were met (question 3) and summit attendee satisfaction (question 4). To answer research question 2, information will be captured using Google analytics to collect page views, average session duration, and click-thru rates on the Metro Health CHW campaign website. Additionally, Contractor will use user engagement (e.g., likes, shares, comments) and awareness metrics (e.g., impressions and reach) to determine social media platform reach. And, to determine reach using traditional marketing (e.g., TV, radio) Contractor will capture information on earned media. For questions 3 and 4, a post-summit survey will be administered to attendees via a Redcap survey sent to summit registration emails. The summit evaluation survey will capture attendees' feedback on overall satisfaction, summit organization (speaker selection, registration process, logistics, venue etc.), summit content (relevance, quality, effectiveness), summit impact, and topics/issues to be addressed in future summits. Overall, data collected as part of IR2 will be used to increase the public's awareness of the importance and career opportunities that exists for CHWs.

Train: The evaluation questions associated with IR3 are below.

1. Was there a reduction in CHW-reported burnout and improvement in CHW-reported intentions to remain with Metro Health?
2. Was there an improvement in Metro Health CHWs retention at the conclusion of the project?
3. Of those eligible, what proportion of Metro Health CHWs completed and received the Texas CHW certification at the conclusion of the project?
4. What was the completion and pass rate of CEU courses for Metro Health CHWs?
5. What factors contribute to Metro Health CHWs sentiments towards retention, burnout, and career advancement?
6. How do Metro Health stakeholders and steering committee members perceive the success and challenges to implementing and sustaining the CHW hub plan?

## IR3 measures and data sources:

Outcome-related measures associated with IR3 include the proportion of CHWs who reported burnout (question 1) and Metro Health's CHW retention rate (question 2). To answer these evaluation questions, data will be collected via an anonymous Metro Health CHW survey. The survey will ask a series of questions such as, "Do you think that you, personally, are or have experienced some form of employee burnout in the past year?" and "What could your workplace do to help you cope with employee burnout?" Similarly, strongly agree or disagree questions related to retention will be included, such as, "I feel like I am able to reach my full potential with Metro Health." and opened ended questions such as "What changes can Metro Health make to retain you as a member of the team?" Due to the sensitive nature of these questions and potential concern from employees, data will be reported back to Metro Health in aggregate with no demographic information captured. Data collected will be analyzed using descriptive statistics including counts and proportions and where appropriate, non-parametric statistical test will be used to look at differences over time.

Process-related measures associated with IR3 include, number of Metro Health CHWs who completed and received their Texas CHW certification (question 3), number of CEU courses completed (question 4), first-try pass rate for CEU courses (question 4), factors associated with retention, burn out, and career advancement (question 5) and stakeholder thoughts on success and challenges with the CHW hub plan (question 6). To answer evaluation question 3, data on the number of CHWs eligible and the number applied for their CHW certification will be obtained from Metro Health. For evaluation question 4, the list of CHW courses housed on the Moodle training site will be obtained along with the course activity data (e.g., number of times courses were started, finished, completion rates, course scores). This information will be used to assess which courses were taken most often and which courses appear to have the highest pass/fail rates. Additionally, to evaluate question 5, questions will be added to the semi-structured focus group guide described as part of IR1. And, for evaluation question 6, a semi-structure key-informant interview guide will be developed. The key informant interviews will be conducted with Metro Health leadership and steering



committee members. The interviews will also be used to inform strengths, weaknesses, opportunities, and threats analysis for establishing a CHW workforce and internship pipeline.

Overall, the data collected as part of IR3 will be used to continue improving the support and development opportunities Metro Health offers its CHWs. This information will be shared with senior leadership to ensure CHWs are provided with the resources needed to stay safe in the community while also ensuring opportunities for career advancement.

Deploy: The evaluation questions associated with IR4 are below.

1. How many applications were received and what were the community organization characteristics for those selected to receive funding?
2. What are the proposed project characteristics for received and funded projects?
3. How was the process for selecting seed funding recipients determined?
4. How were the funded projects implemented and what were implementation barriers, facilitators, and successes?

#### IR4 measures and data sources

Process-related measures associated with IR4 include, number of applications received (question 1), ratio of applicants to available funding opportunities (question 1), applicant project characteristics (question 2), selection process (question 3). This information will be obtained by extracting relevant information from applications and application reviewer scores. Data will be evaluated using descriptive statistics including counts and proportions and where appropriate, analysis will be presented by subgroup (e.g., type of community based organization). Data extracted from these sources will be entered in Redcap and analyzed using R statistical software. Additionally, funded community based organizations will be required to participate in stakeholder interviews with the evaluation team prior to and at the end of the project (question 4). These interviews will capture information such as (a) What measurable goals have you set for this project and what indicators will you use to measure your performance? To what extent has your project achieved these goals and levels of performance? (b) What internal or external challenges do you foresee? Did the project encounter internal or external challenges? How were they addressed? Was there something Metro Health could have done to assist you? (c) Has your organization received funding from other foundations, corporations or government bodies for the project that Metro Health has been supporting? And, (d) when considering the design and implementation of this project, what lessons did you learn that might help other grantees implement similar work in this field? Overall, the data will be helpful in understanding the selection criteria and will help the evaluation team understand where evaluation capacity building might be needed and where evaluation best-practices and peer-learning might be beneficial for supporting a rigorous evaluation.

Engage: The evaluation questions associated with IR6 are below.

1. Did participants who attended the community health clubs report significant increases in their intentions to seek appropriate testing, adopt risk-reduction behaviors and/or receive the COVID-19 vaccine?
2. What was the reach of COVID-19 related communication messages disseminated by Metro Health for this project?

#### IR6 measures and data sources

Outcome-related measures associated with IR6 include health club participant intentions to act (question 1). A brief pre/post survey will capture data related to participants intentions based on the topic for that meeting (e.g., I feel confident I will take action in isolating myself or educating someone in my family on their importance of self-isolating should someone in the household contract COVID-19.). Process-relates measures associated with IR6 include the number of individuals in priority communities and/or clinical settings reached through project messaging (question 2). This information will be captured using Google analytics to collect campaign website page views, average session duration, and click-thru rates. Additionally, Metro Health will provide data for the number of COVID-19 hotline calls received, reasons for the calls, number of COVID-19 self-screenings completed, and self-screening testing



recommendations for all zip codes in the priority neighborhoods. Contractor will use user engagement and awareness metrics to determine our social media platform reach. To determine our reach using traditional marketing, TV, radio, and print earned media will be monitored, and information on segment viewership, mentions, and shares will be collected. Posters and flyers will be counted for the number printed, distributed, and actively posted in store fronts, laundromats, etc. CHW reach will also be collected using process measures, such as number of households visited, and number of community events and booths set up. Various descriptive and inferential statistics will be used to evaluate data collected for IR6.

Where appropriate, Contractor will use medians, means, and percentages for ordinal, continuous, and categorical data for summarizing. Bivariate analysis will be conducted to evaluate data by priority neighborhood and demographic characteristics, and appropriate statistical test (e.g., T-Test, Man-Whitney U, Chi-Square and Fisher Exact Test) will be used to determine significant differences in selected measures. Contractor will evaluate pre-post indicator variables using logistic regression. Regression models will be used to examine community intervention and campaign effect on neighborhood residents' knowledge and intentions by various demographics factors. Overall, the data collected as part of IR6 will be used to assess the effectiveness of the community health clubs and community campaign. This information will be helpful in helping Metro Health identify topics and messages that resonate the most/least with the community and determine counter messages and/or more effective messages for reaching the priority communities.

Engage: Evaluation questions associated with IR7 are below.

