

### Category 4 Work Statement Format

**Grant Category 4:** The development of alternate health care delivery systems administered by community-based health care clinics to improve services and access to reduce hospital emergency room utilization.

The Work Statement may not exceed 20 single spaced pages, 12 font type, 1 inch margins, single sided, and numbered consecutively starting with Page #1 (the budget justification document and the documents in the Additional Appendices Section are not included in the 20 page limit of the Work Statement) . **Application must include all of the information as required in the sub-sections below. All information supplied must be separated according to topic, clearly labeled by topic, and submitted in the order identified in the RFA.**

**1. Topic: Project Abstract (maximum of one page):**

Summary of entire application must include:

- a) Succinct description of applicant organization
- b) Succinct description of population served
- c) Succinct description of proposed alternative health delivery system to be administered by the community-based health care clinic to reduce unnecessary hospital emergency room usage
- d) Succinct description of how state funds and matching commitment will be applied in the project
- e) Geographical location of health care clinic with either:
  - i. Identification of PC HPSA or MUA/P located in or serving, or
  - ii. Identification of significant low income population that health care clinic serves

**2. Topic: Map of Service Area (maximum of one page):**

A map of the clinic service area identifying the HPSA or MUA/P served (or the poverty levels of the population) must be included. Ensure that map is legible on all copies of the application.

**3. Topic: Delivery of Primary Health Services:**

A narrative description of the proposed project must include:

- a) Description of current primary health services provided by health care clinic
- b) Description of community needs to reduce unnecessary hospital emergency room usage
- c) Description of proposed alternative health delivery system to be added through proposed project, to include all locations at which services will be provided and any organizations (and their role) that will participate in the proposed alternative health delivery system.
- d) Description of how project will measure and report upon reduction of hospital emergency room usage in the community as a result of project implementation

- e) Description of the population served
- f) Description of how proposed project will increase access to care for the population served
- g) Description of how total budget request (grant funds and matching commitment) will be used
- h) Identification of the proposed director for this project including a brief description of the director's competencies related to the project
- i) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application
- j) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application

**4. Topic: Workplan:**

The workplan included in the application should be reflective of the proposed project for the entire grant term from Oct.1, 2014 through June 30, 2016:

Use the following format for the project workplan.

- a) Identify Measurable Objectives
- b) Identify the Methodology of Measure for each Objective
- c) Identify activities to achieve each Objective
- d) Identify the person and the title of the position responsible for each activity

<b>TIME PERIOD</b>	<b>MEASUREABLE OBJECTIVE (S)</b>	<b>METHOD OF MEASURE</b>	<b>ACTIVITIES TO ACHIEVE OBJECTIVES</b>	<b>RESPONSIBLE PERSON/POSITION (FOR EACH ACTIVITY)</b>
Oct, Nov, Dec 2014				
Jan, Feb, March 2015				
Apr, May, June 2015				
July, Aug, Sept 2015				
Oct, Nov, Dec 2015				
Jan, Feb, March 2016				
Apr, May, June 2016				

**5. Topic: Access:**

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the grant period in:
  - i. Medicare
  - ii. Medical Assistance (MA)
  - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted/sliding fee scale and a Board approved policy to implement the discounted/sliding fee scale must be included in the Additional Appendices section of the application.
  - i. The discounted/sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 percent of poverty.
  - ii. The Board approved policy must include a “no pay” or “\$0 fee” option for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100 percent of the poverty rate, the process for the Board review and update of the discounted/sliding fee scale and the policy and process of how patients are made aware of the discounted/sliding fee scale and the process for determining nominal fees.
  - iii. The only exception to the requirements that the applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted/sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. A Board approved policy regarding the provision of primary health services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

**6. Topic: Project Impact:**

Complete the tables below. Use definitions of “patient” and “patient visits” and instructions for counting both that are found in Appendix 7. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide current number of unduplicated patients and projections of the total number of unduplicated patients during each year of the project period by coverage type in the following format. \*If the

location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30percent of total patients served.

Coverage Type	Current # Patients (1/01/13-12/31/13)	Percent Patients Served (1/01/13-12/31/13)	Proposed # Patients (10/01/14-6/30/15)	Proposed # Patients (7/01/15-6/30/16)
Number of patients served with Medicare				
Number of patients served with Medical Assistance (MA)				
Number of patients served with Children's Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				
Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and projections of the total number of patient visits during each year of the project period by coverage type in the following format.

