Lumpkin County Emergency Services
57 A Pinetree Way
Dahlonega Ga. 30533
Business (706) 864-3030 Fax (706) 867-9099 EMA (706) 864-9180

David Wimpy
EMA Director / Fire Chief / EMS Director
david.wimpy@lumpkincounty.gov

February 2, 2015

Board of Commissioners
99 Courthouse Hill
Dahlonega, GA 30533

RE: Rural Health Network Grant

BOC,

The Lumpkin County Emergency Services has an opportunity to possibly receive a non-matching grant that will help fund some much needed EMS equipment. Without grants like this and the economy in the shape it's in, we would not be able to purchase a lot of the more expensive items that we desperately need to do our job. This is a great opportunity, but we need your approval and support to continue with the process. Please read over the staff analysis and also the attached information, it will explain the opportunity and benefit it will give our department and also help us to continue giving the citizens of Lumpkin County, the protection and services that they deserve.

The equipment we are hoping to purchase is 1 Lifepak 15 Heart Monitor and 4 Lucas CPR machines. The total cost on this equipment is, $91,599.45.

With Regards,

David Wimpy,
LCES Director

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Lifepak 15

Lifepak 15 AED

Physio-Control defibrillators have set the standard for over 50 years. The LIFEPAK 15 monitor/defibrillator is an all-new platform that raises the bar with a design developed in partnership with emergency services professionals. While is shares many features of the LIFEPAK 12, the LIFEPAK 15 is the latest in state of the art technology for AEDs. **These similarities in interface with the LIFEPAK 12 can help reduce training costs when introducing your staff to the latest in AED technology.** The LIFEPAK 15 combines what you and your staff already know and brings the latest technology in AEDs to your fingertips.

With clinical innovations such as carbon monoxide monitoring and CPR guidance via a clinically-proven Metronome, the LIFEPAK 15 can help you save lives. With a brighter LCD screen that uses Sun Vue technology, as well as the latest in battery technology, the LIFEPAK 15 AED is an good option in an emergency situation.

The LIFEPAK 15 monitor/defibrillator is designed to help you accurately diagnose and treat patients. With features such as easy and quick acquisition of a baseline, pre-medication 12-lead ECG, usage of the clinically proven Glasgow algorithm to clearly interpret 12-lead

ECGs, the LIFEPAK 15 AED can provide the information you need to help you make the correct diagnosis.

Lifepak 15 Technological Innovations

Other innovative features of the LIFEPAK 15 defibrillator include, continuous ST-segment monitoring in all 12 leads to quickly identify STEMI and alert you to ST-segment change. This feature is unique to the products of Physio-Control. The LIFEPAK 15 also allows for Automatic transmission of a new ECG when changes occur, if configured to do so. **There is also seamless sharing of ECGs to speed treatment of STEMI patients, providing those crucial minutes when they are needed.**

The innovation with the LIFEPAK 15 is the monitor screen. Because information about the patient is so critical in any piece of a diagnosis, the information screen on the LIFEPAK 15 is state of the art, designed to provide maximum viewability. You and your staff need to be able to have information that you can ready quickly and clearly, with a setup that allows you to see as much patient data as possible, all in one place.

The LIFEPAK 15 monitor/defibrillator is equipped to meet your needs with features that include: a large 8.4 inch diagonal display (6.7 W X 5 H), SunVue technology which allows you to see in bright sunlight with the touch of a button that eliminates washout. A
dditional features include logical user interface with parameters arranged down one side and color matched to waveforms and the largest combination of font and screen text of any monitor/defibrillator on the market.

Lifepak 15 Defibrillator

Also, the LIFEPAK 15 has a power source you can rely on. The LFEPAK 15 AED runs on two lithium ion batteries that have a total operation time of up to six hours, ensuring that the LIFEPAK 15 is there when you need it. Because of the type of battery on the LIFEPAK 15, you do not need to wait for a full recharge before using the device. Smart battery technology helps you have the security of knowing the LIFEPAK 15 AED will work when you need it.

The LIFEPAK 15 is also upgradable, so over time you can add new pieces as you see fit and as the technology develops. Faster processors, innovative add on features will be developed and

the LIFEPAK 15 will be compatible with these new advances. The LIFEPAK 15 is an investment and you can add to your investment, ensuring you can continue to use the LIFEPAK 15 for as long as you need a top AED.

Advances in the LIFEPAK 15 such as increased processing speed and memory will enable you to add new features and monitoring parameters. The LIFEPAK 15 is built to comport with the next generation of AEDs.

The LIFEPAK 15 AED is also compatible with all leading electronic patient records systems to ensure vital patient information can be transferred from the LIFEPAK 15 to a wide range of record keeping systems. The format of the data of the LIFEPAK 15 is easily transferrable to a wide range of other products.

Lifepak 15 Defibrillator

In addition, the LIFEPAK 15 is designed with the user in mind. In addition to the advances in data collection, the LIFEPAK 15 is also made to be easy to handle. Both durable and comfortable, the LIFEPAK 15 has a sharp design. With black glossy buttons laid over a matte black finish, it is easy to quickly navigate the control panel, even in an emergency situation. With connectors on the front of the machine, you can easily change the parts on the LIFEPAK 15 as you need. You can be confident that you will be able to rely on the LIFEPAK 15 in a critical situation because of the layout.

The front panel of the LIFEPAK 15 also was developed for easy user interface. With a larger speed dial than seen on many AEDs, the LIFEPAK 15 can make it easy for you to determine your selection. A new design on the power button can leave the user confident that the LIFEPAK 15 will not lose power if a patient needs to be moved while connected or if there are sudden movements in a car or an ambulance.

AED or Automatic External Defibrillators work by automatically detecting any abnormal arrhythmia or other life-threatening heart conditions on a person. Once this is detected, an AED deliver an electrical energy current when and if it detects that a person needs this current in order to remain alive. Simple and easy to use Automatic External Defibrillators (AEDs) are so easy to use that most models can be used without any significant training. In an emergency situation, an Automatic External Defibrillator can make the difference in saving a life. Precisely because AEDs are so easy to use, the use of AED had become a common module in training courses for all types of emergency medical situations from first aid to basic life support classes, CPR and first responder courses.

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LUCAS™ CPR

Keeping the flow up

In order to be able to save the lives of sudden cardiac arrest patients and avoid neurological damage, a steady supply of oxygen to the heart and brain is necessitated. Life-sustaining circulation can be created through effective and uninterrupted chest compressions. Performing **manual chest compressions of high quality is both difficult and tiring, and impossible in certain situations**. The quality varies depending on who provides CPR and deteriorates quickly after only one, two minutes.

LUCAS 2

LUCAS™ - standardizing the quality of chest compressions

The LUCAS™ Chest Compression System **is a safe and efficient tool that standardizes chest compressions in accordance with the latest scientific guidelines**. It provides the same quality for all patients and over time, independent of transport conditions, rescuer fatigue, or variability in the experience level of the caregiver. By doing this, it frees up rescuers to focus on other life-saving tasks and creates new rescue opportunities.

Safe and effective

Experimental studies show that the mechanically controlled LUCAS™ compressions are able to sustain a higher blood flow to the brain and heart compared to manual compressions. The side-effects are similar as for manual compressions. LUCAS™ does compressions according to guidelines - on the middle of the chest, not more, not less.

Easy and quick

The LUCAS device is easy to carry and handle, and can be applied to the patient with interruptions of manual compressions of less than 20 seconds.

Cypress Creek EMS applies LUCAS

LUCAS™2

Now electrically powered, the life-saving medical device offers the most compact, lightweight and portable solution to maintain circulation in cardiac arrest patients.

LUCAS™ CPR Pre-Hospital Use

"LUCAS is one of the best members of your crew. It doesn't get tired, it doesn't get distracted, and it provides the best chest compressions I've ever seen."

Justin Clifford, Field Supervisor, Cyprus Creek EMS, Texas, U.S.

Your partner in life-support

The LUCAS™ Chest Compression System assists first responders and paramedics by providing effective and uninterrupted chest compressions on sudden cardiac arrest patients. With automated CPR the fatigue, individual variations or psychological factors are removed from CPR and there is no longer a need for shifting CPR providers every two minutes. Rescuers are freed up to focus on other critical life-saving tasks, such as ventilation, medication and defibrillation, which leads to an increased focus on cardiac arrest management.

"We know that CPR is difficult to do well. People slow down. They don't always do it appropriately - even professional rescuers. A machine doesn't get tired; it is consistent, and consistency is key."

Charles Lick, Medical Director, Allina Medical Transportation and Emergency, Department Director Buffalo Hospital, Minnesota, U.S.