1. How many referrals were made by Metro Health and external CHWs?
2. What was the closure rate for referrals offered by Metro Health and external CHWs?
3. How satisfied were community residents with the services received by Metro Health and external partner CHWs?
4. Was an improvement in self-reported health status and mental health stigma reported among a sample of CHW clients?

#### IR7 measures and data sources

The outcome-related measure associated with IR7 is the number of referrals made for housing and shelter, food assistance, healthcare, mental health and addictions, employment, clothing, childcare and parenting assistance, and government and legal aid. Information will be captured as part of a reporting requirement for Metro Health and funded CBOs. CHWs will document referrals in Redcap and will be encouraged to do so daily. The encounter form will ask CHWs to enter select participant demographics (age, race/ethnicity, zip code). For questions 2 and 3, Metro Health and external CHWs will be encouraged to ask participants who received referrals to voluntarily provide contact information (i.e., name, email, telephone number). This voluntarily collected information will be used to send a 3-month follow up survey on satisfaction with the referral service they received from the CHW and the referred-to organization. With this information, Contractor will be able to begin understanding the impact of strategies.

#### Partner involvement in evaluation and performance measurement planning

A multi-site evaluation (MSE) and partnership-centered evaluation approach will be used to involve Metro Health, funded community based organizations, project programs (i.e., Community Health Clubs), and CHWs, in the evaluation and performance measurement planning. This will occur by hosting quarterly meetings with all funded partners to engage in the evaluation process and allow for the sharing of evaluation best practices. Throughout the evaluation process, all stakeholders will be actively engaged in development, implementation, and monitoring of evaluation plans. This will occur by meetings regularly with all project partners to learn more about their programs and when needed, refine and adjust evaluation plans. The evaluation team will also be available for evaluation-related technical assistance (TA) for all funded partners.

Available data sources, feasibility of collecting evaluation and performance data

Contractor does not anticipate challenges with collecting information for IR1 through IR4 however, for IR6 and IR7 Contractor does anticipate challenges for capturing community feedback on referral and program services provided by Metro Health, partners, and funded CBOs. Contractor plans to use a MSE and partnership-centered evaluation approach to lower barriers to data collection challenges and increase buy-in. Contractor will develop capture forms and surveys using Redcap and to ensure all data is stored consistently and in a central location. Contractor will update its Management Plan and ensure accurate and consistent capture of data to the extent possible.



## Highlighting success stories

The team at the Institute for Health Promotion Research also oversees the Robert Wood Johnson Foundation funded Salud America! project. Salud America! is a national Latino-focused project that creates culturally relevant and research-based stories, videos, and tools to inspire people to start and support healthy changes to policies, systems, and environments where Latino children and families can equitably live, learn, work, and play. For this project, a Salud America! curator will work closely with the evaluation and Metro Health teams to develop two success stories during the contract period. The stories will be informed by the CDC success story template in addition to Salud America! evidence-based and peer-reviewed policy contribution spectrum and digital content curation model.

Lastly, Contractor will collaborate with the CDC and TA partners to track the implementation of proposed projects and listed strategies and activities to assess progress in achieving the NOFO outcomes. Contractor will report, performance measures according to deliverable dates and utilize CDC-provided reporting templates and will participate in CDC and evaluation TA offered peer-to-peer learning and sharing opportunities, webinars, learning collaboratives, electronic resources, and virtual engagements to showcase successes and brainstorm the resolution of potential challenges.

## **II. For the period of October 1, 2021 through August 30, 2022 Contractor shall provide the services set out in Section I. above and submit the following deliverables as set out below:**

Contractor shall complete and submit the deliverables as set out below. Contractor deliverables shall include an Evaluation and Performance Measure Plan (EPMP)/Data Management Plan (DMP) and the mid-year and final quarter reports on templates required by grantor on the Award Management Platform (AMP) related to evaluation activities and metrics submitted according to the following:

#1 – Contractor shall submit a detailed work plan to Metro Health that details evaluation milestones for the period of October 1, 2021 through August 30, 2022, evaluation plan for the period of October 1, 2021 through August 30, 2022, and support needed from Metro Health to be completed by March 31, 2022  
- \$60,000

#2 – Contractor shall complete and submit an Evaluation and Performance Measure Plan (EPMP)/Data Management Plan (DMP), and all necessary documentation and for CDC reporting, which may include edits to the EPMP/DMP after review by CDC, by March 31, 2022- \$60,000

#3 – Contractor shall complete and submit to Metro Health all data on performance measures and CDC reports 60 days before CDC due date in Award Management Platform (AMP) to be completed and submitted by June 30, 2022 - \$60,000

#4 – Contractor shall complete and submit to Metro Health all required CDC reporting before August 30, 2022 according to templates and guidance provided by CDC - \$60,000

## **For the period of August 31, 2022 through August 30, 2023 Contractor shall provide the services set out in Section I. above and submit the following deliverables as set out below:**

Contractor shall complete and submit the deliverables as set out below. Contractor deliverables shall include an Evaluation and Performance Measure Plan (EPMP)/Data Management Plan (DMP) and the mid-year and final quarter reports on templates required by grantor on the Award Management Platform (AMP) related to evaluation activities and metrics submitted according to the following:

#1 – Contractor shall submit an updated work plan to Metro Health that details evaluation milestones for the year, evaluation plan for the year, and support needed from Metro Health to be completed by September 30, 2022 - \$60,000

#2 – Contractor shall complete and submit an updated Evaluation and Performance Measure Plan (EPMP)/Data Management Plan (DMP), and all necessary documentation and for CDC reporting, which may include edits to the EPMP/DMP after review by CDC, by November, 30, 2022- \$60,000

#3 – Contractor shall complete and submit to Metro Health all data on performance measures for mid-year reporting in Award Management Platform (AMP) to be completed and submitted by February 28, 2023 - \$60,000

#4 – Contractor shall complete and submit to Metro Health all required CDC reporting before August 30, 2023 according to templates and guidance provided by CDC - \$60,000

**For the period of August 31, 2023 through August 30, 2024 Contractor shall provide the services set out in Section I. above and submit the following deliverables as set out below:**

Contractor shall complete and submit the deliverables as set out below. Contractor deliverables shall include an Evaluation and Performance Measure Plan (EPMP)/Data Management Plan (DMP) and the mid-year and final quarter reports on templates required by grantor on the Award Management Platform (AMP) related to evaluation activities and metrics submitted according to the following:

#1 – Contractor shall submit an updated work plan to Metro Health that details evaluation milestones for the year, evaluation plan for the year, and support needed from Metro Health to be completed by September 30, 2023 - \$60,000

#2 – Contractor shall complete and submit an updated Evaluation and Performance Measure Plan (EPMP)/Data Management Plan (DMP), and all necessary documentation and for CDC reporting, which may include edits to the EPMP/DMP after review by CDC, by November, 30, 2023- \$60,000

#3 – Contractor shall complete and submit to Metro Health all data on performance measures for mid-year reporting in Award Management Platform (AMP) to be completed and submitted by February 28, 2024 - \$60,000

#4 – Contractor shall complete and submit to Metro Health all required CDC reporting before August 30, 2024 according to templates and guidance provided by CDC - \$60,000



## **Attachment IV**

**AMENDMENT OF  
PROFESSIONAL SERVICES AGREEMENT  
FOR  
COMMUNITY HEALTH WORKER (CHW) COMMUNITY HEALTH CLUB SERVICES**

This Amendment is entered into by and between the City of San Antonio, a Texas Municipal Corporation, (CITY) on behalf of the San Antonio Metropolitan Health District (Metro Health) acting by and through its City Manager or designee, and The University of Texas Health Science Center at San Antonio, an institution of The University of Texas System and an agency of the State of Texas (UTHSA or Subrecipient), both of which may be referred to herein collectively as the "Parties."

