



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: December 19, 2024
Subject: Grant Request– JFO #3230

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. ***This request is under an expedited review. Please respond by Tuesday, December 31, 2024.***

JFO #3230: \$248,641.00 to the VT Department of Financial Regulation, Insurance Division from the Centers for Medicare and Medicaid Services. Funds to increase knowledge of reproductive and maternal health services and improve and provide more equitable access to these services for women in Vermont. *[Received 12/19/2024]*

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. If we do not have a response by **December 30, 2024**, members will be polled.



State of Vermont
Department of Financial Regulation

89 Main Street
Montpelier, VT 05620-3101
www.dfr.vermont.gov

For consumer assistance
[All Insurance] 800-964-1784

[Securities] 877-550-3907
[Banking] 888-568-4547

To: Adam Greshin, Commissioner, Department of Finance and Management

From: Kevin Gaffney, Commissioner, Department of Financial Regulation ^{DS}


Date: November 13, 2024

Re: AA-1 Approval for Expanding Access to Women's Reproductive and Maternal Health Grant

The Department of Financial Regulation (DFR) applied for and was awarded \$248,641 in grant money from the US Department of Health and Human Services. This grant comes from the Public Health Service Act (section 2794).

<https://www.cms.gov/files/document/expanding-access-womens-health-grant-program-nofo.pdf>

DFR plans to use the grant funds to increase knowledge of reproductive and maternal health services in Vermont, and to use this knowledge to broaden, improve and provide more equitable access to these services for women in Vermont.

Project 1: Assess Vermont's current Essential Health Benefit-benchmark plan with particular attention to coverage for women's health services, as well as the cost of broadening required coverage for women's health services.

Project 2: Conduct an outreach and education campaign in support of improved access to women's health services.

This grant does not require State matching funds and will be used for contractual services.

Attached you will find a completed AA-1 form and award notice.

Please let me know if any questions or concerns come up.

KG/DC



Banking
802-828-3307

Insurance
802-828-3301

Captive Insurance
802-828-3304

Securities
802-828-3420

**State of Vermont**

Department of Finance & Management
109 State Street, Pavilion Building
Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		This grant would provide support to analyze Vermont's health insurance market for it's efficacy in providing access for reproductive and maternal health, and for communicating those findings to the Vermont population.			
Date:		11/22/2024			
Department:		Financial Regulation			
Legal Title of Grant:		Expanding Access to Women's Reproductive and Maternal Health			
Federal Catalog #:		2R2CMS331950-01-00			
Grant/Donor Name and Address:		Centers for Medicare and Medicaid Services (CMS) 7500 Security Boulevard, Baltimore, MD 21244			
Grant Period:		From:		To:	
		9/20/2024		9/19/2026	
Grant/Donation		Grant			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$124,320	\$124,321	\$	\$248,641	
Position Information:		# Positions	Explanation/Comments		
		0			
Additional Comments:					
Department of Finance & Management		Adam Greshin		Digitally signed by Adam Greshin Date: 2024.11.26 DocuSigned by: (Initial)	
Secretary of Administration		Sarah Clark		(Initial)	
Sent To Joint Fiscal Office		04AB832CD55C488...		Date	



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:				
2. Department:		Vermont Department of Financial Regulation		
3. Program:		Insurance Division		
4. Legal Title of Grant:		Expanding Access to Women's Reproductive and Maternal Health		
5. Federal Catalog #:		Award #: 2R2CMS331950-01-00		
6. Grant/Donor Name and Address: Centers for Medicare and Medicaid Services (CMS)				
7. Grant Period:	From:	9/20/2024	To:	9/19/2026
8. Purpose of Grant: Grant funds will be used to increase knowledge of reproductive and maternal health services in Vermont, and to use this knowledge to broaden, improve and provide more equitable access to these services for women in Vermont. Project 1: Assess Vermont's current Essential Health Benefit-benchmark plan with particular attention to coverage for women's health services, as well as the cost of broadening required coverage for women's health services. Project 2: Conduct an outreach and education campaign in support of improved access to women's health services.				
9. Impact on existing program if grant is not Accepted: The planned work would not continue, and we would not be able to take advantage of these funds.				
10. BUDGET INFORMATION				
	SFY 1 FY 25	SFY 2 FY 26	SFY 3 FY	Comments
Expenditures:				
Personal Services	\$124,320	\$124,321	\$	
Operating Expenses	\$	\$	\$	
Grants	\$	\$	\$	
Total	\$124,320	\$124,321	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$124,320	\$124,321	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$124,320	\$124,321	\$	

