# HEALTH FIRST WAYNE COUNTY Grant Agreement # HFWC26-9739245

This delivery of Core Public Health Service (CPHS) Grant Agreement (the "Grant Agreement"), entered into by and between **Wayne County Health Department** (the "County") and Purdue University via their **Reid Hospital and Health Care Services, Inc** (the "Grantee"), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

Purpose of this Grant Agreement; Funding Source. The purpose of this Grant Agreement is to enable the County to award a Grant of \$76,946.71 (the "Grant") to the Grantee for eligible costs of the services or project (the "Project") described in Attachment A and Attachment B of this Grant Agreement, which are incorporated fully herein. The funds shall be used exclusively in accordance with the provisions contained in this Grant Agreement and in conformance with Indiana Code § 16-46-16.7 establishing the authority to make this Grant, as well as any rules adopted thereunder. The funds received by the Grantee pursuant to this Grant Agreement shall be used only to implement the Project or provide the services in conformance with this Grant Agreement and for no other purpose.

FUNDING SOURCE: Health First Indiana - 1161

# Representations and Warranties of the Grantee.

- 1. The Grantee expressly represents and warrants to the County that it is statutorily eligible to receive these Grant funds and that the information set forth in its Grant Application is true, complete and accurate. The Grantee expressly agrees to promptly repay all funds paid to it under this Grant Agreement should it be determined either that it was ineligible to receive the funds, or it made any material misrepresentation on its grant application.
- 2. The Grantee certifies by entering into this Grant Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Grant Agreement by any federal or state department or agency. The term "principal" for purposes of this Grant Agreement is defined as an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Grantee.

# Implementation of and Reporting on the Project.

- A. The Grantee shall implement and complete the Project in accordance with **Attachment A** and with the plans and specifications contained in its Grant Application, which is on file with the County and is incorporated by reference. Modification of the Project shall require prior written approval of the County.
- B. The Grantee shall submit to the County written progress reports until the completion of the Project. These reports shall be submitted on a **quarterly** basis and shall contain such detail of progress or performance on the Project as is requested by the County.

Term. This Grant Agreement commences on January 1st, 2026 and shall remain in effect through December 31, 2026. Unless otherwise provided herein, it may be extended upon the written agreement of the parties and as permitted by state or federal laws governing this Grant.

**Grant Funding.** The County shall fund this Grant in the amount of \$76,946.71. The approved Project Budget is set forth as **Attachment B** of this Grant Agreement, attached hereto and incorporated herein. The Grantee shall not spend more than the amount for each line item in the Project Budget without the prior written consent of the County, nor shall the Project costs funded by this Grant Agreement and those funded by any local and/or private share be changed or modified without the prior written consent of the County.

The disbursement of Grant funds to the Grantee shall not be made until all documentary materials required by this Grant Agreement have been received and approved by the Wayne County Health Department and this Grant

Agreement has been fully approved by the Wayne County Board of Commissioners.

Payment of funds. As identified in grant agreement Attachment B, payments to the Grantee shall be made via certified mailed check to the Grantee Organization by the Wayne County Auditor.

Project Monitoring by the County. The County may conduct on-site or off-site monitoring reviews of the Project during the term of this Grant Agreement and for up to ninety (90) days after it expires or is otherwise terminated. With prior notification and during normal business hours, the Grantee shall extend its full cooperation and give access to the Grantee's facilities or such part thereof engaged in the Project and any related financial records, document, or other record pertinent to this Agreement to the County or its authorized designees for the purpose of determining, among other things:

- 1. Whether Project activities are consistent with those set forth in **Attachment A**, the Grant Application, and the terms and conditions of the Grant Agreement.
- 2. The actual expenditure of state, local and/or private funds expended to date on the Project is in conformity with the amounts for each Budget line item as set forth in **Attachment B** and that unpaid costs have been properly accrued.
- 3. That Grantee is making timely progress with the Project, and that its project management, financial management and control systems, procurement systems and methods, and overall performance are in conformance with the requirements set forth in this Grant Agreement and are fully and accurately reflected in Project reports submitted to the County.

# Compliance with Audit and Reporting Requirements; Maintenance of Records.

- 1. The Grantee shall submit to an audit of funds paid through this Grant Agreement and shall make all books, accounting records and other documents available at all reasonable times during the term of this Grant Agreement and for a period of three (3) years after final payment for inspection by the County or its authorized designee. Copies shall be furnished to the County at no cost.
- 2. If the Grantee is a "subrecipient" of federal grant funds under 2 C.F.R. 200.331, Grantee shall arrange for a financial and compliance audit that complies with 2 C.F.R. 200.500 et *seq*. if required by applicable provisions of 2 C.F.R. 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements).