Coverage Type	Current # Patient Visits (1/01/13-12/31/13)	Proposed # Patient Visits (10/01/14-6/30/15)	Proposed # Patient Visits (7/01/15-6/30/16)
Number of visits for patients with Medicare			
Number of visits for patients with Medical Assistance (MA)			
Number of visits for patients served with Children's Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			

Number of visits for patients that could not pay full amount but paid something (discounted/sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

**7. Topic: Capacity to Implement:**

Description of applicant's capacity to implement project:

- a) Description of applicant's governance structure
- b) Description of applicant's organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Description of applicant's fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement.)
- f) Description of Project Director's role in the supervision and administration of the project
- g) Description of the community-based health care clinic and any other sites or locations at which services will be provided to include:
  - i. Address of site(s)
  - ii. Ownership of property(s)
  - iii. Status of any lease agreement(s)
  - iv. Formal or informal agreements between the applicant and other organizations proposed for participation in the service delivery system
- h) Identification of clinic renovations required, if applicable. Provide contractor estimated cost, and proposed timeline for completion of clinic renovations (see Allowable Use of Funds on pages 46 and 47 of this Attachment)
- i) Detailed plan for practitioner recruitment and retention

**8. Topic: Sustainability Plans:**

Description of plans to sustain project beyond the grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

**9. Additional Appendices (Attachment X):**

The following must be included:

- a) Letters of financial commitment for matching funds or dollar equivalent of in-kind services
- b) Letter of approval to use other grant funds as matching funds, if applicable

- c) Resumes of key staff for the project
- d) Position description for new or vacant key positions
- e) Copy of discounted/sliding fee scale and board approved policy to ensure services to those unable to pay
- f) Contractor estimate for clinic renovations, if applicable

**DO NOT INCLUDE LETTERS OF SUPPORT.**

**10. Budget Template (Attachment XI):**

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is Oct. 1, 2014 to June 30, 2016. The overall 21 month budget for the application shall not exceed \$200,000. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

		<b>Maximum Amounts</b>
Overall Summary	Oct.1, 2014 to June 30, 2016	\$200,000
Year 1 Summary	Oct. 1, 2014 to June 30, 2015	\$100,000
Year 2 Summary	July 1, 2015 to June 30, 2016	\$100,000

**11. Budget Justification (Attachment XII):**

The Budget Justification must be a narrative of the budget, by category, justifying budget requests and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the workplan objectives and activities (Section 4 above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and clinic renovations
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project
- d) identification of consultants and contractors with written estimates

**12. Budget Definitions:**

- a) **Personnel:** The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this grant.
- c) **Subcontractor Services:** This budget category shall identify each subcontractor to be utilized under this grant. **If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.**

- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any medical or dental equipment or both equal to or greater than \$5,000, needed to support this project. Justification for the purchase of any equipment must be included. Requested equipment must be directly related to the proposed project.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.
- g) **Travel:** This budget category shall only include anticipated expenditures for mileage between clinical sites included in this project for the provision of direct patient services.
- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs. Indirect costs are also listed in this category; however, they may not be paid for from grant funding and therefore should not be included.

**13. Allowable Use of Funds:**

Requested funding must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at community based health care clinics serving underserved populations. Moreover, requested funding, as itemized in the Budget Justification, must relate directly to workplan objectives and activities (Section 4 above.)

**Grant funds may only be used for the following:**

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
  - Physician Specialties: Family Medicine, General Internal Medicine, General Pediatrics, Psychiatrist, Obstetrics/Gynecology
  - Physician Assistant-Certified (PA-C)
  - Certified Registered Nurse Practitioner (CRNP)
  - Certified Nurse Midwife (CNM)
  - Registered Nurse (RN)
  - Licensed Practical Nurse (LPN)
  - Dentist
  - Registered Dental Hygienist (RDH)
  - Expanded Function Dental Assistant (EFDA)
  - Public Health Dental Hygiene Practitioner
  - Dental Assistants
  - Psychologists (Licensed)
  - Licensed Professional Counselors
  - Licensed Clinical Social Workers
  - Marriage and Family Therapists (Licensed)

- Pharmacists (Licensed)
- Pharmacy Technicians
- Medical Assistants
- Medical Interpreters
- Project Director
- Project Coordinator
- Outreach or Education Coordinator
- b) Patient transportation services to support access to alternative health care delivery system to reduce hospital emergency room usage
- c) Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed alternate health care delivery system to reduce unnecessary hospital emergency room usage)
- d) Other Costs Directly Related to the Provision of Services
  - Travel-mileage between clinical sites for the provision of services detailed in the workplan
  - Public transportation expenses that enable patients to utilize community-based health care clinic services
  - Clinic renovations (modification of interior office space to accommodate more equipment or additional patient services or both)
  - Copier
  - Computer/Printer
  - Telephone/Fax Machine
  - Rental Costs
  - Clinic Supplies
  - Electronic medical record technology and equipment

In order to ensure the most appropriate use of funds, there are certain categories of **costs that will not be funded:**

- a) Continuation of a project funded with state funds or from other Department of Health grants or contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) Salaries for existing positions **unless** the funds requested are to provide **new or expanded services** by an existing position **and** there will be **an increase in the salary and hours** for that position.