The Parties hereto severally and collectively agree, and by the execution hereof are bound, to the mutual obligations herein contained and to the performance and accomplishment of the tasks hereinafter described.

**WHEREAS**, the purpose of the U.S. Department of Health and Human Services (DHHS) Community Health Workers for Public Health Response and Resilient Communities Grant project's (Project) is to train and deploy community health workers (CHWs) to response efforts and build and strengthen community resilience to fight COVID-19 by addressing existing health disparities, with program strategies which 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; and

**WHEREAS**, CITY received funding for the Project from the DHHS to implement an innovative participatory health promotion and community empowerment model called Community Health Clubs to help Community Health Workers address COVID-19 prevention and reduce health disparities in San Antonio's most medically vulnerable populations; and

**WHEREAS**, these services are consistent with requirements of the CITY's Community Health Workers for Public Health Response and Resilient Grant Project; and

**WHEREAS**, pursuant to Ordinance No. 2021-11-18-0878 passed and approved on November 18, 2021, the CITY executed an agreement (Agreement) on July 1, 2022, with CONTRACTOR; and

**WHEREAS**, the Agreement provides for an initial term commencing on January 1, 2022 and terminating on August 30, 2022; and

**WHEREAS**, pursuant to the Agreement, CONTRACTOR provides Project services for the implementation of an innovative participatory health promotion and community empowerment model called Community Health Clubs to help Community Health Workers address COVID-19 prevention and reduce health disparities in San Antonio's most medically vulnerable populations; and

**WHEREAS**, due to additional Project funding, the CITY wishes to amend the Agreement to extend the term of the Agreement through August 30, 2024, amend the scope of services for additional Project services and deliverables to include the creation of additional Community Health Clubs in the community for the period of August 31, 2022 through August 30, 2024 and increase the total compensation to an amount up to \$1,298,077.00; **NOW THEREFORE:**

**ARTICLE I.  
AMENDMENTS**

A. Article I. Term, Section 1.1 of the Agreement is hereby amended to read as follows:

1.1 The term of this Agreement shall commence January 1, 2022 and terminate on August



30, 2024.

- B. Article II, "Scope of Services", Section 2.1 is amended to read as follows:

2.1 UTHSA agrees to provide the following services during the term of the Agreement described in this Article II. entitled Scope of Services in exchange for the compensation described in Article III. Compensation:

- a. For the period of January 1, 2022 through August 30, 2022, UTHSA will implement an innovative participatory health promotion and community empowerment model called Community Health Clubs to help CHWs address COVID-19 prevention and reduce health disparities in San Antonio's most medically vulnerable populations more specifically described in the scope of work **Attachment I** attached hereto and incorporated for all purposes.
- b. For the period of August 31, 2022 through August 30, 2023, UTHSA will continue to implement an innovative participatory health promotion and community empowerment model called Community Health Clubs to help CHWs address COVID-19 prevention and reduce health disparities in San Antonio's most medically vulnerable populations more specifically described in the scope of work **Attachment I-A** attached hereto and incorporated for all purposes.
- c. For the period of August 31, 2023 through August 30, 2024, UTHSA will continue to implement an innovative participatory health promotion and community empowerment model called Community Health Clubs to help CHWs address COVID-19 prevention and reduce health disparities in San Antonio's most medically vulnerable populations more specifically described in the scope of work **Attachment I-B** attached hereto and incorporated for all purposes.

- C. Article III. Compensation to CONTRACTOR, Section 3.1 of the Agreement is hereby amended to read as follows:

3.1 In consideration of UTHSA's performance in a satisfactory and efficient manner, as determined solely by the Director, of all services and activities set forth in this Agreement, CITY agrees to pay UTHSA up to \$1,298,077.00 as total compensation, to be paid to UTHSA according to a cost reimbursement structure for costs incurred in accordance with the attached Budget **Attachment II, II-A and II-B**, attached hereto and incorporated for all purposes consistent with the following:

The CITY will reimburse UTHSA only for allowable costs incurred by UTHSA. CITY will provide funds on a cost reimbursement basis to UTHSA for eligible activities approved by the CITY. UTHSA shall submit invoices, which detail the specific costs UTHSA expensed for the services delivered as described in Section II. Scope of Services and any supporting documentation of costs as may be required by CITY.

- D. Article XVII. Compliance, Section 17.2 is amended to reflect the replacement of Attachment III referenced in that section with the attached Attachment III. **Attachment III-Additional Federal Funding Provisions** of the Agreement is hereby replaced with the attached **Attachment III-Additional Federal Funding Provisions**.

**ARTICLE II.  
TERMS AND CONDITIONS**



All other terms, conditions, covenants and provisions of the Agreement are hereby continued and shall remain in effect in their original form.

**EXECUTED** and **AGREED** to as of the dates indicated below.

**CITY OF SAN ANTONIO**

**THE UNIVERSITY OF TEXAS HEALTH  
SCIENCE CENTER AT SAN ANTONIO**

\_\_\_\_\_  
Claude A. Jacob  
Health Director  
San Antonio Metropolitan Health District

\_\_\_\_\_  
Chris Green  
Senior Director, Office of Sponsored Programs

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

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

Approved as to Form:

\_\_\_\_\_  
City Attorney

## **Attachment I-A**

### **Statement of Work**

#### **Community Health Workers for COVID Response & Resilient Communities (CCR)**

##### **CDC-RFA-DP21-2109**

For the period of August 31, 2022 through August 30, 2023 UTHSA will provide the following services:

UTHSA will continue to implement an innovative participatory health promotion and community empowerment model called Community Health Clubs to help community health workers (CHWs) address COVID prevention and reduce health disparities in San Antonio's most medically vulnerable populations. Community Health Clubs (Clubs) are facilitated peer groups dedicated to catalyzing social change through knowledge sharing, normalizing preventive behaviors (e.g. social distancing, hand washing, vaccination), and collective action to address social determinants of health. This model, applied within a framework of community-based participatory research, provides the venue for CHWs to deliver factually correct and culturally appropriate COVID prevention and health-focused content to groups of 20-30 people per group. Within these social networks, peers learn from each other, establish agreed upon behaviors and social norms and benefit from a community-based structure that intentionally connects people with needed health and social services. Once established, CHWs will help the Clubs prioritize health issues beyond COVID-19 to increase the resilience of marginalized communities going forward.

By August 30, 2023 UTHSA shall train 50 CHWs in the Community Health Club Model to form a total of 50 Clubs in the following San Antonio communities: east, west and south-side. By August 30, 2023 UTHSA shall establish a total of 50 Community Health Clubs in San Antonio's East, West, and Southside communities.

UTHSA will collaborate with non-profit health, social service, and community-based organizations to connect these Clubs to resources and health system partners. UTHSA will train CHWs in the community on the Club model, principles of adult learning, community asset and needs assessments, and a COVID-19 curriculum. Public health, health literacy, and infectious diseases experts at UTHSA have designed COVID-19 curricula that will be regularly updated and curated for this program. CHWs will facilitate weekly or bi-weekly meetings (virtual and in-person options provided) with community members who belong to a Club for six months to share factual information about SARS-CoV-2 biology, epidemiology and transmission, COVID-19 prevention and debunking COVID-19 misinformation. A major focus will be on effective dissemination of COVID-19 vaccine information and practical interventions to help people manage the physical and mental effects of COVID-19, but not limited to such topics based on the current state of COVID-19 spread and/or concern among community members.