### Compliance with Laws.

- 1. The Grantee shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment or modification of any applicable state or federal statute or the promulgation of rules or regulations thereunder after execution of this Grant Agreement shall be reviewed by the County and the Grantee to determine whether the provisions of this Grant Agreement require formal modification.
- 2. If the Grantee has knowledge, or would have acquired knowledge with reasonable inquiry, that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Grant, the Grantee shall ensure compliance with the disclosure requirements in IC § 4 -2-6-10.5 prior to the execution of this Grant Agreement. If the Grantee is not familiar with these ethical requirements, the Grantee should refer any questions to the Indiana State Ethics Commission or visit the Inspector General's website. If the Grantee or its agents violate any applicable ethical standards, the County may, in its sole discretion, terminate this Grant immediately upon notice to the Grantee. In addition, the Grantee may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44.1-1-4, and under any other applicable laws.
- 3. The Grantee certifies by entering into this Grant Agreement that neither it nor its principal(s) is presently in arrears in payment of taxes, permit fees or other statutory, regulatory or judicially required payments to the County. The Grantee agrees that any payments currently due to the County may be withheld from payments due to the Grantee. Additionally, payments may be withheld, delayed, or denied and/or this Grant suspended until the Grantee is current in its payments and has submitted proof of such payment to the County.
  - 4. The Grantee warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by the County or State, and agrees that it will immediately notify the County of any such actions. During

the term of such actions, the Grantee agrees that the County may suspend funding for the Project. If a valid dispute exists as to the Grantee's liability or guilt in any action initiated by the State or its agencies, and the county decides to suspend funding to the Grantee, the Grantee may submit, in writing, a request for review to the Wayne County Board of Commissioners. A determination by Board of Commissioners shall be binding on the parties. Any disbursements that the County may delay, withhold, deny, or apply under this section shall not be subject to penalty or interest.

- 5. The Grantee warrants that the Grantee and any Grantees performing work in connection with the Project shall obtain and maintain all required permits, licenses, registrations, and approvals, and shall comply with all health, safety, and environmental statutes, rules, or regulations in the performance of work activities for the County. Failure to do so may be deemed a material breach of this Grant Agreement and grounds for immediate termination and denial of grant opportunities with the County.
- 6. The Grantee affirms that, if it is an entity described in IC Title 23, it is properly registered and owes no outstanding reports to the Indiana Secretary of State.
- 7. As required by IC 5-22-3-7
  - a. The Grantee and any principals of the Grantee certify:
    - i. The Grantee, except for de minimis and nonsystematic violations, has not violated the terms of:
      - 1. IC 24-4.7 [Telephone Solicitation of Consumers];
      - 2. IC 24-5-12 [Telephone Solicitation]; or
      - 3. IC 24-5-14 [Regulation of Automatic Dialing Machines]; in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and:
      - 4. The Grantee will not violate the terms of IC 24-4.7 for the duration of this Grant agreement, even if IC 24-4.7 is preempted by federal law.

# **Debarment and Suspension**

- 1. The Grantee certifies by entering into this Grant Agreement that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Grant by any federal agency or by any department, agency or political subdivision of the State or Wayne County, Indiana. The term "principal" for purposes of this Grant Agreement means an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Grantee.
- 2. The Grantee certifies that it has verified the suspension and debarment status for all sub-Grantees receiving funds under this Grant Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The Grantee shall immediately notify the County if any sub-Grantee becomes debarred or suspended, and shall, at the County's request, take all steps required by the County to terminate its contractual relationship with the sub-Grantee for work to be performed under this Grant Agreement.

**Drug-Free Workplace Certification.** As required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana, the Grantee hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Grantee will give written notice to the County within ten (10) days after receiving actual notice that the Grantee, or an employee of the Grantee in the State of Indiana, has been convicted of a criminal drug violation occurring in the workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of grant payments, termination of the Grant and/or debarment of grant opportunities with the County for up to three (3) years.

In addition to the provisions of the above paragraphs, if the total amount set forth in this Grant Agreement is in excess of \$25,000.00, the Grantee certifies and agrees that it will provide a drug-free workplace by:

- A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and
- B. Establishing a drug-free awareness program to inform its employees of: (1) the dangers of drug abuse in the workplace; (2) the Grantee's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace; and

- C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment the employee will: (1) abide by the terms of the statement; and (2) notify the Grantee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; and
- D. Notifying in writing the County within ten (10) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction; and
- E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and
- F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

**Employment** Eligibility Verification. As required by IC § 22-5-1.7, the Grantee hereby swears or affirms under the penalties of perjury that:

- 1. The Grantee has enrolled and is participating in the E-Verify program;
- 2. The Grantee has provided documentation to the County that it has enrolled and is participating in the E-Verify program;
- 3. The Grantee does not knowingly employ an unauthorized alien.
- 4. The Grantee shall require its Grantees who perform work under this Grant Agreement to certify to Grantee that the Grantee does not knowingly employ or contract with an unauthorized alien and that the Grantee has enrolled and is participating in the E-Verify program. The Grantee shall maintain this certification throughout the duration of the term of a contract with a Grantee.

The County may terminate for default if the Grantee fails to cure a breach of this provision no later than thirty (30) days after being notified by the County.

**Funding Cancellation.** As required when the determination is made by the Wayne County Auditor that funds are not appropriated or otherwise available to support continuation of performance of this Grant Agreement, it shall be void. A determination by the Wayne County Auditor that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

Governing Law. This Grant Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Indiana, without regard to its conflict of laws rules.

**Information Technology Accessibility Standards.** Any information technology related products or services purchased, used or maintained through this Grant must be compatible with the principles and goals contained in the Electronic and Information Technology Accessibility Standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the federal Rehabilitation Act of 1973 (29 U.S.C. §794d), as amended.

**Insurance.** The Grantee shall maintain insurance with coverages and in such amount as may be required by the County or as provided in its Grant Application.