"Whereas at first people were saying that LUCAS did no more than they could themselves, the view now is 'Wow, it does everything for us."

Dr. Ralph Kipke, Head of Training and Education for EMS Fire and Emergency Management, Agency, Dresden, Germany

Keep your personnel safe during CPR

LUCAS™ facilitates the transportation of cardiac arrest patients with ongoing compressions, not only from the scene to the ambulance, but also inside a fast-moving ambulance. It is well established that effective CPR is very difficult to achieve manually in these situations (1).

In addition, rescuers will no longer have to compromise their own safety by providing compression during transportation. With LUCAS™ consistently performing the compressions, rescuers are still able to sit firmly, belted and watching over the patient.

"For me the safety of my staff is of paramount importance."

Dr. Wladimir Haacke, Medical Director for EMS Fire and Emergency Management Agency, Dresden, Germany

Strengthens the chain of survival and increases the chances of good outcomes

The LUCAS™ CPR device has been in use in large pre-hospital organisations since 2003. Several publications confirm the practical benefits of implementing and using the LUCAS™ device in the pre-hospital setting and some points at an increased short-term survival (return of spontaneous circulation) (2, 3, 4, 5, 6).

"We have learned there is no 'single therapy' or 'magic pill' that will increase survival rates. It is really the ability to focus on the basics, and provide quality post resuscitative care, in addition to implementing new innovations like the LUCAS Chest Compression System."

Kevin Traynor, Clinical Supervisor, Cyprus Creek EMS, Texas, U.S.

1) Glasheen et al; Prehospital Emergency Care Jan/March (2007) 11.1. Effectiveness of single rescuer delivered chest compressions using 15:2 versus 30:2 in both static and mobile environments compared with an active decompression device

2) Rubertsson et al; American Heart Congress 2007, Nov 5, Abstract 1813; Early Survival After Cardiac Arrest In A Pilot Study Using The LUCAS Device Compared To Manual Chest Compressions During CPR

3) Maule; Urgences & Accueil, Volume 7, Numéro 29, Juin-Juillet-Août 2007; (Translation from French; Mechanical external chest compression: a new adjuvant technology in cardiopulmonary resuscitation.)

4) de Knock et al; Resuscitation 70 (2006), 2 Aug p 305. The use of LUCAS for in- and out-of-hospital cardiac arrests

5) Steen et al; Resuscitation 67 (2005), 25-30. Treatment of out-of-hospital cardiac arrest with LUCAS, a new device for automatic mechanical compressions and active decompression resuscitation

6) Halliwell et al ; British journal of resuscitation vol3, no 2 autumn (2004) Evaluation of LUCAS

Georgia State Office of Rural Health

RURAL HEALTH NETWORK GRANT

FY2015

DEPARTMENT OF COMMUNITY HEALTH GRANT FUNDING IS SUBJECT TO AVAILABILITY AND IS AWARDED AT THE DISCRETION OF THE DEPARTMENT COMMISSIONER

RELEASE DATE: FEBRUARY 20, 2015
CLOSING DATE: MARCH 20, 2015 3:00 PM

POINT OF CONTACT: ROMERO M. STOKES, ISSUING OFFICER
GEORGIA DEPARTMENT OF COMMUNITY HEALTH
2 PEACHTREE STREET, NW, 35TH FLOOR
ATLANTA, GEORGIA 30303-3159
rstokes@dch.ga.gov

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APPENDIX A.	GRANT APPLICATION FORM	
APPENDIX B.	ETHICS STATEMENT: Includes Signature Page Carefully read, sign, and adhere to Appendix B, the DCH Ethics Statements prior to responding to any Department of Community Health Request for Grant Applications (RFGA). Failure to do so could result in the disqualification of your application at any time during the application process.	
APPENDIX C.	ETHICS IN PROCUREMENT POLICY: Includes (2) Signature Pages Carefully read, sign, and adhere to Appendix C, the DCH Ethics in Procurement Policy prior to responding to any Department of Community Health Request for Grant Applications (RFGA). Failure to do so could result in the disqualification of your application at any time during the application process.	
APPENDIX D.	BUSINESS ASSOCIATE AGREEMENT: Includes Signature Page	
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BACKGROUND

Background	The Georgia Department of Community Health (DCH) was created in 1999 by Senate Bill 241 and has the responsibility for insuring over two million people in the State of Georgia, maximizing the State's health care purchasing power, coordinating health planning for State agencies and proposing cost-effective solutions for reducing the number of uninsured. Within DCH, the State Office of Rural Health (SORH) serves Georgians by improving access to health care in rural and underserved areas to improve health status and reduce health disparities.
Purpose	The purpose of the Rural Health Network Grant is to expand access, increase cost efficiency, and improve the quality of essential health care services, including but not limited to primary care, acute care, mental health, oral health, telehealth, emergency medical services and other areas of identified health care related community needs. The Rural Health Network Grant strives to create or improve the integrated health care delivery system in rural areas. This grant opportunity is open to non-profit health care providers or local governments. Note: A Rural County is defined as a county of 35,000 or less population based on the 2000 or more recent census, unless otherwise defined in a State of Georgia codified definition utilized by the Department.
Program Overview	In consideration of the FY 2015 funding of $100,000 (dependent upon award amount), Grantee will perform the scopes of services and adhere to the specific responsibilities, timelines, and deliverables as detailed below. This funding will provide for the implementation or expansion of rural health networks through the coordination of care and serving multiple areas/projects.
Eligibility and Funding Preference	This funding will provide for the implementation or expansion of rural health networks through the coordination of care and serving multiple areas/projects. Eligible programs include: • Projects based on a formal Community Health Care Needs Assessment developed with broad-based community input. Funding may be used to address identified needs documented in the assessment. • Projects based on training needs of community first responders (i.e. EMS, police, fire fighters, etc.) • Expansion of telehealth, encourage Skilled Nursing Facility Based Telehealth and other projects in partnership with the Georgia Partnership for Telehealth (GPT), the statewide telehealth network. Funding is limited to $30,000 per telehealth location. • EMS projects focused on equipping rural EMS services with equipment needs that benefit the community and enhance quality health care services. This funding cannot be used for the purchase of disposable medical supplies. Note: Currently funded networks are not eligible to receive additional state rural

	health network funds until the active grant has closed.
Match and Cost Sharing	Matching funds are not required for this grant.
Anticipated Award Amount	$100,000
Funding Cycle	Upon official execution of the Grant through June 30, 2016
Special Requirements	None.
Deliverables	1. Work Plan and Budget. Within fourteen (14) days of grant execution, GRANTEE must submit a revised work plan and budget for DCH/SORH approval. If there are no revisions to the original work plan or budget, GRANTEE shall notify DCH/SORH in writing. 2. Provide monthly or quarterly (as mutually agreed prior to grant execution) invoices and grant progress reports that include details of project progression. Status reports must include achievements of milestones within the defined work plan timeframes. Reports must also include patient encounters, people impacted, etc. 3. The invoices must be submitted no more than 30 days following the close of each quarter. Any additional instructions which may be required will be provided by the SORH as needed. 4. Deliver a final report to the SORH no more than 30 days following the close of the grant period. The final report should be a detailed report outlining the lifespan of the grant and programmatic outcomes.
Deadline for Submission of Questions	Questions must be submitted in writing to Romero Stokes, rstokes@dch.ga.gov by March 6, 2015. Responses to questions will be posted within five (5) business days from the Questions closing date.
Deadline for Submission	APPLICATIONS MUST BE RECEIVED BY: Friday, March 20, 2015 3:00 PM.

In addition, the following factors may affect the funding decision:

Availability of funds
Relevance to program priorities

SUBMISSION GUIDELINES

APPLICATION SUBMISSION

Submission requires remittance of three (3) hard copies, bound and tabbed, with one (1) marked "Original" inclusive of original signatures and three (3) separate electronic/digital copies submitted on flash/thumb drives, with one (1) designated as the original copy of the Grant Application. Applications may be delivered via U.S. mail, an express mail carrier, hand delivered or couriered. COMPLETED APPLICATIONS MUST BE RECEIVED BY 3:00 P.M. FRIDAY, MARCH 20, 2015. If the application is incomplete or non-responsive to submission requirements, it will not be entered into the review process. The applicant will be notified by email that the application did not meet submission requirements.

Timely and complete submissions are the responsibility of the applicant(s). The Department of Community Health welcomes completed submissions prior to the FRIDAY, MARCH 20, 2015 closing date, however all submissions are final. ALL LATE APPLICATIONS WILL BE CONSIDERED NON-RESPONSIVE TO SUBMISSION REQUIREMENTS.