After six months implementing the COVID-19 curriculum, CHWs will conduct participatory needs assessments with their Clubs to determine additional health priorities to be added in subsequent years. Needs will include the very life-style diseases (diabetes, hypertension and obesity) that make people vulnerable to poor outcomes from COVID-19 (and other diseases) in the first place, as well as a range of social determinants of health including food security, housing, immigration and employment. UTHSA will adapt existing curricula to prioritized health topics and collaborate with the UTHSA COVID-19 Community Response and Equity Coalition (CREC) to identify resources to address health determinants.

CHWs will work with their Clubs to identify and close gaps in access to health and social services. CHWs will refer Club participants to COVID-19 testing and vaccination sites, primary care providers, mental health, social service and other community resources by collaborating with the over 200 members of the COVID-19 CREC. CHWs will document the types of referrals made (e.g. primary care, housing, food security) and the number of people referred by type each month and report to UTHSA using UTHSA's online community engagement platform



(ENGAGED), although no Personally Identifiable Information (PII) or Protected Health Information (PHI) will be included. Information will include numerical counts of individuals and the types of services to which they were referred, with no identifiable information. Documentation on referrals and other key outputs, detailed below, will be presented in a final report to Metro Health on or by August 30, 2023.

Outputs/Outcomes to be included in the Final Report:

#### Outputs

- # of CHWs trained during the term
- # of Clubs formed during the term
- # of Club participants per Club during the term
- Average attendance at Club meetings
- # of Club participants during the term referred for housing/shelter, food, healthcare, mental health and addictions, employment and income, clothing and household, childcare and parenting, government and legal services
- # of people each Club participant shares information with during the term

#### Outcomes/Impact

- Increased knowledge about transmission and prevention of COVID-19
- Increased knowledge of relationship between co-morbidities adverse COVID-19 outcomes
- Increased confidence in COVID-19 vaccines
- Increased adoption of COVID-19 prevention practices (mask wearing, social distancing, hand washing, vaccination – self report)
- Increased utilization of COVID-19 testing and vaccination sites (self-report)
- Reduced social isolation
- Increased health related quality of life
- Increased knowledge of available primary care, mental health and social services (self-report)
- Increased utilization of primary care, mental health and social services (self-report)

*Term* means the period covering August 31, 2022 through August 30, 2023.

To measure program outputs CHWs will also provide monthly reports on the number of registered Club participants, Club meeting attendance and referrals made. To measure program outcomes, UTHSA's Institute of Health Promotion Research will survey a representative sample of Club participants and a matched comparison sample at the beginning of this statement of work attachment period and on August 15, 2023 to measure the above outcomes. The survey will capture participant demographics, knowledge of COVID-19 transmission and prevention, self-reported adoption of preventive behaviors including vaccination, self-reported health related quality of life and social isolation, and knowledge and utilization of health and social services.

UTHSA and all personnel providing services shall comply with Federal and State laws, regulations and standards regarding privacy and information security and shall ensure any required consents are executed.

#### Deliverables:

- By the 7<sup>th</sup> of each month provide a report on number of CHWs trained, number of health Clubs established, number of Club participants, average attendance of Club meetings, and number of Club participants referred to services
- By August 30, 2023 provide the Final Report summarizing monthly outputs, along with program successes and challenges.

## **Attachment I-B**

### **Statement of Work**

#### **Community Health Workers for COVID Response & Resilient Communities (CCR)**

##### **CDC-RFA-DP21-2109**

For the period of August 31, 2023 through August 30, 2024 UTHSA will provide the following services:

UTHSA will continue to implement an innovative participatory health promotion and community empowerment model called Community Health Clubs to help community health workers (CHWs) address COVID prevention and reduce health disparities in San Antonio's most medically vulnerable populations. Community Health Clubs (Clubs) are facilitated peer groups dedicated to catalyzing social change through knowledge sharing, normalizing preventive behaviors (e.g. social distancing, hand washing, vaccination), and collective action to address social determinants of health. This model, applied within a framework of community-based participatory research, provides the venue for CHWs to deliver factually correct and culturally appropriate COVID prevention and health-focused content to groups of 20-30 people per group. Within these social networks, peers learn from each other, establish agreed upon behaviors and social norms and benefit from a community-based structure that intentionally connects people with needed health and social services. Once established, CHWs will help the Clubs prioritize health issues beyond COVID-19 to increase the resilience of marginalized communities going forward.

By August 30, 2024 UTHSA shall train 50 CHWs in the Community Health Club Model to form a total of 50 Clubs in the following San Antonio communities: east, west and south-side. By August 30, 2024 UTHSA shall establish a total of 50 Community Health Clubs in San Antonio's East, West, and Southside communities.

UTHSA will collaborate with non-profit health, social service, and community-based organizations to connect these Clubs to resources and health system partners. UTHSA will train CHWs in the community on the Club model, principles of adult learning, community asset and needs assessments, and a COVID-19 curriculum. Public health, health literacy, and infectious diseases experts at UTHSA have designed COVID-19 curricula that will be regularly updated and curated for this program. CHWs will facilitate weekly or bi-weekly meetings (virtual and in-person options provided) with community members who belong to a Club for six months to share factual information about SARS-CoV-2 biology, epidemiology and transmission, COVID-19 prevention and debunking COVID-19 misinformation. A major focus will be on effective dissemination of COVID-19 vaccine information and practical interventions to help people manage the physical and mental effects of COVID-19, but not limited to such topics based on the current state of COVID-19 spread and/or concern among community members.

After six months implementing the COVID-19 curriculum, CHWs will conduct participatory needs assessments with their Clubs to determine additional health priorities to be added in subsequent years. Needs will include the very life-style diseases (diabetes, hypertension and obesity) that make people vulnerable to poor outcomes from COVID-19 (and other diseases) in the first place, as well as a range of social determinants of health including food security, housing, immigration and employment. UTHSA will adapt existing curricula to prioritized health topics and collaborate with the UTHSA COVID-19 Community Response and Equity Coalition (CREC) to identify resources to address health determinants.

CHWs will work with their Clubs to identify and close gaps in access to health and social services. CHWs will refer Club participants to COVID-19 testing and vaccination sites, primary care providers, mental health, social service and other community resources by collaborating with the over 200 members of the COVID-19 CREC.



CHWs will document the types of referrals made (e.g. primary care, housing, food security) and the number of people referred by type each month and report to UTHSA using UTHSA's online community engagement platform (ENGAGED), although no Personally Identifiable Information (PII) or Protected Health Information (PHI) will be included. Information will include numerical counts of individuals and the types of services to which they were referred, with no identifiable information. Documentation on referrals and other key outputs, detailed below, will be presented in a final report to Metro Health on or by August 30, 2024.

Outputs/Outcomes to be included in the Final Report:

#### Outputs

- # of CHWs trained during the term
- # of Clubs formed during the term
- # of Club participants per Club during the term
- Average attendance at Club meetings
- # of Club participants during the term referred for housing/shelter, food, healthcare, mental health and addictions, employment and income, clothing and household, childcare and parenting, government and legal services
- # of people each Club participant shares information with during the term

#### Outcomes/Impact

- Increased knowledge about transmission and prevention of COVID-19
- Increased knowledge of relationship between co-morbidities adverse COVID-19 outcomes
- Increased confidence in COVID-19 vaccines
- Increased adoption of COVID-19 prevention practices (mask wearing, social distancing, hand washing, vaccination – self report)
- Increased utilization of COVID-19 testing and vaccination sites (self-report)
- Reduced social isolation
- Increased health related quality of life
- Increased knowledge of available primary care, mental health and social services (self-report)
- Increased utilization of primary care, mental health and social services (self-report)

*Term* means the period covering August 31, 2023 through August 30, 2024.