Nondiscrimination. Pursuant to the Indiana Civil Rights Law, specifically IC § 22-9-1-10, and in keeping with the purposes of the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the Grantee covenants that it shall not discriminate against any employee or applicant for employment relating to this Grant with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee or applicant's: race, color, national origin, religion, sex, age, disability, ancestry, status as a veteran, or any other characteristic protected by federal, state, or local law ("Protected Characteristics"). Furthermore, Grantee certifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination based on the Protected Characteristics in the provision of services. The Grantee understands that the County is a recipient of state and federal funds, and therefore, where applicable, Grantee and any sub-Page | 4

Grantees shall comply with requisite affirmative action requirements, including reporting, pursuant to 41 CFR Chapter 60, as amended, and Section 202 of Executive Order 11246 as amended by Executive Order 13672.

**Notice to Parties**. Whenever any notice, statement or other communication is required under this Grant, it will be sent by E-mail or first-class U.S. mail service to the following addresses, unless otherwise specifically advised.

Notices to the County shall be sent to:

Wayne County Health Department ATTN: Dan Burk, Director 100 S 5<sup>th</sup> St Richmond, IN 47374 E-mail: dburk@waynecounty.in.gov

Notices to the Grantee shall be sent to:

Organization: Reid Hospital and Health Care Services, Inc

Grant Contact: Jessica Przybysz

Org. Address: 1100 Reid Parkway, Richmond, IN 47374

E-mail: <u>Jessica.przybysz@reidhealth.org</u>

Order of Precedence; Incorporation by Reference. Any inconsistency or ambiguity in this Grant Agreement shall be resolved by giving precedence in the following order: (1) requirements imposed by applicable federal or state law, (2) this Grant Agreement, (3) Attachments prepared by the County, (4) Invitation to Apply for Grant; (5) the Grant Application; and (6) Attachments prepared by Grantee. All of the foregoing is incorporated fully herein by reference.

**Public Record.** The Grantee acknowledges that the County will not treat this Grant Agreement as containing confidential information, and the County is required to post this Grant publicly as required by IC § 16-46-10-3.

### Termination for Breach.

- 1. Failure to complete the Project and expend funds in accordance with this Grant Agreement may be considered a material breach, and shall entitle the County to suspend grant payments, and to suspend the Grantee's participation in County grant programs until such time as all material breaches are cured to the County's satisfaction.
- 2. The expenditure of County funds other than in conformance with the Project or the Budget may be deemed a breach. The Grantee explicitly covenants that it shall promptly repay to the County all funds not spent in conformance with this Grant Agreement.

Termination for Convenience. Unless prohibited by a statute or regulation relating to the award of the Grant, this Grant Agreement may be terminated, in whole or in part, by the County whenever, for any reason, the County determines that such termination is in the best interest of the County. Termination shall be affected by delivery to the Grantee of a Termination Notice at least thirty (30) days prior to the effective termination date. The Grantee shall be compensated for completion of the Project properly done prior to the effective date of termination. The County will not be liable for work on the Project performed after the effective date of termination. In no case shall total payment made to the Grantee exceed the original grant.

Federal and State Third-Party Contract Provisions. If part of this Grant project involves the payment of federal funds, the Grantee and, if applicable, its Grantees shall comply with the federal provisions attached as **Attachment C** and incorporated fully herein.

Provision Applicable to Grants with tax-funded State Educational Institutions: "Separateness" of the Parties. The County acknowledges and agrees that because of the unique nature of State Educational Institutions, the duties and responsibilities of the State Educational Institution in these Standard Conditions for Grants are specific to the County or unit of the State Educational Institution. The existence or status of any one contract or grant between the County and the State Educational Institution shall have no impact on the execution or performance of any other contract or grant and shall not form the basis for termination of any other contract or grant by either party.

HIPAA Compliance. If this Grant Agreement involves services, activities or products subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Grantee covenants that it will appropriately safeguard Protected Health Information (defined in 45 CFR 160.103), and agrees that it is subject to, and shall comply with, the provisions of 45 CFR 164 Subpart E regarding use and disclosure of Protected Health Information.

Amendments. No alteration or variation of the terms of this Grant shall be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. Any alterations or amendments, except a change between budget categories, which requires the prior written consent of a duly authorized representative of the County, shall be subject to the Grant Agreement approval procedure of the County.

**Affirmation Clause.** I swear or affirm under the penalties of perjury that I have not altered, modified, changed or deleted the County's standard Grant Agreement clauses (as contained in the HFWC Grant *Template*).

# Non-Collusion and Acceptance

The undersigned attests, subject to the penalties of perjury, that the undersigned is the Grantee, or that the undersigned is the properly authorized representative, agent, member, or officer of **Reid Hospital and Health Care Services, Inc.**Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of **Reid Hospital and Health Care Services, Inc**, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof. Furthermore, if the undersigned has knowledge that a county officer, employee, or special County appointee, as those terms are defined in IC § 16-20-2-13, has a financial interest in the Grant Agreement, the Grantee attests to compliance with the disclosure requirements in IC § 16-20-1-8.

# Signatures

I understand that by signing and submitting this Grant Agreement I am affirming the truth of the information contained therein. I understand that this Grant Agreement will not become binding on the County until it has been approved by the Wayne County Board of Commissioners. Approvals will be noted in the Wayne County Commissioner meeting minutes on the Wayne County Government website as well as listed on the Wayne County Health Department website.

