

**Meeting of the Board of Health  
St. Joseph County Department of Health  
8<sup>th</sup> Floor, County-City Building  
Boardroom**

**April 19, 2023  
4:30 p.m.**

Available by Zoom:

<https://us06web.zoom.us/j/81442698080?pwd=aHFal1ZCTnR4RFdiRm5rV2hxb21jUT09>

Meeting ID: 814 4269 8080

Passcode: 206238

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I. CALL TO ORDER & ROLL CALL

II. ADOPTION OF THE AGENDA

It is recommended the Board of Health members adopt the agenda for the April 19, 2023.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_ Vote \_\_\_\_\_

III. APPROVAL OF THE MINUTES

It is recommended the Board of Health members approve the [minutes](#) of March 15, 2023.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_ Vote \_\_\_\_\_

IV. BOARD PRESIDENT ANNOUNCEMENTS:

23-19 Introduction of Joseph H. Cerbin, MD, Interim Health Officer

23-20 Board Member decorum

23-21 Board Members engaging with media entities

V. HEALTH OFFICER PRESENTATION and REPORT:

23-22 Discussion and Vote on March 2023 Health Officer's Report

[Emergency Preparedness](#)

[Environmental Health](#)

[Finance](#)

[Food Services](#)

[Health Equity, Epidemiology and Data \(HEED\)](#)

[Health Outreach, Promotion & Education \(HOPE\)](#)

[Nursing – Immunizations, Mobile Clinic & Public Health Nursing](#)

[Vital Records](#)

VI. NEW BUSINESS:

23-23 Consider changing the date and time of the May 2023 Regular Meeting from May 17<sup>th</sup> to May 24<sup>th</sup>

23-24 Review Nurse's Salaries – Consider adjustments for inconsistencies

23-25 Update from Personnel Committee

23-26 Update from Finance Committee

VII. GRANT REQUESTS:

- 23-27 Discussion and vote on having the finance committee review all grant applications and award receipts and make recommendations to the full Board
- 23-28 ND National Science Foundation - Apply as subawardee
- 23-29 NACCHO ACEs - Receive
- 23-30 LHD RFP9 Announcement - Apply and Receive

VIII. OLD BUSINESS:

- 23-17 Discussion regarding allowing the use of Res. 01-2021 (meeting electronically) for special meetings only

IX. BOARD NOTIFICATIONS:

- 1. Hirings: Delores Williams, Registered Medical Assistant – 03/20/23  
Katey Myers, Environmental Health Specialist – 03/27/23
- 2. Resignations: None
- 3. Retirements: Robert M. Einterz MD, Health Officer – 03/31/23
- 4. Terminations: None

X. PUBLIC COMMENT: (3 Minute Limit)

Public comment may be given in person. Input from the public can also be sent to the Board by mail or email via the St. Joseph County Department of Health.

The following statement provides guidance for the public comment portion of the meeting, as well as the expected decorum for all conversations during the meeting.

At regular meetings, the public is invited to address the Board for three minutes regarding items posted or not posted on the agenda. Individuals may only speak once during this section of the agenda. Speakers shall properly identify themselves by stating their name and address for the record. Personnel issues are not to be addressed during open sessions of the Board of Health. The Board President may interrupt, warn, or terminate a person's statement if the statement becomes personally directed, abusive, obscene, or inflammatory.

XI. TIME AND PLACE OF NEXT REGULAR MEETING:

May 17, 2023 – 4:30 p.m. St. Joseph County Department of Health Boardroom

XII. ADJOURNMENT

The Title VI Coordinator has made available at this meeting a voluntary Public Involvement Survey to collect demographic data to monitor and demonstrate St. Joseph County's compliance with its non-discrimination obligations under Title VI and Federal Regulation 23CFR 200.9(b)(4), and more importantly, ensure that affected communities and interested persons are provided equal access to public involvement. Compliance is voluntary. However, to demonstrate compliance with the federal regulation, the information requested must be documented when provided. It will not be used for any other purpose, except to show that those who are affected or have an interest in proceedings, or the proposed project have been given an opportunity to provide input throughout the process.

MINUTES AND MEMORANDA  
ST. JOSEPH COUNTY BOARD OF HEALTH  
March 15, 2023  
Regular Meeting

Present at the Meeting:

John Linn, PE	President
Heidi Beidinger-Burnett, PhD, MPH	Member
Ellen Reilander, JD	Member
Kristin Vincent, MSN	Member
Robert Hays, MD	Member

Also Present at the Meeting:

Robert M. Einterz, MD	Health Officer
Mark D. Fox, MD, PhD, MPH	Deputy Health Officer
Amy Ruppe	Administrator
Jennifer S. Parcell	Executive Administrative Asst.
Carolyn Smith	Food Services Director
Cassy White	Director of HEED
Denise Kingsberry	Vital Records Assistant Director
Harry Gilbride	Emergency Preparedness Coordinator
Jodie Pairitz	Director of Nursing
Karen Teague	Assistant Director Food Services – Zoom
Mark Espich	Director Environmental Health
Robin Vida	Director HOPE
Sally Dixon	MIH Coordinator
Taylor Coats	Assistant Director Health Equity
Jonathon Carmona	Community Health Worker
Kimberly Dreibelbeis	Community Health Worker
Veronica Escobedo	Community Health Worker
Rafael Lemus	Community Health Worker
Cathy Escobedo	Community Health Worker
Danielle Sims	Disease Investigation Specialist – Zoom
Shelley Chaffee	Immunization Outreach Coordinator – Zoom
Mary Mumbi Wachira	Data Analyst
Amy Schnick	Administrative Assistant – HEED – Zoom
Dominique Quatararo	Public Health Associate
Marcellus Lebbin, JD	Department of Health Attorney

**I. CALL TO ORDER**

Mr. Linn called the March 15, 2023, regular Board of Health meeting to order at 4:30 p.m.

**II. ADOPTION OF THE AGENDA**

On motion made by Attorney Reilander, to approve the agenda with the addition of approving a new health officer in Item V, and seconded by Dr. Hays, the revised agenda was put to the Board. Mr. Linn, Attorney Reilander, Ms. Vincent, and Dr. Hays voted in favor of the motion, Dr. Beidinger voted against. The motion passed.

**III. APPROVAL OF THE MINUTES**

Approval of the February 15, 2023 meeting minutes was sought. Upon motion by Attorney Reilander, seconded by Dr. Hays, the minutes were unanimously approved.

Approval of the March 1, 2023 meeting minutes was sought. Upon motion by Attorney Reilander and seconded by Dr. Hays, the minutes were unanimously approved.

**IV. BOARD PRESIDENT ANNOUNCEMENTS**

Mr. Linn thanked Dr. Einterz for his work at the Department and in the community.

Mr. Linn then asked anyone who has recommendations for the open Board seat to send them to him.

**V. APPOINTMENT OF HEALTH OFFICER**

A motion was made by Attorney Reilander and seconded by Dr. Hays for the appointment of Joseph H. Cerbin, MD. Discussion was held and Dr. Einterz emphasized the importance of getting someone before the end of the month so that vital records and other functions of the Department could continue uninterrupted.

A vote was held with Mr. Linn, Attorney Reilander, Ms. Vincent, and Dr. Hays voting in favor of the motion, and Dr. Beidinger voting against. The motion passed.

**VI. HEALTH OFFICER REPORT**

Dr. Einterz thanked Dr. Fox for his assistance during his term as Health Officer and noted he was happy to hear Dr. Fox was continuing to assist the Department.

Dr. Einterz then spoke of the community health workers and how they were able to give a voice to the voiceless using grant funds instead of local funds. He noted that the CDC had sent other health departments, such as the State of Maryland, to look at the program in St. Joseph County. Dr. Einterz said the CDC has reached out to see if the Department of Health could use an additional \$250,000 to continue its work on the CDC funded program, but that the current funds needed to be spent. To this end new outreach is being done with community partners, such as the South Bend Police Department, with success.

Dr. Einterz then spoke about the Governor's health initiative and the impact it could have on St. Joseph County.

Ms. Vincent then inquired about the proposed marketing program to assist with the community health worker program. Ms. Coats responded that the program would use social media to target at risk areas and use radio to cover the County. The website will track the number of visits to measure the effectiveness of the campaign. The advertising could be renewed every six (6) months if it was of value. Dr. Beidinger noted her support for the program.

Attorney Reilander asked how the County lead initiative funds were being spent. Dr. Einterz responded that the individuals funded by lead are focused on lead, but if they discover other health needs, they direct people to the resources that can address those needs.

Attorney Reilander then asked about the maternal infant health Safety PIN grant and how the funding was being moved between line items in the budget. Ms. Dixon noted that a part-time employee to assist could not be found so they moved the funds so that they could use contract labor to assist with reviewing and summarizing medical records. The extra funds were approved to be moved back to a salary line item by the Indiana Department of Health so that they could be used for a raise. Discussion followed on how positions are funded.

Attorney Reilander then asked when the South Bend Community School Corporation data would be available. Ms. White said she was not sure and would look into it.

Dr. Einterz then led discussion on ACEs and PACEs programs, followed by a discussion on cancer, heart disease, and mental health. Dr. Einterz noted their impact on health in St. Joseph County and what the Department of Health was doing to help reduce incidences of these diseases.

A discussion was then had on health café grants and how the money was used and what funds were returned to donors.

**VII. NEW BUSINESS**

Dr. Einterz noted the annual report was sent to the Board and asked for questions. Dr. Beidinger thanked Dr. Einterz for a well-written report that was easy to read. Questions followed on the status of the health of individuals in the County.

Motion was made by Attorney Reilander and seconded by Dr. Hays to approve the annual report. The motion was unanimously approved.

The request of the NACCHO Mentor Program Grant – Receive (23-12) was discussed by the Board.

Motion was made by Dr. Beidinger and seconded by Ms. Vincent to approve the NACCHO Mentor Program Grant – Receive (23-12). The motion was approved by Mr. Linn, Dr. Beidinger, Ms. Vincent, and Dr. Hays. Attorney Reilander abstained. The motion passed.

The request of the Health CHWs for COVID grant – Apply (23-19) was discussed by the Board.

Motion was made by Dr. Beidinger and seconded by Dr. Hays to approve the Health CHWs for COVID grant – Apply (23-19). The motion was unanimously approved.

**VIII. OLD BUSINESS**

There was no old business.

**IX. BOARD NOTIFICATIONS**

Personnel changes were noted.

**X. PUBLIC COMMENT**

John Hagen commented on the position of Health Officer.

Taylor Coats expressed her thoughts on the job of the Board of Health.

Ann Carol Nash expressed her appreciation to Dr. Einterz for his work at the Department.

John Pinter thanked the department for its work with refugees.

Marla Godette spoke about her concerns regarding grant funding.

Jennifer Parcell expressed her appreciation to Dr. Einterz for his work at the Department.

**XI. TIME AND PLACE OF NEXT REGULAR MEETING**

The next regular meeting of the St. Joseph County Board of Health is scheduled for Wednesday, April 19, 2022, at 4:30 p.m., at the County-City Building.

**XII. ADJOURNMENT**

This meeting was adjourned at 6:51 p.m. upon motion of Dr. Hays, seconded by Attorney Reilander, which passed unanimously.

ATTEST:

Respectfully submitted,

\_\_\_\_\_  
Joseph H. Cerbin, M.D.  
St. Joseph County Health Officer

\_\_\_\_\_  
Marcellus Lebbin, Esq.  
Health Department Attorney

## St. Joseph County Board of Health

### Board Member Role and Responsibilities

2020

In addition to the roles and responsibilities of Local Boards of Health as documented in Indiana Code 16-20-2<sup>1</sup>, the Indiana Association of Local Boards of Health provides further direction. The Association describes the five functions of a Board of Health<sup>2</sup> as:

- I. Administration
- II. Program Planning and Budgeting
- III. Evaluation of Organizational Effectiveness
- IV. Retention and Evaluation of Health Officer
- V. Financial Stewardship

To be an effective Board of Health, each Board member is expected to:

- Attend regularly scheduled board meetings
- Attend scheduled assigned committee meetings
- Commit to pre-reading all meeting materials for quality engagement during meetings
- Support the work of the Department in areas of their individual expertise when asked
- Be a strong, positive, advocate of the BOH agenda in public and private venues within their sphere of influence
- Adhere to Board consensus once controversial matters are voted on by the entire Board (this would be active advocacy or at least non-maleficence to the idea)
- Inform the Board President and/or Vice President prior to any media engagement that may have a bearing on the BOH
- Assistance in identifying members for committee roles throughout the Department and, as needed, for BOH projects

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<sup>1</sup><http://iga.in.gov/legislative/laws/2018/ic/titles/016/#16-20-2>

<sup>2</sup> <http://inalboh.org/wp-content/uploads/2019/02/Indiana-LBOH-Orientation-Manual.pdf>





**ST. JOSEPH COUNTY**  
**DEPARTMENT OF HEALTH**  
**Prevent. Promote. Protect.**

**Health Officer's Report of Unit Activities**

**March 2023**

EMERGENCY PREPAREDNESS UNIT			
DELIVERABLES	OUTCOME	TIMELINE	MARCH UPDATES
Work with service providers in the Regional Planning Committee (furthermore referred to as RPC) to establish a space, protocols and to provide for the isolation of unhoused individuals positive with Covid-19.	A space for unhoused persons to isolate when positive with covid-19.	July 2021 – ongoing	Not utilized this month, continued to maintain the space for the RPC.
	Protocols ensuring the safety and wellbeing of those in quarantine.	Establish a space and protocols by August 2021.	
	Protecting against further spread of Covid-19 among the unhoused and in congregate living spaces.	Space established and continuing to be maintained and utilized.	
Work with The City to establish a liaison between Landlords and Service providers.	Improve relationships between local landlords and local service providers to the unhoused population.	August 2022 – ongoing	Preliminary draft of HOME-ARP funds was released by the City's community development authority. As of March, still waiting for them to submit the draft and receive approval.
	Utilize HOME-ARP funds to set up a fund to cover potential repairs to incentivize landlords to work with clients they may view as potentially higher risk.		
	Increase access to applications for service providers working with unhoused persons or persons residing in shelters.		
	Work to connect tenants with resources or caseworkers so Landlords are not left on their own to manage persons.		
Create an inventory of service providers and stakeholders and create a contact directory.	Possession of a comprehensive list of contacts among service providers.	July 2021 – ongoing	In September I assisted Broadway Christian Parish and Our Lady of The Road in laminating 50 resource guides to hand out to patrons at their soup kitchens. In november we updated the guide to reflect Weather Amnesty's location and hours. I printed 20 more in February and gave them to Broadway to pass out. In March I started working on an updated "spring edition" with the street outreach sub-committee.
	Facilitation of greater communication between SJC and service providers.	Directory completed and added to website in August 2021	
Administer, monitor and assess the Wash Wednesdays program with Burton's Laundry.	Create access to laundry services for unhoused members of our community.	July 2021 - Ongoing	3/1/23: 3,690 Ibs
	Track the amount of clothing washed in pounds in order to give a greater idea as to the need.		3/15/23: 4,520 Ibs 3/29/23: 1,980 Ibs
	Provide Social Needs Assessment to patrons.		Total: 10,190 Ibs of clothing or about 1,019 loads of laundry in a consumer washer.

<b>DELIVERABLES</b>	<b>OUTCOME</b>	<b>TIMELINE</b>	<b>MARCH UPDATES</b>
Administer, monitor and assess the Senior Suds Night program with Burton's Laundry, Christ the King, and Clay Church.	Create access to laundry services for Senior members of our community in need.	June 2022 - Ongoing	3/7/23: 2,660 Ibs
	Track the amount of clothing washed in pounds in order to give a greater idea as to the need.		3/21/23: 1,740 Ibs
	Provide Social Needs Assessment to patrons.		Total: 4,400 Ibs of clothing or about 440 loads of laundry in a consumer washer.
			1,459 loads of laundry washed between Wash Wednesday and Senior Suds Night in March. The biggest month yet for the programs in terms of loads of laundry washed!
Create and implement a pilot program in partnership with Motels 4 Now of best practices to reduce the impact of predators who prey on unhoused individuals' substance use and misuse.	Aid in alleviating the burden imposed upon those without housing in SJC by predators.	August 2022 – December 2022	Continued with a literature review of available research published in this area in order to identify best practices to help guide such an effort. Interviewed two staff members at M4N in November. In January I interviewed Sheila the head of the program. In february I followed back up with Sheila and to ask more questions. I also had my first interview with a member of our community with lived experience on the streets to get their perspective. In March I took this information and went back to the books and used it to inform further research now better connecting the academic research with the lived experience of members of our community in SJC.
Work with community health partners in the vaccine rollout and monitoring vaccination rates among the unhoused population and in congregate living facilities.	Facilitate the ongoing rollout of the Covid-19 vaccine to the unhoused population and to those residing in Congregate living facilities.	July 2021 – ongoing	Working with nursing unit to try and set up mobile clinics at congregate living facilities in the Continuum of Care. In March I worked with the nursing unit to schedule a mobile immunization clinic at the Our Lady of the Road's soup kitchen. I also coordinated with the nursing unit and Broadway Christian Parish's soup kitchen to schedule same day vaccinations for 2 unhoused people who were seeking their covid boosters and flu shots.
	Work with community health centers and our upcoming Mobile Unit in establishing mobile vaccination clinics targeted at unhoused often transient populations.	First mobile clinics to begin in August 2021	
	Monitor and report back to the DoH on relative vaccination rates among the unhoused and those staying in congregate living facilities.		
Perform vaccine/health education sessions at various service providers.	Aid in combatting misinformation about the vaccine.	August 2021 – ongoing	Worked with the community health workers to deliver a training for them on motivational interviewing skills to better help them communicate messages about healthcare to the public.
	Help educate unhoused and those residing in congregate living facilities on relevant information affecting their health.	First education session established in August 2021	
	Develop instruments for surveys of health needs of unhoused persons and residents of congregate living facilities.		

DELIVERABLES	OUTCOME	TIMELINE	MARCH UPDATES
Provide rapid and PCR Covid-19 testing to service providers.	Allow service providers to confidently operate knowing that they can count on having rapid Covid-19 testing available to symptomatic individuals who present themselves.	July 2021 – ongoing	Overseeing the distribution of the 39,812 tests received from State in May for distribution to low-income and vulnerable populations.
	-Allow service providers to offer PCR testing on site to individuals potentially exposed to Covid-19 who face unique transportation challenges which may otherwise prevent easy access to testing.		By the end of September we had distributed all 39,812 tests from our locations in the County City Building and at Mishawaka, from our Community Health Workers, and from allying with various community partners including the Food Bank of Northern Indiana, United Way, Our Lady of The Road, and SJC Public Library. Working with IDOH to seek ways to receive more tests to distribute to low income members of the community.
Act as a liaison to relevant stakeholders and service providers on behalf of SJC DoH.	Serve on relevant local boards, committees and task forces.	July 2021 - ongoing	Attended the March Regional Planning Committee (RPC) Meeting. Attended the March RPC Data Sub-Group Meeting, attended the March RPC Street Outreach Sub-Committee Meeting.
	Create contact with stakeholders seeking to establish a low barrier intake facility/resource center.		
	-Explore opportunities with neighborhood associations, faith groups, City/County Coordinator, and other interested stakeholders to create a model of affordable, scattered housing for persons experiencing homelessness.		
Hold Quarterly ESF-8 Meetings	Keep agencies involved in ESF-8 up to date and cooperating towards preparing for the next crisis.	Ongoing	Continued to work with St. Joseph County Emergency Management Agency to update the Emergency Support Function contact lists and create a new Emergency Support Functions team. Coordinated with IDOH emergency preparedness representatives to update the ESF-8 Emergency Contact list with updated point of contacts, emergency numbers, emails, and agencies that had fallen off and new ones that needed to be added.
Attend all District 2 HCC and LHD Meetings	Act as a liaison for the SJCDoH in the D2 Health Care Coalition and with Emergency Preparedness counterparts at other Counties in our District	Ongoing	Attended the March HCC district 2 meeting in plymouth, as well as the March HCC D2 Local Health Department meeting in plymouth. Attended the HCC Hazard Vulnerability Assessment meeting in Plymouth as well in March.

<b>DELIVERABLES</b>	<b>OUTCOME</b>	<b>TIMELINE</b>	<b>MARCH UPDATES</b>
Attend Local Emergency Planning Commission Meetings	Act as a liaison for the SJCDoH to SJC's LEPC Meetings.	Ongoing	Met with St. Joseph County Emergency Management Agency about the Local Emergency Planning Commission in January. They have plans to get the meetings up and running again, but they are working on finding a location for the meetings and scheduling them.
Work on PHEP Grant Deliverables	Keep SJCDoH receiving funding from the PHEP Grant.	Ongoing	Met with IDOH rep in March to work on upcoming PHEP Deliverables. Finished entering ESF-8 partner organizations into EMresource to create a centralized contact list and allow them to share resources through the platform if they wish. EMresource is an online portal that allows different medical facilities to share PPE across agencies, as well as emergency contacts and other resources. The updated ESF-8 Emergency Contact Directory is now available through EMresource's online portal. Renewed SJCDoH's intention to commit to the PHEP grant for next year with approval from the Board of Health.
	Keep Amy up to date on deliverables for the grant.		
Learn All EP Plans	Act as the internal expert for EP plans and their deployment	Ongoing	Continued to work with the St. Joseph County Emergency Management Agency to update the County Emergency Management Plan.
Update EP orientation and trainings for all employees.	Update current trainings regarding EP	Ongoing	Went through EP orientation with 2 new employees and met with 1 new board member in March.
	-Create/find new trainings surrounding EP		
Maintain and Train on the Mobile Clinics	Keep mobile clinics in operating order.	Ongoing	Continued working with Amy to get all the necessary information in order to surplus the old ERV.
	Create and administer trainings on how to operate the mobile clinics.		
Work with the South Bend Heritage Foundation, The City of South Bend, Our Lady of The Road and Oaklawn in participating in the 2023 Indiana Supportive Housing Institute.	Participate in targeted trainings aimed at learning how to navigate the complex process of developing housing with supportive services to prevent and end homelessness.	November 2022 - ongoing	Marco Mariani, Executive Director of the South Bend Heritage Foundation reached out and invited the SJCDoH to participate as one of the community partners in the 2023 Indiana Supportive Housing Institute, along with the City of South Bend, Our Lady of The Road and Oaklawn. At the end of November they submitted their proposal for the team of aforementioned community partners to participate in 2023's Institute. If chosen the community partners will participate in over 80 hours of trainings to assist in the creation of a complete supportive housing plan. In January the South Bend Heritage Foundation's proposal was accepted!! In March I attended the Second 3 days of sessions in Bloomington.
	Working in partnership with the South Bend Heritage Foundation, The City of South Bend, Our Lady of The Road and Oaklawn to help develop the Heritage Foundation's next supportive housing plan.		

DELIVERABLES	OUTCOME	TIMELINE	MARCH UPDATES
<p>Work with the new Administration at the St. Joseph County Emergency Management Agency to establish new protocols and strengthen our county's ability to respond to emergencies</p>	<p>Liaise with new leadership on behalf of the SJCDoH and strengthen ties between us as partner organizations.</p>	<p>December 2022 - ongoing</p>	<p>Finished helping the SJCEMA update their ESF contact list in March. Working to update the County Emergency Management Plan as needed. Working to establish a SJCDoH Emergency Annex in partnership with SJCEMA.</p>

**ENVIRONMENTAL HEALTH UNIT**

	<b>Mar-23</b>	<b>YTD 2023</b>	<b>YTD 2022</b>	<b>YTD 2019</b>
<b>SEPTIC PROGRAM</b>				
<b>RESIDENTIAL NEW CONSTRUCTION</b>				
A. Inspections	9	29	31	41
B. Consultations	0	0	0	2
<b>RESIDENTIAL REPLACEMENT</b>				
A. Inspections	47	133	94	154
B. Consultations	2	3	27	7
<b>COMMERCIAL</b>				
A. Inspections	6	11	11	0
B. Consultations	0	1	4	0
C. Cluster System Inspections	0	0	0	5
<b>Abandonments w/o Replacement</b>	4	10	4	**
<b>Permit Applications Received</b>	59	116	93	**
<b>Permits Issued</b>	30	94	92	**
<b>Public Information Events</b>	0	1	1	**
<b>SUBDIVISION PROGRAM</b>				
A. Health Officer Reports	3	15	6	5
B. Subdivision Reviews	6	20	9	3
C. Rezoning and Replat Reviews	0	0	3	2
<b>WELLHEAD PROGRAM</b>				
A. Inspections Performed	11	26	24	26
<b>WELL DRILLING PROGRAM</b>				
<b>RESIDENTIAL</b>				
A. Inspections	16	39	38	33
B. Well Abandonments	20	51	50	38
<b>COMMERCIAL</b>				
A. Inspections	0	1	0	0
B. Well Abandonment Inspections	0	2	0	1
<b>NEW CONSTRUCTION</b>				
A. Permit Applications Received	15	26	19	**
B. Permits Issued	6	12	19	**
<b>REPLACEMENT</b>				
A. Permit Applications Received	18	46	40	**
B. Permits Issued	14	43	40	**
<b>Total Permits Applications Received</b>	44	103	**	**
<b>Total Permits Issued</b>	31	83	**	**
<b>Use of Existing Well</b>	0	3	**	**

	Mar -23	YTD 2023	YTD 2022	YTD 2019
<b>Public Information Events</b>	0	0	0	0
<b>SOURCE WATER PROGRAM</b>				
A. Phase One Inquiries	30	51	53	25
B. Spill Responses	1	1	0	0
C. Meth Lab Occurrence Response	0	0	0	1
D. Well/ground water Sampling	0	0	**	**
E. Microbe Treatments/Pumping Inspections	1	1	**	**
F. Other Source Water Inspections	0	0	1	3
<b>SURFACE WATER PROGRAM</b>				
A. Surface Water Sampling	0	0	0	0
<b>LEAD PROGRAM</b>				
A. HUD Lead Inspections	0	0	0	0
B. Lead Risk Assessments	6	19	7	19
<b>EBLL Assessments</b>	1	11	2	**
a. Parent Request	5	8	5	**
b. Clearances	9	15	5	**
c. Off Site Meetings	0	0	0	**
d. Public Information Events	0	0	1	8
e. Children Tested for Lead Levels*	271	600	446	1135
<b>CAFO PROGRAM</b>				
A. Inspections	0	0	0	0
<b>AIR QUALITY PROGRAM</b>				
A. Burn Permits	10	14	4	**
B. Indoor Air Quality Investigation	0	0	0	0
C. Mold Investigations	0	0	0	0
<b>VECTOR PROGRAM</b>				
A. Inspections performed	7	8	20	0
B. Sites Treated	0	0	0	0
C. Traps Collected	2	2	0	0
D. ISDH Submissions	0	0	0	0
E. Public Information Events	0	0	0	0
<b>HEALTHY HOMES PROGRAM (Inside)</b>				
A. Initial Complaints	16	34	39	31
a. No Water	4	10	6	**
b. Garbage/Food Waste	6	9	15	**
c. Feces	1	8	12	**
d. Rodents/Cockroaches	5	7	6	**
B. Follow-Up Complaints	21	52	32	**
a. No Water	13	28	14	**
b. Garbage/Food Waste	5	11	14	**
c. Feces	3	11	4	**
d. Rodents/Cockroaches	0	2	0	**



	<b>Mar - 23</b>	<b>YTD 2023</b>	<b>YTD 2022</b>	<b>YTD 2019</b>
e. Dwellings Unfit	0	3	5	6
<b>MASSAGE</b>				
A. Establishment Inspections	24	42	47	57
<b>TATTOO/BODY PIERCING PROGRAM</b>				
A. Inspections Performed	3	7	25	14
<b>COMPLAINTS/INVESTIGATIONS</b>				
A. Garbage/Food Waste (Outside)	10	30	29	5
B. Sewage	8	19	19	3
C. Water (ditches, lakes, ponds, & swells)	0	4	0	2
D. Motels/Hotels	0	0	1	0
E. Burning	1	1	4	2
F. Open Dumping	0	1	**	**
G. Followup Inspections	14	26	**	**
H. Other	8	1	52	1
<b>ABATEMENT CORRESPONDENCE</b>				
A. Abatement Correspondence Mailed	28	77	136	61
B. Immediate Threat to Public Health Correspondence	0	0	2	9
C. Order to Vacate/Condemn Correspondence Mailed	3	6	5	**
D. Impending Legal Action Correspondence Mailed	1	7	8	**
<b>SUBSURFACE INVESTIGATIONS</b>				
A. Internal	0	0	12	**
B. External	0	0	0	**
<b>*DUE TO TIME LAG OF State Database System</b>				
<b>Lead testing numbers are one (1) month behind.</b>				
<b>*No data for these fields</b>				

# County Health Department

Main fund supported annually by tax revenue and fee revenue as well as COVID insurance reimbursement funds (financial compensation for the administrative costs for participating in the CDC and HRSA COVID-19 vaccination program) as well as salary recovery from some federal grants.