To measure program outputs CHWs will also provide monthly reports on the number of registered Club participants, Club meeting attendance and referrals made. To measure program outcomes, UTHSA's Institute of Health Promotion Research will survey a representative sample of Club participants and a matched comparison sample at the beginning of this statement of work attachment period and on August 15, 2024 to measure the above outcomes. The survey will capture participant demographics, knowledge of COVID-19 transmission and prevention, self-reported adoption of preventive behaviors including vaccination, self-reported health related quality of life and social isolation, and knowledge and utilization of health and social services.

UTHSA and all personnel providing services shall comply with Federal and State laws, regulations and standards regarding privacy and information security and shall ensure any required consents are executed.

#### Deliverables:

-By the 7<sup>th</sup> of each month provide a report on number of CHWs trained, number of health Clubs established, number of Club participants, average attendance of Club meetings, and number of Club participants referred to services

-By August 30, 2024 provide the Final Report summarizing monthly outputs, along with program successes and challenges.

**Year 2 (August 31, 2022 through August 30, 2023) Budget**

<b>Personnel</b>	<b>Base</b>	<b>FTE</b>	<b>Cal Mos</b>	<b>Salary</b>	<b>Fringe</b>	<b>Total</b>	<b>Notes:</b>
<b>CMHE Core Team</b>							
CHC Expert	91,350	0.3	3.6	27,405	7,125	34,530	Jason Rosenfeld
Infectious Disease Expert	198,636	0.15	1.8	29,795	7,747	37,542	Ruth Berggren
Project Coordinator, Sr.	51,765	0.5	6	25,883	9,059	34,941	Vento, Mia
West Side Coordinator	50,750	1	12	50,750	17,763	68,513	Martinez Jr,Antonio
East Side Coordinator	45,675	1	12	45,675	15,986	61,661	De Leon,Maria G
South Side Coordinator	45,675	1	12	45,675	15,986	61,661	Barrientes,Santos
Manager, Research Operations	83,000	0.05	0.6	4,150	1,453	5,603	TBD
<b>Sub-Total</b>						<b>304,451</b>	
<b>Travel</b>		<b>Weeks</b>	<b>Miles</b>	<b>Rate</b>	<b>Number</b>	<b>Total</b>	
Local Travel		48	45	0.58	6	7,517	45 mile round trip (UT Health SA to East, West and Southside neighborhoods); 3 days per week; 3 people per week
<b>Sub-Total</b>						<b>7,517</b>	To enable our outreach and training coordinator and program leads to conduct site visits, trainings, seed grant follow up, etc.
<b>Supplies</b>			<b>Days/Months</b>	<b>Rate</b>	<b>Number</b>	<b>Total</b>	
Mobile Internet Hotspot			12	50	2	1,200	For community outreach education and training on site with the coordinators. 10 months allows for 2 months of start up
Office Supplies/Materials			12	150	1	1,800	Printing, paper, ink/toner,etc.
<b>Sub-Total</b>						<b>3,000</b>	
<b>Contractual</b>			<b>Days/Months</b>	<b>Rate</b>	<b>Number</b>	<b>Total</b>	
Translation Services				30	100	3,000	For simultaneous translation during trainings, CHW meetings, and to translate documents
<b>Sub-Total</b>						<b>3,000</b>	\$30/page for 100 pages OR for in person translation-use as needed
<b>Other Costs</b>			<b>Days/Months</b>	<b>Rate</b>	<b>Number</b>	<b>Total</b>	
Club Materials			1	204	75	15,275	Printing and binding training manuals, materials, membership cards, t-shirts and non-cash incentives for CHWS and Club members
CHW Training Costs			3	925	4	11,100	3 days of in person training
Multi-Media/Graphic Design				3000	4	12,000	Design costs for training materials and marketing (additional curricula and programs beyond COVID)
Club Graduations				2000	4	8,000	Support for ceremonies at 3 regional events for venue, catering
<b>Sub-Total</b>						<b>46,375</b>	
<b>Total</b>						<b>364,343</b>	
<b>Indirect costs</b>						<b>94,729</b>	
<b>Grand Total</b>						<b>459,072</b>	



[illegible]

### ATTACHMENT III- ADDITIONAL FEDERAL FUNDING PROVISIONS

UTHSA agrees that UTHSA shall comply with the Office of Management and Budget (OMB) Circular at 2 C.F.R. 200 et al. entitled Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), as applicable to the funds received by UTHSA as a subaward and are incorporated by reference. UTHSA must adhere to compliance requirements that are applicable to the specific funding source(s) from which funds paid to UTHSA hereunder originated. UTHSA agrees to comply with all terms and conditions associated with said funds as directed by the City, the funding entity and as required in this Agreement, including but not limited to the following provisions and certifications, as applicable:

The following shall apply for the period of January 1, 2022 through August 30, 2022:

1. Subrecipient name- The University of Texas Health Science Center at San Antonio
2. Subrecipient's unique entity identifier (DUNS)- 80-077-2162
3. Federal Award Identification Number (FAIN)- NU58DP007009
4. Federal Award Date of award to the recipient by the Federal agency- 08/23/2021
5. Subaward Period of Performance Start and End Date- 08/31/2021 – 08/30/2022
6. Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient- \$379,933.00
7. Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation- \$379,933.00
8. Total Amount of the Federal Award committed to the subrecipient by the pass-through entity- \$379,933.00
9. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)- Bexar County Metro Health CCR Report
10. Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity- Department of Health and Human Services' (HHS), Centers for Disease Control and Prevention, City of San Antonio Metropolitan Health District, Claude A. Jacob, DrPH(c), MPH, [claudes.jacob@sanantonio.gov](mailto:claudes.jacob@sanantonio.gov)
11. CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement 93.495 Community Health Workers for Public Health Response and Resilient
12. Identification of whether the award is R&D- No
13. Indirect cost rate for the Federal award- 6.8557%

The following shall apply for the period of August 31, 2022 through August 30, 2023:

1. Subrecipient name- The University of Texas Health Science Center at San Antonio
2. Subrecipient's unique entity identifier (DUNS)- 80-077-2162
3. Federal Award Identification Number (FAIN)- NU58DP007009
4. Federal Award Date of award to the recipient by the Federal agency- 08/31/2022
5. Subaward Period of Performance Start and End Date- 08/31/2022 – 08/30/2023
6. Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient- \$459,072.00
7. Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation- \$459,072.00
8. Total Amount of the Federal Award committed to the subrecipient by the pass-through entity- \$459,072.00
9. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)- Bexar County Metro Health CCR Report



10. Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity- Department of Health and Human Services' (HHS), Centers for Disease Control and Prevention, City of San Antonio Metropolitan Health District, Claude A. Jacob, DrPH(c), MPH, [clauda.jacob@sanantonio.gov](mailto:clauda.jacob@sanantonio.gov)
11. CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement 93.495 Community Health Workers for Public Health Response and Resilient
12. Identification of whether the award is R&D- No
13. Indirect cost rate for the Federal award- 27.19%

The following shall apply for the period of August 31, 2023 through August 30, 2024:

1. Subrecipient name- The University of Texas Health Science Center at San Antonio
2. Subrecipient's unique entity identifier (DUNS)- 80-077-2162
3. Federal Award Identification Number (FAIN)- NU58DP007009
4. Federal Award Date of award to the recipient by the Federal agency- 08/31/2023
5. Subaward Period of Performance Start and End Date- 08/31/2023 – 08/30/2024
6. Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient- \$459,072.00
7. Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation- \$459,072.00
8. Total Amount of the Federal Award committed to the subrecipient by the pass-through entity- \$459,072.00
9. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)- Bexar County Metro Health CCR Report
10. Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity- Department of Health and Human Services' (HHS), Centers for Disease Control and Prevention, City of San Antonio Metropolitan Health District, Claude A. Jacob, DrPH(c), MPH, [clauda.jacob@sanantonio.gov](mailto:clauda.jacob@sanantonio.gov)
11. CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement 93.495 Community Health Workers for Public Health Response and Resilient
12. Identification of whether the award is R&D- No
13. Indirect cost rate for the Federal award- 27.19%

**1. Clean Air Act and the Federal Water Pollution Control Act**

UTHSA agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act (42 U.S.C. §§ 7401-7671q) and the Federal Water Pollution Control Act (33 U.S.C. §§ 1251-1387), as amended. UTHSA agrees to report each violation to City and understands that City will, in turn, report each violation as required to the federal agency providing funds for this Agreement and the appropriate EPA Regional Office. UTHSA agrees to include these requirements in each subcontract to this Agreement exceeding \$150,000 financed in whole or in part with federal funds.