In Witness Whereof, the Grantee and the County have, through their duly authorized representatives, entered into this Grant Agreement. The parties, having read and understood the foregoing terms of this Grant Agreement, do by their respective signatures dated below agree to the terms thereof.

Reid Hospital and Health Care Services, Inc.

By: Jaso

Jason Troutwine

Title:

Vice President

Date:

11/23/2025

Signature

**Wayne County Health Department** 

By: Dan Burk

Title: Director

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Signature

Wayne County Health Board President

Paul S. Rider M.D.

By: Paul Rider, M.D.

Date: 12-9-2825

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# **BOARD OF COMMISSIONERS**

OF WAYNE COUNTY

ff lasterer

Brad Dwenger

Aaron Roberts

ATTEST:

Mark Hoelscher, Auditor

# ATTACHMENT A: Core Service/KPI Reporting Requirements Health First Wayne County Grant Agreement # HFWC26-9739245 January 1st – December 31, 2026

The Health First Wayne County (HFWC) grant is focused on continued relationship building and support of partner health entities throughout the respective Wayne County Health Department (WCHD) jurisdiction. Emphasis is on delivery of the primary core health service of Chronic Disease Prevention, Access and Linkage to Clinical Care, Trauma and Injury Prevention, Tobacco and Vaping Prevention and Cessation, Fatality Review, Maternal & Child Health, and School Health and programming found beneficial to Wayne County and to enhance the well-being of served populations. Reid Community Health will provide the following services per: Reid Community Health

1. Core Public Health Service (CPHS) Project Summary:

# Chronic Disease Prevention, Trauma and Injury Prevention, Maternal and Child Health, Access to and Linkage to Clinical Care

Education: Provide community-based education leveraged with guidance from Reid Health physicians/content experts on chronic disease prevention and management, trauma and injury prevention (including safe sleep, distracted driving, and car seat safety), maternal and child health, and understanding levels of care to help with access (Primary Care vs. Urgent Care vs. Emergency Room) to improve health literacy and overall wellness improvement

Access: Increase ability to cook at home by offering mobile outreach with incentive-based attendance, such as crockpots, air fryers and other cooking essentials that are non-food items. Provide resources to increase awareness of healthy food options in the community such as the Farmers Market Double Dollars program, Gleaners and other food resources. Meet people where they are in the community to increase access and connection to needed resources/educations/services. Assist with a workgroup to evaluate access needs in Wayne County.

Collaboration: Strengthen partnerships among schools, employers, healthcare providers, and community organizations to coordinate efforts, maximize impact, and build a robust referral network. Actively participate in community meetings and engagement opportunities to foster trust, share resources, and expand collaborative reach.

Outreach: Offer mobile educational outreach to community members, nonprofits, businesses, schools, and other organizations in need. Promote awareness of community gardens, farmers' markets, and other programs to increase access to fresh, healthy foods. Host and organize engagements focused on chronic disease prevention, trauma and injury prevention, maternal and child health, and access to clinical care in well-established settings such as apartment complexes or nonprofit settings. Provide incentives to encourage participation and engagement in these programs.

Employer Health Fairs and Employer Education: Work with Reid Health's Employer Solutions department to participate in employer health fairs and education as requested by the employer. Participation includes tailored education and screenings based on the population and needs of the employer.

Services: Perform car seat checks to ensure proper installation and type of seat is being utilized upon request. Provide the following screenings in the community at meal sites, events and other engagements to serve vulnerable populations: cholesterol, glucose, blood pressure.

Support: Offer ongoing support and follow-up to adults and caregivers to ensure that they are able to access the resources provided to them and to address any additional needs or concerns.

Referrals and Resources: Provide referrals to community resources and build strong network of partnerships Connect individuals to Reid Fitness classes when applicable. Reid Fitness offers Rock Steady Boxing (for Parkinson's), Cancer Fit, Fall Prevention, H.I.T.T. Boxing and Medical Fitness. Send new resources identified to Firefly at the Wayne County Family Resource Center to be added to their comprehensive up-to-date resource guide.

Evaluation: Evaluate the effectiveness of outreach by tracking engagement and adjusting to meet the needs of underserved populations. Provide surveys to consistent partnership attendees to gather feedback from programming start to finish.

2. Provide timely feedback to WCHD regarding **Reid Community Health** activities and initiatives and report quarterly as activities and initiatives are added, expanded, and Reporting will be based on the HFWC metrics for

the primary cores service funded and secondary core services provided to achieve requirements set forth by the HFWC program. The reporting template as prescribed by WCHD is used for quarterly reports and the annual report will be due on:

Y1Q1 – January1st - March 31<sup>st</sup>, 2026 Y1Q2 – April 1<sup>st</sup> - June 30<sup>th</sup>, 2026 Y1Q3 – July 1<sup>st</sup> - September 30<sup>th</sup>, 2026 Y2Q4/Final – October 1st - December 31st, 2026

The below deliverable reporting requirements are captured in the HFWC portal for the primary core public health services to be delivered and Key Performance Indicators (KPI).

