

**Subcontract Agreement between
Champaign-Urbana Public Health District
And
City of Champaign Township**

This agreement, executed as of September 15, 2020 by Champaign-Urbana Public Health District, the Regional intermediary Grantee, with its principal office at 201 W. Kenyon Rd., Champaign, Illinois 61820, hereinafter referred to as "CUPHD", and City of Champaign Township, with its principal office location at 52 E Logan St, Champaign, IL, 61821, here in after referred to as the "subcontractor", is for the provision of services per agreement between the Illinois Department of Public Health (IDPH) hereinafter referred to as "IDHS" and Champaign-Urbana Public Health District.

The subcontractor agrees to the following terms and conditions:

I. SERVICES

Services will be conducted in accord with contract between IDPH and CUPHD. All services will be provided between 12/01/2020-5/31/2021 and in accordance with CUPHD approved work plans, scopes, and budget on file with CUPHD. Services will be delivered in the county of the contracted "organization", unless otherwise approved by CUPHD.

A. Services:

1. Support CUPHD's COVID-19 response in the community by providing wrap around social services for potential Cases and Contacts. This includes housing assistance, utilities, medicine, compensation for food purchases, delivery expenses for drivers, printing of educational materials about the pandemic in English, Spanish and French, health supplies including thermometers and oximeters, sanitation supplies and diapers.
2. Education, outreach, and communication with target populations in the Champaign County community.
3. Data collection and reporting of deliverables to CUPHD on a monthly basis.
4. Direct engagement with the community providing direct access for hard-to-reach populations

B. Reporting: Subcontractor agrees to monthly reporting requirements and make any necessary adaptations as requested by CUPHD or IDPH

1. Monthly reporting of deliverables no later than the 10th of each month for the prior months administrative and financial information.
2. Deliverable explanation
3. Performance measures
4. Performance standard/ frequency
5. Results/ accomplishments in reporting period
6. Performance accomplishments correlated with reported expenses
7. Financial reports

C. Reimbursement:

1. The Total Estimated Contract Amount: \$25,000.
2. The Maximum Contract Amount is \$25,000.
3. The subcontract's finance office shall submit the CUPHD Uniform Budget Template. The budget is a detailed schedule of anticipated grant expenditures that is approved by CUPHD for carrying out the purposes of the Award.
4. Required Periodic Financial Reports. The subcontractor agrees to submit financial reports as requested and in the format required by CUPHD. The subcontractor shall file monthly reports with CUPHD describing the expenditure(s) of the funds related thereto, unless more frequent reporting is required by IDPH/CUPHD pursuant to specific award conditions. 2 CFR 200.207. Monthly reports must be submitted no later than 25 calendar days following the period covered by the report. Failure to submit such required Performance Reports may cause a delay or suspension of funding 30 ILCS 705/1 et seq.

5. **Payment Method.** The payment method for this award is a grant payment, based upon CUPHD's approved budget and Expenditure Deliverable Confirmation Report (ECR) submitted monthly.
6. **Payment Processing.** As a grant-based award all payments processed for this contract are based upon an accepted CUPHD approved budget and Expenditure Deliverable Confirmation Reports in accordance with all state and federal guidelines and required documentation. Such reports are submitted to CUPHD Department of Finance. Upon receipt of approval by the Program's Director, in regards to completion of program deliverables and the actual and necessary eligible costs and cash amount requested for reimbursement of those costs payment will be initiated.
7. **Grant payments from CUPHD Department of Finance to the subcontractor will be paid as follows:** A 20% payment given to the subcontractor from CUPHD and thereafter, monthly payments equal to the full grant amount divided by the contract length minus the 20% paid up front.

II. TERM: The period of this subcontract agreement is **12/01/2020-05/31/2021**; however, it may be terminated at any time during this period by either party upon giving written notice to the other party thirty (30) calendar days in advance of the actual termination date. Upon termination, the subcontractor shall be paid for work satisfactorily completed prior to the date of termination.

III. COMPENSATION:

- A. The amount of payment shall not exceed **\$25,000** and must be billed to CUPHD by June 15, 2021. Any sum in default of 100% of the total award not billed out by June 15, 2021 will be returned to CUPHD.
- B. The subcontractor will comply with all 2CFR200 requirements and Federal Funding restrictions (<https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-part200.pdf>).
- C. The subcontractor hereby certifies its organizational registration with the Illinois Secretary of State (SOS) is currently in good standing. Proof of SOS registration and ICQ completion will be provided to CUPHD prior to final agreement
- D. IDHS through CUPHD will compensate the subcontractor on the following basis:
 1. The Subcontractor shall be reimbursed for amounts expended in providing the services described in Section I up to the maximum amount of \$25,000, subject to compliance with contractual requirements for delivery of services and continued availability of funds.
 2. The subcontractor will provide its prevention services in accordance with the scopes of service on file with the lead agency.

IV. NOTICES: All legal notices affecting a material element of this subcontract agreement required or desired to be made by either party to this subcontract shall be sent by certified mail to the following respective addresses:

Champaign-Urbana Public Health District
 201 W. Kenyon Rd.
 Champaign, IL 61820
 Attention: Julie Pryde

To the Subcontractor:
 City of Champaign Township
 53 E Logan St, Champaign, IL, 61821
 Attention: Andrew J. Quamstrom

For Grantee: _____

For Subcontractor: _____

 Chairperson, CUPHD Board of Health

 Signature, Subcontractor

 Date

 Date