**2. Debarment and Suspension**

UTHSA is required to verify that neither the UTHSA nor its principals, as defined at 2 CFR 180.995, are excluded or disqualified as defined at 2 CFR 180.940 and 2 CFR 180.935, respectively.

The UTHSA is required to comply with 2 CFR Part 180, Subpart C and must include the requirement to comply with 2 CFR Part 180, Subpart C in any lower tier covered transaction it enters into.

By signing this Agreement, UTHSA certifies that:

Neither it nor its principals are presently debarred, suspended for debarment, declared ineligible or voluntarily excluded from participation in any State or Federal Program; and

UTHSA shall provide prompt written notice to City if, at any time during the term of this Agreement, including any renewals hereof, UTHSA learns that its certification was erroneous when made or has become erroneous by reason of changed circumstances.

The certification in this clause is a material representation of fact relied upon by City. If it is later determined that UTHSA knowingly rendered an erroneous certification, in addition to remedies available to City, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. UTHSA agrees to comply with the requirements of 2 CFR Part 180, Subpart C while this offer is valid and throughout the period of any contract that may arise from this Agreement UTHSA further agrees to include a provision requiring such compliance in its lower tier covered transactions.

**3. Procurement of Recovered Materials**

UTHSA and its subcontractors shall comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, including, but not limited to, the regulatory provisions of 40 CFR Part 247, and Executive Order 12873, as they apply to the procurement of the items designated in Subpart B of 40 CFR Part 247.

**4. Certification Regarding Lobbying**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions, which can be found at <https://www.state.gov/documents/organization/149465.pdf>.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction



was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Signature of UTHSA's Authorized Official

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Name and Title of UTHSA's Authorized Official

---

Date

5. **Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 in order to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at:  
<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

6. **Required Disclosures for Federal Awardee Performance and Integrity Information System. (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient

(pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Rhonda Latimer, Grants Management  
Officer/Specialist Centers for Disease Control  
and Prevention  
Branch 5  
2939 Flowers Road  
Atlanta GA 30341  
Email: [RDLatimer@cdc.gov](mailto:RDLatimer@cdc.gov) ( Include "Mandatory Grant Disclosures" in subject line)

**AND**

U.S. Department of Health and  
Human Services Office of the  
Inspector General  
ATTN: Mandatory Grant Disclosures, Intake  
Coordinator 330 Independence Avenue, SW  
Cohen Building,  
Room 5527  
Washington, DC  
20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line)  
or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).



MH  
08/04/22  
Item No. 11

## **Attachment V**

**AMENDMENT OF  
PROFESSIONAL SERVICES AGREEMENT  
FOR  
COMMUNITY HEALTH WORKER (CHW) – ACCESS TO CARE PROGRAM SERVICES**

This Amendment is entered into by and between the City of San Antonio, a Texas Municipal Corporation, (CITY) on behalf of the San Antonio Metropolitan Health District (Metro Health) acting by and through its City Manager or designee, and the San Antonio Area Foundation (SAAF or Subrecipient), both of which may be referred to herein collectively as the "Parties."

The Parties hereto severally and collectively agree, and by the execution hereof are bound, to the mutual obligations herein contained and to the performance and accomplishment of the tasks hereinafter described.

**WHEREAS**, the purpose of the U.S. Department of Health and Human Services (DHHS) Community Health Workers for Public Health Response and Resilient Communities Grant project's (Project) is to train and deploy community health workers (CHWs) to response efforts and build and strengthen community resilience to fight COVID-19 by addressing existing health disparities, with program strategies which 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; and

**WHEREAS**, CITY received funding for the Project from the DHHS to implement an innovative participatory health promotion and community empowerment model called Community Health Clubs to help Community Health Workers address COVID-19 prevention and reduce health disparities in San Antonio's most medically vulnerable populations; and

**WHEREAS**, these services are consistent with requirements of the CITY's Community Health Workers for Public Health Response and Resilient Grant Project; and

**WHEREAS**, pursuant to Ordinance No. 2021-11-18-0878 passed and approved on November 18, 2021, the CITY executed an agreement (Agreement), with SAAF; and

**WHEREAS**, the Agreement provides for an initial term commencing upon execution which was March 28, 2022 and terminating on August 30, 2022; and

**WHEREAS**, pursuant to the Agreement, SAAF provides Project services to create, implement, and provide community support to community-based organizations, to include identifying key community stakeholders, assist with writing a request for proposals and administer seed funding consistent with the Project deliverables; and

**WHEREAS**, due to additional Project funding, the CITY wishes to amend the Agreement to extend the term of the Agreement through August 30, 2024, amend the scope of services for additional Project services and deliverables to include additional funding support for community organizations for the period of August 31, 2022 through August 30, 2024 and increase the total compensation to an amount up to \$1,400,000.00; **NOW THEREFORE:**

**ARTICLE I.  
AMENDMENTS**

A. Article I. Term, Section 1.1 of the Agreement is hereby amended to read as follows:

1.1 The term of this Agreement shall commence upon execution and terminate on August 30,



2024.

- B. Article II. Scope of Services, Section 2.1 and Article III. Compensation to SAAF, Section 3.1 are amended to reflect the replacement of Attachment I referenced in those sections with the attached Attachment I. Language to be deleted is indicated by the ~~striketrough~~ and added language is underlined. **Attachment I-Statement of Work** of the Agreement is hereby replaced with the attached **Attachment I-Statement of Work**.

- C. Article III. Compensation to SAAF, Section 3.1 of the Agreement is hereby amended to read as follows:

3.1 In consideration of SAAF's performance in a satisfactory and efficient manner, as determined solely by the Director, of all services and activities set forth in this Agreement, CITY agrees to pay SAAF up to \$1,400,000.00 as total compensation, to be paid to SAAF according to the attached **Attachment I**, attached hereto and incorporated for all purposes.

- D. Article IV. Records Retention, Section 4.4 is hereby added as follows:

4.4 S.B. 943 – Disclosure Requirements for Certain Government Contracts. For contracts (1) with a stated expenditure of at least \$1 million in public funds for the purchase of goods or services by the City, or (2) that result in the expenditure of at least \$1 million in public funds for the purchase of goods or services by the City in a given fiscal year, SAAF acknowledges that the requirements of the Texas Public Information Act, Government Code, Chapter 552, Subchapter J, pertaining to the preservation and disclosure of Contracting Information maintained by the City or sent between the City and a vendor, contractor, potential vendor, or potential contractor, may apply to this contract. SAAF agrees that the contract can be terminated if SAAF knowingly or intentionally fails to comply with a requirement of that subchapter.

SAAF warrants and certifies, that it, has not knowingly or intentionally failed to comply with this subchapter in a previous contract. City hereby relies on SAAF's certification, and if found to be false, City may reject the proposal or terminate the Contract for material breach.