# CORE PUBLIC HEALTH SERVICE (CPHS) DELIVERY:

- 1. Chronic Disease Prevention
- 2. Access and Linkage to Clinical Care
- 3. Trauma and Injury Prevention
- 4. Tobacco and Vaping Prevention and Cessation (School Age Children and Pregnant Females only)
- 5. School Health
- 6. Maternal & Child Health

**KPI:** Counties must engage with local and state health delivery system entities to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services.

# GENERAL QUARTERLY/FINAL REPORT METRICS required by Grantee in Wayne County:

- 1. Describe access to and referrals to clinical care quarterly activity;
- 2. Zip codes of individuals served;
- 3. Number of individuals served; and
- 4. Final Report demonstrating improvements to Chronic Disease Prevention, Access and Linkage to Clinical Care, Trauma and Injury Prevention, Tobacco and Vaping Prevention and Cessation, School Health, and Maternal & Child Health

# Narrative Metrics:

- 1. Was a barrier addressed by project? (YES, NO, PARTIAL)
- 2. Describe positive effects of activities. (250 words)
- 3. Describe partial or no effect of activity and adjustment to be made to program. (250 words)

### Demographic Metric:

- 1. Underserved/Underinsured population served
- 2. Multi-lingual populations served (Y or N)
- 3. Languages & Numbers
- 4. Referrals to additional services (Y or N)
- 5. Numbers, type, in-county service referrals, number of out of county service referral #s
- 6. Number of county residents served
- 7. Number of non-county residents served

|  | er of pediatric referrals for clinical care:  |
|--|---|
| 0  | obesity/overweight:   |
| 0  | substance use disorder:   |
| 0  | mental health services:   |
| 0  | general:  |
|  | er of adult referrals for clinical care:  |
| 0  | hypertension:   |
| 0  | diabetes:   |
| 0  | ohegity:  |
| 0  | obesity:  |
| 0  | HIV:hepatitis:  |
| 0  | syphilis:   |
| 0  | chlamydia:  |
| 0  | gonorrhea:  |
|  | substance use disorder:   |
| 0  | mental health services:   |
|  | general:  |
| O<br>Numb                                      | er of individuals referred to insurance navigation or Medicaid/Medicare:  |
|  | <u>-</u>  |
| Other:   |   |
|  | ng/Education  Number of people receiving Stop the Bleed training:   |
| Trainiı<br>o                                   |   |
|  | Number of people receiving Stop the Bleed training:  Number of people receiving CPR training:   |
| 0  | Number of people receiving Stop the Bleed training:  Number of people receiving CPR training:  Number of people educated and/or trained on vehicle passenger safety and seat belt use:  |
| 0  | Number of people receiving Stop the Bleed training:  Number of people receiving CPR training:  Number of people educated and/or trained on vehicle passenger safety and seat belt use:  Number of people educated or trained on RTV/ATV and golf cart passenger safety:   |
| 0 0  | Number of people receiving Stop the Bleed training:   |
| 0 0  | Number of people receiving CPR training:  |
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| o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o<br>o | Number of people receiving CPR training:  Number of people receiving CPR training:  Number of people educated and/or trained on vehicle passenger safety and seat belt use:  Number of people educated or trained on RTV/ATV and golf cart passenger safety:  Number of people educated or trained on water safety (including swim lessons):  Number of people educated about texting and safe driving (including impaired driving):  Number of people educated about brain injury risks and safety practices:  Number of people educated in fall prevention and home remedied for fall risks:  Number of people educated and/or trained on substance use prevention:  Number of people educated and/or trained on mental health and suicide prevention:  Number of seniors participating in activities related to fall prevention:  Number of certified peer recovery coaches in county with support of LHD:  nent  Number of naloxone doses distributed:  Number of public, used sharps returns:  Number of child car seats distributed:  Number of child car seats distributed:  |
|  | Number of people receiving Stop the Bleed training:   |
|  | Number of people receiving Stop the Bleed training:  Number of people receiving CPR training:  Number of people educated and/or trained on vehicle passenger safety and seat belt use:  Number of people educated or trained on RTV/ATV and golf cart passenger safety:  Number of people educated or trained on water safety (including swim lessons):  Number of people educated about texting and safe driving (including impaired driving):  Number of people educated about brain injury risks and safety practices:  Number of people educated in fall prevention and home remedied for fall risks:  Number of people educated and/or trained on substance use prevention:  Number of people educated and/or trained on mental health and suicide prevention:  Number of seniors participating in activities related to fall prevention:  Number of certified peer recovery coaches in county with support of LHD:  ment  Number of naloxone doses distributed:  Number of public, used sharps returns:  Number of child car seats distributed:  Number of firearm locks provided to families:  Number of firearm locks provided to families: |
| o<br>o<br>o<br>o<br>o<br>o<br>e<br>Equipr      | Number of people receiving Stop the Bleed training:   |
| © 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0        | Number of people receiving Stop the Bleed training:   |
| o<br>o<br>o<br>o<br>o<br>Equipr<br>o<br>o      | Number of people receiving Stop the Bleed training:  Number of people receiving CPR training:  Number of people educated and/or trained on vehicle passenger safety and seat belt use:  Number of people educated or trained on RTV/ATV and golf cart passenger safety:  Number of people educated or trained on water safety (including swim lessons):  Number of people educated about texting and safe driving (including impaired driving):  Number of people educated about brain injury risks and safety practices:  Number of people educated in fall prevention and home remedied for fall risks:  Number of people educated and/or trained on substance use prevention:  Number of people educated and/or trained on mental health and suicide prevention:  Number of seniors participating in activities related to fall prevention:  Number of certified peer recovery coaches in county with support of LHD:  ment  Number of naloxone doses distributed:  Number of public, used sharps returns:  Number of child car seats distributed:  Number of firearm locks provided to families:  Number of firearm locks provided to families: |