Mailing Address for Application Delivery

Romero M. Stokes, Issuing Officer
Georgia Department of Community Health
2 Peachtree Street, NW, 35th Floor
Atlanta, Georgia 30303-3159
E-mail: rstokes@dch.ga.gov

SUBMISSION FORMAT

The Grant Proposal and Project Abstract MUST be submitted in the following format or the application will be considered non-responsive and will not be entered into the review process:

1. PDF file format.
2. Font Size: 12 point unreduced (Arial or Times New Roman).
3. Page Size: 8.5 by 11 inches.
4. Page Margin Size: One inch.
5. Project Abstract should be single spaced and shall not exceed 1 page.
6. Project Narrative:
   a. The Project Narrative should be double spaced.
   b. The Project Narrative shall not exceed a maximum of 15 pages (if the narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed).
   c. The Project Narrative consists of the following components as detailed on pages 8-11:
      1. Needs Assessment

2. Significance
3. Quality of Project Design and Methodology
4. Work Plan
5. Quality of Management Plan
6. Quality of Project Evaluation
7. Quality of Project Schedule

7. Organizational Narrative:

   a. The Organizational Narrative should be double spaced.

   b. The Organizational Narrative shall not exceed a maximum of 2 pages (if the narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed).

8. Budget Worksheet and Budget Justification:

   a. The Budget must be completed on Appendix E.

   b. The budget justification is limited to a maximum of 6 pages (if the budget narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed). The spacing should be double spaced.

9. Number and Label all pages; not to exceed the maximum number of pages where applicable.
10. Headers should identify each section and Footers should include: the name of the organization and page numbers.
11. All required forms and consent MUST be on the flash/thumb drive in the order and format set forth in this solicitation.

REQUIRED SELECTION CRITERIA

PROJECT ABSTRACT

A Project Abstract is required for all application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information. **The Project Abstract will not be counted toward the narrative page limit.** (5 pts)

PROJECT NARRATIVE

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.
Use the following section headers for the Narrative:

Needs Assessment (10 pts)

This section outlines the perceived needs of the community and how the project will help address those unmet needs. This section should help reviewers understand the community and how the project will help serve the community. In determining the need for the proposed project, we consider the following factor:

- The extent to which specific gaps or weaknesses in services, infrastructure, or opportunities have been identified and will be addressed by the proposed project, including the nature and magnitude of those gaps and weaknesses.

Significance (10 pts)

In determining the significance of the proposed project, we consider the following factor:

- The extent to which the proposed project involves the development or demonstration of promising new strategies that build on, or are alternatives to, existing strategies. (pts)

Quality of Project Design and Methodology (20 pts)

This section describes proposed methods that will be used to address the stated needs and to meet each of the previously-described program requirements and expectations in this funding opportunity announcement. In determining the significance of the quality of the design of the proposed project, we consider the following factors:

- The extent to which the goals, objectives, and outcomes to be achieved by the proposed project are clearly specified and measurable.

- The extent to which the proposed project will be coordinated with similar or related efforts, and with other appropriate community, State, and Federal resources.

- The extent to which the proposed project is designed to build capacity and yield results that will extend beyond the period of State or Federal financial assistance.

Work Plan (10 pts)

This section describes the activities or steps that will be used to achieve each of the activities proposed in the Methodology section over the course of the project period. The following should be addressed in this section:

- The applicant describes a clear and coherent work plan that is aligned with the network's goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the network's goals, strategies, activities and measurable process and outcome measures (A template, Appendix G, is provided but it is not required that the applicant use the provided template). The work plan must outline the individual or organization responsible for carrying out each activity and reflect a timeline for completion of such activity.

Quality of Management Plan (5 pts)

In determining the quality of the management plan of the proposed project, we consider the following factor:

- The adequacy of the management plan to achieve the objectives of the proposed project on time and within budget, including clearly defined responsibilities, timelines, and milestones for accomplishing.

Quality of Project Evaluation (15 pts)

In determining the quality of the evaluation, we consider the following factors:

- The extent to which the methods of evaluation are thorough, feasible, and appropriate to the goals, objectives, and outcomes of the proposed project.

- The extent to which the methods of evaluation will provide performance feedback and permit periodic assessment of progress toward achieving intended outcomes.

- Describe how project goals will be tracked, measured, and evaluated. Any assumptions made in developing the project matrix/work plan and the anticipated outputs and outcomes of grant-funded activities should be explained. Both outcome and process measures may be used to assess the progress of efforts.

- Explain the process by which data/information for these measures will be collected and analyzed, including an approach for evaluating the network's progress in relation to its proposed outputs and outcomes. If an outside evaluator/consultant will be hired to assist in the evaluation of the network's progress, provide details about the evaluator and the proposed approach for conducting an evaluation.

- Discuss ongoing quality assurance/quality improvement strategies that will allow for the early detection and modification of ineffective strategies. The applicant should also describe how it will

conduct a network self-assessment and how it will use that information to help inform the network's quality improvement strategy.

- It is strongly recommended that the applicant submit a clear and detailed logic model to illustrate the evaluation process and how it related to the goals, objectives and activities as described in the Project Design and Work Plan.

Quality of Project Schedule (5 pts)

In determining the quality of the project schedule, we consider the following factors:

- Using a recognized project scheduling tool (Gantt Chart, PERT, WBS, etc.), describe the actions, deliverables and milestones of the project, the amount of time required to achieve said deliverables and milestones, and the individuals/teams responsible for said actions.
- A timeline template is provided (Appendix H) but it is not required that the applicant use the template.

ORGANIZATIONAL NARRATIVE

This section describes the lead applicant, the network and its members. The following should be addressed in this section: (5 pts)

- Provide a brief overview of the lead applicant organization that includes information such as their mission, structure and current primary activities. The lead applicant should describe its ability to manage the grant project and personnel. It should also identify and describe financial practices and systems that assure that the applicant organization has financial resources to manage State and/or Federal funds.

- State whether the applicant has a project director in place, or an interim director. If the project has an interim director, discuss the process and timeline for hiring a permanent director for this grant, if applicable.

- Information on the individual who will serve as the project director (or interim) and will be responsible for project monitoring and for ensuring the grant activities are carried out. It is preferable, but not required, that the proposed project identifies a permanent director prior to receiving grant funds. Evidence that the project director will allot at least 25 percent of their time to the project and has management experience involving multiple organizational arrangements. The applicant organization should have at least one paid full-time staff employed at the time of application.

- Please submit documentation of the lead applicant's legal identity as a for-profit, nonprofit or public entity. Documentation would include:
    - Dun & Bradstreet (D&B) Supplier Evaluation Report (SER); and
    - Printout or Screenshot from Secretary of State Corporations Division web portal

- Applicant should provide an organizational chart that illustrates the hierarchy of roles and responsibilities of the organization as it pertains to the staff/team affiliated with the proposed

project.

BUDGET WORKSHEET AND BUDGET JUSTIFICATION

- All anticipated expenses and funding sources directly related to this project, including in-kind contributions, should be calculated and completed on the included Budget Worksheet (Appendix E).

- A concise narrative labeled Budget Justification should follow the Budget Worksheet (Appendix E). The budget plan and budget forms will not be counted toward the narrative page limit. Note, however, that both documents should be placed immediately after the Organizational Narrative in your proposal submission and should not exceed six (6) pages. Do not sequentially number this section.). Provide a detailed and clearly justified budget narrative that is consistent with the purpose and objectives. Describe the financial resources needed over the duration of the project period and include the share requested from this grant as well as funds from other sources, including organizations, institutions. Describe any in-kind sources of support. (15 pts)

APPENDICES: All appendices are required. Some appendices include a Signature Page(s) carefully read, sign, and adhere to these forms prior to responding to any Department of Community Health Request for Grant Applications (RFGA). Failure to do so could result in the disqualification of your application at any time during the application process. Included Appendices are as follows:

A. Grant Application Form
B. Ethics Statement (*Signature Page must be submitted*)
C. Ethics in Procurement Policy (*Signature Pages must be submitted*)
D. Business Associate Agreement (*Signature Page must be submitted*)
E. Budget Worksheet (*Budget Justification MUST accompany this appendix*)
F. Biographical Sketch (*For key personnel only*)
G. Work Plan Template
H. Timeline Template

OTHER CONTENT

Although not required an applicant may wish to submit the following:

- Relevant certification documents as detailed in Section I – Background.

Point of Contact: Romero Stokes, Issuing Officer
Georgia Department of Community Health
2 Peachtree Street, NW 35th Floor
Atlanta, Georgia 30303 – 3159
E-mail: rstokes@dch.ga.gov

Grant Funding: DCH grant funding is subject to availability.
All awards are subject to the discretion of the Commissioner.