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

Appropriation No:	2210011000	Amount:	\$248,641
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$248,641

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? ☐ Yes ☒ No
If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: _____ Agreed by: _____ (initial)

12. Limited Service Position Information:	# Positions	Title
Total Positions		

12a. Equipment and space for these positions:

☐ Is presently available. ☐ Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature:

DocuSigned by:

Date: 11/15/2024

Title: Commissioner

Kevin Gaffney
2DF65CB250564C4...

Signature:

Date:

Title:

14. SECRETARY OF ADMINISTRATION

☒ Approved:

(Secretary or designee signature)

DocuSigned by:

Sarah Clark

Date: 12/5/2024 | 8:52:

01AB832CD556C439...

15. ACTION BY GOVERNOR

☒ Check One Box:
Accepted

(Governor's signature)

☐ Rejected

Date:

12/14/24

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

☐ Request Memo
☐ Dept. project approval (if applicable)
☒ Notice of Award
☐ Grant Agreement

☐ Notice of Donation (if any)
☐ Grant (Project) Timeline (if applicable)
☐ Request for Extension (if applicable)
☐ Form AA-1PN attached (if applicable)

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

<input type="checkbox"/> Grant Budget	
End Form AA-1	
(*) The term “grant” refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).	



Department of Health and Human Services
Centers for Medicare & Medicaid Services

Notice of Award

Award# 2R2CMS331950-01-00

FAIN# 2R2CMS331950

Federal Award Date: 09/20/2024

Recipient Information

1. Recipient Name

BANKING INSURANCE SECURITIES &
HEALTH CA
89 Main St STE 20
PO BOX 20
Montpelier, VT 05602-2948
603-227-7265

2. Congressional District of Recipient
00

3. Payment System Identifier (ID)

1036000264D8

4. Employer Identification Number (EIN)

036000274

5. Data Universal Numbering System (DUNS)

809376601

6. Recipient's Unique Entity Identifier (UEI)

J43VD2RJMM21

7. Project Director or Principal Investigator

Jennifer Egelhof
jennifer.egelhof@vermont.gov
8023719155

8. Authorized Official

Mr. Kevin Gaffney
Kevin.Gaffney@vermont.gov
(802) 828-3301

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Djene Sylla
Grant Management Specialist
djene.sylla@cms.hhs.gov
410-786-0153

10. Program Official Contact Information

James Taing
James.Taing@Cms.Hhs.Gov
None

Federal Award Information

11. Award Number

2R2CMS331950-01-00

12. Unique Federal Award Identification Number (FAIN)

2R2CMS331950

13. Statutory Authority

Section 2794 of the Public Health Service Act (PHS Act)

14. Federal Award Project Title

Expanding Access to Women's Reproductive & Maternal Health

15. Assistance Listing Number

93.797

16. Assistance Listing Program Title

Section 2794 of the Public Health Service Act (PHS Act)

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/20/2024 - **End Date** 09/19/2026

20. Total Amount of Federal Funds Obligated by this Action \$248,641.00

20a. Direct Cost Amount \$248,641.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$248,641.00

26. Period of Performance Start Date 09/20/2024 - **End Date** 09/19/2026

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$248,641.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Geoffrey Ntosi
Grants Management Officer

30. Remarks

Funds have been authorized in accordance with the final negotiated budget dated 09/09/2024. Please see the attached Recipient Specific, Program, and Standard Terms and Conditions.