The Department recognizes that certain costs, such as those listed below, may be a necessary part of the project, and although these costs cannot be paid with grant funds, they may be included in the budget and paid for by a Community Based Health Care Program grantee from its matching funds or in-kind commitment. This must be explained in detail in the budget narrative, and directly related to the work statement objectives. Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.

**Applicants may not use Grant Funds for the following:**

- a) Loan Repayment/Scholarships



- b) Real Estate purchases
- c) Construction of new buildings
- d) Ambulance/ Medical Transportation services
- e) Advertising costs
- f) Costs for direct patient care, i.e. hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees, prosthodontic fees, etc.
- g) Vehicle purchases
- h) Attendance at conferences, symposiums, meetings
- i) Purchase of journals, magazines, other publications
- j) Provider recruitment costs

**14. Matching Commitment Requirements:**

- a) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio.**
- b) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- c) **Matching commitment requirement applies to each budget year as well as the overall grant period.**
- d) The source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall grant period and each budget year.
- e) **Fund raising may not be used for matching commitment.**
- f) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the grant. If the matching commitment is in-kind services, a description of those services related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- g) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- h) Matching commitments must be used for direct costs incurred to support the proposed project and may not be used to allocate existing expenses to this project. For example, if the salary of the Executive Director will be funded at \$1,000 per year from matching funds, the \$1,000 must represent a sum of money being paid to the Director over and above the Executive Director's current salary and must correspond to work related to the project being funded.

- i) Federal, state, foundation or other grant funds may be used **to meet the matching commitment requirement**. However, a letter from the entity supplying the other grant funds approving the use of those funds for the matching commitment requirement of this grant must be included in the Additional Appendices section of the application.

### Category 5 Work Statement Format

**Grant Category 5:** The implementation of collaborative relationships to enhance transitions of care for patients to ensure timely follow up care for health care clinic patients seen in or admitted to hospital and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital and specialty clinics.

The Work Statement may not exceed 20 single spaced pages, 12 font type, 1 inch margins, single sided, and numbered consecutively starting with Page #1 (the budget justification document and the documents in the Additional Appendices Section are not included in the 20 page limit of the Work Statement) . **Application must include all of the information as required in the sub-sections below. All information supplied must be separated according to topic, clearly labeled by topic, and submitted in the order identified in the RFA.**

**1. Topic: Project Abstract (maximum of one page):**

Summary of entire application must include:

- a) Succinct description of applicant organization
- b) Succinct description of population served
- c) Succinct description of proposed collaborations with the hospital and health providers to enhance transitions of care for patients to ensure timely follow up care for health care clinic patients seen in or admitted to hospital and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital and specialty clinics
- d) Succinct description of how state funds and matching commitment will be applied in the project
- e) Geographical location of health care clinic with either:
  - i. Identification of PC HPSA or MUA/P located in or serving, or
  - ii. Identification of significant low income population that health care clinic serves

**2. Topic: Map of Service Area (maximum of one page):**

A map of the clinic service area identifying the HPSA or MUA/P served (or the poverty levels of the population) must be included. Ensure that map is legible on all copies of the application.

**3. Topic: Delivery of Primary Health Services:**

A narrative description of the proposed project must include:

- a) Description of current primary health services provided by health care clinic
- b) Description of other community health service providers to include other primary care clinics, hospitals and specialty care clinics in applicant health clinic service area
- c) Description of proposed implementation of collaborative relationships to enhance transitions of care for patients to:

- i. ensure timely follow up care for health care clinic patients seen in or admitted to hospitals, and
- ii. develop referral mechanisms to establish a health clinic medical home for patients seen in the hospitals and specialty clinics.
- d) Description of the population served
- e) Description of how proposed project will increase access to care for the population served
- f) Description of how total budget request (grant funds and matching commitment) will be used
- g) Identification of the proposed director for this project including a brief description of the director's competencies related to the project
- h) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application
- i) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application

**4. Topic: Workplan:**

The workplan included in the application should be reflective of the proposed project for the entire grant term from Oct. 1, 2014 through June 30, 2016:  
Use the following format for the project workplan.