LEAD: Dr. Cerbin - SUPPORT: Amy Ruppe

		Budget		January	February	March	TOTALS	
<b>REVENUE</b>								
<b>Beginning Balance</b>		\$3,733,060.38					\$3,733,060.38	
Property, FIT, Excise, Vehicle Excise Tax		\$2,106,000.00		\$0.00	\$0.00	\$0.00	\$0.00	
Federal Reimbursements				\$36,727.78	\$36,727.78	\$466,320.97	\$539,776.53	
Miscellaneous Revenue				\$0.00	\$1,000.00	\$0.00	\$1,000.00	
<b>TOTAL Tax, Fed Reimb and Misc Revenue</b>				<b>\$36,727.78</b>	<b>\$37,727.78</b>	<b>\$466,320.97</b>	<b>\$4,273,836.91</b>	
Environmental Health				\$136,466.25	\$123,830.00	\$81,798.75	\$342,095.00	
Food Services				\$110,513.75	\$64,988.75	\$11,201.25	\$186,703.75	
Immunization Clinic (South Bend)				\$11,896.12	\$14,970.61	\$15,119.68	\$41,986.41	
Vital Records (South Bend)				\$41,264.90	\$41,486.00	\$41,044.00	\$123,794.90	
Immunization Clinic (Mishawaka)				\$3,975.00	\$2,657.00	\$3,798.00	\$10,430.00	
Vital Records (Mishawaka)				\$6,285.00	\$4,291.00	\$4,760.00	\$15,336.00	
Fees (Charge 2, Coroner Fee)				(\$6,345.62)	(\$6,083.85)	(\$8,132.15)	(\$20,561.62)	
<b>Total Fee Revenue</b>				<b>\$304,055.40</b>	<b>\$246,139.51</b>	<b>\$149,589.53</b>	<b>\$699,784.44</b>	
<b>TOTAL REVENUE</b>				<b>\$340,783.18</b>	<b>\$283,867.29</b>	<b>\$615,910.50</b>	<b>\$4,973,621.35</b>	
<b>EXPENDITURES</b>								
<b>Acct</b>	<b>10000 Series</b>	<b>Budget</b>	<b>Carryforward</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
11030	Administrator	\$71,991.00	\$0.00	\$5,537.76	\$5,537.76	\$8,306.64	\$19,382.16	\$52,608.84
11055	County Health Officer	\$146,211.00	\$0.00	\$11,247.00	\$11,247.00	\$16,870.50	\$39,364.50	\$106,846.50
11077	Admin. Assistant	\$118,362.00	\$0.00	\$9,104.76	\$8,831.65	\$13,328.40	\$31,264.81	\$87,097.19
11087	Billing/Records Registrar	\$36,086.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36,086.00
11143	Registrars	\$108,258.00	\$0.00	\$8,327.52	\$8,100.77	\$11,658.33	\$28,086.62	\$80,171.38
11144	Nursing Registrars	\$72,172.00	\$0.00	\$5,551.68	\$5,551.68	\$8,327.52	\$19,430.88	\$52,741.12
11145	Staff Assistants	\$72,172.00	\$0.00	\$5,551.68	\$5,551.68	\$8,327.52	\$19,430.88	\$52,741.12
11151	Director of Vital Records	\$63,540.00	\$0.00	\$4,887.70	\$4,887.70	\$7,331.55	\$17,106.95	\$46,433.05
11154	Asst. Director Vital Records	\$55,000.00	\$0.00	\$4,230.76	\$4,230.76	\$6,346.14	\$14,807.66	\$40,192.34
11155	Nurses/Other Medical	\$337,654.00	\$0.00	\$25,063.13	\$23,350.68	\$33,324.11	\$81,737.92	\$255,916.08
11161	Director of Env Health	\$63,540.00	\$0.00	\$4,887.70	\$4,887.70	\$7,331.55	\$17,106.95	\$46,433.05
11162	Asst. Dir Environmental Health	\$58,000.00	\$0.00	\$4,461.54	\$4,461.54	\$6,692.31	\$15,615.39	\$42,384.61
11163	Director of Food Services	\$63,540.00	\$0.00	\$4,887.70	\$4,887.70	\$7,331.55	\$17,106.95	\$46,433.05
11165	Asst Dir Food Services	\$58,000.00	\$0.00	\$4,461.54	\$4,461.54	\$6,692.31	\$15,615.39	\$42,384.61
11170	Director of HEED	\$80,000.00	\$0.00	\$6,153.84	\$6,153.84	\$9,230.76	\$21,538.44	\$58,461.56
11172	Environmental Health Specialist	\$468,000.00	\$0.00	\$30,999.78	\$31,086.73	\$46,399.68	\$108,486.19	\$359,513.81
11174	Food Service Specialist	\$260,000.00	\$0.00	\$20,000.00	\$20,000.00	\$30,000.00	\$70,000.00	\$190,000.00
11195	Public Health Coordinator	\$54,550.00	\$0.00	\$4,196.16	\$4,196.16	\$6,294.24	\$14,686.56	\$39,863.44
11196	Health Promotion Specialist	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00
11197	Director of HOPE	\$63,540.00	\$0.00	\$4,887.70	\$4,887.70	\$7,331.55	\$17,106.95	\$46,433.05
11650	Executive Secretary	\$41,778.00	\$0.00	\$3,213.70	\$3,213.70	\$4,820.55	\$11,247.95	\$30,530.05
11701	Director of Nursing	\$82,640.00	\$0.00	\$6,356.92	\$6,356.92	\$9,535.38	\$22,249.22	\$60,390.78
11950	Part Time	\$95,326.00	\$0.00	\$2,673.68	\$2,247.86	\$9,090.56	\$14,012.10	\$81,313.90
11976	Deputy Health Officer	\$50,133.00	\$0.00	\$3,856.38	\$3,856.38	\$5,784.57	\$13,497.33	\$36,635.67
12010	Data Analyst	\$46,596.00	\$0.00	\$3,584.32	\$3,584.32	\$5,376.48	\$12,545.12	\$34,050.88
14800	FICA Taxes @ 7.65%	\$200,208.00	\$0.00	\$13,575.00	\$13,350.99	\$20,587.04	\$47,513.03	\$152,694.97
14810	PERF @ 11.2%	\$276,823.00	\$0.00	\$18,624.16	\$18,568.17	\$27,902.15	\$65,094.48	\$211,728.52
14840	Health Insurance	\$786,900.00	\$0.00	\$0.00	\$0.00	\$196,725.00	\$196,725.00	\$590,175.00
<b>Total 10000 Series</b>		<b>\$3,881,020.00</b>	<b>\$0.00</b>	<b>\$216,322.11</b>	<b>\$213,490.93</b>	<b>\$520,946.39</b>	<b>\$950,759.43</b>	<b>\$2,930,260.57</b>
<b>Acct</b>	<b>20000 Series</b>	<b>Budget</b>	<b>Carryforward</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
21030	Office Supplies	\$21,542.00	\$0.00	\$687.91	\$185.58	\$1,419.16	\$2,292.65	\$19,249.35
22120	Garage & Motor Supplies	\$11,980.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,980.00
22148	Field Supplies	\$4,000.00	\$986.50	\$371.80	\$562.99	\$95.45	\$1,030.24	\$3,969.76
22328	Equipment Repairs	\$2,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,250.00
22406	Immunization Supplies	\$83,545.00	\$0.00	\$3,312.58	\$7,069.10	\$12,577.18	\$22,958.86	\$60,586.14
22448	Education Books	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00
<b>Total 20000 Series</b>		<b>\$123,517.00</b>	<b>\$986.50</b>	<b>\$4,372.29</b>	<b>\$7,817.67</b>	<b>\$14,091.79</b>	<b>\$26,281.75</b>	<b>\$98,221.75</b>
<b>Acct</b>	<b>30000 Series</b>	<b>Budget</b>	<b>Carryforward</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
31150	Medical Services	\$3,000.00	\$0.00	\$418.00	\$658.35	\$219.45	\$1,295.80	\$1,704.20
32020	Travel/Mileage	\$13,941.00	\$0.00	\$530.00	\$1,187.53	\$687.66	\$2,405.19	\$11,535.81
32203	Cell Phones	\$20,025.00	\$0.00	\$1,386.52	\$1,479.79	\$1,420.03	\$4,286.34	\$15,738.66
32350	Postage	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00
32550	Miscellaneous Costs	\$25,000.00	\$0.00	\$0.00	\$665.88	\$233.00	\$898.88	\$24,101.12
33128	Environmental Health	\$3,500.00	\$0.00	\$0.00	\$152.00	\$21.56	\$173.56	\$3,326.44
33368	Public Info & Ed	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
33938	Vector	\$25,000.00	\$2,691.69	\$2,691.69	\$0.00	\$6,800.00	\$9,491.69	\$18,200.00
34030	Liability Insurance Coverage	\$71,866.00	\$0.00	\$0.00	\$0.00	\$17,966.50	\$17,966.50	\$53,899.50
36015	Contractual Services	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
36500	Service Contract	\$17,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,000.00
38012	Interest on Debt	\$7,821.00	\$0.00	\$651.72	\$651.72	\$651.72	\$1,955.16	\$5,865.84
38013	Principle on Debt	\$45,797.00	\$0.00	\$3,816.34	\$3,816.34	\$3,816.34	\$11,449.02	\$34,347.98
39010	Dues & Subscriptions	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00
39600	Refunds, Awards & Indemnities	\$0.00	\$0.00	\$40.00	\$273.99	\$0.00	\$313.99	(\$313.99)
39750	Information Technology	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
<b>Total 30000 Series</b>		<b>\$346,200.00</b>	<b>\$2,691.69</b>	<b>\$9,534.27</b>	<b>\$8,885.60</b>	<b>\$31,816.26</b>	<b>\$50,236.13</b>	<b>\$298,655.56</b>
<b>Total Budget</b>		<b>\$4,350,737.00</b>	<b>\$3,678.19</b>					
<b>TOTAL EXPENDITURES</b>				\$230,228.67	\$230,194.20	\$566,854.44	\$1,027,277.31	
<b>Total Unexpended</b>								\$3,327,137.88
<b>Net (Monthly)</b>				\$110,554.51	\$53,673.09	\$49,056.06		
<b>FUND BALANCE</b>				\$3,843,614.89	\$3,897,287.98	\$3,946,344.04		

# MIH Initiatives

Funds raised from St. Joseph County and Indiana organization's sponsorships of the Achieving Birth Equity conference, in April of 2022, and stipends for presentations given by the MIH Initiatives Coordinator in the community. Funds are to be utilized to engage people during pregnancy, postpartum, and the first year of parenting in conversations to determine community needs surrounding pregnancy and birth in the community. The ultimate goal is to incorporate community voices into current and future program development within Maternal Infant Health Initiatives. Funds remaining following the completion of health cafes will be used towards new programming determined by the cafes.

*LEAD: Robin Vida - SUPPORT: Sally Dixon*

		Budget	January	February	March	TOTALS	
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$7,871.60				\$7,871.60	
06400	Donations		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>TOTAL REVENUE</b>	<b>\$7,871.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$7,871.60</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>20000 Series</b>					<b>Expenditures</b>	<b>Unexpended</b>
24012	Promotion Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Total 20000 Series</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Acct</b>	<b>30000 Series</b>					<b>Expenditures</b>	<b>Unexpended</b>
33368	Public Info & Educ	\$0.00	\$821.20	(\$821.20)	\$0.00	\$0.00	\$0.00
36015	Contractual Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Total 30000 Series</b>	<b>\$0.00</b>	<b>\$821.20</b>	<b>(\$821.20)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Total Budget</b>	<b>\$0.00</b>					
	<b>Total Expenditures</b>		<b>\$821.20</b>	<b>(\$821.20)</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>Total Unexpended</b>						<b>\$0.00</b>
	<b>Net (Monthly)</b>		<b>(\$821.20)</b>	<b>\$821.20</b>	<b>\$0.00</b>		
	<b>FUND BALANCE</b>		<b>\$7,050.40</b>	<b>\$7,871.60</b>	<b>\$7,871.60</b>		

# County-Wide Lead Initiative

During our budget discussions in 2018 (preparing for FY 2019), the importance of lead was stressed, and the Auditor, Commissioners and Council created this fund and provides the funding for it. 70 percent of the housing in St. Joseph County was built before 1978, creating lead poisoning a priority for the community because lead-based paint was banned in 1978. This funding allows the DoH to provide more lead poisoning prevention services. The lead CHWs provide lead point of care testing in families homes and in daycares.

*LEAD: Dr. Fox - SUPPORT: Cassy White*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$378,839.24				\$378,839.24	
05205	Interfund Transfer of Funds		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>TOTAL REVENUE</b>	<b>\$378,839.24</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$378,839.24</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11167	Community Health Worker	\$156,732.00	\$10,223.38	\$11,730.42	\$17,595.63	\$39,549.43	\$117,182.57
11176	Assistant Dir Health Equity	\$60,266.00	\$4,635.84	\$4,635.84	\$6,953.76	\$16,225.44	\$44,040.56
14800	FICA Taxes	\$16,601.00	\$1,117.32	\$1,220.44	\$1,850.28	\$4,188.04	\$12,412.96
14810	PERF	\$24,304.00	\$1,664.21	\$1,833.00	\$2,749.50	\$6,246.71	\$18,057.29
14840	Health Insurance	\$91,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$91,500.00
	<b>Total 10000 Series</b>	<b>\$349,403.00</b>	<b>\$17,640.75</b>	<b>\$19,419.70</b>	<b>\$29,149.17</b>	<b>\$66,209.62</b>	<b>\$283,193.38</b>
<b>Acct</b>	<b>20000 Series</b>						
21030	Office Supplies	\$5,000.00	\$1,486.74	\$284.99	\$39.00	\$1,810.73	\$3,189.27
22148	Field Supplies	\$5,000.00	\$0.00	\$227.57	\$880.01	\$1,107.58	\$3,892.42
	<b>Total 20000 Series</b>	<b>\$10,000.00</b>	<b>\$1,486.74</b>	<b>\$512.56</b>	<b>\$919.01</b>	<b>\$2,918.31</b>	<b>\$7,081.69</b>
<b>Acct</b>	<b>30000 Series</b>						
31150	Medical Services	\$100.00	\$46.41	\$0.00	\$0.00	\$46.41	\$53.59
32020	Travel/Mileage	\$1,000.00	\$0.00	\$0.00	\$669.20	\$669.20	\$330.80
32050	Conferences & Training	\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,500.00
32203	Cell Phones	\$3,240.00	\$255.23	\$286.44	\$286.44	\$828.11	\$2,411.89
32350	Postage	\$1,000.00	\$151.02	\$123.65	\$121.92	\$396.59	\$603.41
33368	Public Information & Education	\$3,142.50	\$142.50	\$60.00	\$443.49	\$645.99	\$2,496.51
36500	Service Contract	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
39750	Information Tech	\$9,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,900.00
	<b>Total 30000 Series</b>	<b>\$26,882.50</b>	<b>\$595.16</b>	<b>\$470.09</b>	<b>\$1,521.05</b>	<b>\$2,586.30</b>	<b>\$24,296.20</b>
	<b>Total Budget</b>	<b>\$386,285.50</b>					
	<b>Total Expenditures</b>		<b>\$19,722.65</b>	<b>\$20,402.35</b>	<b>\$31,589.23</b>	<b>\$71,714.23</b>	
	<b>Total Unexpended</b>						<b>\$314,571.27</b>
	<b>Net (Monthly)</b>		<b>(\$19,722.65)</b>	<b>(\$20,402.35)</b>	<b>(\$31,589.23)</b>		
	<b>FUND BALANCE</b>		<b>\$359,116.59</b>	<b>\$338,714.24</b>	<b>\$307,125.01</b>		

# Health Immunization CoAg

The Indiana State Department of Health aims to increase vaccinations in each county, increase use in the state immunization registry, increase utilization of publicly funded adult vaccines, and reduce wastage of publicly funded vaccines. Grant is valid 07/01/22-06/30/23.

*LEAD: Jodie Pairitz - SUPPORT: Robin Vida*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$69,598.98)				(\$69,598.98)	
02708	Federal/Grants Reimbursements		\$69,598.98	\$16,279.26	\$47,758.62	\$133,636.86	
	<b>TOTAL REVENUE</b>	<b>(\$69,598.98)</b>	<b>\$69,598.98</b>	<b>\$16,279.26</b>	<b>\$47,758.62</b>	<b>\$64,037.88</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11781	Imm Outreach Coordinator	\$25,000.48	\$3,846.16	\$3,846.16	\$5,769.24	\$13,461.56	\$11,538.92
11193	Part Time	\$87,229.89	\$10,225.64	\$10,331.78	\$15,196.41	\$35,753.83	\$51,476.06
14800	FICA Taxes	\$8,600.20	\$1,067.62	\$1,072.89	\$1,592.16	\$3,732.67	\$4,867.53
14810	PERF	\$2,495.19	\$430.76	\$430.76	\$646.14	\$1,507.66	\$987.53
14840	Health Insurance	\$9,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,150.00
	<b>Total 10000 Series</b>	<b>\$132,475.76</b>	<b>\$15,570.18</b>	<b>\$15,681.59</b>	<b>\$23,203.95</b>	<b>\$54,455.72</b>	<b>\$78,020.04</b>
<b>Acct</b>	<b>20000 Series</b>						
21030	Office Supplies	\$165.80	\$51.98	\$113.82	\$0.00	\$165.80	\$0.00
22406	Immunization Supplies	\$1,370.34	\$0.00	\$0.00	\$0.00	\$0.00	\$1,370.34
	<b>Total 20000 Series</b>	<b>\$1,536.14</b>	<b>\$51.98</b>	<b>\$113.82</b>	<b>\$0.00</b>	<b>\$165.80</b>	<b>\$1,370.34</b>
<b>Acct</b>	<b>30000 Series</b>						
32020	Travel /Mileage	\$1,911.64	\$0.00	\$0.00	\$0.00	\$0.00	\$1,911.64
32203	Cell Phones	\$1,595.64	\$204.60	\$204.60	\$204.60	\$613.80	\$981.84
33368	Public Info & Educ	\$24,078.62	\$452.50	\$0.00	\$1,187.04	\$1,639.54	\$22,439.08
36015	Contractual Services	\$7,976.33	\$0.00	\$7,879.30	\$60.00	\$7,939.30	\$37.03
	<b>Total 30000 Series</b>	<b>\$35,562.23</b>	<b>\$657.10</b>	<b>\$8,083.90</b>	<b>\$1,451.64</b>	<b>\$10,192.64</b>	<b>\$25,369.59</b>
	<b>Total Budget</b>	<b>\$169,574.13</b>					
	<b>Total Expenditures</b>		<b>\$16,279.26</b>	<b>\$23,879.31</b>	<b>\$24,655.59</b>	<b>\$64,814.16</b>	
	<b>Total Unexpended</b>						<b>\$104,759.97</b>
	<b>Net (Monthly)</b>		<b>\$53,319.72</b>	<b>(\$7,600.05)</b>	<b>\$23,103.03</b>		
<b>21</b>	<b>FUND BALANCE</b>		<b>(\$16,279.26)</b>	<b>(\$23,879.31)</b>	<b>(\$776.28)</b>		

# Health PHEP

The PHEP Grant provides funds to enhance Department of Health preparedness in order to respond to public health and healthcare emergencies. Grant is valid 07/01/22-06/30/23.

*LEAD: Harrison Gilbride*

		<b>Budget</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Total</b>	<b>Unexpended</b>
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$11,251.40)				(\$11,251.40)	
02708	Federal/Grants Reimbursements		\$5,456.54	\$7,441.51	\$5,223.40	\$18,121.45	
	<b>TOTAL REVENUE</b>	<b>(\$11,251.40)</b>	<b>\$5,456.54</b>	<b>\$7,441.51</b>	<b>\$5,223.40</b>	<b>\$6,870.05</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>30000 Series</b>						
32550	Miscellaneous Costs	\$11,099.55	\$3,964.82	\$576.58	\$1,013.82	\$5,555.22	\$5,544.33
	<b>Total 30000 Series</b>	<b>\$11,099.55</b>	<b>\$3,964.82</b>	<b>\$576.58</b>	<b>\$1,013.82</b>	<b>\$5,555.22</b>	<b>\$5,544.33</b>
	<b>Total Budget</b>	<b>\$11,099.55</b>					
	<b>Total Expenditures</b>		<b>\$3,964.82</b>	<b>\$576.58</b>	<b>\$1,013.82</b>	<b>\$5,555.22</b>	
	<b>Total Unexpended</b>						<b>\$5,544.33</b>
	<b>Net (Monthly)</b>		<b>\$1,491.72</b>	<b>\$6,864.93</b>	<b>\$4,209.58</b>		
	<b>FUND BALANCE</b>		<b>(\$9,759.68)</b>	<b>(\$2,894.75)</b>	<b>\$1,314.83</b>		

# Health Issues & Challenges Lead

This funding through the Indiana State Department of Health (IDoH) is to increase capacity in the Department of Health's Lead Program because the elevated blood lead level (EBLL) threshold lowered from 10 µg/dL to 3.5 µg/dL on July 1, 2022. The funds allowed the DoH to hire a fourth CHW to provide case management services and a second Environmental Health Specialist to provide environmental risk assessment services to families with children who have confirmed EBLL's above 5 µg/dL. Also, the DoH hired a Perinatal Coordinator to work upstream by identifying at risk families before the lead poisoning in a child. The Coordinator works closely with the hospital systems. Grant is valid 07/01/22-06/30/24

*LEAD: Cassy White*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$14,434.93				\$14,434.93	
02708	Federal/Grants Reimbursements		\$0.00	\$0.00	\$13,228.29	\$13,228.29	
	<b>TOTAL REVENUE</b>	<b>\$14,434.93</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$13,228.29</b>	<b>\$27,663.22</b>	
<b>Acct</b>	<b>EXPENSES</b>						
	<b>10000 Series</b>						
11155	Nurses/Other Medical	\$38,990.75	\$0.00	\$0.00	\$0.00	\$0.00	\$38,990.75
11167	Community Health Worker	\$20,003.50	\$0.00	\$0.00	\$0.00	\$0.00	\$20,003.50
11172	Environmental Health Specialist	\$103,816.48	\$2,000.00	\$4,000.00	\$6,000.00	\$12,000.00	\$91,816.48
11199	Perinatal Coordinator	\$93,186.85	\$0.00	\$1,038.54	\$6,230.76	\$7,269.30	\$85,917.55
11950	Part Time	\$153,103.76	\$0.00	\$0.00	\$0.00	\$0.00	\$153,103.76
14800	FICA Taxes	\$31,296.25	\$153.00	\$368.01	\$923.98	\$1,444.99	\$29,851.26
14810	PERF	\$36,929.97	\$224.00	\$448.00	\$672.00	\$1,344.00	\$35,585.97
14840	Health Insurance	\$88,692.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88,692.60
	<b>Total 10000 Series</b>	<b>\$566,020.16</b>	<b>\$2,377.00</b>	<b>\$5,854.55</b>	<b>\$13,826.74</b>	<b>\$22,058.29</b>	<b>\$543,961.87</b>
	<b>Total Budget</b>	<b>\$566,020.16</b>					
	<b>Total Expenditures</b>		<b>\$2,377.00</b>	<b>\$5,854.55</b>	<b>\$13,826.74</b>	<b>\$22,058.29</b>	
	<b>Total Unexpended</b>						<b>\$543,961.87</b>
	<b>Net (Monthly)</b>		<b>(\$2,377.00)</b>	<b>(\$5,854.55)</b>	<b>(\$598.45)</b>		
	<b>FUND BALANCE</b>		<b>\$12,057.93</b>	<b>\$6,203.38</b>	<b>\$5,604.93</b>		

# Health COVID Vaccinations

The St. Joseph County Department of Health will assist the Indiana Department of Health regarding promotion of the COVID-19 vaccine and conduct direct outreach to minority and hard to reach populations. Grant is valid 07/01/22-06/30/23.