Department of Health and Human Services
Centers for Medicare & Medicaid Services

Notice of Award

Award# 2R2CMS331950-01-00
FAIN# 2R2CMS331950
Federal Award Date: 09/20/2024

Recipient Information

Recipient Name
BANKING INSURANCE SECURITIES &
HEALTH CA
89 Main St STE 20
PO BOX 20
Montpelier, VT 05602-2948
603-227-7265

Congressional District of Recipient
00

Payment Account Number and Type
1036000264D8

Employer Identification Number (EIN) Data
036000274

Universal Numbering System (DUNS)
809376601

Recipient's Unique Entity Identifier (UEI)
J43VD2RJMM21

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$87,413.46
b. Fringe Benefits	\$55,895.89
c. Total Personnel Costs	\$143,309.35
d. Equipment	\$0.00
e. Supplies	\$5,000.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$100,331.65
j. TOTAL DIRECT COSTS	\$248,641.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$248,641.00
m. Federal Share	\$248,641.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-5992005	2R2331950A	2R2	4158	93.797	\$248,641.00	75-75-X-0112.005

AWARD ATTACHMENTS

BANKING INSURANCE SECURITIES & HEALTH CA

2R2CMS331950-01-00

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1. Recipient-Specific Terms and Conditions
 2. EAW Program Terms and conditions 2024
 3. CMS Standard Terms and condition- June 2024

Expanding Access to Women's Health Grant Program

Recipient Specific Terms and Conditions

1. **General.** In addition to all Standard Terms and Conditions and Program Terms and Conditions, the Recipient is subject to the following Recipient Specific Terms and Conditions. The Centers for Medicare & Medicaid Services (CMS) may add or otherwise amend these Recipient Specific Terms and Conditions as necessary at any point during the model performance.
2. **Administrative.** Recipient must comply with Appendix X to 45 CFR 75 – *Award Term and Conditions*.

A. Reporting of Matters Related to Recipient Integrity and Performance

1. General Reporting Requirement

Forms- The SF424 and the lobbying form need to be signed by the AOR and resubmitted

3. **Restriction of Funds.** Funds for the following activities/costs will be restricted as detailed below until the Recipient provides the requested and receives approval from CMS.

Contractual - Recipient may not draw down the \$100,331.65 allocated to contractual until the recipient provides the following information to CMS, and CMS provides prior approval. If applicant previously included any of this information in its application, this information should be updated, as necessary, to reflect the specific contractor selected.

- i. Name of Contractor
- ii. Method of Selection
- iii. Period of Performance
- iv. Scope of Work
- v. Method of Accountability
- vi. Itemized Budget and Budget Justification, including a breakdown of tasks and amount budgeted for each task

Directions for Resubmission: Recipient must submit the information requested through an amendment in GrantSolutions. An AOR signed cover letter must be provided along with other required documents (e.g., revised budget narrative).

Amendment Type guidance:

- If a budget revision change request impacts more than one budget category, utilize the Revision (Budget) amendment type.
- If budget revision change request only impacts one budget category, utilize Revision (NoA Other) amendment type.
- If the change requested does not match a possible amendment type from the selection list in GrantSolutions, utilize Revision (NoA Other) amendment type.

Expanding Access to Women's Health Grant Program

Centers for Medicare & Medicaid Services **Program Terms and Conditions**

The following are the Program Terms and Conditions ("PTCs") for the Expanding Access to Women's Health Grant Program. The provisions contained in the Notice of Funding Opportunity, FON# CMS-2R2-24-001 (the "NOFO"), which is attached hereto, are incorporated by reference. In the event of any inconsistency between the provisions of these PTCs and the provisions of the NOFO, the provisions of these PTCs will prevail.