Indirect Cost: Indirect costs represent the expenses of doing business that are not readily identified within the budget submission (Appendix E.) but are necessary for the general operation of the organization and the facilitation of the activities required by the grant. In theory, costs like heat, light, accounting and personnel might be charged directly if little meters could record minutes in a cross-cutting manner. Practical difficulties preclude such an approach. Therefore, cost allocation plans or indirect cost rates are used to distribute those costs to benefiting revenue sources. For the purpose of providing the most efficient and effective use of grant dollars DCH limits the application of indirect costs to 9.27 percent.

SMART OBJECTIVES

To further enhance performance measurement the Department of Community Health is requiring that objectives be "*SMART*" (Specific, Measurable, Attainable, Realistic and Timely). This will assist the department in evaluating whether the objectives that are being set are effective and appropriate for the project.

Be aware of the differences between *goals* and *objectives*. Goals relate to aspirations, purpose and vision. The objective is a plan to achieve the goal therefore a goal may have many objectives.

"SMART" refers to the acronym that describes the key characteristics of meaningful objectives, which are Specific (concrete, detailed, well defined), Measureable (evaluable in terms of outcomes, data, numbers, quantity, comparison), Achievable (feasible, actionable), Realistic (considering resources) and Timely (a defined time line). However this order may not always be the best way to write your objectives. Often M-A/R-S-T is the preferred method.

1. SPECIFIC emphasizes the need for a specific goal rather than a more general one. This means the goal is clear and unambiguous; without vagaries and platitudes. To make goals specific, they must tell a team exactly what is expected, why is it important, who's involved, where is it going to happen and which attributes are important.

2. MEASURABLE is the most important consideration when developing *SMART* objectives. Measurability is the evidence of objective achievement. This is your outcomes or other measurable data.

3. ATTAINABLE is correlates to Measurable. Objectives, unlike your aspirations and visions, need to be attainable, there is no point in starting a project which is improbable or impossible to complete or one in which you can't tell when you are finished. An objective is only attainable when it is also measurable and limitations have been assessed. Although an objective may be measurable you must also consider if you have the necessary resources or at least a realistic chance of acquiring the resources.

4. REALISTIC is correlates to Attainable. If it is achievable it may not be realistic and conversely if it is not realistic, it is not achievable. Realistic is about who, what, when, where and how. This is where human capital, resources, time, money and opportunity intersect.

5. TIMELY correlates to measurable, attainable, realistic and specific. Timely is the deadline set for achievement of an objective. Deadlines MUST be achievable and realistic to merit the undertaking. A timely objective is a measurable objective. A timely objective is a specific objective as it answers when achievement will be met.

Vendor Exclusion: The DCH shall conduct business only with responsible participants. Participants will be excluded from participating in DCH programs not as a penalty but rather to protect public funds and to ensure the integrity of publicly funded programs and public confidence in its programs.

DCH will obtain a list to include vendors who have been sanctioned for unethical behavior in their dealings with the Department to include behavior such as:

- Being convicted of a felony within the last 7 years;
- Misdemeanor conviction relating to health care fraud within the last 3 years;
- Conviction relating to obstruction of an investigation within the last 3 years;
- Exclusion or suspension under federal or state health care programs;
- Repeated instances of non-performance under previous grant agreements. Non-Performance is defined as failing to successfully complete deliverables resulting in the grant's termination or non-payment of invoices;
- Fraudulently receiving funds from DCH to include falsifying invoices in order to receive payment for work not completed;
- Violating any state or Department policy with which the grantee is required to comply;
- Collusion or collaboration with any bidder, proposer or applicant in the submission of any grant application for the purpose of lessening or reducing competition;
- Conviction on three (3) or more occasions of exclusion offenses. Permanent exclusion.
- Any other behavior the Department deems unethical.

Exclusion shall be concurrent with the period of debarment, suspension, or exclusion imposed by the federal or state government; however, DCH reserves the right to modify this term based on the nature and the seriousness of the wrongful act or omission warranting exclusion, the length of time since any wrongful act or omission warranting exclusion and the goals and purposes underlying the rule. In any case, exclusions shall not be less than for one year and at least until all appropriated funds, costs, and penalties owed to DCH by the participant are paid full, the participant provides support that he is financial viable and the participant meets all applicable requirements in federal rules and laws.

Persons or Entities Excluded:

In addition to the excluded participants, exclusion applies to:

- All participants related parties, and the heirs and assigns of the participants and related parties.
- The participant's immediate family members will generally be excluded from participation in any entity to which the excluded participant was a related party, any successor entity or start up entity in the same or similar program.

Participants will be excluded from participation in DCH programs not as a penalty but rather to protect public funds and to ensure the integrity of publicly funded programs.

APPENDIX A

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
STATE OFFICE OF RURAL HEALTH

DCH GRANT APPLICATION FORM

Please Provide complete contact information for a minimum of three (3) officers within the organization.
Mailing Address MAY NOT be a post office box.

Name of Grant:		
Applicant Organization:		
Legal Name		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Federal ID Number:	State Tax ID Number	
DIRECTOR OF APPLICANT ORGANIZATION		
Name/Title		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
FISCAL MANAGEMT OFFICER OF APPLICANT ORGANIZATION		
Name/Title		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
OPERATING ORNAGIZATION (If Different from Applicant Organization)		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-Mail:
CONTACT PERSON FOR OPERATING ORNAGIZATION (If Different from Director Organization)		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person for Operating Organization)		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

Amount Requested:	Type of Organization:	☐ Hospital	☐ Physician	☐ Primary Care Provider
		☐ Clinic	☐ Non-Profit	☐ Government Entity
		☐ Faith Community	☐ For-Profit	☐ Consortia of These

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE SUBMITTED THIS APPLICATION ON THE BEHALF OF THE APPLICANT ORGANIZATION.

SIGNATURE:	TITLE:	DATE:

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH
RURAL HEALTH NETWORK GRANT

ETHICS STATEMENT

NOTE: Carefully read, sign, and adhere to Appendix D, the DCH Ethics Statements prior to responding to any Department of Community Health Request for Grant Applications (RFGA). Failure to do so could result in the disqualification of your application at any time during the application process.

PREAMBLE

The Department of Community Health (DCH) has embraced a mission to improve the health of all Georgians through health benefits, systems development, and education. In accomplishing this mission, DCH employees and any individual, group, contractor or grantee who receives funds from DCH must abide by this Statement of Ethics must work diligently and conscientiously to support the goals of improving health care delivery and health outcomes of the people we serve, empowering health care consumers to make the best decisions about their health and health care coverage, and ensuring the stability and continued availability of health care programs for the future. Ultimately, the mission and goals of the organization hinge on each employee's commitment to strong business and personal ethics. This Statement of Ethics requires that each employee or previously defined party:

- Promote fairness, equality, and impartiality in providing services to clients
- Safeguard and protect the privacy and confidentiality of clients' health information, in keeping with the public trust and mandates of law
- Treat clients and co-workers with respect, compassion, and dignity
- Demonstrate diligence, competence, and integrity in the performance of assigned duties
- Commit to the fulfillment of the organizational mission, goals, and objectives
- Be responsible for employee conduct and report ethics violations to the Ethics Officer
- Engage in carrying out DCH's mission in a professional manner
- Foster an environment that motivates DCH employees and vendors to comply with the Statement of Ethics
- Comply with the Code of Ethics set forth in O.C.G.A. Section 45-10-1 et seq.

Not only should DCH employees comply with this Statement of Ethics, but DCH expects that each vendor, grantee, contractor, and subcontractor will abide by the same requirements and guidelines delineated. Moreover, it is important that employees and members of any advisory committee or commission of DCH acknowledge the Statement of Ethics.

ETHICAL GUIDELINES

1. Code of Conduct

All employees of DCH are expected to maintain and exercise at all times the highest moral and ethical standards in carrying out their responsibilities and functions. Employees must conduct themselves in a manner that prevents all forms of impropriety, including placement of self-interest above public interest, partiality, prejudice, threats, favoritism and undue influence. There will be no reprisal or retaliation against any employee for questioning or reporting possible ethical issues.

2. Equal Employment

The Department is committed to maintaining a diverse workforce and embraces a personnel management program which affords equal opportunities for employment and advancement based on objective criteria. DCH will provide recruitment, hiring, training, promotion, and other conditions of employment without regard to race, color, age, sex, religion, disability, nationality, origin, pregnancy, or other protected bases. The Department expects employees to support its commitment to equal employment. The failure of any employee to comply with the equal employment requirements provided in DCH Policy #21 may result in disciplinary action, up to and including termination.