*LEAD: Dr. Cerbin - SUPPORT: Amy Ruppe*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$113,898.19)				(\$113,898.19)	
02708	Federal/Grants Reimbursements		\$113,898.19	\$30,758.87	\$61,739.98	\$206,397.04	
	<b>TOTAL REVENUE</b>	<b>(\$113,898.19)</b>	<b>\$113,898.19</b>	<b>\$30,758.87</b>	<b>\$61,739.98</b>	<b>\$92,498.85</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11144	Nursing Registrar	\$48,329.56	\$7,435.32	\$7,435.32	\$11,152.98	\$26,023.62	\$22,305.94
11155	Nurses/Other Medical	\$63,425.88	\$9,757.83	\$9,757.83	\$14,636.74	\$34,152.40	\$29,273.48
11950	Part Time	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11985	Temporary/Seasonal Help	\$25,926.30	\$3,879.73	\$3,982.95	\$3,690.46	\$11,553.14	\$14,373.16
14800	FICA Taxes	\$8,549.29	\$1,612.08	\$1,619.98	\$2,255.21	\$5,487.27	\$3,062.02
14810	PERF	\$9,035.46	\$1,390.07	\$1,390.07	\$2,085.11	\$4,865.25	\$4,170.21
14840	Health Insurance	\$22,996.08	\$3,832.68	\$3,832.68	\$3,832.68	\$11,498.04	\$11,498.04
	<b>Total 10000 Series</b>	<b>\$178,262.57</b>	<b>\$27,907.71</b>	<b>\$28,018.83</b>	<b>\$37,653.18</b>	<b>\$93,579.72</b>	<b>\$84,682.85</b>
<b>Acct</b>	<b>30000 Series</b>						
36015	Contractual Services	\$18,532.50	\$2,851.16	\$2,851.16	\$2,851.16	\$8,553.48	\$9,979.02
	<b>Total 30000 Series</b>	<b>\$18,532.50</b>	<b>\$2,851.16</b>	<b>\$2,851.16</b>	<b>\$2,851.16</b>	<b>\$8,553.48</b>	<b>\$9,979.02</b>
	<b>Total Budget</b>	<b>\$196,795.07</b>					
	<b>Total Expenditures</b>		<b>\$30,758.87</b>	<b>\$30,869.99</b>	<b>\$40,504.34</b>	<b>\$102,133.20</b>	
	<b>Total Unexpended</b>						<b>\$94,661.87</b>
	<b>Net (Monthly)</b>		<b>\$83,139.32</b>	<b>(\$111.12)</b>	<b>\$21,235.64</b>		
	<b>FUND BALANCE</b>		<b>(\$30,758.87)</b>	<b>(\$30,869.99)</b>	<b>(\$9,634.35)</b>		



## Health CHWs for COVID

This program focuses on addressing COVID-19 and health disparities in St. Joseph County. This funding supports the training and deployment of eight CHWs in St. Joseph County. The eight CHWs are licensed insurance navigators and provide social needs assessments to community members throughout the county to connect them to housing, food, and other social services. Grant is valid 08/31/21-08/30/24.

*LEAD: Cassy White - SUPPORT: Taylor Martin*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$0.00				\$0.00	
02708	Federal/Grants Reimbursements		\$0.00	\$54,322.02	\$52,527.77	\$106,849.79	
	<b>TOTAL REVENUE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$54,322.02</b>	<b>\$52,527.77</b>	<b>\$106,849.79</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11030	Administrator	\$4,616.51	\$543.10	\$543.10	\$814.65	\$1,900.85	\$2,715.66
11055	Health Officer	\$4,889.52	\$575.21	\$575.21	\$862.82	\$2,013.24	\$2,876.28
11077	Admin. Assistant	\$17,709.60	\$2,083.46	\$2,083.46	\$3,125.19	\$7,292.11	\$10,417.49
11167	Community Health Worker	\$224,950.53	\$23,794.75	\$24,558.17	\$37,367.48	\$85,720.40	\$139,230.13
11170	Director of HEED	\$6,621.15	\$778.93	\$778.93	\$1,168.40	\$2,726.26	\$3,894.89
11176	Assistant Dir Health Equity	\$30,915.93	\$3,637.15	\$3,637.15	\$5,455.72	\$12,730.02	\$18,185.91
11196	Health Promotion Specialist	\$8,814.24	\$1,036.94	\$1,036.94	\$1,555.42	\$3,629.30	\$5,184.94
11197	Director of HOPE	\$4,074.64	\$479.34	\$479.34	\$719.07	\$1,677.75	\$2,396.89
11976	Deputy Health Officer	\$6,714.84	\$789.96	\$789.96	\$1,184.94	\$2,764.86	\$3,949.98
12014	Data Analyst	\$11,000.06	\$1,099.76	\$1,099.76	\$1,649.64	\$3,849.16	\$7,150.90
14800	FICA Taxes	\$24,742.17	\$2,600.83	\$2,651.79	\$4,055.93	\$9,308.55	\$15,433.62
14810	PERF	\$35,874.88	\$3,899.67	\$3,985.17	\$6,037.14	\$13,921.98	\$21,952.90
14840	Health Insurance	\$148,626.93	\$2,838.46	\$2,838.46	\$4,257.63	\$9,934.55	\$138,692.38
	<b>Total 10000 Series</b>	<b>\$529,551.00</b>	<b>\$44,157.56</b>	<b>\$45,057.44</b>	<b>\$68,254.03</b>	<b>\$157,469.03</b>	<b>\$372,081.97</b>
<b>Acct</b>	<b>20000 Series</b>						
22148	Field Supplies	\$4,413.74	\$0.00	\$0.00	\$0.00	\$0.00	\$4,413.74
	<b>Total 20000 Series</b>	<b>\$4,413.74</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,413.74</b>
<b>Acct</b>	<b>30000 Series</b>						
31015	Consultant Services	\$48,835.00	\$5,295.00	\$5,295.00	\$5,295.00	\$15,885.00	\$32,950.00
32020	Travel/Mileage	\$10,477.01	\$0.00	\$267.75	\$0.00	\$267.75	\$10,209.26
32050	Conferences & Training	\$25,804.43	\$715.00	\$583.05	\$332.20	\$1,630.25	\$24,174.18
32203	Cell Phones	\$3,930.30	\$368.28	\$368.28	\$368.53	\$1,105.09	\$2,825.21
33368	Public Information & Education	\$211,675.25	\$3,664.68	\$835.25	\$1,415.79	\$5,915.72	\$205,759.53
36015	Contractual Services	\$32,905.61	\$121.50	\$81.00	\$155.25	\$357.75	\$32,547.86
39010	Dues & Subscriptions	\$820.00	\$0.00	\$40.00	\$0.00	\$40.00	\$780.00
	<b>Total 30000 Series</b>	<b>\$334,447.60</b>	<b>\$10,164.46</b>	<b>\$7,470.33</b>	<b>\$7,566.77</b>	<b>\$25,201.56</b>	<b>\$309,246.04</b>
	<b>Total Budget</b>	<b>\$868,412.34</b>					
	<b>Total Expenditures</b>		<b>\$54,322.02</b>	<b>\$52,527.77</b>	<b>\$75,820.80</b>	<b>\$182,670.59</b>	
	<b>Total Unexpended</b>						<b>\$685,741.75</b>
	<b>Net (Monthly)</b>		<b>(\$54,322.02)</b>	<b>\$1,794.25</b>	<b>(\$23,293.03)</b>		
	<b>FUND BALANCE</b>		<b>(\$54,322.02)</b>	<b>(\$52,527.77)</b>	<b>(\$75,820.80)</b>		

# Health COVID Crisis CoAg

Based on a jurisdiction population tier, the IDoH will provide funding to the LHDs to identify (and hire if necessary) school liaison to support continued infectious disease efforts and to support K-12 schools within the jurisdiction with IDOE required services, immunizations, dental screenings, hearing and vision screenings. The identified team member will be identified as the subject matter expert related to communicable disease response (including COVID-19 response) in schools and school wellness activities.

*LEAD: Dr. Cerbin and Dr. Fox*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$531,852.40				\$531,852.40	
02708	Federal/Grants Reimbursements		\$550,000.00	\$0.00	\$0.00	\$550,000.00	
	<b>TOTAL REVENUE</b>	<b>\$531,852.40</b>	<b>\$550,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,081,852.40</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>30000 Series</b>						
32550	Miscellaneous Costs	\$531,852.40	\$0.00	\$96.16	\$188.21	\$284.37	\$531,568.03
	<b>Total 30000 Series</b>	<b>\$531,852.40</b>	<b>\$0.00</b>	<b>\$96.16</b>	<b>\$188.21</b>	<b>\$284.37</b>	<b>\$531,568.03</b>
	<b>Total Budget</b>	<b>\$531,852.40</b>					
	<b>Total Expenditures</b>		<b>\$0.00</b>	<b>\$96.16</b>	<b>\$188.21</b>	<b>\$284.37</b>	
	<b>Total Unexpended</b>						<b>\$531,568.03</b>
	<b>Net (Monthly)</b>		<b>\$550,000.00</b>	<b>(\$96.16)</b>	<b>(\$188.21)</b>		
	<b>FUND BALANCE</b>		<b>\$1,081,852.40</b>	<b>\$1,081,756.24</b>	<b>\$1,081,568.03</b>		

# Health Local Health Services

This grant is a long-standing grant from the Indiana Department of Health which allows Local Health Departments to utilize the funds to work on any area in IDoH's long range plan. The St. Joseph County Health Department uses these funds to fund our Health Promotion Specialist and for health outreach, promotion, and education efforts. Carry-forward pays for supplies, travel, educational materials and trainings for staff.

*LEAD: Robin Vida*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$46,084.20				\$46,084.20	
01412	State Grant		\$0.00	\$0.00	\$36,336.00	\$36,336.00	
02708	Federal Grants/Reimbursements		\$1,636.63	\$1,636.63	\$2,229.94	\$5,503.20	
	<b>TOTAL REVENUE</b>	<b>\$46,084.20</b>	<b>\$1,636.63</b>	<b>\$1,636.63</b>	<b>\$38,565.94</b>	<b>\$51,587.40</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11193	Health Promotion Specialist	\$50,000.00	\$3,846.16	\$3,846.16	\$5,769.24	\$13,461.56	\$36,538.44
14800	FICA Taxes	\$3,825.00	\$280.67	\$280.67	\$427.78	\$989.12	\$2,835.88
14810	PERF	\$5,600.00	\$430.76	\$430.76	\$646.14	\$1,507.66	\$4,092.34
14840	Health Insurance	\$18,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,300.00
	<b>Total 10000 Series</b>	<b>\$77,725.00</b>	<b>\$4,557.59</b>	<b>\$4,557.59</b>	<b>\$6,843.16</b>	<b>\$15,958.34</b>	<b>\$61,766.66</b>
<b>Acct</b>	<b>20000 Series</b>						
21030	Office Supplies	\$2,280.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,280.00
	<b>Total 20000 Series</b>	<b>\$2,280.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,280.00</b>
<b>Acct</b>	<b>30000 Series</b>						
32020	Travel /Mileage	\$5,167.00	\$0.00	\$0.00	\$1,407.80	\$1,407.80	\$3,759.20
32203	Cell Phones	\$540.00	\$86.36	\$86.36	\$86.36	\$259.08	\$280.92
33368	Public Info & Educ	\$7,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,300.00
	<b>Total 30000 Series</b>	<b>\$13,007.00</b>	<b>\$86.36</b>	<b>\$86.36</b>	<b>\$1,494.16</b>	<b>\$1,666.88</b>	<b>\$11,340.12</b>
	<b>Total Budget</b>	<b>\$93,012.00</b>					
	<b>Total Expenditures</b>		<b>\$4,643.95</b>	<b>\$4,643.95</b>	<b>\$8,337.32</b>	<b>\$17,625.22</b>	
	<b>Total Unexpended</b>						<b>\$75,386.78</b>
	<b>Net (Monthly)</b>		<b>(\$3,007.32)</b>	<b>(\$3,007.32)</b>	<b>\$30,228.62</b>		
27	<b>FUND BALANCE</b>		<b>\$43,076.88</b>	<b>\$40,069.56</b>	<b>\$70,298.18</b>		

# Health Trust Fund

This grant was established within the Indiana Tobacco Master Settlement Agreement Fund for the purpose of providing funding for services provided by local Boards of Health in each county. St. Joseph County created a Positive and Adverse Childhood Experiences (PACEs) program that aims to decrease the prevalence and impact of adverse childhood experiences (ACEs) in St. Joseph County by bolstering positive childhood experiences.

*LEAD: Dr. Cerbin - SUPPORT: Amy Ruppe*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$296,519.51				\$296,519.51	
01412	State Grant		\$0.00	\$0.00	\$46,828.51	\$46,828.51	
02708	Federal Grants/Reimbursements		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>TOTAL REVENUE</b>	<b>\$296,519.51</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$46,828.51</b>	<b>\$296,519.51</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>10000 Series</b>						
12018	PACEs Coordinator	\$60,893.00	\$4,684.08	\$4,684.08	\$7,026.12	\$16,394.28	\$44,498.72
14800	FICA Taxes	\$4,659.00	\$354.56	\$352.64	\$531.81	\$1,239.01	\$3,419.99
14810	PERF	\$6,821.00	\$524.62	\$524.62	\$786.93	\$1,836.17	\$4,984.83
14840	Health Insurance	\$18,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,300.00
	<b>Total 10000 Series</b>	<b>\$90,673.00</b>	<b>\$5,563.26</b>	<b>\$5,561.34</b>	<b>\$8,344.86</b>	<b>\$19,469.46</b>	<b>\$71,203.54</b>
<b>Acct</b>	<b>30000 Series</b>						
32020	Travel/Mileage	\$2,444.00	\$0.00	\$484.87	\$0.00	\$484.87	\$1,959.13
32203	Cell Phones	\$540.00	\$40.92	\$40.92	\$40.92	\$122.76	\$417.24
33368	Public Info. & Educ.	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00
	<b>Total 30000 Series</b>	<b>\$3,484.00</b>	<b>\$40.92</b>	<b>\$525.79</b>	<b>\$40.92</b>	<b>\$607.63</b>	<b>\$2,876.37</b>
	<b>Total Budget</b>	<b>\$94,157.00</b>					
	<b>Total Expenditures</b>		<b>\$5,604.18</b>	<b>\$6,087.13</b>	<b>\$8,385.78</b>	<b>\$20,077.09</b>	
	<b>Total Unexpended</b>						<b>\$74,079.91</b>
	<b>Net (Monthly)</b>		<b>(\$5,604.18)</b>	<b>(\$6,087.13)</b>	<b>\$38,442.73</b>		
	<b>FUND BALANCE</b>		<b>\$290,915.33</b>	<b>\$284,828.20</b>	<b>\$323,270.93</b>		

# Health Vector

This fund is currently being reserved for usage in the event of an arboviral outbreak needing a response or for utilization in the event of a funding shortfall.

*LEAD: Brett Davis*

		<b>Budget</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>TOTALS</b>	<b>Unexpended</b>
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$11,924.80				\$11,924.80	
02710	Local Grant Reimbursement		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>TOTAL REVENUE</b>	<b>\$11,924.80</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$11,924.80</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>30000 Series</b>						
39600	Refunds	\$11,924.80	\$0.00	\$0.00	\$0.00	\$0.00	\$11,924.80
	<b>Total 30000 Series</b>	<b>\$11,924.80</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$11,924.80</b>
	<b>Total Budget</b>	<b>\$11,924.80</b>					
	<b>Total Expenditures</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>Total Unexpended</b>						<b>\$11,924.80</b>
	<b>Net (Monthly)</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		
	<b>FUND BALANCE</b>		<b>\$11,924.80</b>	<b>\$11,924.80</b>	<b>\$11,924.80</b>		

# Health National Birth Equity

Funds from the Community Foundation of SJC and the Indiana Minority Health Coalition for the purpose of conducting a program birth equity assessment that supports organizations in identifying strengths and gaps in the capacity to implement system wide changes to improve birth outcomes. The assessment includes surveys and key informant interviews with SJCDoH and community partners, a review of reports and documents produced by the SJCDoH, and the input from community members during pregnancy, childbirth, postpartum, and the first year of parenting.

*LEAD: Robin Vida - SUPPORT: Sally Dixon*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$5,000.00				\$5,000.00	
02710	Local Grant Reimbursement		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>TOTAL REVENUE</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>30000 Series</b>						
36015	Contractual Services	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
	<b>Total 30000 Series</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>
	<b>TOTAL EXPENSES</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>Net Income</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>
	<b>FUND BALANCE</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>	

# Beacon Safety Pin Grant

This grant was awarded to Beacon Community Impact with SJCDoH, Saint Joseph Health System, Elkhart Dept of Health, and Franciscan Health as subgrantees to improve maternal and infant health and decrease infant mortality across the Northern Hospital region of Indiana. SJCDoH's role is to lead outreach, awareness, and training on topics that will improve overall maternal infant health and eliminate inequities in birth outcomes.  
Grant is valid 04/01/21-03/31/25.

*LEAD: Robin Vida - SUPPORT: Sally Dixon*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$0.00				\$0.00	
02710	Local Grant Reimbursement		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>TOTAL REVENUE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>30000 Series</b>						
33368	Public Info & Educ	\$5,626.90	\$0.00	\$0.00	\$66.63	\$66.63	\$5,560.27
	<b>Total 30000 Series</b>	<b>\$5,626.90</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$66.63</b>	<b>\$66.63</b>	<b>\$5,560.27</b>
	<b>Total Budget</b>	<b>\$5,626.90</b>					
	<b>Total Expenditures</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$66.63</b>	<b>\$66.63</b>	
	<b>Total Unexpended</b>						<b>\$5,560.27</b>
	<b>Net (Monthly)</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$66.63)</b>		
	<b>FUND BALANCE</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$66.63)</b>		

# Safety PIN Grant

From IDoH, this funding supports all activities of MIH Initiatives including the coordinator activities, FIMR Case Review and collaboration with SJCDoH units, community partners through workgroups, projects, educational materials consultation, reports, and presentations. Funds are also used to create, print, and distribute educational materials and to purchase and distribute sleep sacks, cribs, and car seats. Grant is valid 10/01/21-09/20/23.

*LEAD: Robin Vida - SUPPORT: Sally Dixon*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$3,600.58)				(\$3,600.58)	
01412	State Grant		\$3,600.58	\$6,482.38	\$6,442.57	\$16,525.53	
	<b>TOTAL REVENUE</b>	<b>(\$3,600.58)</b>	<b>\$3,600.58</b>	<b>\$6,482.38</b>	<b>\$6,442.57</b>	<b>\$12,924.95</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11782	MIH Coordinator	\$25,138.75	\$4,594.76	\$4,594.76	\$1,772.48	\$10,962.00	\$14,176.75
14800	FICA Taxes	\$1,971.76	\$350.49	\$350.49	\$137.10	\$838.08	\$1,133.68
	<b>Total 10000 Series</b>	<b>\$27,110.51</b>	<b>\$4,945.25</b>	<b>\$4,945.25</b>	<b>\$1,909.58</b>	<b>\$11,800.08</b>	<b>\$15,310.43</b>
<b>Acct</b>	<b>20000 Series</b>						
24012	Promotion Supplies	\$14,500.91	\$1,232.13	\$1,192.32	\$1,644.62	\$4,069.07	\$10,431.84
	<b>Total 20000 Series</b>	<b>\$14,500.91</b>	<b>\$1,232.13</b>	<b>\$1,192.32</b>	<b>\$1,644.62</b>	<b>\$4,069.07</b>	<b>\$10,431.84</b>
<b>Acct</b>	<b>30000 Series</b>						
32020	Travel /Mileage	\$3,536.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,536.00
32203	Cell Phones	\$1,110.00	\$30.00	\$30.00	\$30.00	\$90.00	\$1,020.00
36015	Contractual Services	\$69,054.50	\$275.00	\$275.00	\$262.50	\$812.50	\$68,242.00
	<b>Total 30000 Series</b>	<b>\$73,700.50</b>	<b>\$305.00</b>	<b>\$305.00</b>	<b>\$292.50</b>	<b>\$902.50</b>	<b>\$72,798.00</b>
	<b>Total Budget</b>	<b>\$115,311.92</b>					
	<b>Total Expenditures</b>		<b>\$6,482.38</b>	<b>\$6,442.57</b>	<b>\$3,846.70</b>	<b>\$16,771.65</b>	
	<b>Total Unexpended</b>						<b>\$98,540.27</b>
	<b>Net (Monthly)</b>		<b>(\$2,881.80)</b>	<b>\$39.81</b>	<b>\$2,595.87</b>		
32	<b>FUND BALANCE</b>		<b>(\$6,482.38)</b>	<b>(\$6,442.57)</b>	<b>(\$3,846.70)</b>		



# CHW Safety PIN

The purpose of this program is to close gaps in entry to prenatal care identified through the FIMR Case Review process for mothers whose first system access is WCC. Funding from IDoH supports a partnership with Women's Care Center that embeds 2 SJCDoH CHWs at 4 WCC facilities, who upon referrals from WCC counselors, assist mothers and families with connection to insurance, prenatal (medical) care, and other social needs. Grant is valid 01/01/22-12/31/23.

*LEAD: Robin Vida - SUPPORT: Sally Dixon*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$15,752.70)				(\$15,752.70)	
01412	State Grant		\$15,752.70	\$7,100.67	\$7,100.67	\$29,954.04	
	<b>TOTAL REVENUE</b>	(\$15,752.70)	<b>\$15,752.70</b>	<b>\$7,100.67</b>	<b>\$7,100.67</b>	<b>\$14,201.34</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11167	Community Health Worker	\$105,543.55	\$5,946.70	\$5,946.70	\$8,920.05	\$20,813.45	\$84,730.10
14800	FICA Taxes	\$24,762.42	\$427.93	\$427.93	\$655.39	\$1,511.25	\$23,251.17
14810	Perf	\$12,620.89	\$666.04	\$666.04	\$999.06	\$2,331.14	\$10,289.75
14840	Health Insurance	\$54,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,000.00
	<b>Total 10000 Series</b>	<b>\$196,926.86</b>	<b>\$7,040.67</b>	<b>\$7,040.67</b>	<b>\$10,574.50</b>	<b>\$24,655.84</b>	<b>\$172,271.02</b>
<b>Acct</b>	<b>30000 Series</b>						
32020	Travel /Mileage	\$1,123.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1,123.20
32050	Conferences & Trainings	\$3,015.70	\$0.00	\$0.00	\$80.10	\$80.10	\$2,935.60
32203	Cell Phones	\$1,018.00	\$60.00	\$60.00	\$60.00	\$180.00	\$838.00
33368	Public Info & Educ	\$1,083.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,083.00
39750	Information Technology	\$212.18	\$0.00	\$0.00	\$0.00	\$0.00	\$212.18
	<b>Total 30000 Series</b>	<b>\$6,452.08</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$140.10</b>	<b>\$260.10</b>	<b>\$6,191.98</b>
	<b>Total Budget</b>	<b>\$203,378.94</b>					
	<b>Total Expenditures</b>		<b>\$7,100.67</b>	<b>\$7,100.67</b>	<b>\$10,714.60</b>	<b>\$24,915.94</b>	
	<b>Total Unexpended</b>						<b>\$178,463.00</b>
	<b>Net (Monthly)</b>		<b>\$8,652.03</b>	<b>\$0.00</b>	<b>(\$3,613.93)</b>		
33	<b>FUND BALANCE</b>		<b>(\$7,100.67)</b>	<b>(\$7,100.67)</b>	<b>(\$10,714.60)</b>		

# Drug Disposal

To obtain materials and supplies to allow for safer prescription drug disposal at a community level. The SJCDoH will partner with the 525 Foundation and their already existing Drop2Stop prescription drug disposal program. This grant will allow this program to expand and increase utilization. Grant is valid 07/01/22-02/28/23.

*LEAD: Robin Vida*

		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$0.00				\$0.00	
02711	Reimbursements		\$0.00	\$0.00	\$99,925.00	\$99,925.00	
	<b>TOTAL REVENUE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$99,925.00</b>	<b>\$99,925.00</b>	
	<b>EXPENSES</b>						
<b>Acct</b>	<b>30000 Series</b>						
33368	Public Info & Educ	\$79,955.00	\$79,955.00	\$0.00	\$0.00	\$79,955.00	\$0.00
36015	Contractual Services	\$19,970.00	\$19,970.00	\$0.00	\$0.00	\$19,970.00	\$0.00
	<b>Total 30000 Series</b>	<b>\$99,925.00</b>	<b>\$99,925.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$99,925.00</b>	<b>\$0.00</b>
	<b>Total Budget</b>	<b>\$99,925.00</b>					
	<b>Total Expenditures</b>		<b>\$99,925.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$99,925.00</b>	
	<b>Total Unexpended</b>						<b>\$0.00</b>
	<b>Net (Monthly)</b>		<b>(\$99,925.00)</b>	<b>\$0.00</b>	<b>\$99,925.00</b>		
	<b>FUND BALANCE</b>		<b>(\$99,925.00)</b>	<b>(\$99,925.00)</b>	<b>\$0.00</b>		

## FOOD SERVICES UNIT

	Month	YTD 2023	YTD 2022	YTD 2019	% Difference 2022 VS 2023
Food Store Complaints	1	7	7	4	0%
Food Service Complaints	23	59	43	48	37.2%
Civil Penalties	0	0	0	1	
Health Officer Hearings	0	0	0	0	
Abatements Correspondence	0	0	1	9	-100%
Possible Foodborne Illness Investigations	1	4	4	5	0%
Opening Inspections	15	36	32	68	12.5%
Inspections	356	808	656	683	23.2%
Plan & Review/New Constr./Remodel	1	4	9	11	-55.6%
Fire Investigations	0	1	1	1	0%
# Establishments Requested to Close	0	0	0	2	
Number of Temporary Events	8	20	26	31	48.1%
Temporary Inspections	12	40	27	60	48.1%
Mobile Inspections	0	3	0	15	
Meetings	5	12	19	13	-36.8%
<b>Smoking Information</b>					
Smoking Complaints	2	2	0	0	
Smoking Appeals Hearings	0	0	0	0	
<b>Pool Information</b>					
Pool Inspections	1	3	1	0	200%
Pool Consultations	0	0	0	2	
Pool Complaints	1	3	0	0	
Pool Closings	6	8	0	0	

The **808** routine inspections completed YTD represents a **23.2%** increase over the **656** inspections completed in the first quarter of 2022. This increase can be attributed to Food Safety Inspection Officer (FSIO) staff being at budgeted levels and the newest FSIO having completed orientation, and now beginning to perform inspections, independently. FSIO orientation includes 42 hours of web-based training in food safety and inspection basics, a thorough review of all federal, state, and local food regulations/codes/requirements, and a combination of at least 25 trainer/trainee lead inspections.

Also, this 2023 **808** total reflects a **18.3%** increase over the pre-pandemic **683** inspections completed by the end of the 1<sup>st</sup> quarter in 2019.