- a) Identify Measurable Objectives
- b) Identify the Methodology of Measure for each Objective
- c) Identify activities to achieve each Objective
- d) Identify the person and the title of the position responsible for each activity

<b>TIME PERIOD</b>	<b>MEASUREABLE OBJECTIVE (S)</b>	<b>METHOD OF MEASURE</b>	<b>ACTIVITIES TO ACHIEVE OBJECTIVES</b>	<b>RESPONSIBLE PERSON/POSITION (FOR EACH ACTIVITY)</b>
Oct, Nov, Dec 2014				
Jan, Feb, March 2015				
Apr, May, June 2015				
July, Aug, Sept 2015				
Oct, Nov, Dec 2015				
Jan, Feb, March 2016				
Apr, May, June 2016				

**5. Topic: Access:**

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the grant period in:
  - i. Medicare
  - ii. Medical Assistance (MA)
  - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted/sliding fee scale and a Board approved policy to implement the discounted/sliding fee scale must be included in the Additional Appendices section of the application.
  - i. The discounted/sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 percent of poverty.
  - ii. The Board approved policy must include a “no pay” or “\$0 fee” option for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100 percent of the poverty rate, the process for the Board review and update of the discounted/sliding fee scale and the policy and process of how patients are made aware of the discounted/sliding fee scale and the process for determining nominal fees.
  - iii. The only exception to the requirements that the applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted/sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. A Board approved policy regarding the provision of primary health services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application .

**6. Topic: Project Impact:**

Complete the tables below. Use definitions of “patient” and “patient visits” and instructions for counting both that are found in Appendix 7. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide current number of unduplicated patients and projections of the total number of unduplicated patients during each year of the project period by coverage type in the following format. \*If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of

Rows 2, 4, and 5, columns 1 and 2 must be at least 30 percent of total patients served.

Coverage Type	Current # Patients (1/01/13-12/31/13)	Percent Patients Served (1/01/13-12/31/13)	Proposed # Patients (10/01/14-6/30/15)	Proposed # Patients (7/01/15-6/30/16)
Number of patients served with Medicare				
Number of patients served with Medical Assistance (MA)*				
Number of patients served with Children's Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				
Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and projections of the total number of patient visits during each year of the project period by coverage type in the following format.

Coverage Type	Current # Patient Visits (1/01/13-12/31/13)	Proposed # Patient Visits (10/01/14-6/30/15)	Proposed # Patient Visits (7/01/15-6/30/16)
Number of visits for patients with Medicare			
Number of visits for patients with Medical Assistance (MA)			
Number of visits for patients served with Children's Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			

Number of visits for patients that could not pay full amount but paid something (discounted/sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

**7. Topic: Capacity to Implement:**

Description of applicant's capacity to implement project:

- a) Description of applicant's governance structure
- b) Description of applicant's organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Description of applicant's fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement.)
- f) Description of Project Director's role in the supervision and administration of the project
- g) Description of site to include:
  - i. Address of site
  - ii. Ownership of property
  - iii. Status of any lease agreement
- h) Detailed plan for practitioner recruitment and retention

**8. Topic: Sustainability Plans:**

Description of plans to sustain project beyond the grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

**9. Additional Appendices (Attachment X):**

The following must be included:

- a) Letters of financial commitment for matching funds or dollar equivalent of in-kind services
- b) Letter of approval to use other grant funds as matching funds, if applicable
- c) Resumes of key staff for the project
- d) Position description for new or vacant key positions
- e) Copy of discounted/sliding fee scale and board approved policy to ensure services to those unable to pay

**DO NOT INCLUDE LETTERS OF SUPPORT.**

**10. Budget Template (Attachment XI):**

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is Oct. 1, 2014 to June 30, 2016. The overall 21 month budget for the application shall not exceed \$50,000. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

		<b>Maximum Amounts</b>
Overall Summary	Oct. 1, 2014 to June 30, 2016	\$ 50,000
Year 1 Summary	Oct.1, 2014 to June 30, 2015	\$ 25,000
Year 2 Summary	July 1, 2015 to June 30, 2016	\$ 25,000

**11. Budget Justification (Attachment XII):**

The Budget Justification must be a narrative of the budget, by category, justifying budget requests and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the workplan objectives and activities (Section (4) above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and clinic renovations
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project
- d) identification of consultants and contractors with written estimates

**12. Budget Definitions:**

- a) **Personnel:** The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this grant.
- c) **Subcontractor Services:** This budget category shall identify each subcontractor to be utilized under this grant. **If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.**
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any medical or dental equipment or both equal to or greater than \$5,000, needed to support this project. Justification for the purchase of any equipment must be included. Requested equipment must be directly related to the proposed project.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including



personal computers and facsimile machines valued at less than \$5,000, needed to support this project.

- g) **Travel:** This budget category shall only include anticipated expenditures for mileage between clinical sites included in this project for the provision of direct patient services.
- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs. Indirect costs are also listed in this category; however, they may not be paid for from grant funding and therefore should not be included.

### **13. Allowable Use of Funds:**

Requested funding must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at community based health care clinics serving underserved populations. Moreover, requested funding, as itemized in the Budget Justification, must relate directly to workplan objectives and activities (Section 4 above.)