1. **Recipient.** The organization that submitted the application for CMS' consideration and received the NoA from CMS. The Recipient is named in field #1 of this Notice of Award. The Recipient must comply with the representations, assurances, and certifications made by the Recipient in the Recipient's approved application (the "Application") submitted in response to the NOFO, including any attachments, revisions, or amendments to the Application approved in writing by CMS.
2. **The HHS/CMS Center for Consumer Information and Insurance Oversight (CCIIO) Program Official (PO).** Unless otherwise specified in writing, the name and contact information of the PO responsible for the technical oversight and programmatic administration aspects of the award, including review of progress reports is identified in field 10 of the Notice of Award (Program Official Contact Information).
3. **CMS Grants Management Specialist.** Unless otherwise specified in writing, the CMS Grants Management Specialist assigned responsibility for responding to the Recipient's questions about financial and administrative (non-programmatic) aspects of the award is identified in field 9 of the Notice of Award (Awarding Agency Contact Information).
4. **Statutory Authority.** This award is issued under the authority of Section 2794 of the Public Health Service Act (PHS Act). By receiving funds under this award, the Recipient assures CMS that it will carry out the program as authorized and will comply with the terms and conditions and other requirements of this award.
5. **Terms and Conditions of Award.** Collectively includes the following: (1) Recipient Specific Terms and Conditions (RSTCs) (if applicable); (2) these Program Terms and Conditions; and (3) the Standard Terms and Conditions incorporated by reference in, and included as an attachment to, the Notice of Award.
6. **Period of Performance and Budget Period.** The 2-year Period of Performance for this award

is located on page 1 of the NoA, Section Summary Federal Award Financial Information, in field #26. The 2-year Budget Period is in field #19 of the NoA.

7. **Management Review/Audit.** The funding authorized by this award is paid subject to any periodic future financial management review or audit by CMS.
8. **Collaborative Responsibilities.** At the request of CMS, Recipients may be required to participate in scheduled activities and communications to identify and share processes for planning and/or implementing the pre-selected market reform and consumer protections under Part A of Title XXVII of the PHS Act that the award will support, including discussion of State proposals and sharing of information via public websites with CMS. CMS will post general summaries of the State proposals on the CCIIO website. Quarterly and Final reports may also be posted on the CCIIO website. Recipient is required to participate in all communications with CMS related to administration of the award (e.g., monitoring calls, guidance calls) as requested by CMS.
9. **Personnel Changes.** Key personnel changes such as a change in Project Director or Authorized Organizational Representative (AOR) requires prior CMS approval. At least ten (10) calendar days before any key personnel changes affecting the award, the Recipient must request prior approval from the CMS Program Official and the CMS Grants Management Specialist through an amendment submission in GrantSolutions. Alternatively, if Recipient becomes aware of the key personnel changes less than ten (10) calendar days before the change is effective, then Recipient must notify CMS within ten (10) calendar days of when the Recipient becomes aware. The amendment request must include an AOR signed cover letter and a resume for all key personnel changes except for the AOR. If approved, the CMS Grants Management Officer will issue a revised Notice of Award indicating approval. See Standard Terms and Conditions, Section 12, Prior Approval Requirements for further information.

There are two personnel amendment request types:

- **Revision (NoA Other):** Changes to the Authorized Organizational Representative (AOR) or other key personnel changes besides the Project Director.
- **Revision (PI/PD):** Change in Project Director. See Standard Terms and Conditions, Section 12, Prior Approval Requirements for additional information.

10. **Change in Scope.** Prior approval from CMS is required for a change to the scope of work if Recipient anticipates deviating from the original scope of work as described in the CMS approved grant application for which the grant was awarded. If proposing changes in scope, the Recipient must first consult with the CMS Program Official prior to submitting a formal amendment request in GrantSolutions (i.e., Change in Scope amendment type). The formal amendment request must include an AOR signed cover letter, a detailed explanation for the change to the scope of work, and information on any related budget changes. If approved, the

CMS Grants Management Officer will issue a revised Notice of Award indicating approval. See Standard Terms and Conditions, Section 12, Prior Approval Requirements for more information.