## HEALTH EQUITY, EPIDEMIOLOGY, AND DATA (HEED) UNIT

### Community Health Worker (CHW) Programs

#### CDC CHWs:

In **March 2023**, we had 8 CHWs through our grant from the Centers for Disease Control and Prevention (CDC) stationed in twelve census tracts with the highest social vulnerability index or social needs. These CHWs worked to build relationships with residents of their assigned census tracts while providing resource navigation, insurance navigation, COVID-19 testing, and outreach events for residents.

#### Social Needs Assessments:

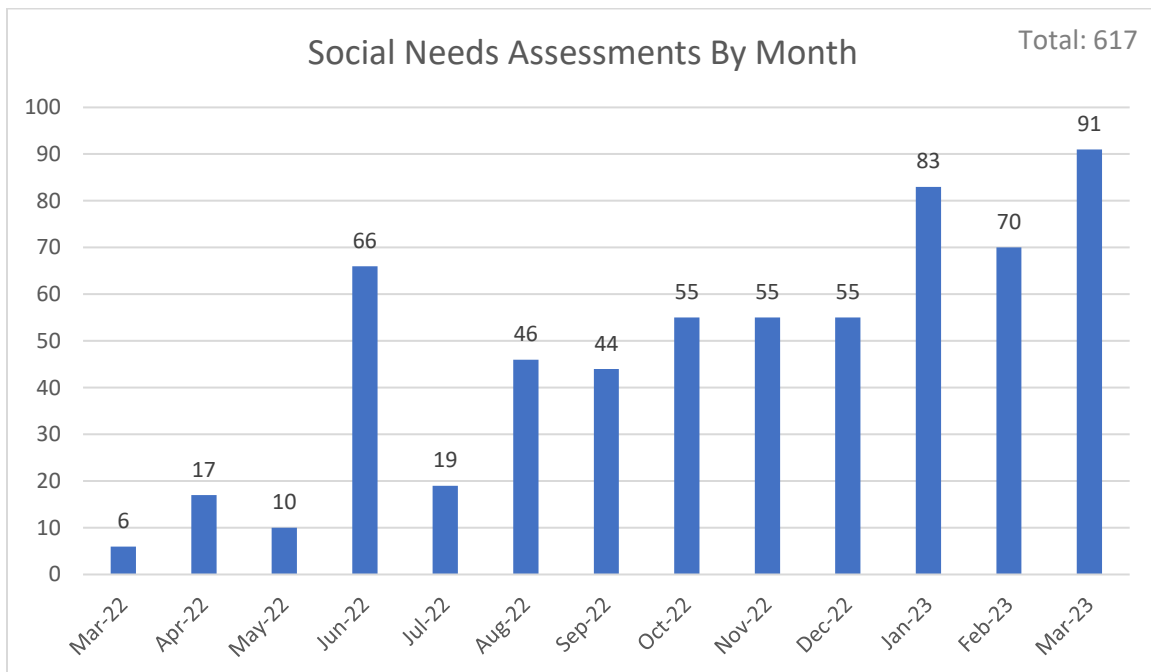
Social Needs Assessments (SNAs) are available on our website, and through community partners, for any public member to fill out to request assistance with resource navigation or insurance referrals. Our team responds to the completed surveys within 48 business hours to provide resources for the requested needs by the community member. Depending on the need or request of the community member, our CHWs will assist individuals in filling out applications.

#### *Month*

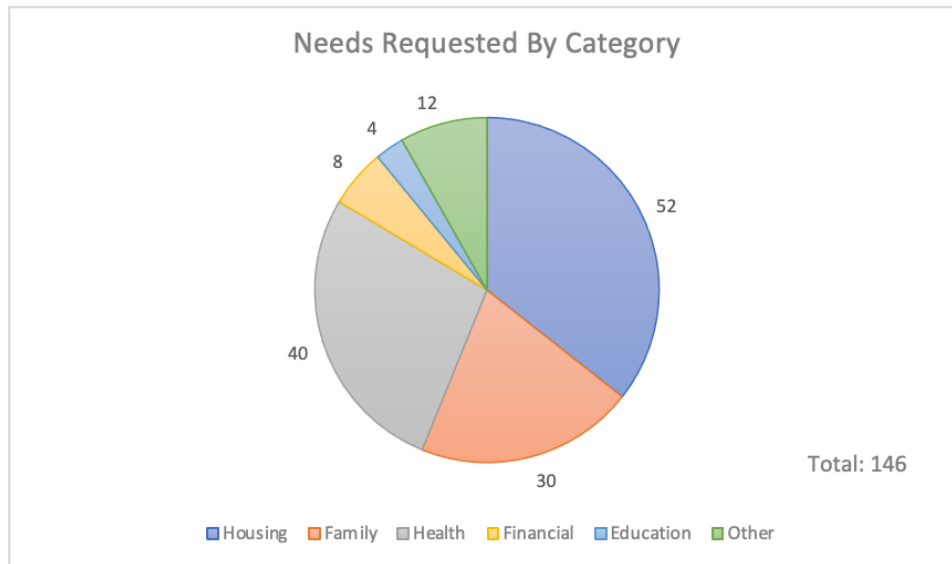
In **March**, the CHW team received **91** SNAs with individuals requesting resources and **6** SNAs with no identified needs. A total of **200** resources were requested within these SNAs. Of the **85** SNAs with identified needs, CHWs were able to contact **48** individuals. Through the SNAs completed, **178** people and families were connected to **82** resources that could assist them with their needs.

#### Visuals for CDC CHWs

Total number of Social Needs Assessments completed since launch date 03/15/2022.



## Visuals for March's Numbers



### Insurance Navigation:

Through the SNAs, the CHW team is connected with individuals and families that need assistance obtaining or changing their insurance coverage. Currently, we have 6 CDC CHWs who have completed their insurance navigation certification and can assist with these requests. FSSA, or Medicaid, can take a minimum of 60 days to receive coverage from when the process was started.

#### *Month*

In **March**, the team received **27** requests for insurance assistance covering **44** individuals, including adults and children. Of the requests for insurance assistance, **10** were ineligible for insurance. **All** who were ineligible were due to citizenship status. The CHWs connected the individuals ineligible for insurance with providers and specialists offering sliding-scale services.

### **Maternal/Infant Health (MIH) CHWs:**

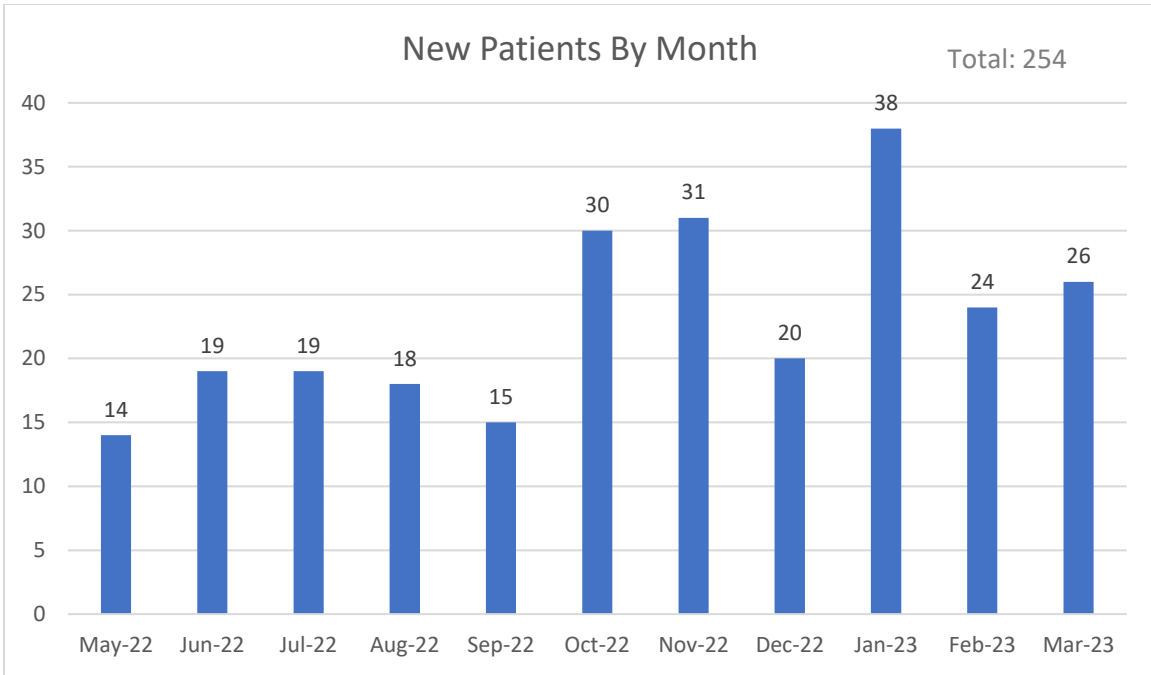
The MIH CHWs are embedded within the Women's Care Center (WCC) to provide insurance navigation, resource referral, and connection to prenatal care for pregnant individuals. Clients are referred to the MIH CHWs by WCC counselors when it is identified that a client needs insurance or other social resources. The MIH CHWs follow up with clients at the 7-day, 10-week, 15-week, 24-week, 30-week, and 34-week mark. This program aims to ensure that all pregnant people in St. Joseph County have access to medical services to improve the health and birth outcomes of our residents. This program launched in May 2022.

#### *Month*

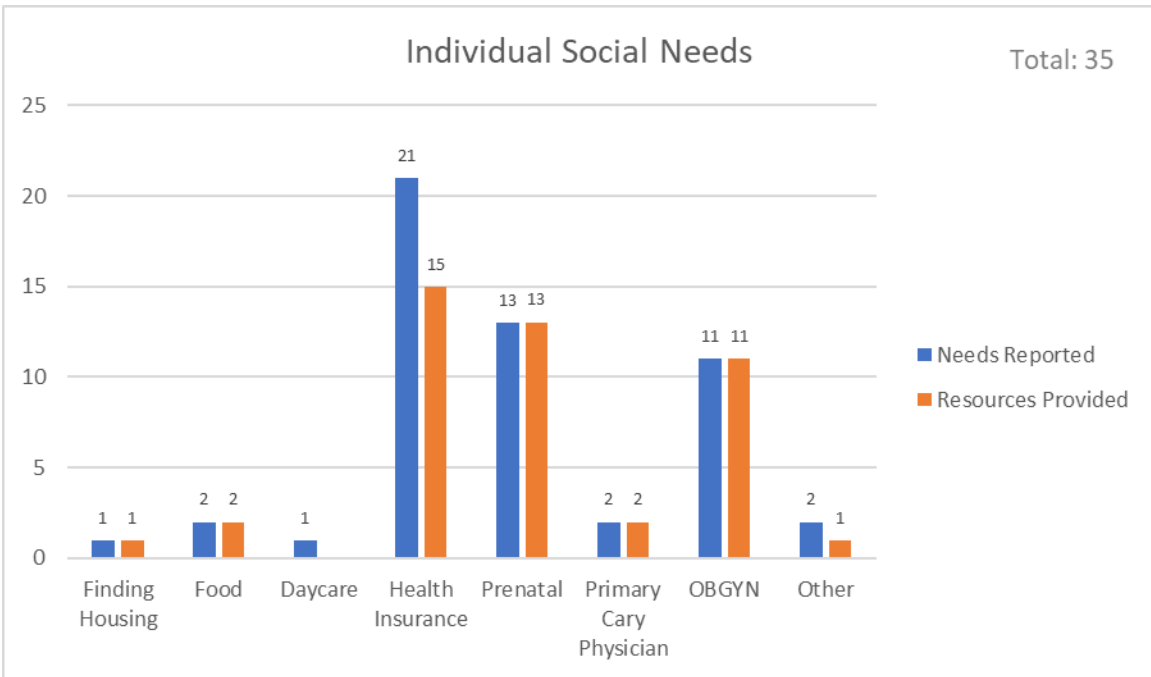
In **March**, WCC counselors referred **26** clients to our MIH CHWs. **24** of 26 clients identified social needs. The 24 clients identified a total of **53** needs. **10** of the **24** clients identified that it was their first pregnancy, and **11** of the **24** clients are classified as high-risk due to current or past medical complications. The MIH CHWs assisted **15** of the **24** clients in applying for or switching their insurance to a pregnancy plan.

In **March**, the MIH CHWs completed follow-ups for **59** clients from previous months. They provided extensive assistance to **29** of the 59 clients a total of **44** times.

MIH CHWs Visuals



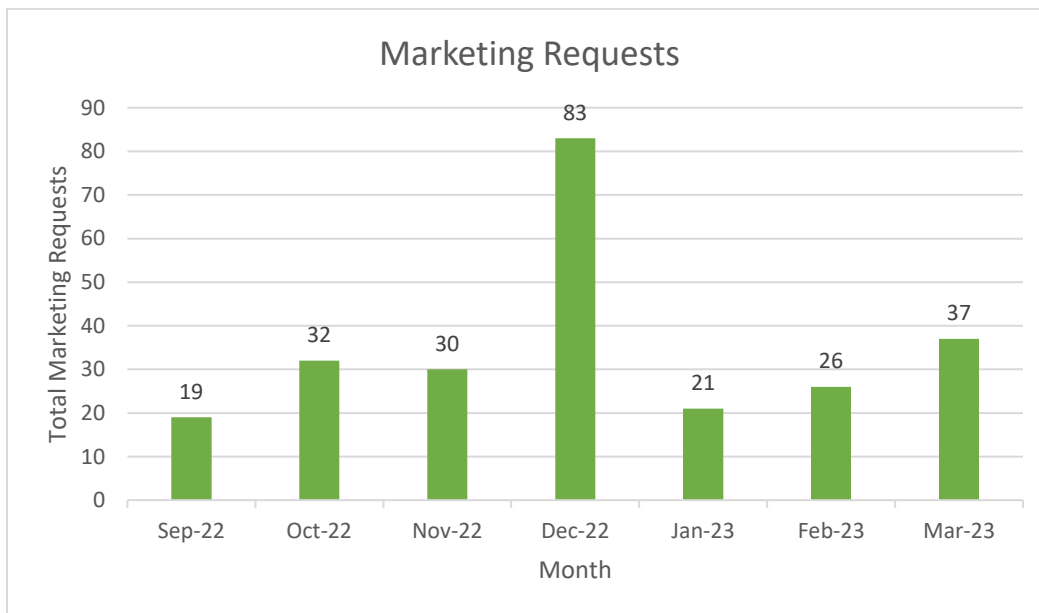
Visuals for March's Numbers



**Marketing Update:**

Health observances for each month are highlighted on social media and the DoH website. For the month of March, the health observances were for HPV and women in medicine.

Mar - 23								
Type	Unit							
	HEED	Environmental	Immunizations	HOPE	Nursing	Admin	Foods	
Digital Media								
Website Change	1		1		1	1	1	
NEWLY DESIGNED Material	5		2	1				
Digital Flyers (PDF,logo,flyers etc)	3	1	3	2			1	
CHANGE of Existing Printed Material	1							
Social Media				1				
REPRINTS of Existing Printed Material (No Changes)	4		5	3				
<b>Total</b>	<b>14</b>	<b>1</b>	<b>11</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>2</b>	
<b>Grand Total of All Marketing Requests</b>								<b>37</b>



**Community Boards, Meetings, Reports, and Committees**

- Participated in the Health Alliance meeting.
- Participated in the Lead Affinity meeting.
- Participated in SJC Food Access Council meeting.
- Participated in Fetal Infant Mortality Review meeting.

- Director of HEED serves as Data, Analytics and Grants (DAG) subcommittee chair for the Health Improvement Alliance.
- Assistant Director of Health Equity serves on the SJC Cares DEI committee.
- PACEs Coordinator participated in SJC Cares.



**HEALTH OUTREACH, PROMOTION & EDUCATION (HOPE)**

	<b>Total Number of Releases by DoH</b>	<b>Media Stories Featuring DoH</b>
Media Engagement	4 COVID Metrics 0 Unique 0 Public Notice 0 Media Roundtable 0 Press Conference	SB Tribune = 4 WSBT = 1 WNDU = 2 ABC57 = 2 WVPE = 0

<https://www.southbendtribune.com/story/news/2023/03/22/dr-cerbin-approved-as-county-health-officer-but-law-is-questioned/70032638007/>

<https://www.southbendtribune.com/story/news/2023/03/18/st-joseph-county-seeks-dr-joseph-h-cerbin-as-health-officer/70024533007/>

<https://www.southbendtribune.com/story/news/2023/03/24/st-joseph-county-health-office-dr-bob-einterz-gives-farewell-speech/70043773007/>

<https://www.southbendtribune.com/story/opinion/columns/2023/03/31/st-joe-county-health-department-officer-looks-at-last-three-years/70060898007/>

<https://wsbt.com/news/local/outgoing-health-officer-dr-robert-einterz-gives-candid-farewell-speech#>

<https://www.wndu.com/2023/04/01/health-department-reacts-fda-decision-approve-over-the-counter-narcan/>

<https://www.wndu.com/2023/03/24/outgoing-health-officer-shares-perspective-public-health/>

<https://abc57.com/news/st-joseph-county-says-farewell-to-public-health-officer-dr-einterz>

<https://abc57.com/news/on-the-record-with-rich-breaking-down-the-data-on-infant-mortality-rates-in-st-joseph-county>

	<b>Total Number of Posts</b>	<b>Total Reach* (unique people who've seen our posts)</b>	<b>Total Post Engagement</b>
Social Media	19	4,165	850

	<b>ESSENCE Alerts</b>	<b>Narcan Distribution (doses)</b>	<b>Wound Care Kits Distribution</b>
Substance Abuse	0	210	0

	<b>ESSENCE Alerts</b>
Suicide	4

\*An ESSENCE alert is given when an abnormal number of cases presents to either ER over a 24-hr time period on 2 consecutive days.

**Attended Activities/Meetings:**

SJC Cares Suicide Prevention Committee meeting

IPHA Annual meeting planning

Partnership for Drug-Free SJC Monthly Meeting, Executive Committee Meeting, Community awareness meeting, and advocacy and policy meetings

Health Improvement Alliance ELC meeting; full HIA meeting

FIMR Case Review Team meeting

Suicide & Overdose Fatality Review Meeting

Child Fatality Review Team meeting

IN Suicide Advisory Board Meeting  
AARC Board Meeting  
Upper Room Recovery Board Meeting  
NACCHO HEOP professional development training (x 2)  
Not in My Community Synthetic Drug workgroup  
Various meetings with Mentees from WI and OH for NACCHO mentor/mentee grant  
Various meetings with Coroners office and Overdose Fatality Review experts to ensure best practices  
Various meetings with 525 Foundation on Drug Disposal Grant; youth summit planning, prevention conference planning  
Various meetings with Oaklawn to discuss MAT project, Narcan, etc.  
Various meetings held with community stakeholders on substance use efforts  
Various Meetings with DoH Units (HPV summit, Immunization efforts)  
Various IDOH meetings RE: updates, grant updates, School liaison, etc.  
SBCSC School RN meeting- Narcan/substance use focused  
Narcan training @ Marian High School  
Narcan training @Holy Cross College  
Presentation @ South Bend/Mishawaka Leadership RE Health Issues in SJC & work of DoH

### **Highlights:**

Director of HOPE continues work on her strategic workplan for addressing overdose and opioid use disorder. Current focus in on creating data equity and improving surveillance, Narcan distribution reporting, overdose reporting, and identifying additional key indicators. Key piece of next steps including supporting best practices of the opioid settlement monies with community stakeholders.

Director of HOPE continued working with Nursing team and CDC fellow to plan an HPV educational summing up on April 20, 2023.

Director of HOPE participated in site visit with NACCHO as it relates to the ACEs, Suicide, and Overdose grant.

Director of HOPE participated in a town hall focused on synthetic drugs in SJC. A presentation was given and Director of HOPE sat on the panel.

Health promotion specialists continue to assist with the development of outreach/education materials for CHWs as well as curriculum for CHWs. Health Promotion Specialists also continue to work with other Units in the Department to create outreach materials etc.

Director of HOPE and HOPE team continue to develop a culture of public health in St. Joseph County; refine communications internally and externally.

### **FIMR Case Review and FIMR Reporting**

- Case abstractions and summary preparation and weekly check ins with medical record abstractor.
- The Case Review Team met at the SJCDoH on Friday, March 17, 2023. Next meeting is May 19, 2023.
  - 24 team members in attendance
- As of April 4, 2023:
  - 2022 Data:
    - 30 infant deaths. (Increase of 2 since 1.31.23. Received out of county death report for infants who died at Level IV hospital) 15 Fetal Deaths (No change from 1.31.23).
    - 3 infant and 4 fetal deaths remaining to review for 2022 at the May 19, 2023 meeting.
  - 2023 Data:
    - 5 infant and 5 fetal deaths.

- Conducted a maternal interview on 2/27 with Yolanda Washington, RN present for orientation to the process. (with the mother's permission.)
- Next Community Action Update will be scheduled for May, after a 2017-2021 report is completed in April. The report is being prepared using a Perinatal Period of Risk Analysis.

### **SJDOH FIMR and WCC CHW Project (Recommendations 1,3,4,5, & 6)**

- Please see HEED report for number of clients served.
- Continuing bi-monthly check ins with CHWs and monthly with WCC staff, Bev Horton. We review clients served and any care topics.
- Continuing conversation with FSSA regarding challenges with the Medicaid and SNAP applications process including documents not entered into our clients' records and inconsistent level of service when calling for assistance.

### **FIMR Community Action: Maternal Infant and Preconception Health Workgroup (Recommendations 1, 4, 6)**

- Continued preparations and coordination for the May 4<sup>th</sup> Maternal Mental Health CME Event at OBriens at the Compton Ice Arena with the FIMR workgroup and University of Notre Dame colleagues.
- Funding for the event includes an existing Safety PIN grant through Beacon Community Impact and donations from University of Notre Dame Research, the Eck Institute for Global Health, and in kind from Notre Dame Athletics
- The ability to award Continuing Medical Education (CMEs) was approved by Beacon.
- Invitations were sent the last week of March to obstetric, pediatric, and family medicine providers. Maternal infant health researchers from Notre Dame, and the Maternal Infant Health Workgroup members.
- In addition to the main speaker, other presenters include Lisa Kelly, LCSW of Mental Health Awareness Michiana; Jennifer Carter LCSW from Memorial Family Medicine, and Sally Dixon.

### **FIMR Community Action: Birth Equity & Justice SJC (1, 2, 3, 4, 6)**

- 22 attendees for our Feb meeting.
- We continued the conversation about the decision of the County Council to not re-appropriate the fund balance from the conference proceeds which we are using for refreshments and gift cards for the health cafes. Once the "Sharing Pregnancy & Birth Story" health cafes were complete, the remaining fund balance would have gone to program development based on the information and suggestions shared by the mothers who participated in the events. In addition, we discussed the suggestion by a council member to donate the funds to Women's Care Center.
- This topic was discussed at the March Board meeting as the workgroup does not agree with donating the funds to another organization. Since this meeting, several major conference sponsors indicated that they also wanted the funds to remain with the FIMR Program Birth Equity workgroup to continue our community engagement through health cafes with pregnant and parenting mothers.
- The last scheduled "Sharing Pregnancy & Birth Story" Health cafe took place in March at La Casa. Transcripts from the Women's Care Center and La Casa health cafes will be incorporated into the themes and recommendations from the participants in the previous cafes from 2022. Strong themes continue to include the need for greater support during the postpartum period for mothers health and well being.
- At the March Board of Health meeting Sally shared with the Board that the Birth Equity workgroup will consider alternative uses for the funding at our April meeting.
- Upon receipt, the birth equity assessment from the National Birth Equity Collaborative and will be incorporated into the 2017 - 2021 FIMR Report.
- Planning for later this spring to work on awareness about the Pregnant Worker Fairness Act and PUMP Act, passed in December 2023 in the US Congress for women and employers.
-

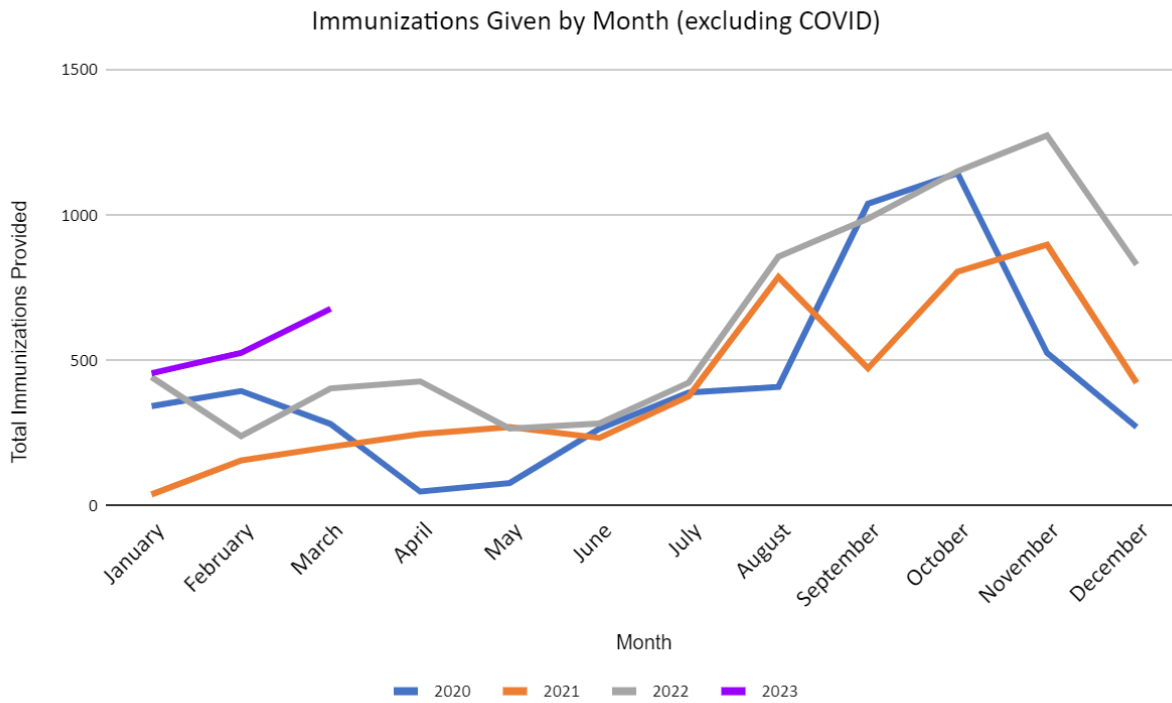
## **Community Boards, Meetings, Reports, Presentations, and Committees and Connections (All recommendations)**

### **Maternal Infant Health Initiatives Coordinator:**

- Distribution of “Give Your Baby Room to Breathe” flyers and buttons to health systems and community partners continues. (So far, over 2,000 flyers and 400 pins were delivered to obstetric, pediatric, and family medicine providers; community agencies; and hospital childbirth units.
- Distribution of sleep sacks, car seats, and pack and plays through SJCDoH CHWs.
- Presented on a panel called "Mobilizing Community Partnerships to Improve Health Outcomes" and maternal health disparities and mortality at the 2023 Indiana CTSI Retreat at Notre Dame on March 8. The retreat focused on Indiana's Impact on Global Health. (CTSI = Indiana Clinical and Translational Sciences Institute)
- Presented the data that led to the development of the "Give Your Baby Room to Breathe" campaign for IDoH and Department of Justice child safety professionals who are interested in novel approaches to decreasing sleep related sudden unexplained infant death.
- Presented FIMR data, recommendations, and community action to St. Joe Residents at their invitation.
- Interview with ABC57 about infant mortality in SJC and examples of approaches to improve birth outcomes at request of Richard Bodee.
- State FIMR Coordinator quarterly meeting. (virtual)
- Family and Children's Center Program advisory board meeting.