#### **Grant funds may only be used for the following:**

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
  - Physician Specialties: Family Medicine, General Internal Medicine, General Pediatrics, Psychiatrist, Obstetrics/Gynecology
  - Physician Assistant-Certified (PA-C)
  - Certified Registered Nurse Practitioner (CRNP)
  - Certified Nurse Midwife (CNM)
  - Registered Nurse (RN)
  - Licensed Practical Nurse (LPN)
  - Dentist
  - Registered Dental Hygienist (RDH)
  - Expanded Function Dental Assistant (EFDA)
  - Public Health Dental Hygiene Practitioner
  - Dental Assistants
  - Psychologists (Licensed)
  - Licensed Professional Counselors
  - Licensed Clinical Social Workers
  - Marriage and Family Therapists (Licensed)
  - Pharmacists (Licensed)
  - Pharmacy Technicians
  - Medical Assistants
  - Medical Interpreters
  - Project Director
  - Project Coordinator
  - Outreach or Education Coordinator

- b) Patient transportation services to support access to other providers of care
- c) Other Costs Directly Related to the Provision of Services
  - Travel-mileage between clinical sites for the provision of services detailed in the workplan
  - Public transportation expenses that enable patients to utilize community-based health care clinic services
  - Copier
  - Computer/Printer
  - Telephone/Fax Machine
  - Office Supplies
  - Electronic medical record technology and equipment

In order to ensure the most appropriate use of funds, there are certain categories of **costs that will not be funded:**

- a) Continuation of a project funded with state funds or from other Department of Health grants or contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) Salaries for existing positions **unless** the funds requested are to provide **new or expanded services** by an existing position **and** there will be **an increase in the salary and hours** for that position.

The Department recognizes that certain costs, such as those listed below, may be a necessary part of the project, and although these costs cannot be paid with grant funds, they may be included in the budget and paid for by a Community-Based Health Care Program grantee from its matching funds or in-kind commitment. This must be explained in detail in the budget narrative, and directly related to the work statement objectives. Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.

**Applicants may not use Grant Funds for the following:**

- a) Loan Repayment/Scholarships
- b) Real Estate purchases
- c) Construction of new buildings
- d) Clinic renovations
- e) Ambulance/ Medical Transportation services
- f) Advertising costs
- g) Costs for direct patient care, i.e. hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees, prosthodontic fees, etc.
- h) Vehicle purchases
- i) Attendance at conferences, symposiums, meetings
- j) Purchase of journals, magazines, other publications
- k) Provider recruitment costs

**14. Matching Commitment Requirements:**

- a) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio.**
- b) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- c) **Matching commitment requirement applies to each budget year as well as the overall grant period.**
- d) The source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified identified on the Budget Summary form for the overall grant period and each budget year.
- e) **Fund raising may not be used for matching commitment.**
- f) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the grant. If the matching commitment is in-kind services, a description of those services related to the proposed project must be included in the letter. Letters must also note any specific restrictions for the use of match funds in this grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).**
- g) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- h) Matching commitments must be used for direct costs incurred to support the proposed project and may not be used to allocate existing expenses to this project. For example, if the salary of the Executive Director will be funded at \$1,000 per year from matching funds, the \$1,000 must represent a sum of money being paid to the Director over and above the Executive Director's current salary and must correspond to work related to the project being funded.
- i) Federal, state, foundation or other grant funds may be used **to meet the matching commitment requirement.** However, a letter from the entity supplying the other grant funds approving the use of those funds for the matching commitment requirement of this grant must be included in the Additional Appendices section of the application.

**PENNSYLVANIA DEPARTMENT OF HEALTH  
BUREAU OF HEALTH PLANNING  
DISCOUNTED/SLIDING FEE SCALE REQUIREMENTS**

The Bureau of Health Planning administers the following programs with the goal of providing a safety-net for access to health care for low income populations, including those without health insurance: Community-based Health Care Grant Program, Community Primary Challenge Grant Program, Health Practitioner Loan Repayment Program, Conrad 30 J-1 Visa and National Interest Waiver Programs. As such, the Bureau requires organizations wishing to participate in these programs comply with the following requirements:

- Use of a **discounted/sliding fee scale** based upon **current** Federal Poverty Guidelines to ensure that no financial barriers to care exist for those who meet certain financial eligibility criteria;
- Posting a **statement indicating that no one who is unable to pay will be denied access** to services;
- Having a **policy of non-discrimination** in the delivery of health care services.

**What is a discounted/sliding fee schedule?**

Discounted/sliding fee schedules are locally driven mechanisms (discounts) to address how to equitably charge patients for services rendered. The mechanism must be in writing. Fees are set based upon current, annual federal poverty guidelines; patient eligibility is determined by annual income and family size. Schedules are established and implemented to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied, on a routine basis. For patients whose income and family size place them below poverty, a “typical” nominal fee is often between \$7 and \$15; patients between 101-200percent of poverty are expected to pay some percentage of the full fee. **Patients who document no ability to pay should be treated without charge.** A discounted/sliding fee schedule applies only to amounts assessed to patients. Billing for third party coverage, i.e. Medicare, Medicaid, private insurance carriers, etc., is set at the usual and customary full charge.