- E. Article XVI. Compliance, Section 16.2 is amended to reflect the replacement of Attachment II referenced in that section with the attached Attachment II. Language to be deleted is indicated by the ~~striketrough~~ and added language is underlined. **Attachment II-Additional Federal Funding Provisions** of the Agreement is hereby replaced with the attached **Attachment II-Additional Federal Funding Provisions**.

## ARTICLE II. TERMS AND CONDITIONS

All other terms, conditions, covenants and provisions of the Agreement are hereby continued and shall remain in effect in their original form.

**EXECUTED** and **AGREED** to as of the dates indicated below.

**CITY OF SAN ANTONIO**

**SAN ANTONIO AREA FOUNDATION**

\_\_\_\_\_  
Claude A. Jacob  
Health Director  
San Antonio Metropolitan Health District

\_\_\_\_\_  
Marjie French  
CEO  
San Antonio Area Foundation

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

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

Approved as to Form:

\_\_\_\_\_  
City Attorney



## STATEMENT OF WORK

I. For the period of March 28, 2022 through August 30, 2022 SAAF will provide the following services:

## SAAF Payment &amp; Deliverables

City Agrees to pay SAAF an amount not to exceed \$800,000.00 ~~\$300,000~~ as total compensation. The breakdown of total compensation is as follows:

- SAAF-\$93,333.00 ~~\$60,000.00~~ (Section A)
- Community Health Worker Grant Projects-up to \$706,667.00 ~~\$240,000.00~~ (Section B)

- A. SAAF shall submit invoice in the amount of \$93,333.00 ~~\$60,000.00~~ by March 31, 2022, for SAAF fees associated with the creation of a detailed work plan including phases of grant development, a list of stakeholders for the grant design committee and a preliminary outline of the grant purpose, eligibility, and reporting requirements for community organizations grantees more specifically described below:
- By March 31, 2022 SAAF shall produce the following; A detailed work plan including phases of grant development. A list of stakeholders for the grant design committee and guidance documents for design committee members. A preliminary outline of the grant purpose, and recommendations for Metro Health and committee members on grant category selection. A list of eligibility and reporting requirements for community organizations grantees and guidelines for grant amounts in relation to organizational budgets of applicants.
  - By April 30, 2022 SAAF shall produce a completed grant application and report. Release grant to public for application by community organizations, communicating through website content and community networks. Host two public grant information sessions on grant eligibility and offer technical assistance to non-profits throughout the application period. Produce a completed list of eligible applications for consideration to Metro Health.
  - By August 30, 2022 SAAF will host a training and orientation for the Community Advisory Committee, Metro Health steering committee and others involved in the technical review of grant applications. Conduct a technical review in coordination with Metro Health and steering committee members, screening for eligibility and other required application components. Host decision meeting for grant applications and produce a list of organizations to receive funding in year two of the grant. Host technical assistance session in coordination with Metro Health Evaluator on data collection measures for award recipients.

SAAF shall provide all above services consistent with the dates set out above.

- B. SAAF shall submit an invoice by April 30, 2022 in an amount up to \$120,000.00, and a final invoice by August 30, 2022 in an amount up to \$586,667.00 ~~\$120,000.00~~ for a total of \$706,667.00 to be provided to community organizations consistent with the Project deliverables. The second invoice shall include a final outline of the grant purpose, eligibility, and reporting requirements for community organizations grantees. Documentation will also include application announcements, agenda from grant information sessions, agenda from orientation for grant application review, and a list of eligible organizations for grant selection. SAAF shall assist with the administration, management and monitoring of the funding awarded to community organizations that will decrease health disparities highlighted and exasperated by the COVID-19 pandemic. Specifically, SAAF shall:
- Re-grant a total of \$706,667.00 ~~\$240,000.00~~ to community organizations that will decrease health disparities highlighted and exasperated by the COVID-19 pandemic, serving communities identified as priority areas by Metro Health's COVID-19 Index Map.
  - The number of grants will vary and from \$5,000 to \$50,000 based on the operating budgets of community organizations grantees.

- Community organizations may be eligible for additional capacity building funds to supplement operational costs of their organizations.
- Each grant must address a health disparity highlighted and exasperated by the COVID-19 pandemic.
- Preference should be given to evidence-based or “promising practice” initiatives.
- The initiatives may include innovative approaches developed to address emergency needs resulted from a major incident or disaster. The outcomes of the intervention or assistance should be associated with solutions of immediate or long term needs and can be applicable to any condition related to the Social Determinants of Health.
- Awards panel should include a staff member from Metro Health’s Community Health Worker Hub and a member of the Community Health Worker Hub Steering Committee.
- SAAF must work with Metro Health’s Community Health Worker Hub to select organizations to be awarded by August 30, 2022, with awards funded between September 1, 2022 and October 31, 2022.
- SAAF must cooperate with Metro Health’s contracted evaluator and Metro Health internal program evaluator to engage community organizations grantees in the evaluation process to provide data toward shared metrics across each community organization’s grantee’s project.
- In the event that there is a surplus of grant funding should SAAF not provide all the funding to community organizations, or Metro Health does not receive grant funding beyond the term of this Agreement to sustain the funding of identified projects, SAAF shall return all funds in SAAF’s possession to Metro Health within thirty days from the date the funds are requested by Metro Health.

II. For the period of August 31, 2022 through August 30, 2023 SAAF will provide the following services:

SAAF Payment & Deliverables

City Agrees to pay SAAF an amount not to exceed \$300,000.00 as total compensation. The breakdown of total compensation is as follows:

- SAAF -\$93,333.00 (Section A)
- Community Health Worker Grant Projects-up to \$206,667.00 (Section B)

A. SAAF shall submit a work plan and invoice in the amount of \$93,333.00 by September 30, 2022, for SAAF fees associated with the creation of the detailed work plan. The work plan shall address engagement of community organizations being funded including criteria for reporting, check in meetings and a process for second-year grant payments. The workplan shall include details on SAAF’s plan of execution of the deliverables outlined below.

- Between January and March 2023 SAAF shall conduct a mid-year check in meeting with community organizations being funded.
- By December 2023 SAAF shall work with each organization to create a capacity building plan.
- By August 30, 2023, SAAF will host at least two convenings of organizations being funded.

SAAF shall provide all above services consistent with the dates set out above.



B. SAAF shall submit an invoice by September 30, 2023, in an amount up to \$206,667.00 to be provided to community organizations consistent with the Project deliverables, and submit a report of organizations receiving funding, funding amounts per organization, and an outline of expectations of organizations for receiving funding.

- In the event that there is a surplus of grant funding should SAAF not provide all the funding to community organizations, or Metro Health does not receive grant funding beyond the term of this Agreement to sustain the funding of identified projects, SAAF shall return all funds in SAAF's possession to Metro Health within thirty days from the date the funds are requested by Metro Health.

III. For the period of August 31, 2023 through August 30, 2024 SAAF will provide the following services:

SAAF Payment & Deliverables

City Agrees to pay SAAF an amount not to exceed \$300,000.00 as total compensation. The breakdown of total compensation is as follows:

- SAAF -\$93,333.00 (Section A)
- Community Health Worker Grant Projects-up to \$206,667.00 (Section B)

A. SAAF shall submit invoice in the amount of \$93,333.00 by September 30, 2023, for SAAF fees associated with the creation of a detailed work plan to address engagement of community organizations being funded including criteria for reporting, check in meetings and a process for third-year grant payments. The workplan shall include details on SAAF's plan of the execution of the deliverables outlined below.