**NURSING**  
**IMMUNIZATIONS**

<b>Immunizations</b>					
	March 2023	YTD 2023	YTD 2022	YTD 2021	YTD 2020
<b>Unique Patients Seen (including COVID immunizations)</b>	324	874	2,559	32,575	432
<b>Total Immunizations Given (including COVID immunizations)</b>	752	1,898	3,341	36,736	1,020
<b>Total Immunizations Given (excluding COVID immunizations)</b>	678	1,660	1,087	398	1,020



## **MOBILE CLINIC**

In March the mobile team had a variety of different types of clinics for all ages. We immunized elementary school students all the way up to nursing home residents.

We started using the Phreesia/Athena online scheduling for mobile clinics. We are still finding and working out some bugs with the settings, but it should be flowing smoothly soon.

For routine immunizations, the mobile team saw 68 patients and administered 152 routine immunizations. We also administered 21 covid vaccinations.

### **Clinics**

3/2/23 Milton Home PCV20 clinic

3/9/23 Monroe Elementary

3/14/23 Oaklawn Youth Campus

3/18/23 La Casa Tdap Clinic for Adults

3/21/23 Career Academy

3/25/23 South Bend Schools Parent Expo

3/29/23 Parent Expo Overflow Appointments

## PUBLIC HEALTH NURSING

<b>TUBERCULOSIS</b>						
	<b>March 2023</b>	<b>YTD 2023</b>	<b>YTD 2022</b>	<b>YTD 2021</b>	<b>YTD 2020</b>	<b>YTD 2019</b>
Directly Observed Therapies	18	63	1418	588	622	1443
Nurse Visits	34	94	324	90	179	162
QFT Ordered	0	2	50	19	26	56
CXR	1	1	5	0	8	56
New Active Cases	1	1	7	9	4	7
<i>Active TB Cases Following</i>	1	2	12	11	7	21
<i>Latent TB Cases Following</i>	34	37	56	21	38	37
<b>ANIMAL BITES</b>						
	<b>MARCH 2023</b>	<b>YTD 2023</b>	<b>YTD 2022</b>	<b>YTD 2021</b>	<b>YTD 2020</b>	<b>YTD 2019</b>
Animal Bites	33	81	441	146	122	143
Specimens Sent to ISDH Lab	6	10	75	13	21	22
Specimens Positive	0	0	0	0	0	0

March has been an interesting month with our New MA starting on March 20, 2023. Her name is Delores Williams, and she comes to us with a smile and great knowledge from working in a busy OBGYN office. We are so very glad to have her on our team!

Travel has started picking up for vaccinations and we are giving more Yellow Fever, Rabies, Typhoid, and other vaccines to people looking forward to spending their spring break abroad.

We are also still fine tuning our electronic medical record system. For the most part, we have worked together with Athena, VaxCare and CHIRP to iron out some of our problems with decrementsations.

PHN Division- Nothing very different here. We continue to follow and provide education and services to people with communicable disease. We are excited that starting off in the month of April, we only have one positive TB case.

**VITAL RECORDS UNIT**

	<u>Records Filed in March 2023</u>	<u>YTD 2023 Occurrences</u>	<u>YTD 2022 Occurrences</u>	<u>YTD 2021 Occurrences</u>
<b><u>Birth Statistics*</u></b>				
Total Births	327	995	1056	995
<b><u>Death Statistics*</u></b>				
Total Deaths	286	823	934	895

Birth & Death data reflected as of 04/10/2023.

**\*Statistics are subject to change. Statistics were generated from our local hospitals, Chronica, and DRIVE.\***



## Multi-Unit Lead Program

### March 2023

Environmental lead is harmful to the physical, mental, and social development of young children. While there is no safe level of lead in the blood, in July 2022, the Indiana Department of Health (IDOH) lowered the reference threshold for blood lead levels (BLL) from 10µg/dL to 5µg/dL. Any confirmed result of 5µg/dL and above is enrolled in case management until there are two consecutive levels below 5. Results between 3.5 – 4.9µg/dL are monitored until the level drops to below 3.5µg/dL.

To combat the risks that lead poses to children and families, the Department utilizes a collaborative, multi-unit response that includes the Public Health Nursing, Environmental Health, and HEED Units to provide services to St. Joseph County residents.

### Environmental Health

The Environmental Health Unit has two licensed lead risk assessors. The assessor's role is to determine potential sources of exposure to lead throughout each home where a child spends six or more hours per week. Typically, staff will perform lead risk assessments at one to three properties per child. These risk assessments include dust sampling, soil sampling, water sampling, and XRF testing of paint and other miscellaneous items such as toys or furniture. The environmental assessment is a key part in case management to help families understand where the lead exposure is likely coming from, how to address these hazards to mitigate further exposure, and how to prevent new lead hazards from appearing in the home. Our lead risk assessors provide families with the education and materials necessary to respond to the lead hazards that they identify at each property. For example, the risk assessors give a small lead cleaning kit so that each family can remove all lead dust. The kit includes a Swiffer with wet and dry pads, Lysol Wipes, a spray bottle, scraper, and two rolls of packing tape. Our risk assessors work closely with the families, the property owners, and with different government agencies such as the Housing Authority and the City of South Bend, to ensure that each property becomes lead safe.

Activity	March 2023	YTD 2023	YTD 2022	YTD 2021	YTD 2020
A. Lead Risk Assessments	6	19	7	18	11
i. EBLL Assessments	1	11	2	4	5
ii. Parent Requests	5	8	5	14	6
B. Clearances	9	15	5	5	11
C. Off-site Meetings					
D. Public Information Events					

### Lead Tests Across St. Joseph County

Each month an analysis is compiled of all lead tests collected throughout all of St Joseph County. This report looks at lead tests drawn from the first day of the month to the last day of the month. This report is always two months behind due to when it is received from IDOH. For example, on April 1, 2023, the report will include all lead tests drawn in February of 2023.

#### Tests drawn from February 1, 2023 – February 28, 2023

Pb Level (ug/dL)	Venous	Capillary	Unknown	Total
0	32	47	0	79
0.1-3.4	22	78	67	167
3.5-4.9	5	6	1	12
5-9.9	5	5	1	11
10-19.9	1	1	0	2
20-29.9	0	0	0	0
30-39.9	0	0	0	0
40-49.9	0	0	0	0
≥50	0	0	0	0
<b>Total</b>	<b>65</b>	<b>137</b>	<b>69</b>	<b>271</b>

There were two duplicate tests in the month of February, 271 unique children were tested.

**2023 YTD = 600**

**2022 YTD = 446**

### Elevated Tests by Zip Codes

For years there was discussion about which areas of our County are the most at risk for lead exposure. This table helps us understand where we are seeing the most amount of elevated lead draws in the County by zip code. We provide the Year-to-Date total to help understand if there is a general trend. For example, in 2022, the zip code of 46628 repeatedly had one of the highest amounts of elevated lead tests. This could stem from a variety of factors (i.e. population size) but nonetheless it helps the lead team understand the needs of the County.

<b>Zip Code</b>	<b>March 2023</b>	<b>YTD 2023</b>
<b>46613</b>	<5 elevated	7 elevated
<b>46628</b>	<5 elevated	6 elevated
<b>46619</b>	<5 elevated	6 elevated
<b>46601</b>	<5 elevated	<5 elevated
<b>46545</b>	<5 elevated	<5 elevated
<b>46616</b>	<5 elevated	<5 elevated
<b>46561</b>	<5 elevated	<5 elevated
<b>46544</b>	<5 elevated	<5 elevated
<b>46615</b>	<5 elevated	<5 elevated
<b>46617</b>	<5 elevated	<5 elevated
<b>46530</b>	<5 elevated	<5 elevated

## Public Health Nursing

Public Health Nurses and Disease Investigation Specialists receive elevated blood lead level (EBLL) reports from IDoH. They create and assign lead case investigations based on the lead level. A Public Health Nursing receives cases for management with elevated levels  $\geq 10$ ug/dL. Community Health Workers (CHWs) receive cases for management with levels between 5 ug/dL and 9.9 ug/dL. The Disease Investigation Specialist follows up with primary care providers and parents for repeat testing and risk assessment requirements.

<b>Lead Case Management</b>						
<b>CASE MANAGEMENT 5 ug/dL &amp; ABOVE</b>						
<b>Cases</b>	<b>March 2023</b>	<b>YTD 2023</b>	<b>YTD 2022</b>	<b>YTD 2021</b>	<b>YTD 2020</b>	<b>YTD 2019</b>
New Cases Received	6	11	<5	<5	<5	<5
Closed Cases	<5	6	<5	<5	<5	<5
Open Cases being followed	64	64	37	32	21	32
<b>CASE MONITORING 3.5-4.9 ug/dL</b>						
<b>Cases</b>	<b>March 2023</b>	<b>YTD 2023</b>	<b>YTD 2022</b>	<b>YTD 2021</b>	<b>YTD 2020</b>	<b>YTD 2019</b>
New Cases Received	20	68	113	23	21	23
Total Monitored Cases	87	87	173	106	97	93

## HEED

Our lead CHWs work with families to provide community-based lead testing, lead education, and case management for families with children with EBLLs. The team works with unconfirmed cases (those who have an initial test with a BLL above 3.5 ug/dL), those who are in case monitoring (confirmed BLL of 3.5-4.9 ug/dL), or those who fall within case management (confirmed EBLL above 5 ug/dL). For unconfirmed cases, our CHWs attempt to hand deliver education and forms for the child to receive a confirmed test at LabCorp. If the child's level is confirmed elevated, the child is moved into the appropriate category of monitoring or case management. The drop in threshold for case management increased the number of individuals the team works with to ensure care and services to in the County. The CHW team works closely with the Nursing and Environmental Health Units to ensure families receive all needed services.

Please review the Public Health Nursing section above for the case management and case monitoring numbers.

### Events

One part of the lead initiative is to offer lead testing for children aged 6 years and younger. One way we provide testing to the community is through hosting lead events in the community, usually at daycares, churches, or elementary schools. We aim to host two events per month. The events are organized and conducted by the Health Promotion Specialist, Assistant Director of Health Equity and the CHWs from the HEED unit.

	<b>March 2023</b>	<b>YTD 2023</b>	<b>YTD 2022</b>	<b>YTD 2021</b>
<b>Children Tested</b>	35	55	18	0
<b>Events</b>	2	4	3	0

## **HEALTH OFFICER**

Report in the Health Officer Presentation and Report portion.

Respectfully,

Joseph H. Cerbin, MD  
Health Officer



# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

**ST. JOSEPH COUNTY**  
**DEPARTMENT OF HEALTH**  
*Prevent. Promote. Protect.*

April 3, 2023

St. Joseph County Board of Health  
County City Building, 8<sup>th</sup> Floor  
South Bend, IN 46601

Members of the Board of Health,

The Department of Health would like your support to apply for a funding opportunity from the National Science Foundation in partnership with the University of Notre Dame, City of South Bend, and Beacon Health System to identify the barriers to "closing the loop" in patient care coordination and healthcare accessibility for lead screening, lead testing, and lead remediation. Attached is the Grant Application Data sheet prepared by Cassy White, Director of Health Equity, Epidemiology, and Data.

Should you have any questions, I can be reached at 574-235-9750, Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Joseph H. Cerbin, MD  
Health Officer

JHC:AR:jsp

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

This 19th Day of April, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_

\_\_\_\_\_  
John W. Linn  
President, Board of Health

\_\_\_\_\_  
Michelle Migliore, MD  
Vice President, Board of Health

227 W. Jefferson Blvd. | 8th Fl. | South Bend, IN 46601  
P: (574) 235-9750 | F: (574) 235-9960

## GRANT APPLICATION DATA

### **Explain the purpose of the grant.**

Funding opportunity from the National Science Foundation in partnership with the University of Notre Dame, City of South Bend, and Beacon Health System to identify the barriers to “closing the loop” in patient care coordination and healthcare accessibility for lead screening, lead testing, and lead remediation.

### **Who will be accountable for fiscal information?**

Amy Ruppe

### **Who will be responsible for compliance with grant guidelines?**

Cassy White

### **What is the time period of the grant (i.e., one-year May 31, 2005-May, 2006, etc.?)**

1 years October 2023 – September 2024

### **What is the grant award amount?**

\$100,000

### **Is this a renewable grant, if so, how long?**

No

### **Is there a match for the grant? If so, how much and how will it be funded? Is this match in dollars or in kind contribution?**

No

### **Is there or will there be any capital costs for the grant (i.e., vehicles, location (building), equipment)?**

N/A

### **Give the number of employees the grant would support?**

4 part time and 5% of HEED Director

### **How would your department plan or would you continue operations after the grant expires?**

We would pursue other grant funding and absorb operations as able and look to community partners to sustain the efforts.

April 2006



# Civic Innovation Challenge

A research and action competition driven by community priorities

## PROGRAM SOLICITATION

NSF 22-565

### REPLACES DOCUMENT(S): NSF 20-562



**National Science Foundation**

Directorate for Computer and Information Science and Engineering

Directorate for Engineering

Directorate for Geosciences

Directorate for Social, Behavioral and Economic Sciences



U.S. Department of Energy, Vehicle Technologies Program



Department of Homeland Security, Science & Technology Directorate

#### Full Proposal Deadline(s) (due by 5 p.m. submitter's local time):

May 05, 2022

Stage 1

February 01, 2023

Stage 2

## IMPORTANT INFORMATION AND REVISION NOTES

### Revision Notes

- The NSF Directorate for Geosciences has joined the program.
- The solicitation includes new track themes for both Track A and Track B.
- The page limit for Stage 1 Planning Grant proposals has been increased to 7 pages.
- The solicitation has removed the requirement for the inclusion of a civic partner as senior personnel. However, proposals must still clearly demonstrate that projects involve deeply integrated civic-academic partnerships which may include subawards to a civic partner.
- The proposal preparation instructions have been updated to include an optional document containing the Biographical Sketches of civic partners not designated as senior personnel.
- Clarifying revisions have been made in the following sections based on experience from the inaugural iteration of this program: Synopsis, Project Description, and Solicitation Specific Criteria.

### Important Information

Innovating and migrating proposal preparation and submission capabilities from FastLane to Research.gov is part of the ongoing NSF information technology modernization efforts, as described in [Important Notice No. 147](#). In support of these efforts, research proposals submitted in response to this program solicitation must be prepared and submitted via [Research.gov](#) or via [Grants.gov](#), and may not be prepared or submitted via FastLane.

Any proposal submitted in response to this solicitation should be submitted in accordance with the revised *NSF Proposal & Award Policies & Procedures Guide* (PAPP) ([NSF 22-1](#)), which is effective for proposals submitted, or due, on or after October 4, 2021.

## SUMMARY OF PROGRAM REQUIREMENTS

## General Information

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### Program Title:

Civic Innovation Challenge (CIVIC)  
A research and action competition driven by community priorities

### Synopsis of Program:

The Civic Innovation Challenge (CIVIC) is a research and action competition that accelerates the transition to practice of foundational research and emerging technologies into communities through civic-engaged research. By addressing priorities at the local scale that are relevant across the US, CIVIC is laying the foundation for a broader and more fluid exchange of research and technology capabilities and civic priorities through joint partnerships involving civic stakeholders and the research community. CIVIC funds projects that pilot state-of-the-art solutions over 12 months, following a six-month planning phase, and have the potential for lasting impact in the partnering community as well as the potential to be scaled and implemented in other communities.

Building on other stakeholder-engaged research programs such as NSF's Smart & Connected Communities program, CIVIC is uniquely designed to enable transition to practice of innovations into communities, as follows: (1) CIVIC flips the community-university dynamic, asking communities to identify civic priorities ripe for innovation and then to partner with researchers to address those priorities; (2) CIVIC focuses on research-centered solutions that are ready for piloting in and with communities on a short timescale, where real-world outcomes can be evaluated within 12 months; (3) CIVIC requires a coalition of civic partners and stakeholders and a multi-disciplinary set of researchers to co-create and execute pilot projects; and (4) CIVIC organizes and fosters nationwide "communities of practice" around high-need problem areas that allow for meaningful knowledge sharing and cross-site collaboration during both the pre-development and piloting stages.

For this solicitation, civic partnership and engagement activities, communities, and academic and civic partners must be based in the United States or its protectorates. For purposes of clarity, civic partners and stakeholders may include local, state, or tribal government officials; non-profit representatives; community organizers or advocates; community service providers; and/or others working to improve their communities.

CIVIC is organized as a two-stage competition with two tracks centered around the following topic areas:

- Track A. Living in a changing climate: pre-disaster action around adaptation, resilience, and mitigation; and
- Track B. Bridging the gap between essential resources and services & community needs.

In Stage 1, approximately 50 Planning Grant awards will be made – each with a budget of up to \$50,000 for six months to undertake planning and team development activities. These include solidifying the team, maturing the project plans, and preparing a well-developed full proposal for submission to Stage 2. **Only awardees of Stage 1 proposals will be eligible to submit for Stage 2.**

In Stage 2, approximately 20 Full Awards will be made. These will be selected from Stage 1 award recipients. For Stage 2, proposals will be considered with budgets up to \$1,000,000 for up to 12 months. Proposals must describe how the PIs will execute and evaluate their research-centered pilot projects.

Throughout both stages, NSF grantee (NSF award 1931690) MetroLab Network (<https://metrolabnetwork.org/>, <https://nsfcivicinnovation.org/>) will foster "communities of practice" through in-person and virtual activities, aimed at enhancing the teams' capacity-building, networking, impact, and ability to create methods and solutions transferable to other communities.

The CIVIC research and action competition is jointly supported by NSF's Directorate for Computer and Information Science and Engineering (CISE), Directorate for Engineering (ENG), Directorate for Geosciences (GEO), and Directorate for Social, Behavioral, and Economic Sciences (SBE), the Department of Energy (DOE), and the Department of Homeland Security (DHS). NSF may share proposals submitted in response to this solicitation with other federal agencies interested in funding projects.

### Cognizant Program Officer(s):

Please note that the following information is current at the time of publishing. See program website for any updates to the points of contact.

- David Corman, Program Director, CISE/CNS, telephone: (703) 292-8754, email: [dcorman@nsf.gov](mailto:dcorman@nsf.gov)
- Michal Ziv-El, Program Director, CISE/CNS, telephone: (703) 292-4926, email: [mzivel@nsf.gov](mailto:mzivel@nsf.gov)
- Linda Bushnell, Program Director, CISE/CNS, telephone: (703) 292-8950, email: [lbushnel@nsf.gov](mailto:lbushnel@nsf.gov)
- Sandip Roy, Program Director, CISE/CNS, telephone: (703) 292-7096, email: [saroy@nsf.gov](mailto:saroy@nsf.gov)
- Ralph Wachter, Program Director, CISE/CNS, telephone: (703) 292-8950, email: [rwachter@nsf.gov](mailto:rwachter@nsf.gov)
- Yueyue Fan, Program Director, ENG/CMMI, telephone: (703) 292-4453, email: [yfan@nsf.gov](mailto:yfan@nsf.gov)
- Daan Liang, Program Director, ENG/CMMI, telephone: (703) 292-2441, email: [dliang@nsf.gov](mailto:dliang@nsf.gov)
- Barbara Ransom, Program Director, GEO/OAD, telephone: (703) 292-7792, email: [bransom@nsf.gov](mailto:bransom@nsf.gov)
- Sara Kiesler, Program Director, SBE/SES, telephone: (703) 292-8643, email: [skiesler@nsf.gov](mailto:skiesler@nsf.gov)

### Applicable Catalog of Federal Domestic Assistance (CFDA) Number(s):

- 47.041 --- Engineering
- 47.050 --- Geosciences
- 47.070 --- Computer and Information Science and Engineering
- 47.075 --- Social Behavioral and Economic Sciences
- 81.049 --- Office of Science Financial Assistance Program
- 97.108 --- Department of Homeland Security, Science & Technology Directorate

## Award Information

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Anticipated Type of Award: Standard Grant

### Estimated Number of Awards: 70

Approximately 50 Planning Grants (Stage 1) and approximately 20 Full Awards (Stage 2) are anticipated across the program, subject to the quality of proposals and availability of funds, which may differ for each track. Note: Only Stage 1 CIVIC awardees can submit to the CIVIC Stage 2 competition.

### Anticipated Funding Amount: \$22,500,000

Estimated program budget, number of awards and average award size/duration are subject to the availability of funds and quality of proposals received. Budgets for Stage 1 Planning Grants are up to \$50,000 and Stage 2 Full Awards are up to \$1,000,000.

## Eligibility Information

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### Who May Submit Proposals:

Proposals may only be submitted by the following:

- Institutions of Higher Education (IHEs) - Two- and four-year IHEs (including community colleges) accredited in, and having a campus located in the US, acting on behalf of their faculty members. Special Instructions for International Branch Campuses of US IHEs: If the proposal includes funding to be provided to an international branch campus of a US institution of higher education (including through use of subawards and consultant arrangements), the proposer must explain the benefit(s) to the project of performance at the international branch campus, and justify why the project activities cannot be performed at the US campus.
- Non-profit, non-academic organizations: Independent museums, observatories, research labs, professional societies and similar organizations in the U.S. associated with educational or research activities.

### Who May Serve as PI:

There are no restrictions or limits.

### Limit on Number of Proposals per Organization:

There are no restrictions or limits.

### Limit on Number of Proposals per PI or co-PI:

For Stage 1: an individual may participate as PI or co-PI in at most two proposals.

For Stage 2: an individual may participate as PI or co-PI in only one proposal.

In the event that an individual exceeds this limit, proposals received within the limit will be accepted based on earliest date and time of proposal submission. This limitation includes proposals submitted by a lead organization and any subawards included as part of a collaborative proposal involving multiple institutions. No exceptions will be made.

## Proposal Preparation and Submission Instructions

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### A. Proposal Preparation Instructions

- **Letters of Intent:** Not required
- **Preliminary Proposal Submission:** Not required
- **Full Proposals:**
  - Full Proposals submitted via Research.gov: *NSF Proposal and Award Policies and Procedures Guide (PAPPG)* guidelines apply. The complete text of the PAPPG is available electronically on the NSF website at: [https://www.nsf.gov/publications/pub\\_summ.jsp?ods\\_key=pappg](https://www.nsf.gov/publications/pub_summ.jsp?ods_key=pappg).
  - Full Proposals submitted via Grants.gov: *NSF Grants.gov Application Guide: A Guide for the Preparation and Submission of NSF Applications via Grants.gov* guidelines apply (Note: The *NSF Grants.gov Application Guide* is available on the Grants.gov website and on the NSF website at: [https://www.nsf.gov/publications/pub\\_summ.jsp?ods\\_key=grantsgovguide](https://www.nsf.gov/publications/pub_summ.jsp?ods_key=grantsgovguide)).

### B. Budgetary Information

- **Cost Sharing Requirements:**

Inclusion of voluntary committed cost sharing is prohibited.
- **Indirect Cost (F&A) Limitations:**

Not Applicable
- **Other Budgetary Limitations:**

Not Applicable

### C. Due Dates

- **Full Proposal Deadline(s) (due by 5 p.m. submitter's local time):**

May 05, 2022  
Stage 1

February 01, 2023

Stage 2

## Proposal Review Information Criteria

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### Merit Review Criteria:

National Science Board approved criteria. Additional merit review criteria apply. Please see the full text of this solicitation for further information.

## Award Administration Information

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### Award Conditions:

Standard NSF award conditions apply.

### Reporting Requirements:

Standard NSF reporting requirements apply.

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## I. INTRODUCTION

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The Civic Innovation Challenge (CIVIC) is a research and action competition designed to build a more cohesive research-to-innovation pipeline and foster a collaborative spirit between communities and researchers. Building on other stakeholder-engaged research programs such as NSF's Smart & Connected Communities (S&CC) program, CIVIC aims to flip the community-university dynamic, asking *communities* to identify civic priorities ripe for innovation and to then partner with researchers to address those priorities. Together, academic and civic partners leverage technical, social scientific, and civic stakeholder expertise, to make progress towards addressing the themes in the two tracks specified in this solicitation, both of which are of high priority to communities today.

CIVIC aims to accelerate the transition to practice of foundational research and emerging technologies into communities through civic-engaged research, while deepening cooperation and information sharing across sectors and regions. Whereas many community-university partnerships take years to provide tangible benefits to communities, CIVIC funds projects that pilot state-of-the-art technologies that deliver results over 12 months, following a six-month planning phase, and have the potential for lasting impact in the partnering community as well as the potential to be scaled and implemented in other communities.

## II. PROGRAM DESCRIPTION

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### A. Overview

CIVIC is laying a foundation for a broader and more fluid exchange of research interests and civic priorities that will create new instances of collaboration and introduce new areas of technical and social scientific discovery. This goal will be achieved by focusing on research that is ready for piloting in and with communities on a short timescale, where real-world impact can be delivered and evaluated within 12 months. A CIVIC project should address technical and

social science research questions that arise from community-identified challenges via a tight collaboration between civic and academic partners, with the goal of achieving concrete impacts in the communities. Activities should also be scalable and sustainable within the partnering community and have aspects that are transferable to other communities across the US.