**Why have a discounted/sliding fee schedule?**

Program requirements prescribe that a locally determined discounted/sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the provider to ensure access to health care for those who cannot afford full charges. The reasonableness of fees, and the percent of a full fee that is assessed, may be subject to review/challenge by the Department during the program application process or during routine programmatic reviews by Department project officers or program administrators.

**To which patients does a discounted/sliding fee schedule apply?**

By participating in any of the Department programs requiring a discounted/sliding fee schedule, you are agreeing to apply the schedule equally, consistently, on a continuous basis, to all recipients of services in the entirety of the site/location, without regard to the particular practitioner that treats them.

**Where can I find more information on developing a discounted/sliding fee schedule and policy?**

The National Health Service Corps has developed a Discounted/Sliding Fee Schedule Information Package which can be accessed at:

<http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/eligibility/discountfeeschedule/feescheduleform.pdf>

**Where can I find more information on Federal Poverty Guidelines?**

Federal Poverty Guidelines are updated and published annually in the Federal Register. They can be accessed through the Department of Health and Human Services at: <http://aspe.hhs.gov/poverty/>

**COMMUNITY-BASED HEALTH CARE PROGRAM  
Patient & Patient Visit Instructions**

For Community-Based Health Care Program patient data reporting, report data only from the **location** (i.e. the **specific practice site address**). Follow specific definitions and instructions below when reporting **patient** and **patient visit** data.

**DEFINITIONS**

**Patient** – An individual who has received at least one visit with a Provider during the reporting year. **An individual patient may be counted only once.** People who only receive services from large-scale efforts such as immunization programs, screening programs, and health fairs are not counted as patients.

**Provider** – A **licensed** medical professional who assumes primary responsibility for assessing the patient, exercises independent judgment as to the services that are rendered and is responsible for documenting the patient’s record.

**Providers of patient visits for the Community -Based Health Care Program may be:**

**Physicians** with specialties of:  
Family Practice, Osteopathic General Practice, Ob/Gyn, General Pediatrics,  
General Practitioner, General Internal Medicine, Psychiatry  
**Physician Assistant**  
**Nurse Practitioner**  
**Nurse Midwife**  
**Registered Nurse**  
**General Dentist**  
**Dental Hygienist**

**Patient Visit** – A **face-to-face contact between a Patient and a Provider**, when the Provider exercises independent professional judgment **in the provision of services** to the Patient. To be included as a visit, services rendered **must be documented in a Patient Record** possessed by the clinical practice site.

**INSTRUCTIONS**

**A. Counting Patients:**

1. Do not count the same patient in more than one category (i.e. Medicare, Medical Assistance, CHIP, Commercial Insurance, etc.)
2. Count an individual patient only once in a given year

**B. Counting Visits:**

1. A visit may take place only at the Community -Based Health Care Program site.
  2. If there is more than one Provider involved in the visit (for example, a dental hygienist and dentist seeing same patient for same purpose) it counts as one visit.
  3. Count only one visit per Patient per Provider per day. If a patient has multiple procedures on a single day it counts as one visit only. For example, if a patient was seen by a dental hygienist for a cleaning and a dentist for a filling on the same day, this would count as a single patient visit.
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## Mailing Label:

**THIS LABEL MAY BE USED FOR MAILING THE APPLICATION. THIS LABEL MAY BE CUT OUT AND FIRMLY AFFIXED TO THE APPLICATION PACKAGE, OR COPY THIS EXACT FORMAT FOR THE MAILING LABEL.**

FROM:

APPLICATION ENCLOSED RFA 67-28

# **BID**

TO: PA DEPARTMENT OF HEALTH  
DIRECTOR  
DIVISION OF CONTRACTS  
ROOM 824, HEALTH AND WELFARE BUILDING  
625 FORSTER STREET  
HARRISBURG, PA 17120-0701





**CERTIFICATIONS**

**1. Certification Regarding Debarment and Suspension**

- a. The contractor must certify, in writing, for itself and all its subcontractors, that as of the date of its execution of any Commonwealth contract, that neither the contractor, nor any subcontractors, nor any suppliers are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the contractor cannot so certify, then it agrees to submit, along with the bid/proposal, a written explanation of why such certification cannot be made.
- b. The contractor must also certify, in writing, that as of the date of its execution, of any Commonwealth contract it has no tax liabilities or other Commonwealth obligations.
- c. The contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the contract through the termination date thereof. Accordingly, the contractor shall have an obligation to inform the contracting agency if, at any time during the term of the contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or any of its subcontractors are suspended or debarred by the Commonwealth, the federal government, or any other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment.
- d. The failure of the contractor to notify the contracting agency of its suspension or debarment by the Commonwealth, any other state, or the federal government shall constitute an event of default of the contract with the Commonwealth.
- e. The contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the contractor's compliance with the terms of this or any other agreement between the contractor and the Commonwealth, which results in the suspension or debarment of the contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The contractor shall not be responsible for investigative costs for investigations that do not result in the contractor's suspension or debarment.
- f. The contractor may obtain a current list of suspended and debarred Commonwealth contractors by either searching the Internet at <http://www.dgsweb.state.pa.us/debarmentlist/NonArchiveByCompany.asp?p=> or contacting the:

Department of General Services  
Office of Chief Counsel  
603 North Office Building  
Harrisburg, PA 17125  
Telephone No: (717) 783-6472  
FAX No: (717) 787-9138

**IF THE CONTRACTOR INTENDS TO USE ANY SUBCONTRACTORS, LIST THEIR NAMES(S), ADDRESS(ES), AND FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER(S) IN THE SPACE BELOW.**

**2. Certification Regarding Application/Proposal/Bid Validity**

This application/proposal/bid shall be valid for a period of 120 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposals/Invitation for Bid # RFA 67-28 .

**BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE ABOVE TWO CERTIFICATIONS.**

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	ADDRESS OF ORGANIZATION
DATE SUBMITTED	CONTRACTOR'S FEDERAL I.D. OR S.S. NUMBER

# **Work Statement**

## **Category 1**

**Directions for Category 1 can be found in Appendix 1, page 13.**

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# **Work Statement**

## **Category 2**

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**Directions for Category 2 can be found in Appendix 2, page 22.**

# **Work Statement**

## **Category 3**

**Directions for Category 3 can be found in Appendix 3, page 31.**

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# **Work Statement**

## **Category 4**

**Directions for Category 4 can be found in Appendix 4, page 40.**

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# **Work Statement**

## **Category 5**

**Directions for Category 5 can be found in Appendix 5, page 50.**

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## **501(c)(3) Form**

See Part One, General Information; Section C, Application Format; Subsection 2c for instructions.

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## **ADDITIONAL APPENDICES**

Directions for Category 1-See Appendix 1, section 9, page 17

Directions for Category 2-See Appendix 2, section 9, page 26

Directions for Category 3-See Appendix 3, section 9, page 35

Directions for Category 4-See Appendix 4, section 9, page 44

Directions for Category 5-See Appendix 5, section 9, page 54



## **BUDGET TEMPLATE**

Directions for Category 1-See Appendix 1, section 10, page 17

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Directions for Category 2-See Appendix 2, section 10, page 26

Directions for Category 3-See Appendix 3, section 10, page 35

Directions for Category 4-See Appendix 4, section 10, page 45

Directions for Category 5-See Appendix 5, section 10, page 55

## **BUDGET JUSTIFICATION**

Directions for Category 1-See Appendix 1, section 11, page 18

Directions for Category 2-See Appendix 2, section 11, page 27

Directions for Category 3-See Appendix 3, section 11, page 36

Directions for Category 4-See Appendix 4, section 11, page 45

Directions for Category 5-See Appendix 5, section 11, page 55

## **W-9 Form**

Provide a copy of the completed Internal Revenue Service form W-9. The W-9 form and instructions for completing the form are available at the website <http://www.irs.gov>.

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## PROGRAM SPECIFIC PROVISIONS

**Equipment.** Notwithstanding section 37 (Disposition of Equipment and Other Materials) (Standard General Terms and Conditions), equipment purchased through Community-Based Health Care Program funds may remain the property of the Community-Based Health Care Program recipient as long as it continues to be used for the original intent and purpose stated in the approved application.

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RFA # 67-28

**Appendix B**

**PAYMENT PROVISIONS**

The Department agrees to pay the Contractor for services rendered pursuant to this Contract as follows:

- A. Subject to the availability of state and Federal funds and the other terms and conditions of this Contract, the Department will reimburse Contractor in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Contract.
- B. This Contract may span several state fiscal periods; therefore, the Department is obligated to pay no more than the dollar amounts for each state fiscal year (SFY), for the periods of time indicated on the Budget, Appendix C. This shall not prohibit the Department from exercising its discretion to move funds unspent at the end of the SFY from one SFY to another to pay for services provided with separate written Department approval and in accordance with this Contract.
- C. Payment to the Contractor shall be made in accordance with the Budget set forth in Appendix C, and any subsequent amendments thereto, as follows:
  - 1. The Department shall have the right to disapprove any expenditure made by the Contractor that is not in accordance with the terms of this Contract and adjust any payment to the Contractor accordingly.
  - 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Contract using the invoice format in Attachment 1 to this Appendix.
  - 3. An original invoice shall be sent by the Contractor directly to the address as listed in Attachment 1 to this Appendix. Documentation supporting that expenditures were made in accordance with the Contract Budget shall be sent by the Contractor to the Department's Project Officer.
  - 4. The Contractor has the option to reallocate funds between and within budget categories (Budget Revision), subject to the following criteria:
    - a. General Conditions for Budget Revisions
      - i. *Budget Revisions At or Exceeding 20%.*
        - A. The Contractor shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Contract per budget year as set forth in Appendix C Budget, and any subsequent amendments thereto, without prior written approval of the Department's Project Officer.
        - B. The Contractor shall request prior written approval from the Department's Project Officer when the cumulative total of all prior Budget revisions in the budget year is 20% or greater of the total amount of the Contract per budget year.
        - C. Reallocations at or exceeding 20% of the total amount of the Contract per budget year may not occur more than once per budget year unless the Department's Project Officer finds that there is good cause for approving one additional request. The Project Officer's determination of good cause shall be final.
      - ii. *Budget Revisions Under 20%.* The Contractor shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Contract per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.