3. Harassment

DCH will foster a work environment free of harassment and will not tolerate harassment based on sex (with or without sexual conduct), race, color, religion, national origin, age, disability, protected activity (i.e., opposition to prohibited discrimination or participation in a complaint process) or other protected bases from anyone in the workplace: supervisors, co-workers, or vendors. The Department strongly urges employees to report to the Human Resources Section any incident in which he or she is subject to harassment. Additionally, any employee who witnesses another employee being subjected to harassment should report the incident to the Human Resources Section. If DCH determines that an employee has engaged in harassment, the employee shall be subject to disciplinary action, up to and including termination, depending on the severity of the offense.

4. Appropriate Use of DCH Property

Employees should only use DCH property and facilities for DCH business and not for any type of personal gain. The use of DCH property and facilities, other than that prescribed by departmental policy, is not allowed. Furthermore, the use of DCH property and facilities for any purpose which is unlawful under the laws of the United States, or any state thereof, is strictly prohibited.

Employees who divert state property or resources for personal gain will be required to reimburse the Department and will be subject to the appropriate disciplinary action, up to and including, termination.

5. Secure Workplace

DCH is committed to maintaining a safe, healthy work environment for its employees. Accordingly, it is DCH's expectation that employees refrain from being under the influence of alcohol or drugs in the workplace because such conduct poses a threat to the employee, as well as others present in the workplace. Additionally, DCH has a zero tolerance policy regarding violence in the workplace. Specifically, DCH will not condone the threat of or actual assault or attack upon, a client, vendor, or other employee. If an employee engages in violent behavior which results in an assault of another person, he or she will be immediately terminated.

6. Political Activities

Although the DCH recognizes that employees may have an interest in participating in political activities and desires to preserve employees' rights in participating in the political process, employees must be aware of certain allowances and prohibitions associated with particular political activities. DCH encourages employees to familiarize themselves with DCH Policy #416 to gain understanding about those instances when a political activity is disallowed and/or approval of such activity is warranted.

7. Confidentiality

DCH has a dual mandate in terms of confidentiality and privacy. Foremost, as a state agency, DCH must comply with the Georgia Open Records Act and Open Meetings Act. The general rule that is captured by those laws is that all business of the agency is open to the public view upon request. The exceptions to the general rule are found in various federal and state laws. In order to protect the individuals' health information that is vital to the delivery of and payment for health care services, DCH sets high standards of staff conduct related to confidentiality and privacy. Those standards are reinforced through continuous workforce training, vendor contract provisions, policies and procedures, and web-based resources.

8. Conflicts of Interest

Employees should always strive to avoid situations which constitute a conflict of interest or lend to the perception that a conflict of interest exists. Specifically, employees must avoid engaging in any business with the DCH which results in personal financial gain. Similarly, employees must encourage family members to avoid similar transactions since they are subject to the same restrictions as employees. DCH encourages its employees to seek guidance from the Office of General Counsel regarding questions on conflicts of interest.

9. Gifts

Employees are strictly prohibited from individually accepting gifts from any person with whom the employee interacts on official state business. Gifts include, but are not limited to, money, services, loans, travel, meals, charitable donations, refreshments, hospitality, promises, discounts or forbearance that are not generally available to members of the public. Any such item received must be returned to the sender with an explanation of DCH's Ethics Policy.

10. Relationships with Vendors and Lobbyists

DCH values vendors who possess high business ethics and a strong commitment to quality and value. Business success can only be achieved when those involved behave honestly and responsibly. Therefore, it is critical that employees ensure that vendors contracting with DCH are fully informed of DCH policies concerning their relationships with DCH employees and that these policies be uniformly applied to all vendors. Among other requirements, DCH expects that each vendor will honor the terms and conditions of its contracts and agreements. If DCH determines that a vendor has violated the terms and conditions of a contract or agreement, the vendor shall be held responsible for its actions.

Employees must ensure that fair and open competition exists in all procurement activities and contracting relationships in order to avoid the appearance of and prevent the opportunity for favoritism. DCH strives to inspire public confidence that contracts are awarded equitably and economically. DCH will apply the state procurement rules, guidelines, and policies. Open and competitive bidding and contracting will be the rule.

DCH recognizes that lobbyists, both regulatory and legislative, may from time to time seek to meet with DCH employees to advance a particular interest. DCH recognizes that employees may have personal opinions, even those that may be contrary to a position that DCH has adopted. DCH employees, however, must recognize that the public, including legislators and lobbyists, may have difficulty differentiating between the official DCH position and a personal opinion. Accordingly, employees should always work directly with the Director of Legislative Affairs in preparing any responses to requests or questions from elected officials and their staff or lobbyists.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

STATEMENT OF ETHICS AGREEMENT

DCH STATEMENT OF ETHICSACKNOWLEDGEMENT

BY SIGNING THIS AGREEMENT, I THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT:

- I have received, read, and understand the Georgia Department of Community Health Statement of Ethics;
- I agree to comply with each provision of the Georgia Department of Community Health Statement of Ethics;
- I am a: ☐ Member of the Board of the Department of Community Health
  ☐ Member/employee of advisory committee or commission
  ☐ Department Employee
  ☐ Vendor/Contractor/Subcontractor/Grantee

_____ _____

Signature Date

_____

Print Name

_____

Print Supervisor's Name

_____

Division/Section

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

ETHICS IN PROCUREMENT POLICY

NOTE: Carefully read, sign, and adhere to Appendix E, the DCH Ethics in Procurement Policy prior to responding to any Department of Community Health Request for Grant Applications (RFGA). Failure to do so could result in the disqualification of your application at any time during the application process.

I. THE COMMITMENT

The Department is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards, is fully compliant with all instruments of governance and has the complete confidence and trust of the public it serves. To achieve these important public purposes, it is critical that potential and current vendors, as well as employees, have a clear understanding of and an appreciation for, the DCH Ethics in Procurement Policy (the "Policy").

II. SCOPE

This Policy is applicable to all Vendors and Employees, as those terms are defined below.

III. CONSIDERATIONS

Procurement ethics must include, but is not limited to, the following considerations:

A. Legitimate Business Needs

The procurement of goods and services will be limited to those necessary to accomplish the mission, goals, and objectives of the Department.

B. Conflicts of Interest

A "conflict of interest" exists when personal interest interferes in any way with the interests of the Department. A conflict situation can arise when an individual takes actions or has interests that may make it difficult to perform his or her work objectively and effectively. Conflicts of interest also arise when an individual, or a member of his or her Immediate Family, receives improper personal benefits as a result of his or her action, decision, or disclosure of Confidential Information in a Procurement.

C. Appearance of Impropriety

Employees must take care to avoid any appearance of impropriety and must disclose to their supervisors any material transaction or relationship that reasonably could be expected to give rise to a conflict of interest. Similarly, anyone engaged in a business relationship with the Department should avoid any appearances of impropriety.

D. Influence

An impartial, arms' length relationship will be maintained with anyone seeking to influence the outcome of a Procurement.

E. Gifts

DCH Employees are prohibited from soliciting, demanding, accepting, or agreeing to accept Gifts from a Vendor.

F. Misrepresentations

Employees and Vendors may not knowingly falsify, conceal or misrepresent material facts concerning a Procurement.

G. Insufficient Authorization

Employees may not obligate the Department without having received prior authorization from an approved official. Engaging in such activity is a misrepresentation of authority.

An Employee's failure to adhere to these considerations, as well as the guidelines set forth herein shall be grounds for disciplinary action, up to and including, termination. Similarly, a Vendor's failure to comply with this Policy will result in appropriate action as determined by governing state and/or federal law, rules and regulations, and other applicable Department policies and procedures.

IV. DEFINITIONS

For purposes of this policy:

"Affiliate Vendor Team" shall mean employees, directors, officers, contractors, and consultants of a Vendor that directly or indirectly assist the Vendor in the preparation of response to a Procurement.

"Confidential Information" shall mean all information not subject to disclosure pursuant to the Open Records Act, O.C.G.A. §50-18-70 et seq. that a current Vendor or potential Vendor might utilize for the purpose of responding to Procurement or that which is deemed disadvantageous or harmful to the Department and to the citizens of the State of Georgia in that such disclosure might lead to an unfair advantage of one Vendor over another in a Procurement.

"Contracting Officer" shall mean the Department Employee maintaining oversight of the Procurement process who may also be designated as the Point of Contact as described below.

"Department" shall mean the Georgia Department of Community Health.

ETHICS IN PROCUREMENT POLICY

"Employee" shall mean any person who is employed by the Department.

"Evaluation Team" shall mean a designated group of Department Employees who review, assess, and score documents submitted to the Department in response to a Procurement solicitation.

"Gifts" shall mean, for purposes of this Policy, money, advances, personal services, gratuities, loans, extensions of credit, forgiveness of debts, memberships, subscriptions, travel, meals, charitable donations, refreshments, hospitality, promises, discounts or forbearance that are not generally available to members of the public. A Gift need not be intended to influence or reward an Employee.