|       | 0       | Number of women and children provided safe, anonymous transport to shelter for victims of domestic violence and interim care/assistance provided:  Number of women and children referred for assistance with physical and mental health recovery from |
|-------|---------|---|
| •     | Other:  | domestic violence:  |
| QUART | TERLY   | DATA FOR CHRONIC DISEASE PREVENTION:  |
| •     | Screen  | ing and Referrals   |
|       |         | Number of people screened for high blood pressure through local health department or partners:  |
|       |         | Number of people identified with undiagnosed high blood pressure through local health department or partners:   |
|       | 0       | Number of people screened with a hemoglobin A1c through local health department or partners:  |
|       | 0       | Number of people identified with elevated hemoglobin A1c:   |
|       |         | <ul> <li>Number of people referred to or enrolled in a diabetes prevention program:</li> <li>Number of people referred to or enrolled in a diabetes self-management education support program:</li> </ul>   |
|       | 0       | program:  Number of people screened for high cholesterol through local health department or partners:   |
|       | 0       | Number of people identified with high cholesterol:  Number of people screened for cancer through local health department activity (breast, colon cancer,  |
|       | 0       | etc.):<br>Number of people screened for BMI:  |
|       | O       | <ul> <li>Number of people referred to a weight treatment or obesity prevention program:</li> <li>Number of people identified as having a BMI over 30:</li> </ul>  |
|       | 0       | Number of individuals with asthma who receive an in-home trigger assessment:  |
|       | 0       | Number of people referred for chronic disease preventative care:  |
|       | 0       | Number of people referred for cancer screening:   |
|       | 0       | Number of people provided for cancer screening:   |
|       | 0       | Number of people screening positive for food insecurity:  |
|       |         | Number of people referred to the IDOH Breast and Cervical Cancer Program:   |
| •     | Program | nming   |
|       | 0       | Number of adults participating in nutrition and physical activity education programming:  |
|       | 0       | Number of seniors participating in nutrition and physical activity education programming:   |
|       | 0       | Number of cancer risk reduction and prevention programs provided by the LHD:  |
|       | Othon   | groups, respite opportunities for caregivers):  |
|       |         |   |
| QUART | ERLY    | DATA FOR FATALITY PREVENTION (CHILD, INFANT, FETAL, SUICIDE, OVERDOSE):   |
| •     |         | nent/Resources  |
|       | 0       | Number of people provided with infant safe sleep education, including families and professionals:   |
|       | 0       | Number of infant sleep sacks provided to families:  |
|       | 0       | Number of portable cribs provided to families:  |
|       | 0       | Number of firearm locks provided to families:   |

• Education

o Number of people trained in an evidence-based suicide prevention training (QPR, ASIST, MHFA, etc.):

| <ul> <li>Number of people educated about 988 and crisis resources:</li> </ul>  |
|--|
| Referrals/Screenings   |
| <ul> <li>Number of Handle with Care (HWC) referrals (if HWC present in county):</li> </ul>   |
| <ul> <li>Number of individuals connected to grief and bereavement resources:</li> </ul>  |
| Number of childbearing-aged women screened for domestic violence risk:   |
| <ul> <li>Number of childbearing-aged women screened for social determinants of health:</li> </ul>  |
| Community Support  |
| <ul> <li>Number of schools in county with evidence-based anti-bullying programs and groups that support student<br/>mental health (e.g., Bring Change to Mind):</li> </ul> |
| <ul> <li>Number of certified peer recovery coaches in county with support of LHD:</li> <li>Other:</li> </ul>   |
| QUARTERLY DATA FOR TOBACCO AND VAPING PREVENTION AND CESSATION:  |
| Number of youths and pregnant females referred to Indiana Tobacco Quitline/Quit Now Indiana or other cessation resource:   |
| Number of youths provided education on the harms of vaping:  |
| Number of pregnant females provided education on the harms of tobacco use and vaping:  |
| Number of school staff who have been trained to provide tobacco education:   |
| <ul> <li>Number of schools providing vaping prevention education through local health department/school liaison:</li> </ul>  |
| Number of schools providing nicotine dependence treatment resources through local health department/school   |
| liaison:   |
| Number of schools with updated/best practice policies through LHD/school liaison:  Others  |
| Other: _   |
| QUARTERLY DATA FOR SCHOOL HEALTH:  |
| (Estimated number of students is acceptable)   |
| Screenings   |
| Number of children receiving vision screening through support of liaison:  |
| <ul> <li>Number of children receiving hearing screening through support of liaison:</li> </ul>   |
| <ul> <li>Number of children receiving oral health screening through support of liaison:</li> </ul>   |
| • Education  |
| <ul> <li>Number of schools requesting support with mental health education, resources through school liaison:</li> </ul>   |
| <ul> <li>Number of children receiving supplemental nutrition education programming at school (such as CATCH of GOAL):</li> </ul>   |
| <ul> <li>Number of students receiving tobacco and vaping cessation education through LHD/school liaison:</li> </ul>  |
| Number of schools in county with supported evidence-based anti-bullying programs and groups that   |
| support student mental health (e.g., Bring Change to Mind):  |
| o Number of schools partnering with school liaisons to provide health promotion and education for:   |
| > Trauma and injury prevention:  |
| Nutrition:   |
| > Physical activity:   |
| > Child safety topics  |
| • safe sleep:  |
| car seat safety:   |
| bicycle/bike helmet safety:  |
| • water safety:  |