CIVIC is comprised of two tracks:

#### **Track A: Living in a changing climate: pre-disaster action around adaptation, resilience, and mitigation**

This track is interested in projects that pilot community-driven, innovative, and actionable research-centered strategies for adaptation, mitigation, and resilience in community systems, services, and economic drivers that are vulnerable in the face of a changing climate. Projects must focus on aspects essential for the proper functioning of a community and its economy such as, for example, public utilities, transportation and mobility, food and agriculture, public health, ecosystem services, residential and commercial buildings, financial services, education and workforce development, and community planning and services. Projects can involve cyber, physical, and/or social components. Multi-domain teams of research and civic partners, together with community stakeholders, must co-create scalable pilot projects that will lead to measurable, inclusive, and equitable outcomes. Teams should consider and incorporate within their set of stakeholders the needs of economically disadvantaged and marginalized populations that are especially susceptible to increasing environmental instability and its resulting impacts. Teams are additionally encouraged to consider a holistic perspective around environmental sustainability and environmental thresholds, and implications for public health and public safety, related to the intended outcomes of their climate-focused project.

As civic-academic teams assess impactful, local pilot projects they may consider questions such as but not limited to:

- What is needed to adapt a given economic driver or critical infrastructure to environmental variations the community is experiencing due to the changing climate?
- How can the partnering community improve resilience of its built or natural environment—or services within a specific sector—to minimize the threat of increased climate variability as well as rapid-onset or slow-developing hazards?
- What meaningful mitigation approaches can be implemented within a given sector to reduce its greenhouse gas emissions and promote decarbonization, while considering the views and possible consequences and impacts on the affected community and stakeholders?
- What are the potential policy and economic impacts of the proposed pilot project outcomes on the community, especially economically disadvantaged and marginalized populations?

#### **Track B: Bridging the gap between essential resources and services & community needs**

This track is centered on enhancing peoples' access to essential resources and services—through efforts at the level of communities—where better accessibility could significantly improve quality of life and community resilience. Gaps and inequities in resource and service allocations result from long-standing, systemic issues around accessibility, economic disparity, poorly designed interfaces, or the result of disruptions caused by a shock or disaster. Examples of focus areas include food, housing, workforce training and development, public transportation, recreational facilities and access to the natural world, health care, and education and social services, financial services, and digital inclusion. Proposers are encouraged to leverage anchor institutions in their community that are focused on delivering or providing access to one or more resources or services to a set of end-users which may include socioeconomically disadvantaged groups and vulnerable populations (such as the elderly and those who are physically impaired). Multi-domain teams of research and civic partners, together with community stakeholders, must co-create scalable pilot projects that will lead to measurable, inclusive, and equitable outcomes.

Proposing teams should consider questions that include, but are not limited to:

- What inefficiencies or inequities in access or distribution exist regarding a given type of service, and are the problems occurring as a result of, for example, gaps in information, lack of coordination, a technological divide, design flaws, limited resources, inadequate community voice, or lack of infrastructure?
- What innovative technological, financial, or organizational approaches can be used to improve access to and coordination of essential resources and services, thus improving the connection between service providers and service seekers? How might community-wide expertise and innovative thinking be brought to bear?
- What are the holistic requirements in terms of social, physical, environmental, and digital infrastructure that can realistically be designed, developed, and/or deployed within communities in a 12-month time frame to promote successful outcomes?

For all proposals (Track A or Track B), the project team must include civic partners and stakeholders working together with researchers to develop, pilot, and evaluate the proposed project. Civic partners and stakeholders may include local, state, or tribal government officials; non-profit representatives; community organizers or advocates; community service providers; and/or others working to improve their communities. In addition, teams may choose to engage with industry partners. To be true partners in these activities, it is encouraged in the Stage 2 Full Awards for civic partner(s) to receive an appropriate distribution of funds in the project budget, if allowable by the participating organization. Although only universities and non-profit organizations are eligible to receive funds directly from NSF, other civic partners and organizations (including local, tribal, and state governments and industry) may receive funding via subawards from the awardee organization.

For this solicitation, civic partnership and engagement activities, communities, and the academic and civic partners must be based in the United States or its protectorates. For purposes of clarity, civic partners and stakeholders may include local, state, or tribal government officials; non-profit representatives; community organizers or advocates; community service providers; and/or others working to improve their communities.

NSF is committed to broadening participation among underrepresented groups, institutions, and geographic regions. This is essential to the health and vitality of our Nation. Teams are encouraged to work directly with members of underrepresented groups as team members and/or to carry out civic partnership and engagement activities. Examples of underrepresented groups include but are not limited to women, persons with disabilities, African Americans/Blacks, Hispanic Americans, American Indians, Alaska Natives, Native Hawaiians, Native Pacific Islanders, and persons from economically disadvantaged backgrounds.

Proposals should anticipate providing Institutional Review Board (IRB)/Institutional Animal Care and Use Committee (IACUC) approvals as appropriate prior to award.

#### **B. Project Categories**

The CIVIC program comprises two stages, stage 1 Planning Grants and Stage 2 Full Awards. Stage 1 projects will be selected through an open proposal submission. However, only Stage 1 participants will be allowed to submit proposals for Stage 2. For Stage 2 projects, the PI must be the same as Stage 1, but other changes in the team composition are allowable. The Stage 2 projects are focused on developing and piloting solutions to community challenges in the two tracks identified in this solicitation.

**Stage 1. Planning Grants (PGs).** Projects funded in this stage will provide support for a period of six months with a budget not to exceed \$50,000. Each of these projects will undertake a range of planning activities in anticipation of submitting a Stage 2 proposal, such as strengthening collaborations with relevant

partners and stakeholders, solidifying the deliverables and the academic and civic partner team members' roles, and refining the vision and plan for executing the research-centered pilot project.

**Stage 2. Full Awards (FAs).** Projects funded in this stage will provide support for a period of 12 months with a budget not to exceed \$1,000,000. Each Stage 2 project will pursue a research-centered pilot project in either one of the two tracks specified in this solicitation. Teams will define clear roles for the civic and research organizations, describe expected research and community impacts, identify risks in execution and their possible mitigation, and provide plans for scaling the project as well as project sustainability beyond the period of the award.

### C. "Community-of-Practice" Activities

MetroLab Network, supported by NSF award 1931690, will lead a range of activities critical to the success of CIVIC, including outreach, capacity building, grantee support, and joint-funder engagement. MetroLab Network will foster "communities-of-practice" through in-person and virtual activities aimed at enhancing the teams' capacity-building, networking, impact, and ability to ultimately create methods and solutions transferable to other communities.

CIVIC awardees must participate in cohort activities led by MetroLab Network and the NSF CIVIC program team, with a combination of in-person or virtual events. Projects must send a minimum of two team members to participate in these activities, including the PI and preferably another member of the project representing a sector different from the PI. For example, if the PI applies via a non-profit, they may send a second team member from academia; local, state, or tribal government; service provider; or another sector represented on the team. An alternate representative may attend these events, if approved by NSF.

Awardees must participate in the following activities, which will be held either in-person or virtual. Stage 1 grantees must participate in a one- or two-day kickoff workshop and a two-day event near the end of the six months, including a showcase of progress to date on the first day. Stage 2 grantees must participate in a two-day kick-off event, a two-day mid-year workshop, and a one-day showcase at the end of the projects. Each Stage 2 awardee will also be required to participate in a bimonthly discussion with NSF and possibly partnering agencies, to share project and partnership updates including progress towards sustaining and scaling promising project outcomes. In addition, Stage 2 awardees may be required to participate in the Smart & Connected Communities Principal Investigators annual meeting while their CIVIC awards are active. Details of these activities, including whether they will be held in-person or virtual will be provided to the awardees. Additional virtual activities will be provided to the awardees, including those focused on capacity-building and networking.

At the showcases at the end of Stage 1 and Stage 2, awardees will present demonstrations and/or summarize progress made during their awards. In addition, each team will prepare content that includes a one-page graphic summary of their project and a video of up to five minutes describing the project. Award recipients agree that the resulting presentation material may be posted online for public access and/or shared by NSF with interested parties. NSF anticipates the documents may be posted on a MetroLab Network or other appropriate website.

Proposing teams must include in their budgets travel to these events. The events are anticipated to be located in the Washington, DC area.

## III. AWARD INFORMATION

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**Anticipated Type of Award:** Standard Grant

**Estimated Number of Awards:** 70

Approximately 50, \$50,000 planning grants for Stage 1 and approximately 20, \$1,000,000 full awards for Stage 2 are anticipated, subject to the quality of proposals and availability of funds.

**Anticipated Funding Amount:** \$22,500,000

Estimated program budget, number of awards per track, and average award size/duration are subject to the availability of funds and quality of proposals received.

## IV. ELIGIBILITY INFORMATION

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### Who May Submit Proposals:

Proposals may only be submitted by the following:

- **Institutions of Higher Education (IHEs)** - Two- and four-year IHEs (including community colleges) accredited in, and having a campus located in the US, acting on behalf of their faculty members. Special Instructions for International Branch Campuses of US IHEs: If the proposal includes funding to be provided to an international branch campus of a US institution of higher education (including through use of subawards and consultant arrangements), the proposer must explain the benefit(s) to the project of performance at the international branch campus, and justify why the project activities cannot be performed at the US campus.
- **Non-profit, non-academic organizations:** Independent museums, observatories, research labs, professional societies and similar organizations in the U.S. associated with educational or research activities.

### Who May Serve as PI:

There are no restrictions or limits.

### Limit on Number of Proposals per Organization:

There are no restrictions or limits.

### Limit on Number of Proposals per PI or co-PI:



For Stage 1: an individual may participate as PI or co-PI in at most two proposals.

For Stage 2: an individual may participate as PI or co-PI in only one proposal.

In the event that an individual exceeds this limit, proposals received within the limit will be accepted based on earliest date and time of proposal submission. This limitation includes proposals submitted by a lead organization and any subawards included as part of a collaborative proposal involving multiple institutions. No exceptions will be made.

#### Additional Eligibility Info:

Proposals for Stage 2 may only be submitted by Stage 1 grantees. The PI must be the same, however other changes in the team composition are allowable.

## V. PROPOSAL PREPARATION AND SUBMISSION INSTRUCTIONS

### A. Proposal Preparation Instructions

**Full Proposal Preparation Instructions:** Proposers may opt to submit proposals in response to this Program Solicitation via Research.gov or Grants.gov.

- **Full Proposals submitted via Research.gov:** Proposals submitted in response to this program solicitation should be prepared and submitted in accordance with the general guidelines contained in the *NSF Proposal and Award Policies and Procedures Guide* (PAPPG). The complete text of the PAPPG is available electronically on the NSF website at: [https://www.nsf.gov/publications/pub\\_summ.jsp?ods\\_key=pappg](https://www.nsf.gov/publications/pub_summ.jsp?ods_key=pappg). Paper copies of the PAPPG may be obtained from the NSF Publications Clearinghouse, telephone (703) 292-8134 or by e-mail from [nsfpubs@nsf.gov](mailto:nsfpubs@nsf.gov). The Prepare New Proposal setup will prompt you for the program solicitation number.
- **Full proposals submitted via Grants.gov:** Proposals submitted in response to this program solicitation via Grants.gov should be prepared and submitted in accordance with the *NSF Grants.gov Application Guide: A Guide for the Preparation and Submission of NSF Applications via Grants.gov*. The complete text of the *NSF Grants.gov Application Guide* is available on the Grants.gov website and on the NSF website at: ([https://www.nsf.gov/publications/pub\\_summ.jsp?ods\\_key=grantsgovguide](https://www.nsf.gov/publications/pub_summ.jsp?ods_key=grantsgovguide)). To obtain copies of the Application Guide and Application Forms Package, click on the Apply tab on the Grants.gov site, then click on the Apply Step 1: Download a Grant Application Package and Application Instructions link and enter the funding opportunity number, (the program solicitation number without the NSF prefix) and press the Download Package button. Paper copies of the Grants.gov Application Guide also may be obtained from the NSF Publications Clearinghouse, telephone (703) 292-8134 or by e-mail from [nsfpubs@nsf.gov](mailto:nsfpubs@nsf.gov).

See PAPPG Chapter II.C.2 for guidance on the required sections of a full research proposal submitted to NSF. Please note that the proposal preparation instructions provided in this program solicitation may deviate from the PAPPG instructions.

**Multi-Institutional Proposals:** For collaborative proposals involving multiple institutions, the proposal must be submitted by one lead institution with funding for all other participating institutions made through subawards. See PAPPG Chapter II.D.3.a for additional information. **Proposals submitted as separately submitted collaborative proposals (as described under PAPPG Chapter II.D.3.b) will be returned without review.**

Please note that the Stage 1 Planning Grant proposals described in this solicitation are a solicitation-specific project category and are separate and distinct from the type of proposal described in Chapter II.E.1 of the PAPPG. **When preparing a Stage 1 Planning Grant proposal in response to this solicitation, the "Research" type of proposal should be selected.**

#### Cover Sheet:

**Proposal Title:** The title of Stage 1 Planning Grant proposals must begin with "CIVIC-PG Track A" or "CIVIC-PG Track B". Titles for Stage 2 Full Award proposals must begin with "CIVIC-FA Track A" or "CIVIC-FA Track B".

The rest of the proposal title should describe the project in concise, informative language so that a scientifically- or technically-literate reader can understand the aims of the project. The title should emphasize the expected outcome of the project and be suitable for use in the public press.

**Personnel Listed on the Cover Sheet:** Provide complete information requested on the cover sheet for the PI and co-PIs.

#### Project Description:

**All proposals must include all sections required by the PAPPG, including Broader Impacts, and Results from Prior NSF Support.**

#### Stage 1. Planning Grant (PG) Proposals

**Project Description:** PG proposals should describe how the team will use the planning grant period to refine their team, ideas, and research-based pilot project in order to prepare for submission of a Stage 2 Full Award. The Project Description for PG proposals is limited to 7 pages in length. PG proposals exceeding 7 pages in length will be returned without review. References do not count as part of the page limits.

The Project Description must include separate sections labeled Vision for a Research-Centered Pilot Project, Civic Partnerships and Engagement, Broader Impacts, and Results from Prior NSF Support. A subsection labeled Research Questions must be included as part of the Vision for a Research-Centered Pilot Project section. Proposals lacking one or more of these sections or subsection will be returned without review. Additional details about these sections follows:

1) **Vision for a Research-Centered Pilot Project** must be the central focus of the Project Description. This section must outline the vision and goals of the pilot project that would be carried out within a real-world context in Stage 2; indicate the partners involved in the project; and the tasks to be performed during the Stage 1 PG. It should also include a description of the respective roles of each organization. Note that teams must propose a vision for Stage 2 outcomes and products that go beyond a model, policy, best practices document, or academic publications.

- **Research Questions** must detail technical and social science research questions, hypotheses, and research gaps that will be explored during the

planning period in order to refine the Stage 2 pilot project.

Teams should consider the following as they develop their vision for a Research-Centered Pilot Project:

- In what ways does the envisioned Stage 2 pilot project go beyond the state-of-practice and state-of-the-art?
- Is the envisioned Stage 2 pilot project suitable for the fast-paced timeline of CIVIC?
- Who are the members of the team, including academic and civic partners and stakeholders, and why is each relevant for the project? Are there gaps in expertise that will be addressed during the planning period?
- What are the activities to be undertaken during the Stage 1 PG to prepare the team to propose a competitive Stage 2 proposal?

**2) Civic Partnerships and Engagement** must describe the community(ies) where the activities will be undertaken and detail how the team will work together to "close the loop" and achieve significant impact with their proposed activities. NSF expects strong collaboration across the PG team. Details of the collaboration should be included, both previous partnerships and engagement and the specific proposed roles and responsibilities for this project.

Teams may wish to consider the following as they develop their civic partnership and engagement plans:

- Who from the community should be engaged in the project? This may include city or state departments or agencies, regional councils of government, human and social service providers, city planners or land/resource managers, as well as other stakeholders who are interested in addressing the specific topic, enhancing service provision, and/or creating better approaches for residents to inform a region, city, or community.
- How will the collaborative approach break down barriers between academia, civic organizations, and local and state governments to achieve desired impact?
- From the community's perspective, do the proposed activities address a problem of significance? In what ways has the community worked to address this problem previously? Why does the community believe this problem will benefit from inclusion of researchers?
- Is there a need for skill building or workforce development elements in order for the community to be an integral part of the pilot project and adopt the pilot project outcomes long term?
- What combination of civic partner(s), civic engagement activities, and research outputs will enable the project team to "close the loop" and achieve significant impact with their proposed activities?
- Does the team have the capacity to undertake a fast-paced research-centered pilot project in Stage 2, including the ability to meet regularly?

**3) Broader Impacts** must include the content described in the NSF PAPPG.

**4) Results from Prior NSF Support** must include the content described in the NSF PAPPG.

## Stage 2. Full Award (FA) Proposals

**Project Description:** The Project Description for Full Award proposals is limited to 15 pages in length. References do not count as part of the page limit.

The Project Description must provide details on a research-centered pilot project within a real-world context and describe how the civic partnership and engagement components infuse and support the proposed project. It should summarize activities conducted during the PG and how these activities have prepared the team for the FA, as well as the ability for a rapid start-up of the pilot project at the onset of the award. Proposals must include separate sections labeled Research-Centered Pilot Project, Civic Partnerships and Engagement, Broader Impacts, Results from Prior NSF Support, Management Plan, Evaluation Plan, and Scalability, Sustainability, and Transferability.

A subsection labeled Research Questions must be included as part of the Research-Centered Pilot Project section. Proposals lacking one or more of these sections or subsection will be returned without review. Additional details about these sections follows:

1) **Research-Centered Pilot Project** section must be the central focus of the Project Description. This section must outline the proposed pilot project and its goals; preparatory activities carried out, including those from the PG; tasks to be performed during execution of the FA; and the roles of each team member along with the role of their respective organization. Note that teams must propose a vision for Stage 2 outcomes and products that go beyond a model, policy, best practices document, or academic publication(s). Priority will be given to projects that are scalable and generalizable to other communities

- **Research Questions** must detail technical and social science research questions, hypotheses, and research gaps that will be explored during the proposed project.

Teams should consider the following as they develop their Research-Centered Pilot Project:

- In what ways does the proposed pilot project go beyond the state-of-practice and state-of-the-art?
- What technologies and/or prior work are being leveraged for this project? What were the results from the PG and how have they supported the vision for the FA?
- How ready is the proposed project for demonstration in the selected community within 12 months with the available award size for CIVIC?
- If changes in the team happened from Stage 1 to Stage 2, what are the reasons for those changes and what are the additional capabilities of the new members?
- Why are the proposed activities best suited for collaboration between researchers, civic stakeholders, and civic partners, rather than as independent efforts? How will the team members work together during the execution of the FA and will civic partners be able to receive funds?
- What are the constraints within which the project must work (e.g., availability of paid and unpaid individuals contributing to the project, deployment and operations restrictions or conventions in the community, and cost of the proposed activities)?
- Who will be impacted by these activities? Is this impact sufficiently large to warrant investment of time and future funds on the part of the community? Will the proposed activities receive the necessary "buy-in" from the local government and citizens in order to achieve the desired impact?
- What resources and infrastructure from the partnering community will be leveraged for the proposed activities?
- How do considerations of equity, access, and data privacy factor into the proposed solution(s)?

**2) Civic Partnerships and Engagement** must describe the community(ies) in which the activities will be undertaken and detail how teams will work together to "close the loop" and achieve significant impact with their proposed activities. Details of the collaboration should be included, both previous partnerships and engagement and the specific proposed roles and responsibilities for this project.

Teams should consider the following as they are developing their civic partnership and engagement plans:

- Who from the community should be engaged in the project?
- From the community's perspective, do the proposed activities address a problem of significance? In what ways has the community worked to address this problem previously? Why does the community believe this problem will benefit from inclusion of research?



- Is there a need for the pilot project to involve skill building or workforce development elements in order for the community to adopt and sustain the pilot outcomes?
- What combination of civic partner(s), civic engagement activities, and research outputs will enable the project team to "close the loop" and achieve significant impact with their proposed activities?
- Does the team have the capacity to undertake a fast-paced, research-centered pilot project, including the ability to meet regularly?

3) **Broader Impacts** must include the content described in the PAPPG.

4) **Results from Prior NSF Support** must include the content described in the PAPPG.

5) **Management Plan.** The Project Description for FA proposals must contain a Management Plan that describes the specific roles and responsibilities of all members of the team: PI, co-PIs, other Senior Personnel, and other partners. This section should describe the expertise each member or group brings to the project, including to the technical and/or social-science dimensions, access to the target community, and management of project tasks. If any member of the team is not included in the budget, describe the reason.

In addition, teams should consider the following:

- How will the project be managed across academic disciplines, institutions and organizations, and community(ies)? Identify specific collaboration mechanisms that will enable cross-discipline and cross-sector integration of teams. How did this approach work during the Planning Grant award period? Note that although the lead PI must be from an institution of higher education or non-profit organization, teams are encouraged, as it makes sense for a given project, to designate funds for other member(s) of the team to participate in the project.
- Who will be involved in carrying out tasks over the course of the project? Consider including a timeline with principal tasks and associated interactions.
- How will the team address issues such as data sharing, data governance, and any intellectual property developed during the project?

6) **Evaluation Plan.** Teams should have a plan to monitor and adjust the proposed pilot project activities to ensure that they are meeting the envisioned goals of the involved set of partners and stakeholders. The Evaluation Plan should be specific to the project's proposed goals and milestones, which includes the effectiveness of the multi-domain, civic-academic partnerships. For example, it should describe criteria, metrics, and methods for assessing progress and outcomes. Evaluations may use methods most appropriate for measuring community impact (e.g., qualitative and/or quantitative assessment, periodic and/or longitudinal analyses, and public participation in data collection).

7) **Scalability, Sustainability, and Transferability.** In the design of their 12-month pilot projects, teams should consider the scalability, sustainability, and transferability of successful outcomes.

Teams should consider addressing the following:

- What is the vision for scaling the project to full implementation in the context of the team's proposed project?
- How will the team sustain the project beyond the period of NSF support to increase impact beyond the pilot stage? Examples include partnerships with stakeholders who can build local, long-term support or relevant technical training of the local community/end users.
- Although the focus of the proposed activities should be on a pilot project that is specific to the team's local community, projects should not simply propose a point solution but must have components that are transferable to other communities. This section should describe the aspects that may be transferable.

### Supplementary Documents:

Proposers are required to submit all Supplementary Documents required in the PAPPG, including a data management plan as well as a postdoctoral mentoring plan, if applicable for the project. Project Personnel and Partner Institutions is additionally required. Biographical sketches for civic partners not designated as senior personnel are strongly encouraged as are Letters of Collaboration. See below for more details. Please note that Research.gov currently can only accept one file for Other Supplementary Documents. If submitting via Research.gov, please combine all documents designated as Other Supplementary Documents into one PDF.

**1. Project Personnel and Partner Institutions:** All proposals (Stage 1 and Stage 2) must have current, accurate information of all personnel and institutions involved in the project. The list must include all PIs, co-PIs, Senior Personnel, paid/unpaid Civic Partners, Consultants or Collaborators, Subawardees, Postdocs, and project-level advisory committee members. This list should be numbered and include (in this order) Full name, Organization(s), and Role in the project, with each item separated by a semi-colon. Each person listed should start a new numbered line. For example:

- Maria Velasquez; XYZ University; PI
- Kiara Williams; Office of Governor X; coPI (Subawardee)
- John Jones; University of PQR; Senior Personnel (Subawardee)
- Jane Brown; XYZ University; Postdoc
- Bob Adams; ABC City Council; Paid Civic Partner (Subawardee)
- Mary White; Welldone Church; Unpaid Collaborator

**Proposals that do not contain Project Personnel and Partner Institutions with the appropriate information will be returned without review.**

**2. Biographical Sketches for civic partners not designated as Senior Personnel:** As required in the PAPPG, Biographical Sketches are required for Senior Personnel and are to be included in the Biographical Sketches section (see NSF PAPPG Chapter II.C.2.f). Proposers are strongly encouraged to also include, in the "Other Personnel Biographical Information" section of Research.gov or as a Supplementary Document in Grants.gov, Biographical Sketches for all other civic partners listed in the Project Personnel and Partner Institutions Supplementary Document. Proposers should follow the guidance on Biographical Sketches specified in the NSF PAPPG but may leave the "Products" section blank if not relevant for a given individual.

**3. Letters of Collaboration:** Letters of collaboration explicitly describing roles and responsibilities of civic and academic partners are strongly encouraged for Stage 1 and Stage 2. Letters should be provided in the Supplementary Documents section and each collaboration letter is limited to 2 pages in length. Letters that primarily serve as endorsements of the team or project or letters of support are explicitly excluded and may result in the proposal being returned without review.

Teams may alternatively choose to use "the standard letter" of collaboration from the NSF PAPPG:

"If the proposal submitted by Dr. [insert the full name of the Principal Investigator] entitled [insert the proposal title] is selected for funding by NSF, it is my intent to collaborate and/or commit resources as detailed in the Project Description or the Facilities, Equipment or Other Resources section of the proposal."

Collaborative activities that are identified in the budget should follow the instructions in the NSF PAPPG. Any substantial collaboration with individuals not included in the budget should also be described in the Facilities, Equipment and Other Resources section of the proposal and documented in a Letter of Collaboration from each collaborator.

#### Collaborators and Other Affiliations (COA) Information:

Proposers should follow the guidance specified in Chapter II.C.1.e of the NSF PAPPG.

Note the distinction to the list of Project Personnel and Partner Institutions specified above under Supplementary Documents: the listing of all project participants is collected by the project lead and entered as a Supplementary Document. The Collaborators and Other Affiliations are entered for each senior project personnel. Note that Single Copy Documents are only seen by NSF staff.

#### CIVIC Proposal Preparation Checklist:

The following checklist is provided as a reminder of the items that should be checked before submitting a proposal to this solicitation. These are a summary of the requirements described above. For the items marked with (RWR), the proposal will be returned without review if the required item is not compliant at the submission deadline.

- Proposal titles must begin with "SCC-CIVIC-PG Track A", "SCC-CIVIC-PG Track B", "SCC-CIVIC-FA Track A", or "SCC-CIVIC-FA Track B".
- (RWR) Project Description must not exceed 7 pages for Planning Grant proposals.
- (RWR) Sections labeled "Vision for a Research-Centered Pilot Project" (Stage 1) or "Research-Centered Pilot Project (Stage 2); "Civic Partnerships and Engagement"; "Broader Impacts" and "Results from Prior NSF Support" are required within the Project Description for all proposals.
- (RWR) A subsection labeled "Research Questions" is required within the "Vision for a Research-Centered Pilot Project" (Stage 1) or "Research-Centered Pilot Project (Stage 2) section of the Project Description for all proposals.
- (RWR) Project Personnel and Partner Institutions document is required as a Supplementary Document for all proposals.
- (RWR) Proposals must be submitted by one lead organization with funding for all other participating institutions made through subawards.
- (RWR) Proposals submitted as separately submitted collaborative proposals (as described under PAPPG Chapter II.D.3.b) will be returned without review.
- (RWR) Sections labeled "Management Plan", "Evaluation Plan", and "Scalability, Sustainability, and Transferability" are required within the Project Description for Stage 2 Full Award proposals.
- (RWR) For Stage 1: an individual may participate as PI or co-PI in at most two proposals.
- (RWR) For Stage 2: an individual may participate as PI or co-PI in only one proposal.
- Letters of Collaboration are permitted as Supplementary Documents for all proposals.
- In addition, all requirements in the PAPPG must be fulfilled.