"Financial Interest" shall mean, for purposes of this Policy, an ownership interest in assets or stocks equaling or exceeding 0%.

"Immediate Family" shall mean a spouse, dependent children, parents, in-laws, or any person living in the household of the Employee.

"Kickback" shall mean compensation of any kind directly or indirectly accepted by an Employee from a Vendor competing for or doing business with the Department, for the purpose of influencing the award of a contract or the manner in which the Department conducts its business. Kickbacks include, but are not limited to, money, fees, commissions or credits.

"Procurement" shall mean buying, purchasing, renting, leasing, or otherwise acquiring any supplies, services, or construction. The term also includes all activities that pertain to obtaining any supply, service, or construction, including description of requirements, selection and solicitation of sources, preparation and award of contract, as well as the disposition of any Protest.

"Protest" shall mean a written objection by an interested party to an RFQ or RFP solicitation, or to a proposed award or award of a contract, with the intention of receiving a remedial result.

"Protestor" shall mean an actual bidder/Grantee who is aggrieved in connection with a contract award and who files a Protest.

"Point of Contact" shall mean the individual designated to be a Vendor's only contact with the DCH following the public advertisement of a solicitation or the issuance of a request for a bid, proposal, or quote, until the award of a resulting contract and resolution of a Protest, if applicable.

"Prohibited Contact" shall mean contact with any officer, member of the Board or other Employee of the DCH, other than the Point of Contact, whereby it could be reasonably inferred that such contact was intended to influence, or could reasonably be expected to influence, the outcome of a Procurement. This prohibition includes, without limitation, personal meetings, meals, entertainment functions, telephonic communications, letters, faxes and e-mails, as well as any other activity that exposes the Employee to direct contact with a Vendor. This prohibition does not include contacts with Employees solely for the purpose of discussing existing on-going Department work which is

unrelated to the subject of the Procurement. Inquiries regarding the status of Procurement should also be directed to the Point of Contact.

"Vendor" shall mean any individual or entity seeking to or doing business with the Department within the scope of this Policy, including, without limitation, contractors, consultants, suppliers, manufacturers seeking to act as the primary contracting party, officers and Employees of the foregoing, any subcontractors, sub consultants and sub suppliers at all lower tiers, as well as any person or entity engaged by the Department to provide a good or service.

"DOAS Vendor Manual" shall mean the Georgia of Department of Administrative Services' vendor manual.

V. EMPLOYEE RESPONSIBILITIES

A. Evaluation Team Members

1. The Contracting Officer must ensure that employees participating in any Procurement activities have sufficient understanding of the Procurement and evaluation process and the applicable DCH and DOAS rules and regulations and policies associated with the processes.

2. Evaluation team members are tasked with conducting objective, impartial evaluations, and therefore, must place aside any personal and/or professional biases or prejudices that may exist. Additionally, Employees serving on an Evaluation Team must not allow personal relationships (i.e. friendships, dating) with Employees, principals, directors, officers, etc. of a Vendor or individuals on the Affiliate Vendor Team to interfere with the ability to render objective and fair determinations. Such interference may constitute the appearance of, and/or an actual conflict of interest and should be immediately disclosed to the Contracting Officer prior to the Employee's participation on the evaluation team. The Contracting Officer shall consult with the Ethics Officer to make a determination as to whether the Employee should participate on the evaluation team.

3. In the event that the Department determines that a conflict of interest does exist and the Employee failed to make the appropriate disclosure, the Department will disqualify the Employee from further participation on the evaluation team. Furthermore, in the event that the Department determines that the conflict of interest did impact the outcome of a Procurement; such Employee may be subject to disciplinary action, up to and including termination.

4. In the event that the Department identifies that the employee maintains a relationship of any sort that lends to an appearance of a conflict of interest with respect to a Procurement, the Department may, in its discretion, take appropriate action to eliminate such an appearance, up to and including the disallowance of the Employee's participation in any Procurement activities. In such instances, the employee most likely will not be subject to disciplinary action.

5. Prior to participating on an evaluation team, each DCH Employee must execute a statement attesting and acknowledging that:

   a. The Employee shall not participate in a decision or investigation, or render an approval, disapproval, or recommendation with respect to any aspect of a Procurement, knowing that the Employee, or member of their immediate family has an actual or potential Financial Interest in the Procurement, including prospective employment;

   b. The Employee shall not solicit or accept Gifts, regardless of whether the intent is to influence purchasing decisions;

   c. The Employee shall not be employed by, or agree to work for, a Vendor or potential Vendor or Affiliate Vendor Team during any phase of a Procurement;

   d. The Employee shall not knowingly disclose Confidential Information;

   e. The Employee is precluded from engaging in Prohibited Contact upon the release of a Procurement solicitation, during the Evaluation Process, and throughout a Protest period, period of stay or court injunction related to procurement with which Employee was associated or at any time prior to the final adjudication of the Protest;

   f. The Employee is responsible for reporting any violations of this Policy in accordance with this Policy;

   g. The Employee will be responsible for complying with all DOAS rules and regulations, as well as Georgia law pertaining to procurements and conflicts of interest; and

   h. The Employee shall not assist a potential Vendor in the Procurement process in evaluating the solicitation, preparing a bid in response to the evaluation, or negotiating a contract with the Department. This prohibition shall not prohibit the Contracting Officer from carrying out his or her prescribed duties as allowed by DCH policy and procedures or the DOAS Vendor Manual.

B. Responsibilities of Non-Evaluation Team Members

All Employees should be mindful of the importance of confidentiality during any Procurement. Even if an Employee is not serving in the capacity of a member on the Evaluation Team, the Employee must refrain from engaging in conduct with a Vendor that could result in a conflict of interest or be considered a Prohibited Contact.

VI. VENDOR RESPONSIBILITIES

A. *Gifts and Kick-Backs*

Vendors may neither offer nor give any Gift or Kick-backs, directly or indirectly, to an Employee. Similarly, no Vendor may offer or give any Gift or Kick-backs, directly or indirectly, to any member of an Employee's Immediate Family. Such prohibited activity may result in the termination of the contract, in those cases where the Vendor has executed a contract with the Department. In the event that a potential Vendor who has submitted a response to a Procurement solicitation engages in such activity, the Department shall act in accordance with DOAS protocol.

B. *Family Relationships with Department Employees*

If a Vendor has a family or personal relationship with the Employee, a Gift that is unconnected with the Employee's duties at the DCH is not necessarily prohibited. In determining whether the giving of an item was motivated by personal rather than business concerns, the history of the relationship between the Vendor and Employee shall be considered. However, regardless of the family or personal relationship between a Vendor and an Employee, a Gift is strictly forbidden where it is being given under circumstances where it can reasonably be inferred that it was intended to influence the Employee in the performance of his or her official duties.

C. *Vendor Submittals*

The Department expects all potential Vendors and current Vendors to be forthcoming, always submitting true and accurate information in response to a Procurement or with regard to an existing business relationship. If the Department determines that the Vendor has intentionally omitted or failed to provide pertinent information and/or falsified or misrepresented material information submitted to the Department, the Department shall act in accordance with applicable state law and DOAS procurement policies and procedures.

Vendors must calculate the price(s) contained in any bid in accordance with Section 5.11 of the DOAS Vendor Manual.

D. *Business Relations*

A Vendor may not be allowed to conduct business with the Department for the following reasons:

1. Falsifying or misrepresenting any material information to the Department as set forth hereinabove;

2. Conferring or offering to confer upon an Employee participating in a Procurement (which the entity has bid or intends to submit a bid) any Gift, gratuity, favor, or advantage, present or future; and

3. Any other reasons not explicitly set forth herein that are contained in the DOAS Vendor Manual.

VII. USE OF CONFIDENTIAL INFORMATION

Employees will not use Confidential Information for their own advantage or profit, nor will they disclose Confidential Information during Procurement to any potential Vendor or to any other unauthorized recipient outside DCH.

VIII. ADDRESSING VIOLATIONS

A. *The Process*

Adherence to this policy makes all DCH staff responsible for bringing violations to the attention of the Contracting Officer under Procurement protocols or to a supervisor/manager if the affected Employee is not a part of the Procurement. If for any reason it is not appropriate to report a violation to the Contracting Officer or the Employee's immediate supervisor, Employees will report such violations or concerns to the Ethics Officer. The Contracting Officer and managers are required to report suspected ethics violations to the Ethics Officer who has specific responsibility to investigate all reported violations.

Reporting suspected policy violations by others shall not jeopardize an Employee's tenure with the Department. Confirmed violations will result in appropriate disciplinary action, up to and including termination from employment. In some circumstances, criminal and civil penalties may be applicable.