|                               | • first aid:  |
|-------------------------------|---|
| 0                             | Number of schools receiving emergency preparedness education (staff and students)                     |
|                               | > Stop the Bleed:   |
|                               | > CPR:  |
|                               | <ul><li>CPR:</li><li>overdose/naloxone:</li></ul>   |
| <ul> <li>Equipment</li> </ul> | ment/Supplies   |
| 0                             | Number of Stop the Bleed kits distributed through school liaisons:                                    |
| 0                             | Number of schools who received other public health-related equipment from their LHD (such as vision   |
|                               | screeners, etc.):   |
| 0                             | Equipment that was provided   |
| 0                             | Number of schools provided with AED equipment:  |
| QUARTERLY                     | DATA FOR MATERNAL AND CHILD HEALTH:   |
| • Prenata                     | al Services (up to time of delivery)  |
| 0                             | Number of pregnancy tests provided:   |
| 0                             | Number of women referred to prenatal care:  |
| 0                             | Number of women provided prenatal services:   |
|                               | > vitamins:   |
|                               | > syphilis testing:   |
|                               | ➤ HIV testing:  |
|                               | ➤ hepatitis C testing:  |
|                               | > chlamydia testing:  |
|                               | > gonorrhea testing:  |
|                               | > nutrition education:  |
|                               | > nutrition support:  |
|                               | > mental health/substance use disorder services:  |
|                               | > clinical care (from a healthcare provider, such as physician, nurse practitioner, clinic, midwife): |
|                               |   |
|                               | immunizations, such as RSV, Tdap, flu:  |
|                               | > other prenatal services:  |
| 0                             | Number of women referred to My Healthy Baby:  |
| 0                             | Number of women provided mental health/substance use disorder services:                               |
| 0                             | Number of women referred to health/substance use disorder services:                                   |
| <ul> <li>Postpa</li> </ul>    | rtum Services (following delivery)  |
| 0                             | Number of women referred to postpartum care:  |
| 0                             | Number of women provided postpartum services:   |
|                               | > clinical care (state what services):  |
| 0                             | Number of women provided mental health/substance use disorder services:                               |
| 0                             | Number of women referred to health/substance use disorder services:                                   |
| 0                             | Number of women provided breastfeeding education or support:  |
| 0                             | Number of women referred to breastfeeding education or support:                                       |
| 0                             | Number of families referred to pediatric care:  |
| 0                             | Number of people provided with parenting classes/education:   |
| 0                             | Number of families referred to childcare assistance (such as Child Care and Development Fund "CCDF"   |
| -                             | program):   |
| <ul> <li>Health</li> </ul>    | and Safety Services   |
| 0                             | Number of people receiving child car safety seats:  |
|                               | Number of child car safety seats provided:  |
|                               | Number of car safety seat inspections provided:   |
| 0                             | Number of people provided safe sleep education:   |
| 0                             | Number of people receiving sleep sacks:   |
|                               | Number of cribs provided by LHD or partner:   |
| 0                             | Number of handle-with-care alerts issued:   |
|                               |   |

|   | 0       | Number of women and children referred for active domestic violence assistance:                     |  |  |  |
|---|---------|--|--|--|--|
|   | 0       | Number of women and children provided safe, anonymous transport to shelter for victims of domestic |  |  |  |
|   |         | violence and interim care/assistance provided:   |  |  |  |
|   | 0       | Number of women and children referred for assistance with physical and mental health recovery from |  |  |  |
|   |         | domestic violence:   |  |  |  |
|   | 0       | Number of menstrual period products distributed:   |  |  |  |
| • | Comm    | mmunity Assistance   |  |  |  |
|   | 0       | Number of people referred to substance use disorder treatment/support:                             |  |  |  |
|   | 0       | Number of people referred to/provided care through Mobile Integrated Health:                       |  |  |  |
|   | 0       | Number of referrals to housing supports or resources:  |  |  |  |
|   | 0       | Number of families provided with utility/rent assistance:  |  |  |  |
|   | 0       | Number of families screened or referred to developmental services, such as First Steps:            |  |  |  |
|   | 0       | Number of people receiving life skills courses:  |  |  |  |
|   | 0       | Number of families receiving home visiting services, such as a home visiting program:              |  |  |  |
|   | 0       | Number of families referred to home visiting services, such as a home visiting program:            |  |  |  |
|   | 0       | Number of youth and parent cafés hosted:   |  |  |  |
|   | 0       | Number of families referred to an insurance navigator or Medicaid:                                 |  |  |  |
| • | Contrac | ception/STIs   |  |  |  |
|   | 0       | Number of people provided contraceptive education  |  |  |  |
|   | 0       | Number of women tested for STIs/HIV  |  |  |  |
|   | 0       | Number of women referred for STI/HIV treatment   |  |  |  |
|   | 0       | Number of women treated for STIs/HIV   |  |  |  |
| • | Food a  | nd Nutrition   |  |  |  |
|   | 0       | Number of women referred to WIC  |  |  |  |
|   | 0       | Number of families referred or connected to local food pantries                                    |  |  |  |
| • | Other:  |  |  |  |  |

