

PAYMENT PROVISIONS

The Department will pay the Grantee for the services rendered pursuant to this Grant Agreement as follows:

- A. Subject to the availability of State and Federal funds and the other terms and conditions of this grant, the Department will reimburse the Grantee in accordance with Rider 3 for providing the services described in Rider 2, up to the maximum amount of \$_____ and no payments shall be made under this grant in excess of that amount.

- B. The Department will make payments to the Grantee through ACH. Within 10 days of the grant award, the Grantee must submit or must have already submitted its ACH and electronic addenda information (obtained at www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf <www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf><http://www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf>) 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 - 9th Floor, Harrisburg, PA 17101.

The Grantee 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 Grantee to properly apply the state agency's payment to the respective invoice or program.

It is the responsibility of the Grantee to ensure that the ACH information contained in the Commonwealth's central vendor master file is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.

- C. The Department will make payment to the Grantee in the amount stated in Paragraph A in accordance with the fees set forth in Rider 3 as follows:
 - 1. Grantee will submit itemized invoices and the Grantee's quarterly report for services provided pursuant to this Agreement. On a quarterly basis, Applicant shall invoice the Department for the milestones completed and accepted by the Department during the prior quarter. The Grantee must indicate, on each invoice submitted the grant number, its Federal I.D. number, its SAP vendor number, the period covered by the invoice, the name of the person preparing the invoice, and the date submitted.

 - 2. Grantee will submit an original and three copies of all invoices to: Department of Human Services, eHealth Partnership Program, Attention: Terri L. Brown, 625 Forster Street, Health and Welfare Building, Room 515, Harrisburg, PA 17120. The final invoice must be

submitted by no later than 8/6/18 to eligible for reimbursement under this grant. Grantee must retain all documentation for expenses to support all invoices.

3. The Department may adjust payment amounts based on the Department's acceptance of Grantee's completion of milestones as identified in Rider 3. The Department will not make payments in excess of the amount listed in Paragraph A and may adjust, deny or reduce payments for milestones when this amount is or will be exceeded.
 4. Any duplication of payment requests for services rendered under this grant may result in termination of this Grant Agreement by the Department.
 5. The Grantee's quarterly invoice and report must be submitted on or before the last business day of the subsequent month. Grantee must submit its final invoice and expenditure report for each State Fiscal Year so that they are received no later than 45 days after the expiration of the State Fiscal Year.
- D. Payment for services will be made in accordance with Rider 3. The fees in Rider 3 are all inclusive and not entitled to additional payments.
- E. This Grant must comply with applicable federal audit requirements, including the Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards and is subject to audit in accordance with Audit Clause D, attached as part of Rider 5. Regardless of the level of audit conducted in accordance with Audit Clause D, the audit report shall include a Supplementary Schedule which consists of a Budget to Actual presentation in the same format and level of detail as Rider 3, Budget, including all updates and revisions. This Schedule will be used for reconciliation and settlement purposes and should reflect all allowable and reimbursable costs associated with this Grant. The Supplementary Schedule, a Corrective Action Plan, and the Management Letter, if one was issued, shall be included in the audit report.
- F. The Grantee will follow the applicable Cost Principles in the grant and as set forth in 45 C.F.R. Part 75 Subpart E.
- G. Grantee shall submit a final progress, final invoice, and expenditure report no later than September 30, 2019. The Department will not reimburse or pay any invoice not submitted in accordance with this provision. This report should be mailed to:

Pennsylvania Department of Human Services
eHealth Partnership Program
Attention: Terri L. Brown
625 Forster Street
Health and Welfare Building, Room 515
Harrisburg, PA 17120

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K. This grant is subject to audit by the Commonwealth in accordance with Audit Clause D.