The Ethics Officer will notify the employee making the report of the suspected violation of receipt of such report within five (5) business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

B. *Good Faith Filings*

Anyone filing a complaint concerning a violation of this policy must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

C. *Confidentiality*

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. Additionally, all Employees are expected to cooperate in the investigation of such violations. Failure to cooperate in an investigation may result in disciplinary action, up to and including termination from employment.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

ETHICS IN PROCUREMENT POLICY ACKNOWLEDGEMENT AND AGREEMENT

Signature for this form must be a President, Vice President, CEO or an equivalent Authorized Officer

BY SIGNING THIS AGREEMENT, I THE UNDERSIGNED, HEREBY ACKNOWLEDGES AND AGREES THAT:

- I have received, read, and understand the Georgia Department of Community Health's *Statement of Ethic in Procurements*;
- I agree to comply with each provision of the Georgia Department of Community Health's *Statement of Ethics in Procurement*;
- I am a (please check which applies):
  - ☐ Contractor
  - ☐ Sub-Contractor
  - ☐ Vendor

_____
Company Name

_____ _____
Authorized Signature **Date**

_____
Print Name

_____
***AFFIX CORPORATE SEAL HERE**

ATTEST:

_____ _____
Signature **Date**

_____
Title

***CORPORATIONS WITHOUT A SEAL, MUST ATTACH THEIR CERTIFICATE OF CORPORATE RESOLUTION**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

ETHICS IN PROCUREMENT POLICY ACKNOWLEDGEMENT AND AGREEMENT

Signatory for this form must be a President, Vice President, CEO or an equivalent Authorized Officer

SIGNATURE PAGE

_____
Individual's Name and Title

_____
Company Name

_____
Company FEI Number

_____
Address

_____ _____ _____
City **State** **Zip code**

_____ _____
Telephone Number **Fax Number**

_____
E-mail Address

_____ _____
Signature **Date**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (hereinafter referred to as "Agreement"), effective this _____ day of _____ is made and entered into by and between the Georgia Department of Community Health (hereinafter referred to as "DCH") and _____ (hereinafter referred to as "Contractor").

WHEREAS, DCH is required by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), to enter into a Business Associate Agreement with certain entities that provide functions, activities, or services involving the use of Protected Health Information ("PHI");

WHEREAS, Contractor, under Contract No. _____ (hereinafter referred to as "Contract"), may provide functions, activities, or services involving the use of PHI;

NOW, THEREFORE, for and in consideration of the mutual promises, covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, DCH and Contractor (each individually a "Party" and collectively the "Parties") hereby agree as follows:

1. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule, published as the Standards for Privacy of Individually Identifiable Health Information in 45 CFR Parts 160 and 164 ("Privacy Rule"):

2. Except as limited in this Agreement, Contractor may use or disclose PHI only to extent necessary to meet its responsibilities as set forth in the Contract provided that such use or disclosure would not violate the Privacy Rule if done by DCH.

3. Unless otherwise required by Law, Contractor agrees:

   A. That it will not request, create, receive, use or disclose PHI other than as permitted or required by this Agreement or as required by law.

   B. To establish, maintain and use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement.

   C. To mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI by Contractor in violation of the requirements of this Agreement.

D. That its agents or subcontractors are subject to the same obligations that apply to Contractor under this Agreement and Contractor agrees to ensure that its agents or subcontractors comply with the conditions, restrictions, prohibitions and other limitations regarding the request for, creation, receipt, use or disclosure of PHI, that are applicable to Contractor under this Agreement.

E. To report to DCH any use or disclosure of PHI that is not provided for by this Agreement of which it becomes aware. Contractor agrees to make such report to DCH in writing in such form as DCH may require within twenty-four (24) hours after Contractor becomes aware.

F. To make any amendment(s) to PHI in a Designated Record Set that DCH directs or agrees to pursuant to 45 CFR 164.526 at the request of DCH or an Individual, within five (5) business days after request of DCH or of the Individual. Contractor also agrees to provide DCH with written confirmation of the amendment in such format and within such time as DCH may require.

G. To provide access to PHI in a Designated Record Set, to DCH upon request, within five (5) business days after such request, or, as directed by DCH, to an Individual. Contractor also agrees to provide DCH with written confirmation that access has been granted in such format and within such time as DCH may require.

H. To give DCH, the Secretary of the U.S. Department of Health and Human Services (the "Secretary") or their designees access to Contractor's books and records and policies, practices or procedures relating to the use and disclosure of PHI for or on behalf of DCH within five (5) business days after DCH, the Secretary or their designees request such access or otherwise as DCH, the Secretary or their designees may require. Contractor also agrees to make such information available for review, inspection and copying by DCH, the Secretary or their designees during normal business hours at the location or locations where such information is maintained or to otherwise provide such information to DCH, the Secretary or their designees in such form, format or manner as DCH, the Secretary or their designees may require.

I. To document all disclosures of PHI and information related to such disclosures as would be required for DCH to respond to a request by an Individual or by the Secretary for an accounting of disclosures of PHI in accordance with the requirements of the Privacy Rule.

J. To provide to DCH or to an Individual, information collected in accordance with Section 3. I. of this Agreement, above, to permit DCH to respond to a request by an Individual for an accounting of disclosures of PHI as provided in the Privacy Rule.

BUSINESS ASSOCIATE AGREEMENT

4. Unless otherwise required by Law, DCH agrees:

   A. That it will notify Contractor of any new limitation in DCH's Notice of Privacy Practices in accordance with the provisions of the Privacy Rule if, and to the extent that, DCH determines in the exercise of its sole discretion that such limitation will affect Contractor's use or disclosure of PHI.

   B. That it will notify Contractor of any change in, or revocation of, permission by an Individual for DCH to use or disclose PHI to the extent that DCH determines in the exercise of its sole discretion that such change or revocation will affect Contractor's use or disclosure of PHI.

   C. That it will notify Contractor of any restriction regarding its use or disclosure of PHI that DCH has agreed to in accordance with the Privacy Rule if, and to the extent that, DCH determines in the exercise of its sole discretion that such restriction will affect Contractor's use or disclosure of PHI.

5. The Term of this Agreement shall be effective as of _____, and shall terminate when all of the PHI provided by DCH to Contractor, or created or received by Contractor on behalf of DCH, is destroyed or returned to DCH, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

   A. Termination for Cause. Upon DCH's knowledge of a material breach by Contractor, DCH shall either:

      1. Provide an opportunity for Contractor to cure the breach or end the violation, and terminate this Agreement if Contractor does not cure the breach or end the violation within the time specified by DCH;

      2. Immediately terminate this Agreement if Contractor has breached a material term of this Agreement and cure is not possible; or

      3. If neither termination nor cure is feasible, DCH shall report the violation to the Secretary.

   B. Effect of Termination.

      1. Except as provided in paragraph (A.) (2) of this Section, upon termination of this Agreement, for any reason, Contractor shall return or destroy all PHI received from DCH, or created or received by Contractor on behalf of DCH. This provision shall apply to PHI that is in the possession of subcontractors or agents of Contractor. Neither Contractor nor its agents nor subcontractors shall retain copies of the PHI.

2. In the event that Contractor determines that returning or destroying the PHI is not feasible, Contractor shall send DCH detailed written notice of the specific reasons why it believes such return or destruction not feasible and the factual basis for such determination, including the existence of any conditions or circumstances which make such return or disclosure infeasible. If DCH determines, in the exercise of its sole discretion, that the return or destruction of such PHI is not feasible, Contractor agrees that it will limit its further use or disclosure of PHI only to those purposes DCH may, in the exercise of its sole discretion, deem to be in the public interest or necessary for the protection of such PHI, and will take such additional action as DCH may require for the protection of patient privacy or the safeguarding, security and protection of such PHI.

3. If neither termination nor cure is feasible, DCH shall report the violation to the Secretary.

4. Section 5. B. of this Agreement, regarding the effect of termination or expiration, shall survive the termination of this Agreement.

C. Conflicting Termination Provisions.

In the event of conflicting termination provisions or requirements, with respect to PHI, the termination provisions of Section 5 in this Business Associate Agreement shall control and supersede and control those in the underlying Contract.

6. Interpretation. Any ambiguity in this Agreement shall be resolved to permit DCH to comply with applicable Medicaid laws, rules and regulations, and the Privacy Rule, and any rules, regulations, requirements, rulings, interpretations, procedures or other actions related thereto that are promulgated, issued or taken by or on behalf of the Secretary; provided that applicable Medicaid laws, rules and regulations and the laws of the State of Georgia shall supersede the Privacy Rule if, and to the extent that, they impose additional requirements, have requirements that are more stringent than or have been interpreted to provide greater protection of patient privacy or the security or safeguarding of PHI than those of HIPAA and its Privacy Rule.