11. Required Grant Agreement Programmatic Reporting.

Recipient is required to submit Progress Reports to the CMS Grants Management Specialist and to the HHS/CMS CCIIO Program Official based upon the timeline outlined below. **The Recipient is required to submit Quarterly Progress Reports and one Final Progress Report electronically via HIOS (or an alternative system communicated by CMS).**

In each Progress Report, the Recipient must describe the progress, project status, implementation activities initiated, accomplishments, and lessons learned. The progress of the Recipient will be evaluated based on the submission of quarterly reports, including the Recipient's progress in meeting the described milestones.

CMS reserves the right to require the Recipient to provide additional details and clarification on the content of these reports.

a) **Quarterly Progress Reports.**

Quarterly Progress Reports are due within 30 calendar days after the end of the quarter.

- This report must comply with the format that will be provided via email, the *"The Expanding Access to Women's Health Grant Program Quarterly Report Template."*
- The first Quarterly Progress Report must include the beginning of the project period, from September 20, 2024 through the end of the first Federal Fiscal Quarter, December 31, 2024.
- Year 1 will require 4 quarterly reports. Year 2 will require 3 quarterly reports.
- **Due Dates:** January 30, 2025; April 30, 2025; July 30, 2025; October 30, 2025; January 30, 2026; April 30, 2026; July 30, 2026

b) **Final Report.**

The Recipient is required to submit a Final Report to CMS within 120 calendar days after the Period of Performance end date.

- This report must comply with the format that will be provided via email, the *"The Expanding Access to Women's Health Grant Program Final Report Template."*
- The final Progress Report will serve as the Final Project Report and must report on work performed throughout the Period of Performance.
- **Due Date:** January 17, 2027

The Final Report must contain a disclaimer that the opinions expressed are those of the

Recipient and do not necessarily reflect the official views of HHS or any of its agencies. The Final Report may not be released or published by the Recipient within 120 days following the receipt of the report by the CMS Program Official.

12. Financial Reports. The Recipient is required to record expenses in real-time as well as submit expenditure Federal Financial Reports (FFRs or SF-425s) via the Payment Management System, as described in the Standard Terms and Conditions, Section 29, Section E, Financial Reporting, in accordance with the following schedule:

- a) **Semi-Annual Expenditure Federal Financial Reports.** The Recipient shall complete Semi-Annual Expenditure Federal Financial Reports (SF-425s or FFRs) in the Payment Management System no later than 30 days following the last day of the applicable reporting period. Note that the first semi-annual reporting period will cover 9/20/2024 – 3/31/2024. For specific directions on filing the Semi-Annual Expenditure Federal Financial Report, see Standard Terms and Conditions, Section 29, Reporting Requirements.
- b) **Final Expenditure Federal Financial Report.** The Recipient shall submit the final Expenditure Federal Financial Report (SF-425 or FFR) in the Payment Management System no later than 120 days following the end of the Period of Performance. **Award recipients shall liquidate all obligations incurred under the award not later than 120 days after the end of the Period of Performance and before the final FFR submission. It is the award recipient's responsibility to reconcile reports submitted to PMS and to CMS. Failure to reconcile final reports in a timely manner may result in canceled funds.**

Expanding Access to Women’s Health Grant Program
Centers for Medicare & Medicaid Services Program
Terms and Conditions

Timeline

September 20, 2024 – September 19, 2026

<u>ACTIVITY</u>	<u>TIMELINE</u>
Notice of Award (NoA) Issued	September 20, 2024
Period of Performance begins	September 20, 2024
Notify CCIIO Program Official of Fiscal Agent/Officer Responsible for completing the Financial Forms	September 20, 2024
Period of Performance ends	September 19, 2026

Programmatic Reports:

Quarterly Progress Reports	Due 30 days after the end of each Federal Fiscal Quarter. <u>Year 1</u> : 4 quarterly reports <u>Year 2</u> : 3 quarterly reports
Final Report	Due within 120 days of the Period of Performance End Date

Please note that CMS will schedule technical assistance calls both before and after reporting due dates as necessary and upon request

Awardees must respond to CMS requests	Ongoing and as requested by CMS (as CMS determines is necessary for the evaluation of the Recipient’s progress and administration of the award).
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Federal Financial Reports:

Federal Financial Report (FFR SF-425)	Semi-Annual and Final Expenditure FFRs Semi-Annual FFRs: Due 30 days after federal quarter end date
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Liquidation of all Obligations

Final FFR: Due 120 days after Period of Performance End Date

Due within 120 days of Period of Performance end date and prior to filing of the final Federal Financial Report (SF-425).