- Between January and March 2024 SAAF shall conduct a mid-year check in meeting with community organizations.
- By August 30, 2024, SAAF shall host at least two convenings of community organizations being funded.
- SAAF shall provide an update of community organization's work regarding CHW services and capacity building goals by April 30, 2024.
- SAAF shall provide a final report of community organization's work by August 30, 2024
- SAAF shall work with Metro Health's Community Health Worker (CHW) Hub and require community organizations participation in monthly CHW Hub meetings.

SAAF shall provide all above services consistent with the dates set out above.

B. SAAF Shall submit invoice in the amount of \$206,667.00 to be provided to community organizations consistent with the Project deliverables by September 30, 2024, for administration of payments for community organizations for third-year funds for final implementation and include a report of organizations receiving funding, funding amounts per organization, and an outline of expectations of organizations for receiving funding.

- In the event that there is a surplus of grant funding should SAAF not provide all the funding to community organizations, or Metro Health does not receive grant funding beyond the term of this Agreement to sustain the funding of identified projects, SAAF shall return all funds in SAAF's possession to Metro Health within thirty days from the date the funds are requested by Metro Health.

IV. SAAF shall have third party contracts and agrees to furnish to City with a copy of any and all third-party contracts that it executes in the performance of the work to be undertaken within the scope of this Agreement. SAAF shall incorporate in all third party contracts or subcontracts provisions requiring all applicable Federal, state and local laws, rules and regulations to be adhered to in accordance with all parts of this Agreement.



## ATTACHMENT II- ADDITIONAL FEDERAL FUNDING PROVISIONS

SAAF agrees that SAAF shall comply with the Office of Management and Budget (OMB) Circular at 2 C.F.R. 200 et al. entitled Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), as applicable to the funds received by SAAF as a subaward and are incorporated by reference. SAAF must adhere to compliance requirements that are applicable to the specific funding source(s) from which funds paid to SAAF hereunder originated. SAAF agrees to comply with all terms and conditions associated with said funds as directed by the City, the funding entity and as required in this Agreement, including but not limited to the following provisions and certifications, as applicable:

For the period of March 28, 2022 through August 30, 2022 the following shall apply:

1. Subrecipient name- San Antonio Area Foundation
2. Subrecipient's unique entity identifier (DUNS)- 199472507
3. Federal Award Identification Number (FAIN)- NU58DP007009
4. Federal Award Date of award to the recipient by the Federal agency- 08/23/2021
5. Subaward Period of Performance Start and End Date- 08/31/2021-12/31/2022
6. Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient- ~~\$800,000.00~~ \$300,000.00
7. Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation- ~~\$800,000.00~~ \$300,000.00
8. Total Amount of the Federal Award committed to the subrecipient by the pass-through entity- ~~\$800,000.00~~ \$300,000.00
9. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)- Bexar County Metro Health CCR Report
10. Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity- Department of Health and Human Services' (HHS), Centers for Disease Control and Prevention, City of San Antonio Metropolitan Health District, Claude A. Jacob, DrPH(c), MPH, [clauda.jacob@sanantonio.gov](mailto:clauda.jacob@sanantonio.gov)
11. CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement - 93.495 Community Health Workers for Public Health Response and Resilient
12. Identification of whether the award is R&D- No
13. Indirect cost rate for the Federal award- 27.19%

For the period of August 31, 2022 through August 30, 2023 the following shall apply:

1. Subrecipient name- San Antonio Area Foundation
2. Subrecipient's unique entity identifier (DUNS)- 199472507
3. Federal Award Identification Number (FAIN)- NU58DP007009
4. Federal Award Date of award to the recipient by the Federal agency- 08/31/2022
5. Subaward Period of Performance Start and End Date- 08/31/2022-08/30/2023
6. Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient- ~~\$300,000.00~~
7. Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation- ~~\$300,000.00~~
8. Total Amount of the Federal Award committed to the subrecipient by the pass-through entity- ~~\$300,000.00~~
9. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)- Bexar County Metro Health CCR Report
10. Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity- Department of Health and Human Services' (HHS), Centers for Disease Control and Prevention, City of San Antonio Metropolitan Health District, Claude A. Jacob, DrPH(c), MPH, [clauda.jacob@sanantonio.gov](mailto:clauda.jacob@sanantonio.gov)

- 11. CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement -93.495 Community Health Workers for Public Health Response and Resilient
- 12. Identification of whether the award is R&D- No
- 13. Indirect cost rate for the Federal award-27.19%

For the period of August 31, 2023 through August 30, 2024 the following shall apply:

- 1.Subrecipient name- San Antonio Area Foundation
- 2.Subrecipient's unique entity identifier (DUNS)- 199472507
- 3.Federal Award Identification Number (FAIN)- NU58DP007009
- 4. Federal Award Date of award to the recipient by the Federal agency- 08/31/2023
- 5. Subaward Period of Performance Start and End Date- 08/31/2023-08/30/2024
- 6. Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient- \$300,000.00
- 7. Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation- \$300,000.00
- 8. Total Amount of the Federal Award committed to the subrecipient by the pass-through entity- \$300,000.00
- 9. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)- Bexar County Metro Health CCR Report
- 10. Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity- Department of Health and Human Services' (HHS), Centers for Disease Control and Prevention, City of San Antonio Metropolitan Health District, Claude A. Jacob, DrPH(c), MPH, [clauda.jacob@sanantonio.gov](mailto:clauda.jacob@sanantonio.gov)
- 11. CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement - 93.495 Community Health Workers for Public Health Response and Resilient
- 12. Identification of whether the award is R&D- No
- 13. Indirect cost rate for the Federal award-27.19%

## **1. Clean Air Act and the Federal Water Pollution Control Act**

SAAF agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act (42 U.S.C. §§ 7401-7671q) and the Federal Water Pollution Control Act (33 U.S.C. §§ 1251-1387), as amended. SAAF agrees to report each violation to City and understands that City will, in turn, report each violation as required to the federal agency providing funds for this Agreement and the appropriate EPA Regional Office. SAAF agrees to include these requirements in each subcontract to this Agreement exceeding \$150,000 financed in whole or in part with federal funds.

## **2. Debarment and Suspension**

SAAF is required to verify that neither the SAAF nor its principals, as defined at 2 CFR 180.995, are excluded or disqualified as defined at 2 CFR 180.940 and 2 CFR 180.935, respectively.

The SAAF is required to comply with 2 CFR Part 180, Subpart C and must include the requirement to comply with 2 CFR Part 180, Subpart C in any lower tier covered transaction it enters into.

By signing this Agreement, SAAF certifies that:



Neither it nor its principals are presently debarred, suspended for debarment, declared ineligible or voluntarily excluded from participation in any State or Federal Program; and SAAF shall provide prompt written notice to City if, at any time during the term of this Agreement, including any renewals hereof. SAAF learns that its certification was erroneous when made or has become erroneous by reason of changed circumstances.

The certification in this clause is a material representation of fact relied upon by City. If it is later determined that SAAF knowingly rendered an erroneous certification, in addition to remedies available to City, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. SAAF agrees to comply with the requirements of 2 CFR Part 180, Subpart C while this offer is valid and throughout the period of any contract that may arise from this Agreement SAAF further agrees to include a provision requiring such compliance in its lower tier covered transactions.

### **3. Procurement of Recovered Materials**

SAAF and its subcontractors shall comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, including, but not limited to, the regulatory provisions of 40 CFR Part 247, and Executive Order 12873, as they apply to the procurement of the items designated in Subpart B of 40 CFR Part 247.

### **4. Certification Regarding Lobbying**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions, which can be found at <https://www.state.gov/documents/organization/149465.pdf>.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Signature of SAAF's Authorized Official

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Name and Title of SAAF's Authorized Official

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Date