# ATTACHMENT B: Budget Summary Health First Wayne County Grant Agreement # HFWC26-9739245 January 1, 2026 – December 31, 2026

Name of Organization: Reid Hospital and Health Care Services, Inc

Employer ID Number: 35-0892672

Address: 1100 Reid Parkway, Richmond, IN 47374

Name of Signatory: Jason Troutwine

Phone: 765.983.3000

Name of Grant Contact: Jason Troutwine Email: Jason.troutwine@reidhealth.org

Grant Period: January 1, 2026 - December 31, 2026

As the Awardee, the Wayne County Board of Commissioners and the Wayne County Health Department are responsible for administering the Health First Wayne County grant program using the Wayne County Health First Indiana funds. All funds are received from the State of Indiana to support public health core service activities. The intent of this program is to provide funding to local public health partners to sustain and support local public health efforts with a focus specifically on gaps in core public health services within Wayne County. All expenses claimed by the Grantee must directly support the achievement of this goal. As a sub-awardee to these funds, the Wayne County Health Department (herein) is providing funding to achieve these goals through a deliverables-based grant agreement with quarterly and annual reporting requirements to the WCHD. All deliverables outlined in Attachment A directly support the intent and requirements of the State of Indiana.

All deliverables and associated requirements in the budget herein must be completed by **December 31, 2026**.

#### CRANT FUNDING SHMMARY AND BREAKDOWN

| Personnel   | \$ 68, 493.48 |
|-------------|---------------|
| Fringe      | \$8,453.23    |
| Equipment   | \$0           |
| Supplies    | \$0           |
| Contractual | \$0           |
| Other       | \$0           |
| Totals      | \$76,946.71   |

Funding will be issued in monthly reimbursements provided within 30 days of invoice receipt.

Payment Notes (if multiple payments):

# ATTACHMENT C: State Funding Health First Wayne County Grant Agreement # HFWC26-9739245 January 1, 2026 – December 31, 2026

State Agency: Indiana Department of Health

Budget Fund: Health First Indiana Project Name: **Reid Community Health** Grant Agreement #: **HFWC26-9739245** 

**Incorporation.** This award is based on the application, as approved, that **Reid Hospital and Health Care Services**, **Inc** submitted to the Wayne County Health Department relating to the Health First Indiana program and is subject to the terms and conditions incorporated either directly or by reference in the following:

The grant program legislation and program regulation by statutory authority as provided for this program and all other referenced codes and regulations.

The Grantee (as defined in the Grant Agreement) must comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable grant policy requirements; requirements imposed by program statutes and regulations and grant administration regulations, as applicable; and any regulations or limitations in any applicable appropriations acts.

Accessibility of Services. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. Recipients must comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), and any provisions required by the implementing regulations of the Federal Agency providing the funds.

Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Grantee must protect all information systems, electronic or hard copy which contain personal data from unauthorized access to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

**Funds Disclosure Requirements.** Any of the entity's statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs supported in whole or in part by local public health funds must report:

- 1. The percentage of the total costs of the program or project with federal or state financing
- 2. The amount of local public heath funds for the project or
- 3. The percentage and dollar amount of the total costs of the project or program financed by nongovernmental sources. "Nongovernmental sources" means sources other than state and local governments and federally recognized Indian tribes.

Publications, journal articles, etc. produced under a grant support project must bear an acknowledgment and disclaimer as appropriate. For example:

"This publication (journal article, etc.) was supported by a Health First Wayne County grant from the Wayne County Health Department. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Wayne County Health Department."

Funding Accountability and Transparency. For Wayne County to comply with State of Indiana reporting requirements, the Grantee must complete, in its entirety, the Grant Agreement form. Wayne County will not execute this agreement until

the Grantee completes the form in its entirety. Before funds may be used to contract for the provision or administration of core public health services, the local health department shall post the contract to the public for at least thirty (30) days.

State Funding Limitations. The Grantee certifies that to the best of its knowledge and belief that no appropriated funds have been paid or will be paid, by or on behalf of the Grantee, for the following per the State of Indiana (this may not be an exhaustive list):

- 1. Personal Items
- 2. Items not related to IC 16-46-10-3 (\*pursuant to changes made during the 2023 legislative session)
- 3. Alcoholic Beverages
- 4. Duplicate Payments and Overpayments
- 5. Capital expenses not permitted by IC 16-46-10-3(c) (such as vehicles, motorized items, trailers, buildings/structures, renovations, etc.)
- 6. Scholarships
- 7. Donations
- 8. State or Federal Lobbying or any Political Activity
- 9. Food/Beverages
- 10. Any unallowable expenditure as determined by the Indiana State Board of Accounts
- 11. Any expenditure not allowed by Indiana State Law
- 12. Incentives (unless educational or a protective public health measure in nature and with prior approval by the Wayne County Health Department)
- 13. Other activities or purchases deemed inappropriate by Wayne County or the Wayne County Health Department.

The Grantee shall require the language above be included in the language of all subcontracts and that all subcontractors shall certify and disclose accordingly.

For more information, please contact the Wayne County Health Department health@co.wayne.in.us