No Cost Extension Request

Should the Recipient need a No Cost Extension, a written request to the CMS Program Official and Grants Management Specialist via submission of an amendment must be received no later than 30 days prior to the project period end date of September 19, 2026 (*recommend submission of request no later than 90 days prior to the Period of Performance end date*)

Centers for Medicare & Medicaid Services Standard¹ Grant/Cooperative Agreement² Terms and Conditions

GENERAL

1. **Recipient.** The Recipient named on the Notice of Award in field #1 is the non-federal entity that receives a Federal award directly from CMS to carry out an activity under this Federal program.
2. **Acceptance of Application & Terms of Agreement.** By drawing or otherwise obtaining funds from the U.S. Department of Health and Human Services (DHHS) Payment Management System (PMS), the recipient:
 - (a) acknowledges and accepts the terms and conditions of the award
 - (b) is obligated to perform in accordance with the requirements of the award; and
 - (c) certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and the funds drawn down.

If the recipient cannot accept the terms, the recipient must notify the Grants Management Officer (GMO) within thirty (30) days of receipt of this award notice. Once an award is accepted by a recipient, the contents of the Notice of Award (NoA) are binding on the recipient unless and until modified by a revised NoA signed by the GMO.

3. **Terms and Conditions of Award.** This Award is subject to terms and conditions detailed in the award and to those cited and incorporated by reference, including:
 - Recipient Specific Terms and Conditions, if applicable
 - Program Terms and Conditions
 - Standard Terms and Conditions

Recipients of Department of Health and Human Services' (DHHS) grants or cooperative agreement awards must comply with all terms and condition of their awards, including:

- (a) requirements of the authorizing statutes and implementing regulations for the program under which the award is funded
- (b) applicable requirements or limitations in appropriations acts

¹ Standard Terms and Conditions include all possible grants administrative requirements for CMS awards. All standard terms and conditions apply unless the requirement is not applicable based on the project awarded. Recipients should contact their assigned Grants Management Specialist if they have questions about whether an administrative term and condition applies.

² A Cooperative Agreement is an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in these Standard Terms and Conditions that are applicable to grants also apply to cooperative agreements, unless otherwise stated.

- (c) terms and conditions included in the HHS Grants Policy Statement in effect at the time of a new, noncompeting continuation, or renewal award, or supplemental award, including the requirements of applicable HHS regulations
- (d) any policies or requirements specific to the award; and
- (e) any requirements included in the NOFO.

4. Funding for Recipients. All funding provided under this award must be used by the Recipient exclusively for the program referenced in the Notice of Award and described in the Notice of Funding Opportunity and outlined in the Recipient's approved application. This includes any approved revisions, as applicable, made subsequent to the Recipient's approved application.

- Per 45 CFR §75.309(a), a non-Federal entity may charge to the Federal award only allowable costs incurred during the period of performance (except as described in 45 CFR §75.461) and any costs incurred before the HHS awarding agency or pass-through entity made the Federal award that were authorized by the Federal awarding agency or pass-through entity.
- Funds available to pay allowable costs during the period of performance include both Federal funds awarded and approved carryover balances.
- Federal award funds must supplement, not replace (supplant) nonfederal funds. All recipients who receive awards under programs must ensure that federal funds do not supplant funds that have been budgeted for the same purpose through non-federal sources. Applicants or award recipients may be required to demonstrate and document that a reduction in non-federal resources occurred for reasons other than the receipt of expected receipt of federal funds.
- Any funds used for any purpose other than for the approved program, including disallowed costs, should be returned to the United States Treasury. [Instructions](#) for returning funds including interest earned in excess of \$500 are available [here](#).