## B. Budgetary Information

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#### Cost Sharing:

Inclusion of voluntary committed cost sharing is prohibited.

#### Budget Preparation Instructions:

Budgets must include travel to Washington, DC for two participants to attend community-of-practice activities listed in section II.C. For both Planning Grants and Full Awards, the activities involve a two-day kick-off workshop and a two-day showcase event at the end of the project. Full Awards activities also include a two-day mid-year workshop and the S&CC Principal Investigator annual meeting.

## C. Due Dates

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- **Full Proposal Deadline(s)** (due by 5 p.m. submitter's local time):

May 05, 2022

Stage 1

February 01, 2023

Stage 2

## D. Research.gov/Grants.gov Requirements

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#### For Proposals Submitted Via Research.gov:

To prepare and submit a proposal via Research.gov, see detailed technical instructions available at: [https://www.research.gov/research-portal/appmanager/base/desktop?\\_nfpb=true&\\_pageLabel=research\\_node\\_display&\\_nodePath=/researchGov/Service/Desktop/ProposalPreparationandSubmission.html](https://www.research.gov/research-portal/appmanager/base/desktop?_nfpb=true&_pageLabel=research_node_display&_nodePath=/researchGov/Service/Desktop/ProposalPreparationandSubmission.html). For Research.gov user support, call the Research.gov Help Desk at 1-800-673-6188 or e-mail [rgov@nsf.gov](mailto:rgov@nsf.gov). The Research.gov Help Desk answers general technical questions related to the use of the Research.gov system. Specific questions related to this program solicitation should be referred to the NSF program staff contact(s) listed in Section VIII of this funding opportunity.

#### For Proposals Submitted Via Grants.gov:

Before using Grants.gov for the first time, each organization must register to create an institutional profile. Once registered, the applicant's organization can then apply for any federal grant on the Grants.gov website. Comprehensive information about using Grants.gov is available on the Grants.gov Applicant Resources webpage: <https://www.grants.gov/web/grants/applicants.html>. In addition, the NSF Grants.gov

Application Guide (see link in Section V.A) provides instructions regarding the technical preparation of proposals via Grants.gov. For Grants.gov user support, contact the Grants.gov Contact Center at 1-800-518-4726 or by email: [support@grants.gov](mailto:support@grants.gov). The Grants.gov Contact Center answers general technical questions related to the use of Grants.gov. Specific questions related to this program solicitation should be referred to the NSF program staff contact(s) listed in Section VIII of this solicitation.

**Submitting the Proposal:** Once all documents have been completed, the Authorized Organizational Representative (AOR) must submit the application to Grants.gov and verify the desired funding opportunity and agency to which the application is submitted. The AOR must then sign and submit the application to Grants.gov. The completed application will be transferred to the NSF FastLane system for further processing.

Proposers that submitted via Research.gov may use Research.gov to verify the status of their submission to NSF. For proposers that submitted via Grants.gov, until an application has been received and validated by NSF, the Authorized Organizational Representative may check the status of an application on Grants.gov. After proposers have received an e-mail notification from NSF, Research.gov should be used to check the status of an application.

## VI. NSF PROPOSAL PROCESSING AND REVIEW PROCEDURES

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Proposals received by NSF are assigned to the appropriate NSF program for acknowledgment and, if they meet NSF requirements, for review. All proposals are carefully reviewed by a scientist, engineer, or educator serving as an NSF Program Officer, and usually by three to ten other persons outside NSF either as *ad hoc* reviewers, panelists, or both, who are experts in the particular fields represented by the proposal. These reviewers are selected by Program Officers charged with oversight of the review process. Proposers are invited to suggest names of persons they believe are especially well qualified to review the proposal and/or persons they would prefer not review the proposal. These suggestions may serve as one source in the reviewer selection process at the Program Officer's discretion. Submission of such names, however, is optional. Care is taken to ensure that reviewers have no conflicts of interest with the proposal. In addition, Program Officers may obtain comments from site visits before recommending final action on proposals. Senior NSF staff further review recommendations for awards. A flowchart that depicts the entire NSF proposal and award process (and associated timeline) is included in PAPPG Exhibit III-1.

A comprehensive description of the Foundation's merit review process is available on the NSF website at: [https://www.nsf.gov/bfa/dias/policy/merit\\_review/](https://www.nsf.gov/bfa/dias/policy/merit_review/).

Proposers should also be aware of core strategies that are essential to the fulfillment of NSF's mission, as articulated in *Building the Future: Investing in Discovery and Innovation - NSF Strategic Plan for Fiscal Years (FY) 2018 – 2022*. These strategies are integrated in the program planning and implementation process, of which proposal review is one part. NSF's mission is particularly well-implemented through the integration of research and education and broadening participation in NSF programs, projects, and activities.

One of the strategic objectives in support of NSF's mission is to foster integration of research and education through the programs, projects, and activities it supports at academic and research institutions. These institutions must recruit, train, and prepare a diverse STEM workforce to advance the frontiers of science and participate in the U.S. technology-based economy. NSF's contribution to the national innovation ecosystem is to provide cutting-edge research under the guidance of the Nation's most creative scientists and engineers. NSF also supports development of a strong science, technology, engineering, and mathematics (STEM) workforce by investing in building the knowledge that informs improvements in STEM teaching and learning.

NSF's mission calls for the broadening of opportunities and expanding participation of groups, institutions, and geographic regions that are underrepresented in STEM disciplines, which is essential to the health and vitality of science and engineering. NSF is committed to this principle of diversity and deems it central to the programs, projects, and activities it considers and supports.

### A. Merit Review Principles and Criteria

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The National Science Foundation strives to invest in a robust and diverse portfolio of projects that creates new knowledge and enables breakthroughs in understanding across all areas of science and engineering research and education. To identify which projects to support, NSF relies on a merit review process that incorporates consideration of both the technical aspects of a proposed project and its potential to contribute more broadly to advancing NSF's mission "to promote the progress of science; to advance the national health, prosperity, and welfare; to secure the national defense; and for other purposes." NSF makes every effort to conduct a fair, competitive, transparent merit review process for the selection of projects.

#### 1. Merit Review Principles

These principles are to be given due diligence by PIs and organizations when preparing proposals and managing projects, by reviewers when reading and evaluating proposals, and by NSF program staff when determining whether or not to recommend proposals for funding and while overseeing awards. Given that NSF is the primary federal agency charged with nurturing and supporting excellence in basic research and education, the following three principles apply:

- All NSF projects should be of the highest quality and have the potential to advance, if not transform, the frontiers of knowledge.
- NSF projects, in the aggregate, should contribute more broadly to achieving societal goals. These "Broader Impacts" may be accomplished through the research itself, through activities that are directly related to specific research projects, or through activities that are supported by, but are complementary to, the project. The project activities may be based on previously established and/or innovative methods and approaches, but in either case must be well justified.
- Meaningful assessment and evaluation of NSF funded projects should be based on appropriate metrics, keeping in mind the likely correlation between the effect of broader impacts and the resources provided to implement projects. If the size of the activity is limited, evaluation of that activity in isolation is not likely to be meaningful. Thus, assessing the effectiveness of these activities may best be done at a higher, more aggregated, level than the individual project.

With respect to the third principle, even if assessment of Broader Impacts outcomes for particular projects is done at an aggregated level, PIs are expected to be accountable for carrying out the activities described in the funded project. Thus, individual projects should include clearly stated goals, specific descriptions of the activities that the PI intends to do, and a plan in place to document the outputs of those activities.

These three merit review principles provide the basis for the merit review criteria, as well as a context within which the users of the criteria can better understand their intent.

#### 2. Merit Review Criteria

All NSF proposals are evaluated through use of the two National Science Board approved merit review criteria. In some instances, however, NSF will employ additional criteria as required to highlight the specific objectives of certain programs and activities.

The two merit review criteria are listed below. **Both** criteria are to be given **full consideration** during the review and decision-making processes; each criterion is necessary but neither, by itself, is sufficient. Therefore, proposers must fully address both criteria. (PAPPG Chapter II.C.2.d(i). contains additional information for use by proposers in development of the Project Description section of the proposal). Reviewers are strongly encouraged to review the criteria, including PAPPG Chapter II.C.2.d(i), prior to the review of a proposal.

When evaluating NSF proposals, reviewers will be asked to consider what the proposers want to do, why they want to do it, how they plan to do it, how they will know if they succeed, and what benefits could accrue if the project is successful. These issues apply both to the technical aspects of the proposal and the way in which the project may make broader contributions. To that end, reviewers will be asked to evaluate all proposals against two criteria:

- **Intellectual Merit:** The Intellectual Merit criterion encompasses the potential to advance knowledge; and
- **Broader Impacts:** The Broader Impacts criterion encompasses the potential to benefit society and contribute to the achievement of specific, desired societal outcomes.

The following elements should be considered in the review for both criteria:

1. What is the potential for the proposed activity to
  - a. Advance knowledge and understanding within its own field or across different fields (Intellectual Merit); and
  - b. Benefit society or advance desired societal outcomes (Broader Impacts)?
2. To what extent do the proposed activities suggest and explore creative, original, or potentially transformative concepts?
3. Is the plan for carrying out the proposed activities well-reasoned, well-organized, and based on a sound rationale? Does the plan incorporate a mechanism to assess success?
4. How well qualified is the individual, team, or organization to conduct the proposed activities?
5. Are there adequate resources available to the PI (either at the home organization or through collaborations) to carry out the proposed activities?

Broader impacts may be accomplished through the research itself, through the activities that are directly related to specific research projects, or through activities that are supported by, but are complementary to, the project. NSF values the advancement of scientific knowledge and activities that contribute to achievement of societally relevant outcomes. Such outcomes include, but are not limited to: full participation of women, persons with disabilities, and other underrepresented groups in science, technology, engineering, and mathematics (STEM); improved STEM education and educator development at any level; increased public scientific literacy and public engagement with science and technology; improved well-being of individuals in society; development of a diverse, globally competitive STEM workforce; increased partnerships between academia, industry, and others; improved national security; increased economic competitiveness of the United States; and enhanced infrastructure for research and education.

Proposers are reminded that reviewers will also be asked to review the Data Management Plan and the Postdoctoral Researcher Mentoring Plan, as appropriate.

#### **Additional Solicitation Specific Review Criteria**

- Is it evident that the envisioned CIVIC project is (a) addressing a community-identified priority with a pilot that has the potential to be scaled and sustained, and (b) driven by strong partnerships between the necessary set of civic organizations, local and state governments, researchers, and other partners and stakeholders?
- Is the proposed pilot project well-suited for execution in the fast-paced 12-month timeframe of the CIVIC program, including a rapid start-up at the onset of Stage 2?

## **B. Review and Selection Process**

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Proposals submitted in response to this program solicitation will be reviewed by Ad hoc Review and/or Panel Review, Site Visit Review, or Reverse Site Review.

NSF will manage and conduct the review process of proposals submitted in accordance with NSF standards and procedures, as described in further detail below. The review and award recommendations will be coordinated by a CIVIC Interagency Working Group comprising program officers from the S&CC program in CISE, ENG, GEO, and SBE, and program officers from DHS and DOE. Relevant information about proposals and reviews of proposals will be shared between the participating funding organizations as appropriate. This Working Group will make joint decisions. For projects to be funded by DHS and DOE, those agencies will transfer funds to NSF, and NSF will make the awards. NSF may share proposals submitted in response to this solicitation with other federal agencies interested in funding projects.

Reviewers will be asked to evaluate proposals using two National Science Board approved merit review criteria and, if applicable, additional program specific criteria. A summary rating and accompanying narrative will generally be completed and submitted by each reviewer and/or panel. The Program Officer assigned to manage the proposal's review will consider the advice of reviewers and will formulate a recommendation.

After scientific, technical and programmatic review and consideration of appropriate factors, the NSF Program Officer recommends to the cognizant Division Director whether the proposal should be declined or recommended for award. NSF strives to be able to tell applicants whether their proposals have been declined or recommended for funding within six months. Large or particularly complex proposals or proposals from new awardees may require additional review and processing time. The time interval begins on the deadline or target date, or receipt date, whichever is later. The interval ends when the Division Director acts upon the Program Officer's recommendation.

After programmatic approval has been obtained, the proposals recommended for funding will be forwarded to the Division of Grants and Agreements for review of business, financial, and policy implications. After an administrative review has occurred, Grants and Agreements Officers perform the processing and issuance of a grant or other agreement. Proposers are cautioned that only a Grants and Agreements Officer may make commitments, obligations or awards on behalf of NSF or authorize the expenditure of funds. No commitment on the part of NSF should be inferred from technical or budgetary discussions with a NSF Program Officer. A Principal Investigator or organization that makes financial or personnel commitments in the absence of a grant or cooperative agreement signed by the NSF Grants and Agreements Officer does so at their own risk.

Once an award or declination decision has been made, Principal Investigators are provided feedback about their proposals. In all cases, reviews are treated as confidential documents. Verbatim copies of reviews, excluding the names of the reviewers or any reviewer-identifying information, are sent to the Principal Investigator/Project Director by the Program Officer. In addition, the proposer will receive an explanation of the decision to award or decline funding.

## VII. AWARD ADMINISTRATION INFORMATION

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### A. Notification of the Award

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Notification of the award is made to *the submitting organization* by a Grants Officer in the Division of Grants and Agreements. Organizations whose proposals are declined will be advised as promptly as possible by the cognizant NSF Program administering the program. Verbatim copies of reviews, not including the identity of the reviewer, will be provided automatically to the Principal Investigator. (See Section VI.B. for additional information on the review process.)

### B. Award Conditions

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An NSF award consists of: (1) the award notice, which includes any special provisions applicable to the award and any numbered amendments thereto; (2) the budget, which indicates the amounts, by categories of expense, on which NSF has based its support (or otherwise communicates any specific approvals or disapprovals of proposed expenditures); (3) the proposal referenced in the award notice; (4) the applicable award conditions, such as Grant General Conditions (GC-1)\*; or Research Terms and Conditions\* and (5) any announcement or other NSF issuance that may be incorporated by reference in the award notice. Cooperative agreements also are administered in accordance with NSF Cooperative Agreement Financial and Administrative Terms and Conditions (CA-FATC) and the applicable Programmatic Terms and Conditions. NSF awards are electronically signed by an NSF Grants and Agreements Officer and transmitted electronically to the organization via e-mail.

\*These documents may be accessed electronically on NSF's Website at [https://www.nsf.gov/awards/managing/award\\_conditions.jsp?org=NSF](https://www.nsf.gov/awards/managing/award_conditions.jsp?org=NSF). Paper copies may be obtained from the NSF Publications Clearinghouse, telephone (703) 292-8134 or by e-mail from [nsfpubs@nsf.gov](mailto:nsfpubs@nsf.gov).

More comprehensive information on NSF Award Conditions and other important information on the administration of NSF awards is contained in the NSF *Proposal & Award Policies & Procedures Guide* (PAPPG) Chapter VII, available electronically on the NSF Website at [https://www.nsf.gov/publications/pub\\_summ.jsp?ods\\_key=pappg](https://www.nsf.gov/publications/pub_summ.jsp?ods_key=pappg).

### C. Reporting Requirements

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For all multi-year grants (including both standard and continuing grants), the Principal Investigator must submit an annual project report to the cognizant Program Officer no later than 90 days prior to the end of the current budget period. (Some programs or awards require submission of more frequent project reports). No later than 120 days following expiration of a grant, the PI also is required to submit a final project report, and a project outcomes report for the general public.

Failure to provide the required annual or final project reports, or the project outcomes report, will delay NSF review and processing of any future funding increments as well as any pending proposals for all identified PIs and co-PIs on a given award. PIs should examine the formats of the required reports in advance to assure availability of required data.

PIs are required to use NSF's electronic project-reporting system, available through Research.gov, for preparation and submission of annual and final project reports. Such reports provide information on accomplishments, project participants (individual and organizational), publications, and other specific products and impacts of the project. Submission of the report via Research.gov constitutes certification by the PI that the contents of the report are accurate and complete. The project outcomes report also must be prepared and submitted using Research.gov. This report serves as a brief summary, prepared specifically for the public, of the nature and outcomes of the project. This report will be posted on the NSF website exactly as it is submitted by the PI.

More comprehensive information on NSF Reporting Requirements and other important information on the administration of NSF awards is contained in the NSF *Proposal & Award Policies & Procedures Guide* (PAPPG) Chapter VII, available electronically on the NSF Website at [https://www.nsf.gov/publications/pub\\_summ.jsp?ods\\_key=pappg](https://www.nsf.gov/publications/pub_summ.jsp?ods_key=pappg).

## VIII. AGENCY CONTACTS

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*Please note that the program contact information is current at the time of publishing. See program website for any updates to the points of contact.*

General inquiries regarding this program should be made to:

- David Corman, Program Director, CISE/CNS, telephone: (703) 292-8754, email: [dcorman@nsf.gov](mailto:dcorman@nsf.gov)
- Michal Ziv-Ei, Program Director, CISE/CNS, telephone: (703) 292-4926, email: [mzivel@nsf.gov](mailto:mzivel@nsf.gov)
- Linda Bushnell, Program Director, CISE/CNS, telephone: (703) 292-8950, email: [lbushnel@nsf.gov](mailto:lbushnel@nsf.gov)
- Sandip Roy, Program Director, CISE/CNS, telephone: (703) 292-7096, email: [saroy@nsf.gov](mailto:saroy@nsf.gov)
- Ralph Wachter, Program Director, CISE/CNS, telephone: (703) 292-8950, email: [rwachter@nsf.gov](mailto:rwachter@nsf.gov)
- Yueyue Fan, Program Director, ENG/CMMI, telephone: (703) 292-4453, email: [yfan@nsf.gov](mailto:yfan@nsf.gov)
- Daan Liang, Program Director, ENG/CMMI, telephone: (703) 292-2441, email: [dliang@nsf.gov](mailto:dliang@nsf.gov)
- Barbara Ransom, Program Director, GEO/OAD, telephone: (703) 292-7792, email: [bransom@nsf.gov](mailto:bransom@nsf.gov)
- Sara Kiesler, Program Director, SBE/SES, telephone: (703) 292-8643, email: [skiesler@nsf.gov](mailto:skiesler@nsf.gov)

For questions related to the use of FastLane or Research.gov, contact:

- FastLane and Research.gov Help Desk: 1-800-673-6188
- FastLane Help Desk e-mail: [fastlane@nsf.gov](mailto:fastlane@nsf.gov)



- Research.gov Help Desk e-mail: [rgov@nsf.gov](mailto:rgov@nsf.gov)

For questions relating to Grants.gov contact:

- Grants.gov Contact Center: If the Authorized Organizational Representatives (AOR) has not received a confirmation message from Grants.gov within 48 hours of submission of application, please contact via telephone: 1-800-518-4726; e-mail: [support@grants.gov](mailto:support@grants.gov).

## IX. OTHER INFORMATION

The NSF website provides the most comprehensive source of information on NSF Directorates (including contact information), programs and funding opportunities. Use of this website by potential proposers is strongly encouraged. In addition, "NSF Update" is an information-delivery system designed to keep potential proposers and other interested parties apprised of new NSF funding opportunities and publications, important changes in proposal and award policies and procedures, and upcoming NSF [Grants Conferences](#). Subscribers are informed through e-mail or the user's Web browser each time new publications are issued that match their identified interests. "NSF Update" also is available on [NSF's website](#).

Grants.gov provides an additional electronic capability to search for Federal government-wide grant opportunities. NSF funding opportunities may be accessed via this mechanism. Further information on Grants.gov may be obtained at <https://www.grants.gov>.

## ABOUT THE NATIONAL SCIENCE FOUNDATION

The National Science Foundation (NSF) is an independent Federal agency created by the National Science Foundation Act of 1950, as amended (42 USC 1861-75). The Act states the purpose of the NSF is "to promote the progress of science; [and] to advance the national health, prosperity, and welfare by supporting research and education in all fields of science and engineering."

NSF funds research and education in most fields of science and engineering. It does this through grants and cooperative agreements to more than 2,000 colleges, universities, K-12 school systems, businesses, informal science organizations and other research organizations throughout the US. The Foundation accounts for about one-fourth of Federal support to academic institutions for basic research.

NSF receives approximately 55,000 proposals each year for research, education and training projects, of which approximately 11,000 are funded. In addition, the Foundation receives several thousand applications for graduate and postdoctoral fellowships. The agency operates no laboratories itself but does support National Research Centers, user facilities, certain oceanographic vessels and Arctic and Antarctic research stations. The Foundation also supports cooperative research between universities and industry, US participation in international scientific and engineering efforts, and educational activities at every academic level.

*Facilitation Awards for Scientists and Engineers with Disabilities (FASSED)* provide funding for special assistance or equipment to enable persons with disabilities to work on NSF-supported projects. See the *NSF Proposal & Award Policies & Procedures Guide* Chapter II.E.6 for instructions regarding preparation of these types of proposals.

The National Science Foundation has Telephonic Device for the Deaf (TDD) and Federal Information Relay Service (FIRS) capabilities that enable individuals with hearing impairments to communicate with the Foundation about NSF programs, employment or general information. TDD may be accessed at (703) 292-5090 and (800) 281-8749, FIRS at (800) 877-8339.

The National Science Foundation Information Center may be reached at (703) 292-5111.

The National Science Foundation promotes and advances scientific progress in the United States by competitively awarding grants and cooperative agreements for research and education in the sciences, mathematics, and engineering.

To get the latest information about program deadlines, to download copies of NSF publications, and to access abstracts of awards, visit the NSF Website at <https://www.nsf.gov>

- **Location:** 2415 Eisenhower Avenue, Alexandria, VA 22314
- **For General Information** (NSF Information Center): (703) 292-5111
- **TDD (for the hearing-impaired):** (703) 292-5090
- **To Order Publications or Forms:**
  - Send an e-mail to: [nsfpubs@nsf.gov](mailto:nsfpubs@nsf.gov)
  - or telephone: (703) 292-8134
- **To Locate NSF Employees:** (703) 292-5111

## PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

The information requested on proposal forms and project reports is solicited under the authority of the National Science Foundation Act of 1950, as amended. The information on proposal forms will be used in connection with the selection of qualified proposals; and project reports submitted by awardees will be used for program evaluation and reporting within the Executive Branch and to Congress. The information requested may be disclosed to qualified reviewers and staff assistants as part of the proposal review process; to proposer institutions/grantees to provide or obtain data regarding the proposal review process, award decisions, or the administration of awards; to government contractors, experts, volunteers and researchers and educators as necessary to complete assigned work; to other government agencies or other entities needing information regarding applicants or nominees as part of a joint application review process, or in order to coordinate programs or policy; and to another Federal agency, court, or party in a court or Federal administrative proceeding if the government is a party. Information about Principal Investigators may be added to the Reviewer file and used to select potential candidates to serve as peer reviewers or advisory committee members. See [System of Record Notices, NSF-50](#), "Principal Investigator/Proposal File and Associated Records," and [NSF-51](#), "Reviewer/Proposal File and Associated Records." Submission of the information is voluntary. Failure to provide full and complete information, however, may reduce the possibility of receiving an award.

An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3145-0058. Public reporting burden for this collection of information is estimated to average 120 hours per response, including the time for reviewing instructions. Send comments regarding the burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to:

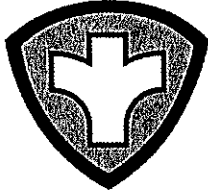
Suzanne H. Plimpton  
Reports Clearance Officer  
Policy Office, Division of Institution and Award Support  
Office of Budget, Finance, and Award Management  
National Science Foundation  
Alexandria, VA 22314

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National Science Foundation, 2415 Eisenhower Avenue, Alexandria, Virginia 22314, USA  
Tel: (703) 292-5111, FIRS: (800) 877-8339 | TDD: (703) 292-5090 or (800) 281-8749

[Text Only](#)



# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

**ST. JOSEPH COUNTY**  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

April 3, 2023

St. Joseph County Board of Health  
County City Building, 8<sup>th</sup> Floor  
South Bend, IN 46601

Members of the Board of Health,

The Department of Health would like your support to receive funding through the National Association of County & City Health Officials (NACCHO) to provide one-on-one technical assistance (TA) to take the next steps towards the goal of developing comprehensive, integrated approaches to suicide, overdose, ACEs prevention within local health departments. NACCHO will help local health departments and their communities understand and strengthen their capacity to address the intersection of suicide, overdose, and ACEs.

Attached is the Grant Application Data sheet, prepared by Frank Spesia as well as the contract and budget.

If you have any questions, I can be reached at 574-235-9750 Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Joseph H. Cerbin, MD  
Health Officer

JHP:CW:jsp

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

This 19<sup>th</sup> Day of April, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_ Abstain \_\_\_\_\_

\_\_\_\_\_  
John W. Linn, P.E.  
President, Board of Health

\_\_\_\_\_  
Michelle Migliore, MD  
Vice President, Board of Health

227 W. Jefferson Blvd. | 8th Fl. | South Bend, IN 46601  
P: (574) 235-9750 | F: (574) 235-9960



CONTRACTOR AGREEMENT

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the National Association of County and City Health Officials (hereinafter referred to as "NACCHO"), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005, and St. Joseph County through St. Joseph County Department of Health (hereinafter referred to as "Contractor"), with its principal place of business at 227 W. Jefferson Blvd. South Bend, IN 46601.