- iii. The Contractor shall obtain written approval from the Department's Project Officer prior to reallocating funding into a previously unfunded budget category or prior to eliminating all funding from an existing budget category, regardless of the percentage amount.
  - iv. The Contractor shall provide the Department's Project Officer with notice or make a request for approval prior to the submission of the next invoice based on these changes.
  - v. At no time can Administrative/Indirect cost rates be increased via a Budget Revision.
- b. Budget Revisions Relating to Personnel
- i. Any change to funds in the Personnel Category requires the approval of the Department's Project Officer, and any such change at 20% or over as set forth in Paragraph 4(a) shall be counted as one Budget Revision under that paragraph.
  - ii. The Contractor may not reallocate funds to, or move funds within, the Personnel Services Category of the Budget (Appendix C), and any subsequent amendments thereto, to increase staff personnel or fringe benefit line items unless one of the following circumstances apply:
    - A. The Contractor is subject to a collective bargaining agreement or other union agreement and, during the term of this Contract, salaries, hourly wages, or fringe benefits under this Contract are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Contractor shall submit to the Department's Project Officer written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation.
    - B. The Contractor is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Contract. The Contractor shall submit to the Department's Project Officer written justification for the request to increase rates and reallocation of funds in connection with filling such a position in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the Contract, as well as the Contractor's inability to fill the position at the existing rates. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to a position may exceed 10% of the original rate.
    - C. The Contractor is unable to perform the work of the Contract with the existing positions, titles or classifications of staff. The Contractor may add or change a position, title or classification in order to perform work that is already required. The Contractor shall submit to the Department's Project Officer for his or her approval written justification for the request to increase rates and reallocation of funds in connection with changing or adding a position, title or classification, in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the contract, as well as the Contractor's inability to fill current position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to an addition or change may exceed 10% of the rate for the original position.
  - iii. The Department's determination regarding the validity of any justification is final.
  - iv. All increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
  - v. This paragraph is not intended to restrict any employee from receiving an increase in salary based on the employer's fee schedule for the job classification.
5. Unless otherwise specified elsewhere in this Contract, the following shall apply. Contractor shall submit monthly invoices within 30 days from the last day of the month within which the work is performed. The final invoice shall be submitted within 45 days of the Contract's termination date.

The Department will neither honor nor be liable for invoices not submitted in compliance with the time requirements in this paragraph unless the Department agrees to an extension of these requirements in writing. The Contractor shall be reimbursed only for services acceptable to the Department.

6. The Department, at its option, may withhold the last 20 percent of reimbursement due under this Contract, until the Project Officer has determined that all work and services required under this Contract have been performed or delivered in a manner acceptable to the Department.
7. The Commonwealth will make payments through the Automated Clearing House (ACH) Network. The Pennsylvania Electronic Payment Program (PEPP) establishes the Automated Clearing House Network as the preferred method of payment in lieu of issuing checks. The PEPP enrollment form may be obtained at: [www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf](http://www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf) and can be completed online, as applicable.
  - a. Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). At the time of submitting ACH information, the Contractor will also be able to enroll to receive remittances via electronic addenda. Within 10 days of award of the Grant Agreement, the Contractor must submit or must have already submitted its ACH information and electronic addenda information, if desired, to the Commonwealth's Payable Service Center, Vendor Data Management Unit at 717-214-0140 (FAX) or by mail to the Office of Comptroller Operations, Bureau of Payable Services, Payable Service Center, Vendor Data Management Unit, 555 Walnut Street – 9<sup>th</sup> Floor, Harrisburg, PA 17101.
  - b. The Contractor must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the Contractor to properly apply the state agency's payment to the invoice submitted.
  - c. It is the responsibility of the Contractor to ensure that the ACH information contained in SRM (for Contracts or Purchase Orders) or in the Commonwealth's Central Vendor Master File (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
  - d. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.