

Date _____

Contact Person; _____

Subrecipient Practice: _____

Address 1 _____

Address 2 _____

City, State, Zip Code _____

RE: **Obligation Agreement** to practice name _____ Tax ID _____
for the CDC Expanding COVID-19 Vaccination Program among NH Provider Practices
Grant Award for fiscal year July 1, 2023 – June 30, 2024, up to **\$100,000**.

This (“Obligation Agreement”) establishes conditions that must be understood and agreed to by the above listed independently-owned and operated health care practice (“Recipient Practice”) for the CDC “Expanding COVID-19 Vaccination Program among NH Provider Practices” (“Grants”) through the NH Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control (“Department”) with Centers for Disease Control and Prevention (“CDC”) federal funds as directed by the American Rescue Plan (P.L. 117-2) as facilitated by the New Hampshire Medical Society acting as the contracted organization (“Fiscal Agent”) for these Grant Awards.

Based on submitted application(s) of allowable COVID-19 immunization costs (as described in NH state contract (SS-2022-DPHS-09-EXPAN-01) and grant application at <https://nhmedicalsociety.com/grants/> the grant award funding will be as follows:

a. <u>COVID Immunization Costs</u>		(a) Receipts	
Clinical/Administrative Staff		\$	TBD
Equipment/EHR Upgrades		\$	TBD
Supplies		\$	TBD
TOTAL:		\$	TBD

Paid Receipts Required

Department and CDC regulations require that the Fiscal Agent receive the actual paid invoice/receipt(s) before the Fiscal Agent can disperse funding.

Compliance with Requests for Further Supporting Information

If required in an audit by the Department or CDC, the Recipient Practice may be required and agrees to reasonably produce additional supporting information as requested by the Fiscal Agent.

Quarterly Reporting

The Recipient Practice also agrees to complete all quarterly reporting of the (“Data Elements”) listed on the [Grant Application](#) and included in Appendix A with this Obligation Agreement. The Fiscal Agent reserves the right for the revocation of the Grant Award funds, if the Recipient Practice does not fully comply with all Data Element reporting requirements as presented or subsequently modified, as needed.

Reporting Schedule

For each subsequent quarter following the grant award acceptance date, the Recipient Practice agrees to provide via an online reporting portal furnished by the Fiscal Agent at the beginning of each quarter information requested in the reporting Data Elements by no later than the following dates:
September 15, 2023 – December 15, 2023 – March 15, 2024 – June 15, 2024.

Notice Required of Practice Organization Changes

Any significant changes to the Recipient Practice’s financial condition, operation, or organizational structure within the year of the grant award acceptance date (e.g., purchase of the practice by a hospital, or personnel change in signatory of this Obligation Agreement), the Recipient Practice must report these changes to and be approved by Fiscal Agent by written amendment to this letter. Any changes not approved in this manner can cause revocation of the Grant Award funds.

The Recipient Practice will have 30 days to appeal and rectify any non-compliance issues brought forward by the Fiscal Agent in this Obligation Agreement.

As an officer/executive of the Recipient Practice, I agree to the conditions set forth in this Obligation Agreement as a stipulation of receiving this Grant Award. I understand and accept that non-compliance with the agreed to terms of this Obligation Agreement can result in revocation of the Award Grant and non-consideration for future NH-DHHS funding opportunities.

Recipient Practice: _____

Signed: _____

Practice Officer Name: _____

Date: _____

Please return the completed original agreement via postal mail to 7 North State Street, Concord, NH 03301 and email a copy to julie.sawyer@nhms.org to expedite the Grant Award funding reimbursement. Should you have any questions or need further information, please contact me at 603-406-5266.

Sincerely,

Jane Tewksbury
COO & Interim Executive Vice President

Appendix A

Quarterly Reporting

Grant recipients are required to quarterly online report the information following for one year. Email reminders will be sent at least two weeks prior to the deadline and day prior to deadline to have grant recipients complete their online quarterly reporting following DHHS Information Security Requirements. Providers will be required to either login to a portal, or complete an online form, and submit the following information. Failure to complete the quarterly reports in a timely manner may result in revocation of the grant and non-consideration for future NH-DHHS funding opportunities.

Report Data Elements

1. Description of COVID-19 vaccinations activities performed, resulting impacts to individuals and families served, and other outcomes. [Fillable Text field]
2. Efforts, successes, and challenges experienced with local community-based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19 vaccinations. [Fillable Text field]
3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations. [Fillable Text field]
4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations. [Fillable Text field]
5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities. [Fillable Text field]
6. Efforts, successes, and challenges experienced in providing community engagement. [Fillable Text field]
7. Number who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period by the following age ranges:
6 months-4 years old, 5-11 years old, 12-17 years old, 18 years and older [number text boxes/ followed by self-calculating percentage of total for each age range]
1. Efforts, successes, and challenges experienced in utilizing NHIIS and implementing NHIIS HL7 messaging. [Fillable Text field]
2. Status of NHIIS HL7 Onboarding for each health care practice including, but not limited to:
 - current HL7 onboarding phase of HL7, [pull down menu] and
 - number of resources assigned and roles, including number of FTEs required. [Fillable Text fields]