7. All other terms and conditions contained in the Contract and any amendment thereto, not amended by this Amendment, shall remain in full force and effect.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

BUSINESS ASSOCIATE AGREEMENT

Signature for this form must be a President, Vice President, CEO or an equivalent Authorized Officer

SIGNATURE PAGE

_____
Individual's Name and Title

_____
Company Name

_____
Address

_____ _____ _____
City **State** **Zip code**

_____ _____
Telephone Number **Fax Number**

_____
E-mail Address

_____ _____
Signature **Date**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

BUDGET WORKSHEET

No portion of DCH grant funding may be used for ANY expenditure(s) prior to the completion of a signed Grant Agreement with the Department of Community Health. A budget justification which explains each line item expense must accompany the budget. *All consultant and sub-contractors and expenses related to such must be identified. If a consultant or sub-contract has yet to be determined please explain the selection process and provide quotes.

CATEGORY			GRANT FUNDS REQUESTED	COST CATEGORY		TOTAL REQUESTED
ADMINISTRATIVE SALARIES AND FRINGE				IN-DIRECT	DIRECT	
PERSONNEL-SALARIES	FRINGE	% OF TIME				
Position - Salary						
Position - Salary						
Position - Salary						
Position - Salary						
Position - Salary						
TRAVEL EXPENSES (All Travel must be in accordance with the State of Georgia travel policy which may be reviewed at www.sao.state.ga.gov)						
• Lodging						
• Meals						
• Mileage or Air Fare						
• Conferences						
OFFICE OPERATION EXPENSES (This is considered an indirect cost and is limited to 10% of the budget)						
• Facilities Rental/Mortgage						
• Telephone						
• Internet						
• Utilities						
• Office Supplies						
EQUIPMENT EXPENSES						
• Computers (hardware, software and network equipment)						
• Printers						
• Medical (Itemize in budget justification)						
ADMINISTRATIVES EXPENSES						
• Materials (This includes administrative, educational and clinical materials, itemize in budget justification)						
• Consultant Expenses*						
• Other Expenses**						
SUB – TOTAL(S)						
TOTAL FUNDING REQUEST						$

NOTE: A budget justification which explains each line item expense must accompany the budget. *All consultant and sub-contractors and expenses related to such must be identified. If a consultant or sub-contract has yet to be determined please explain the selection process and provide quotes. **All expenses identified as other must be fully justified and explained in the budget narrative. Additionally if the grantee has entered into a cost sharing arrangement this to must be reflected in the budget and detailed in the budget justification.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

RURAL HEALTH NETWORK GRANT BIOGRAPHICAL SKETCH

Provide the following information for the KEY PERSONNEL and other significant contributors in the alphabetical order.
Follow this format for each person. DO NOT EXCEED TWO PAGES.

COMPANY/AGENCY NAME:
(LAST, FIRST, MIDDLE):
CURRENT POSITION/TITLE
ROLE IN PROPSED PROJECT:
POSITION CLASSIFICATION:
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed two pages.

A. Experience. List in chronological order previous positions, concluding with your present position.

B. Job Summary. Detail the qualifications, knowledge, skills and abilities required for the role in the project.

C. Responsibility and Authority. List the related duties and task associated with the role in the project. Identify any and all lines of authority including superiors and subordinates if they are included as key personnel as reflected on Appendix I.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

PROJECT WORK PLAN TEMPLATE

ORGANIZATION:		POINT OF CONTACT:	PHONE:
GRANT PROGRAM:	GRANT NUMBER:	FUNDING PERIOD:	AWARD AMOUNT:

Please be as specific and detailed as possible use additional sheet(s) if necessary. The work plan should follow a logical progression. Objectives should correlate to a deliverable and an action item for achieving deliverable(s). The work plan MUST identify a person responsible for achieving and facilitating the deliverable and action item. The anticipated outcome should be clearly articulated and relate to the objective(s), deliverable(s) and action item(s).

Quarterly reporting requires that the work plan be updated. The update MUST document, explain and reconcile all changes to the work plan to include: end date(s), deliverable(s), action item(s), person responsible and outcome(s). The updated work plan should document all success and/or failure as well as challenges in achievement of a deliverable. Discrepancies between anticipated outcomes and actual outcomes should be fully explained. Any additional action items taken as a result of any changes, challenges or failures should also be documented and explained.

Start Date: Mm/Yr	End Date: Mm/Yr	Objective(s):	Deliverable(s): Action Item(s): Person Responsible:	Anticipated Outcome(s): Actual Outcome(s): Additional Action Item(s):
			Deliverable(s): Action Item(s): Person Responsible:	
			Deliverable(s): Action Item(s): Person Responsible:	
			Deliverable(s): Action Item(s): Person Responsible:	
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			Deliverable(s): Action Item(s): Person Responsible:	

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

RURAL HEALTH NETWORK GRANT

TIMELINE TEMPLATE

ORGANIZATION:		POINT OF CONTACT:	PHONE:
GRANT PROGRAM:	GRANT NUMBER:	FUNDING PERIOD:	AWARD AMOUNT:

The work plan should follow a chronological progression and complement the project work plan. All activities/deliverables detailed in the work plan should be included on the timeline and listed chronologically in the manner of completion over the grant cycle. Cells MUST be color coded and adjacent to that activity to indicate the start of the activity and the end of the activity.
The first four lines are examples. Please delete the examples before entering your data.

ACTIVITY/DELIVERABLE:	JAN 14'	FEB 14'	MAR 14'	APR 14'	MAY 14'	JUN 14'	JUL14'	AUG 14'	SEP 14'	OCT 14'	NOV 14'	DEC 14'

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
STATE OFFICE OF RURAL HEALTH

DCH APPLICATION CHECKLIST

Include checklist as final page of grant application. Checklist will be completed by the Department of Community Health, Grant Administrator
Mailing Address MAY NOT be a post office box.

Applicant Organization:		
Contact Name:		
Address:		
City:	State:	ZIP Code:
Fax:	E-mail:	

DO NOT COMPLETE THE SECTION BELOW: Place checklist on top of application. This checklist will be returned to you and certify that your application for the Rural Health System Planning Grant has been received by the Department of Community Health and includes:

- ☐ Project Abstract
- ☐ Organizational Narrative
- ☐ Project Narrative
- ☐ *"SMART"* Objectives
- ☐ Evaluation Plan
- ☐ Appendix A: Grant Application Form
- ☐ Appendix B: Ethics Statement (*Signature Page must be submitted*)
- ☐ Appendix C: Ethics in Procurement Policy (*Signature Pages must be submitted*)
- ☐ Appendix D: Business Associate Agreement (*Signature Page must be submitted*)
- ☐ Appendix E: Budget Plan (*Budget Justification MUST accompany this appendix*)
- ☐ Appendix F: Biographical Sketch(s)
- ☐ Appendix G: Work Plan Template
- ☐ Appendix H: Timeline Template

FOR INTERNAL USE: ☐ Administrative Review Completed ☐ Application Complete ☐ Application Incomplete or Non-Responsive

_____ _____

Signature *Date*

Lumpkin County, Georgia
Finance Department

Date: February 27, 2015

Agenda Item: Funding Opportunity
Georgia Department of Community Health
Rural Health Network Grant FY-2015
Emergency Services – Equipment

Item Description: The Georgia Department of Community Health (DCH) has recently announced it is seeking applications for funding assistance through its Rural Health Network Grant Program.

Facts & Historical Information: The DCH was created in 1999 by Senate Bill 241. The purpose of the Rural Health Network Grant Program is to expand access, increase cost efficiency, and improve the quality of essential health care services, including emergency medical services in rural areas. This grant opportunity is open to non-profit health care providers and local governments. Qualified applicants may request funding to implement eligible program activities (i.e. – EMS projects focused on equipping rural EMS services with equipment needs that benefit the community and enhance quality of health care services). However, funding may not be sought to purchase disposable medical supplies.

Should the County choose to develop and submit an application, DCH anticipates award amounts to be limited to $100,000.00 and matching funds are not required for this grant program. In order to be considered for funding, applications must be submitted no later than March 20, 2015.

Potential Courses of Action:

A. Develop an application for the purpose of obtaining funding to purchase various forms of equipment for Emergency Services.
B. Take no action.

Budget Impact: There will be no negative impact to the County's operating budget.

Staff Recommendation: Please see statement from Emergency Services Director Wimpy.

99 Courthouse Hill, Suite D – Dahlonega, GA 30533
706-482-2552
www.lumpkincounty.gov