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

- 1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of CDC GRANT # 5NU38OT000306-05-00, CFDA #93.421, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.
2. TERM OF AGREEMENT: The term of the Agreement shall begin on December 5, 2022 and shall continue in effect until July 31, 2023, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. PAYMENT FOR SERVICES: In consideration for professional services to be performed, NACCHO agrees to pay Contractor an amount not to exceed \$54,967.00. All payments will be made within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. Four invoices must be submitted as follows:

Table with 4 columns: Invoice No., Amount, Deliverable, Due date. Row 1: Invoice I, \$5,496.70, 1a. Participate in project kick-off call facilitated by NACCHO on 12/13/22. Provide list of attendees (\$2,748.35). 1b. Complete and submit the pre-project SPACECAT (\$2,748.35)., Due by or before January 31, 2023

Invoice II	\$10,993.40	2a. Attend Learning Community Sessions 1, 2, and 3. Provide list of attendees and dates of submission for post-session evaluations (\$5,496.70). 2b. Attend Individual TA Sessions 1, 2, and 3. Provide list of attendees (\$5,496.70).	Due by or before April 30, 2023
Invoice III	\$21,986.80	3a. Attend Learning Community Sessions 4, 5, and 6. Provide list of attendees and dates of submission for post-session evaluations (\$5,496.70). 3b. Attend Individual TA Sessions 4, 5, and Provide list of attendees (\$5,496.70). 3c. Participate in Site Visit and related activities. Provide list of attendees and date of submission of Site Visit Evaluation (\$10,993.40).	Due by or before July 31, 2023
Invoice IV	\$16,490.10	4a. Attend Learning Community call 7. Provide list of attendees and date of submission of post session evaluation (\$5,496.70). 4b. Attend Individual TA Session 7. Provide list of attendees (\$2,748.35). 4c. Complete and submit the post-project SPACECAT (\$2,748.35). 4d. Complete and submit the end-of-project survey (\$2,748.35). 4e. Complete and submit end-of-project report (\$2,748.35).	Due by or before August 15, 2023

NACCHO Contract number must be included on all invoices. Unless otherwise expressly stated in this Agreement, all amounts specified in, and all payments to be made under, this Agreement shall be in United States Dollars. The parties agree that payment method shall be made by check, via postage-paid first-class mail, at the address for the giving of notices as set forth in Section 25 of this Agreement. Any changes of payment method would require a modification signed by both parties. The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Contractor will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.

ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Contractor shall act as an independent contractor, and

Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.

2. PAYMENT OF TAXES AND OTHER LEVIES: Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
3. LIABILITY: All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.

All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.

4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. ASSIGNMENT: Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.
6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.
7. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.
8. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all

right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the “Materials”) (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Contractor, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Contractor and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.
10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.
11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.

13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law's provisions).
14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.
15. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.
16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards), and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), It is the Contractor's responsibility to understand and comply with all requirements set forth therein.
17. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D, Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
18. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to Executive Order 12549 and Executive Order 12689 entitled "Debarment and Suspension" and 2 CFR 180, Contractor hereby certifies to the best of its knowledge that it is not presently debarred or suspended and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs.
19. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Contractor hereby certifies to NACCHO that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.
20. SALARY LIMITATION: Pursuant to CDC Additional Requirement – 32: Appropriation Act, General Provisions, cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this Agreement shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be

paid with federal funds.

21. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F, Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).
22. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for “whistleblowing.”
23. CORONAVIRUS DISEASE 2019 (COVID-19) Funds: The contractor acknowledged that the project is funded under the Coronavirus Preparedness and Response Supplemental Appropriation 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) and/or the Consolidated Appropriation Act, 2021 (P.L. 116-260), Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260) and hereby agrees, as to 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 measure and 3) assist the United States Government in implementation and enforcement of federal orders related to quarantine and isolation. The Contractor will comply, to the extent applicable, with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Furthermore, consistent with 45 C.F.R. 75.322, the Contractor agrees to provide to CDC copies and/or access to COVID-19 data collected 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.

24. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.
25. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:

National Association of County and City Health Officials  
Attn: Amie Myrick  
1201 (I) Eye Street NW 4th Fl.,  
Washington, DC 20005  
Tel. (443) 402-5082  
Fax (202) 783-1583  
Email: [amyrick@naccho.org](mailto:amyrick@naccho.org)

With a copy to:

National Association of County and City Health Officials  
Attn: Ade Hutapea, LL.M., CFCM, CCCM  
Director, Contracts  
1201 (I) Eye Street NW 4th Fl.,  
Washington, DC 20005  
Tel. (202) 507-4272  
Fax (202) 783-1583  
Email: [ahutapea@naccho.org](mailto:ahutapea@naccho.org)

FOR CONTRACTOR:

St. Joseph County through St. Joseph County Department of Health  
Attn.: Robin Vida  
Director of Health Outreach Promotion and Education (HOPE)  
Tel. (574) 245-6749  
Fax (574) 235-9960  
Email: [rvida@sjcindiana.com](mailto:rvida@sjcindiana.com)

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

**NACCHO:**

**CONTRACTOR:**

By : \_\_\_\_\_

By : \_\_\_\_\_

Name : Jerome Chester

Name : \_\_\_\_\_

Title : Chief Financial Officer

Title : \_\_\_\_\_

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

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

Federal Tax ID No.: 35-6000194  
UEID.: U2M7JQ5CY234  
DUNS No.: 790290006

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS  
CONTRACTOR AGREEMENT – ATTACHMENT I  
SCOPE OF WORK**

**Project:** Strengthening Capacity in Suicide, Overdose, Adverse Childhood Experiences Prevention for Local Health Departments: Community Prevention Framework Pilot

**LHD Name:** St. Joseph County Department of Health

**Project period:** December 5, 2022- July 31, 2023

**Project amount:** \$54,967.00

The project aims provide technical assistance (TA) to help LHDs and their communities understand and strengthen their capacity to address the intersection of suicide, overdose, and ACEs. The goals of this project are to assist pilot sites in applying a community-based prevention framework to:

- Leverage cross-sector partnerships and engage community collaborators to develop an organizing body (internal or with community partners) to commit to working at the intersection.
- Identify health inequities and focus efforts on supporting those in greatest need within their communities.
- Develop and adopt a strategic plan to tackle the intersection of suicide, overdose, and ACEs.
- Identify and select evidence-based strategies to strengthen the prevention response, identifying adaptations, if needed, for the communities' cultural context and readiness for change.

**Scope of Work**

- **Kick-Off Call**—Site will participate in an initial kick-off call, scheduled for Tuesday, December 13<sup>th</sup>, 2022 (1:00-2:00) ET). Each site must have at least one representative for this call. This call will outline the project, provide important dates, and review the deliverables.
- **SPACECAT Completion** – Participating sites will complete the SPACECAT as a team at the beginning of the project period.
- **Learning Community Sessions**—LHDs will participate in seven (7), 90-minute virtual learning community sessions led by NACCHO and a team of consultants. The sessions will introduce elements of a prevention framework to address the intersection of suicide, overdose, and ACEs and assist LHDs in identifying strengths and needs related to achieving each step.
- **Individual TA Sessions**—Each participating site will engage in at least six (6) virtual individual TA sessions to allow for more intensive discussion and planning around each step of the prevention framework as it pertains specifically to the LHD and its local jurisdiction. The sessions will be led by NACCHO and will range, on average, between 1-2 hours.
- **Site Visits**— LHDs will host NACCHO staff for a site visit. The goal of this site visit will be for strategic planning facilitated by NACCHO staff that includes community partners.
- **SPACECAT Completion** – Participating sites will complete the SPACECAT as a team at the end of the project period.
- **End-of-Project Survey**—After completion of all TA activities, participants will complete a final survey to provide feedback on satisfaction with the TA delivered and changes in capacity.



- **End-of-Project Report** – LHDs will complete a final project report that summarizes the sites’ pilot project activities and improvements in addressing the intersection of suicide, overdose, and ACEs.

The following table outlines the tasks expected of the selected LHDs:

Invoice Number	Invoice Due Date	Primary Task/Deliverable	Deliverable Percentage	Deliverable Amount	Invoice Amount
Invoice #1	By or Before January 31, 2023	1a. Participate in project kick-off call facilitated by NACCHO on 12/13/22. Provide list of attendees.	5%	\$2,748.35	\$5,496.70
		1b. Complete and submit the pre-project SPACECAT.	5%	\$2,748.35	
Invoice #2	By or Before April 30, 2023	2a. Attend Learning Community Sessions 1, 2, and 3. Provide list of attendees and dates of submission for post-session evaluations.	10%	\$5,496.70	\$10,993.40
		2b. Attend Individual TA Sessions 1, 2, and 3. Provide list of attendees.	10%	\$5,496.70	
Invoice #3	By or Before July 31, 2023	3a. Attend Learning Community Sessions 4, 5, and 6. Provide list of attendees and dates of submission for post-session evaluations.	10%	\$5,496.70	\$21,986.80
		3b. Attend Individual TA Sessions 4, 5, and 6. Provide list of attendees.	10%	\$5,496.70	
		3c. Participate in Site Visit and related activities. Provide list of attendees and date of submission of Site Visit Evaluation.	20%	\$10,993.40	
Invoice #4	By or Before August 15, 2023	4a. Attend Learning Community call 7. Provide list of attendees and date of submission of post session evaluation.	10%	\$5,496.70	\$16,490.10
		4b. Attend Individual TA Session 7. Provide list of attendees.	5%	\$2,748.35	
		4c. Complete and submit the post-project SPACECAT.	5%	\$2,748.35	
		4d. Complete and submit the end-of-project survey.	5%	\$2,748.35	
		4e. Complete and submit end-of-project report.	5%	\$2,748.35	





# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

**ST. JOSEPH COUNTY**  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

April 3, 2023

St. Joseph County Board of Health  
County City Building, 8<sup>th</sup> Floor  
South Bend, IN 46601

Members of the Board of Health,

The Department of Health would like your support in applying for a funding opportunity through the Indiana State Department of Health for LHD RFP9 Announcement (Naloxone Kit Grant Opportunity).

Attached is the Grant Opportunity Announcement.

If you have any questions, I can be reached at 574-235-9750 Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Joseph H. Cerbin, MD  
Health Officer

JHC:RV:jsp

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

This 19th Day of April, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_ Abstain \_\_\_\_\_

\_\_\_\_\_  
John W. Linn, P.E.  
President, Board of Health

\_\_\_\_\_  
Michelle Migliore, MD  
Vice President, Board of Health

# Local Health Department Naloxone Application 2023

Please complete the application below.

All grants are contingent upon the availability of funding. Individual awardee naloxone kit totals will be determined based on the geographic service area and the need identified by the awardee within that specific area per approved application.

If you need to complete part of your application at a later date, click the Save & Return button at the bottom of the screen. You must keep record of your unique survey code.

If you are returning to complete an unfinished application, click the Returning button in the top right corner and enter your unique survey code. You will then be able to pick up where you last left off. If you have misplaced your unique survey code contact the naloxone program manager (LHollowell@health.in.gov).

Response was added on 04-14-2023 14:50.

Click the link below to find the full project description:

[Attachment: "LHD RFP9 Announcement FINAL.pdf"]

## Application Local health department information

Name of Health Department	St. Joseph County Dept. of Health
Legal Mailing Address	227 W. Jefferson, Blvd., 8th Floor (PO Boxes cannot be used)
City	South Bend
ZIP Code	46601

County

- Adams County
- Allen County
- Bartholomew County
- Benton County
- Blackford County
- Boone County
- Brown County
- Carroll County
- Cass County
- Clark County
- Clay County
- Clinton County
- Crawford County
- Daviess County
- Dearborn County
- Decatur County
- DeKalb County
- Delaware County
- Dubois County
- Elkhart County
- Fayette County
- Floyd County
- Fountain County
- Franklin County
- Fulton County
- Gibson County
- Grant County
- Greene County
- Hamilton County
- Hancock County
- Harrison County
- Hendricks County
- Henry County
- Howard County
- Huntington County
- Jackson County
- Jasper County
- Jay County
- Jefferson County
- Jennings County
- Johnson County
- Knox County
- Kosciusko County
- LaGrange County
- Lake County
- LaPorte County
- Lawrence County
- Madison County
- Marion County
- Marshall County
- Martin County
- Miami County
- Monroe County
- Montgomery County
- Morgan County
- Newton County
- Noble County
- Ohio County
- Orange County
- Owen County
- Parke County
- Perry County
- Pike County
- Porter County
- Posey County
- Pulaski County
- Putnam County
- Randolph County
- Ripley County

- Rush County
- Scott County
- Shelby County
- Spencer County
- St. Joseph County
- Starke County
- Steuben County
- Sullivan County
- Switzerland County
- Tippecanoe County
- Tipton County
- Union County
- Vanderburgh County
- Vermillion County
- Vigo County
- Wabash County
- Warren County
- Warrick County
- Washington County
- Wayne County
- Wells County
- White County
- Whitley County

Shipping Address

- Same as Legal Mailing Address
- Other  
(Where do the doses need to be shipped? PO boxes cannot be used.)

**Application - Contact Information**

Primary Contact Name	Robin Vida (First and last name)
Primary Contact Phone Number	5742359750 x7956
Primary Contact Email	rmeleski@sjcindiana.com
Secondary Contact Name	Amy Ruppe (First and last name)
Secondary Contact Phone Number	5742359750 x 7900
Secondary Contact Email	aruppe@sjcindiana.com

**Application - Programmatic Information**

Please explain why your organization is interested in receiving naloxone kits.

The local department of health serves as the Narcan hub, main distribution site for the County. Distributing 3,000 doses last cycle to over 30 community organizations, etc

Distribution Plan	We will utilize existing relationships with law enforcement, healthcare, community-based organizations, CCBHC, schools, etc. to ensure adequate access to Narcan is possible. Through another grant we will work to place Naloxone Boxes in 15 additional areas in the County and fill those as needed. (Please describe how you are planning to distribute the doses)
List of partner agencies	Oaklawn Behavior Health, Bowen Center, All 5 school districts in SJC, Saint Mary's College, Holy Cross College, IUSB, Notre Dame, Private and Charter Schools in SJC, all law enforcement (city, county, twshp) including EMS and Fire, SJC Libraries, Downtown South Bend Ambassadors, IU School of Medicine, Center for the Homeless, HOPE ministries, Motels4Now, other homeless efforts, Imani Unidad, HealthLinc Clinics, Primary Care Partners of SB, MAT clinics, treatment/recovery living houses, and lay community members (Please list any external organizations you plan to partner with.)
Will you be providing doses to your local jails/correctional facilities?	<input checked="" type="radio"/> Yes <input type="radio"/> No (The intent of this initiative will be to provide a dose to persons after release.)
Number of overdoses in the county last year	3,000 (Please use the following link to determine the number of deaths from drug poisoning involving any opioids in your county: <a href="https://www.in.gov/isdh/27393.htm">https://www.in.gov/isdh/27393.htm</a> )
How many doses is your organization requesting?	4,500 (Total number of single doses, please request an even number.)
<b>Grant Contract Information Please fill in the necessary information below. This information will be used to create your naloxone program contract. This contract will be signed by IDOH and your agency. Naloxone doses will not be shipped until the contract process is complete. Your organization should receive a contract for signature within approximately 30-60 days after your receipt of award.</b>	
Legal Organization Name	St. Joseph County Department of Health
Tax ID/EIN#	0003118916 (These numbers typically (but not always) start with a 35 (it is always a 2 digit number), followed by a dash and a 7 digit number.)

**Grant Contract Information - Contact Information**

Contact Name	<input checked="" type="radio"/> Same as Primary Contact above <input type="radio"/> Same as Secondary Contact above <input type="radio"/> Other (First and last name)
Contact Title	Director of Health Outreach, Promotion, Education
Contact Email	<input checked="" type="radio"/> Same as Primary Contact above <input type="radio"/> Same as Secondary Contact above <input type="radio"/> Other
Contact Phone Number	<input checked="" type="radio"/> Same as Primary Contact above <input type="radio"/> Same as Secondary Contact above <input type="radio"/> Other (This number must be able to receive text messages.)

**Grant Contract Information - Contract Signatory Information**

Contract Signatory Name	<input type="radio"/> Same as Primary Contact above <input checked="" type="radio"/> Same as Secondary Contact above <input type="radio"/> Other (First and last name - This person will be signing your agency's contract)
Contract Signatory Title	Administrator
Contract Signatory Email	<input type="radio"/> Same as Primary Contact above <input checked="" type="radio"/> Same as Secondary Contact above <input type="radio"/> Other
Contract Signatory Phone Number	<input type="radio"/> Same as Primary Contact above <input checked="" type="radio"/> Same as Secondary Contact above <input type="radio"/> Other (This number must be able to receive text messages.)

Applicant signature





Naloxone Kit Grant Opportunity Announcement  
March 2023

**Point of Contact:**

Laura Hollowell  
Naloxone Program Manager  
Indiana Department of Health  
<mailto:lhollowell@health.in.gov>, (317) 234-2811

**Project Description**

The Indiana Department of Health is accepting grant applications in response to the grant opportunity announcement for the distribution of Opioid Rescue Kits in the form of Narcan nasal spray. The intent of this grant is to provide emergency Opioid Rescue Kits to local health departments (LHDs) that will then be distributed to the community.

Naloxone hydrochloride, also known by the brand name Narcan, is an opioid antagonist and a safe and effective medication used to quickly reverse the life-threatening effects of an opioid overdose. The naloxone doses distributed in accordance with this grant will be administered intranasally by spraying a fine mist up the nostril of the affected person.

The goal of this grant is to expand the number of LHDs that participate in the distribution of Opioid Rescue Kits. LHDs are highly encouraged to collaborate with their county jails for this opportunity. Jails in the county will be able to receive doses through the LHD to give to incarcerated persons upon their release.

This effort will require providing education about naloxone kit programs and the law that provides immunity for lay responders to carry and administer the life-saving medication. Lay responders who agree to participate in a naloxone kit program must be trained by the awardee on how to administer naloxone (if not previously trained).

**Service Delivery Dates**

The services requested will be implemented during the period of March 2023 through September 2023. During the program period, the Indiana Department of Health reserves the right to request naloxone doses back from any awardee that does not meet the requirements of the program. Failure to comply with all terms of this grant will also halt any future unshipped naloxone doses.

Failure to comply includes:

- Not submitting required reports within the required time period;
- Not distributing the naloxone doses as outlined in the application;
- Distributing naloxone doses without ensuring lay responders are properly trained;
- Selling the doses instead of distributing them free of charge;
- Not registering with optIN;

- Inaccurate reporting of the distribution of naloxone doses; and
- Loss of naloxone doses.

## Funding

All grants are contingent upon the availability of funding. The total funding amount available for this program is anticipated to be \$1,500,000. Individual awardee naloxone kit totals will be determined based on the geographic service area and the need identified by the awardee.

The Indiana Department of Health recommends applicants reach out to other local agencies to see if they are interested in receiving naloxone from the health department through this grant. In the past, health departments have reached out to faith-based organizations, public libraries, homeless shelters, schools, etc. These agencies provided the health department with the number of doses they would need, and the health department factored those numbers into the total number of doses they requested.

**Completed Grant Application Due: Applicants are encouraged to submit their application by April 15, 2023. Doses will be available on a first come, first serve basis. Applications beyond this date will still be reviewed based on available funding, but entities are encouraged to apply early to guarantee doses for their organization.**

## Eligibility

- Respondents must be either:
  - Local health departments; or
  - Entities that serve Native American/Indigenous populations (including those who do not live on reservation land).
- Respondents must be able to provide training on the administration of naloxone doses prior to distribution.
- Respondents must be able to provide addiction treatment and referral information for treatment programs when distributing the naloxone kits.

## Awardee Participation Guidelines

- The awardee must not charge the receivers of the naloxone doses and must ensure that naloxone doses are not resold after distribution.
- The awardee must provide adequate education when distributing naloxone kits in a manner consistent with I.C. 16-42-27 and provide documentation thereof.
- The awardee must provide treatment program contact information for the community when distributing naloxone.
- The awardee must register with OptIN.
- If the awardee's point of contact changes anytime during the naloxone kit distribution or reporting period, the awardee must notify the department within 5 business days after the change and provide the contact information for the new contact.

## Application Requirements/Process

- The application will be online in REDCap. Applicants will not have the option to submit a PDF or Word document.
- Applicants must address all the questions in the application.
- It is recommended that the grant application be completed in one sitting.
- If an applicant needs to complete part of the application at a later date, click the Save & Return button at the bottom of the REDCap screen. The applicant must keep record of their unique survey code.
- When applicants return to the link to complete an unfinished application, they must click the returning button in the upper-right corner. The applicant will then enter their unique survey code.
- If an applicant has misplaced their unique survey code, they should contact the naloxone program manager.
- Once the application is submitted, it cannot be edited.
- REDCap application link: <https://redcap.isdh.in.gov/surveys/?s=M9T4N3A3HCNIFY3XP>

## Delivery of the Naloxone

The total number of naloxone doses an awardee receives will generally be shipped in one or two shipments, depending on the number of doses requested. The doses will not be shipped until the naloxone contract is completed and approved.

## Grant Contract

Each organization that is awarded will be required to sign and complete a grant agreement. Naloxone doses will not be shipped until the grant agreement is approved. After the application has been reviewed and approved by the Indiana Department of Health, the organization will receive an award letter detailing pertinent information regarding your award. Organizations should receive a contract for signature approximately 30-60 days after receipt of award.

## OptIN Registration

Entities that disperse naloxone must be registered with optIN, the state's naloxone entity website. Registered entities must review their organizational information on an annual basis. The site tracks where naloxone is dispersed throughout the state. The site also has multiple educational videos and resources.

- To register as a new entity, visit <https://optIN.in.gov/>.
  - Select "Register as a New Naloxone Entity."
  - Follow the prompts.
- Registered entities may update their information on file, submit their annual report or get a copy of the Indiana state health commissioner's standing order by visiting <https://optIN.in.gov/>.
  - Select "Current Entities Only."
  - Follow the prompts.

## Reporting Requirements

Award recipients will be required to submit scheduled reports. Failure to submit the required reports prior will be deemed a termination for breach of grant agreement and shall entitle the Indiana Department of Health to suspend or cancel the remaining undelivered naloxone kits.

The dates that award recipients will be required to submit reports by are as follows:

- June 30, 2023
- October 30, 2023

A reporting template will be sent to organizations with their award letter. The Excel sheet will be used to track naloxone dose dispersion. The local health department must complete the Excel report and send it to the naloxone program manager via email before the deadline. The following information will be included in each report:

- Was any grant activity conducted during this reporting period? If no, please explain;
- Updated list of partner agencies involved in training/distribution of naloxone doses;
- Have you encountered any challenges or barriers that have prevented you from executing your proposed plan?
- Number of naloxone doses distributed; and
- The different populations who received doses (first responders, schools, lay persons, community organizations, jails, etc.).

**ST. JOSEPH COUNTY INDIANA BOARD OF HEALTH**

**RESOLUTION NO. 01-2021**

**A RESOLUTION ESTABLISHING THE POLICY BY WHICH MEMBERS OF THE ST. JOSEPH COUNTY BOARD OF HEALTH MAY PARTICIPATE BY ELECTRONIC MEANS OF COMMUNICATION**

WHEREAS, P.L. 88-2021 (HEA 1437), SEC. 5, amended IC 5-14-1.5-1 et seq. (Act), effective April 20, 2021 by amending IC 5-14-1.5-3.5 to prescribe new requirements by which members of the governing body of a public agency of a political subdivision may participate in a meeting by any electronic means of communication;

WHEREAS, a member of the governing body may participate by any means of communication that:

- Allows all participating members of the governing body to simultaneously communicate with each other; and
- Except for a meeting that is an executive session, allows the public to simultaneously attend and observe the meeting;

WHEREAS, the Act requires the governing body to adopt a written policy establishing the procedures that apply to a member's participation in a meeting by an electronic means of communication and may adopt procedures that are more restrictive than the procedures established by IC 5-14-1.5-3.5(d); and

WHEREAS, the St. Joseph County Board of Health (Board) is the governing body of the Health Department for St. Joseph County, Indiana:

NOW, THEREFORE, BE IT RESOLVED BY THE ST. JOSEPH COUNTY BOARD OF HEALTH:

Section 1. (a) The provisions of the Act, including definitions, apply to this resolution.

(b) This resolution shall be known as the "Electronic Meetings Policy" of the Board and applies to the Board and any committee appointed directly by this Board or its presiding officer.

Section 2. (a) Subject to Sections 3 and 5, any member may participate in a meeting by any electronic means of communication that: (i) allows all participating members of the governing body to simultaneously communicate with each other; and (ii) other than a meeting that is an executive session, allows the public to simultaneously attend and observe the meeting.

(b) A member who participates by an electronic means of communication: (i) shall be considered present for purposes of establishing a quorum; and (ii) may participate in final action only if the member can be seen and heard.

(c) All votes taken during a meeting at which at least one member participates by an electronic means of communication must be taken by roll call vote.

Section 3. (a) At least fifty percent (50%) of the members must be physically present at a meeting at which a member will participate by means of electronic communication. Not more than fifty percent (50%) of the members may participate by an electronic means of communication at that same meeting.

(b) A member may not attend more than a fifty percent (50%) of the meetings in a calendar year by an electronic means of communication, unless the member's electronic participation is due to:

- (1) military service;
- (2) illness or other medical condition;
- (3) death of a relative; or
- (4) an emergency involving actual or threatened injury to persons or property.

(c) A member may attend two (2) consecutive meetings (a set of meetings) by electronic communication. A member must attend in person at least one (1) meeting between sets of meetings that the member attends by electronic communication, unless the member's absence is due to:

- (1) military service;
- (2) illness or other medical condition;
- (3) death of a relative; or
- (4) an emergency involving actual or threatened injury to persons or property.

Section 4. The minutes or memoranda of a meeting at which any member participates by electronic means of communication must:

- (1) identify each member who:
  - (A) was physically present at the meeting;
  - (B) participated in the meeting by electronic means of communication; and
  - (C) was absent; and
- (2) identify the electronic means of communication by which:
  - (A) members participated in the meeting; and
  - (B) members of the public attended and observed the meeting if the meeting was not an executive session.

Section 5. No member of the Board may participate by means of electronic communication in a meeting at which the Board may take final action to:

- (1) adopt a budget;
- (2) make a reduction in personnel;
- (3) initiate a referendum;
- (4) impose or increase a fee;
- (5) impose or increase a penalty;
- (6) exercise the power of eminent domain; or
- (7) establish, impose, raise or renew a tax.

Section 6. (a) If an emergency is declared by:

- (1) the governor under IC 10-14-3-12; or
- (2) the County Council under IC 10-14-3-29;

members are not required to be physically present for a meeting until the emergency is terminated.

(b) Members may participate in a meeting by any means of communication provided that:

- (1) At least a quorum of the members participate in the meeting by means of electronic communication or in person.

(2) The public may simultaneously attend and observe the meeting unless the meeting is an executive session.

(3) The minutes or memoranda of the meeting must comply with Section 4 of this resolution.

(c) All votes taken during a meeting at which at least one member participates by an electronic means of communication must be taken by roll call vote.

Section 7. This resolution shall be effective from and after adoption by this Board and compliance with IC 36-5-2-10.

Adopted this 18th day of August 2021.



Heidi Beidinger-Burnett  
President, St. Joseph County Board of Health