5. Uniform Administrative Requirements, Cost Principles, and Audit Requirements.

The NoA issued is subject to the administrative requirements, cost principles, and audit requirements that govern Federal monies associated with this award, as applicable, in the Uniform Guidance – [2 Code of Federal Regulations \(CFR\) § 200](#) as codified by HHS at [45 CFR § 75](#).

6. The HHS Grants Policy Statement ([HHS GPS](#)). This award is subject to the requirements of the HHS GPS that are applicable to the Recipient based on the Recipient type and the purpose of this award. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary.

7. Fraud, Waste, and Abuse. The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements as well as the [HHS OIG website](#). Information may also be submitted by [email](#) or by mail to Office of the Inspector General, U.S. Department of Health & Human Services,

Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

- 8. Medicare and Medicaid anti-kickback [statute](#).** Recipient is subject to this statute and acknowledges there is a risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. § 1320-7b(b) Illegal remunerations. This statute states, in part, that:

Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind-

- in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program, or
- in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

- 9. Payment.** The Division of Payment Management (DPM) does not award grants. The issuance of grant awards and other financial assistance is the responsibility of the awarding agencies. Once an award is made, the funds are posted in recipient accounts established in the Payment Management System (PMS). Recipients may then access their funds by using the PMS funds request process.

The PMS funds request process enables Recipients to request funds using a Personal Computer with an Internet connection. The funds are then delivered to the recipient via Electronic Funds Transfer (EFT). If you are a new grant recipient, register in PMS [here](#). If you need further help with that process, please contact the One-DHHS Help Desk via email at pmssupport@psc.gov or call (877) 614-5533 for assistance.

- 10. GrantSolutions and email addresses.** Recipients must maintain an active account with GrantSolutions (GS) to communicate, receive, and obtain documentation from CMS. If the designated Recipient Authorized Organizational Representative (AOR) and Project Director (PD) do not already have accounts in GS, they must contact GS immediately upon receipt of award to complete a user account form. Any change in personnel with access to GS, must also be communicated to CMS and GS staff so that the key responsible individuals are current and correct within the GS system.

- 11. Reservation of Rights.** Nothing contained in this Award is intended or shall be construed as a waiver by the United States Department of Justice, the Internal Revenue Service, the Federal Trade Commission, HHS Office of the Inspector General, or CMS of any right to institute any proceeding or action against Recipient for violations of any statutes, rules or regulations administered by the Government, or to prevent or limit the rights of the Government to obtain relief under any other federal statutes or regulations, or on account of

any violation of this Award or any other provision of law. The Award shall not be construed to bind any Government agency except CMS, and this Award binds CMS only to the extent provided herein, unless prohibited by law. The failure by CMS to require performance of any provision shall not affect CMS's right to require performance at any time thereafter, nor shall a waiver of any breach or default result in a waiver of the provision itself.

ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

12. Prior Approval Requirements. CMS anticipates that the recipient may need to modify the recipient's award budget or other aspects of its approved application during performance to accomplish the award's programmatic objectives. In general, recipients are allowed a certain degree of latitude to rebudget within and between budget categories to meet unanticipated needs and to make other types of post-award changes, provided that the changes still meet the statutory program requirements and the regulatory requirements under 45 CFR 75, as applicable.

Items that require prior approval (i.e. formal written approval) from the GMO, as stated in the Terms and Conditions of Award and HHS grant regulation 45 CFR 75, must be submitted in writing. Based on the nature, extent, and timing of the request, the GMO may approve, deny, or request additional material to further document and evaluate your request.

A Recipient must request approval of post-award changes to its award through submission of an amendment in GrantSolutions (based upon the applicable change request). Only an amended NoA signed by the GMO is considered valid approval. Verbal authorization is not approval and is not binding on CMS. Recipients who proceed without prior approval, do so at their own risk.

Amendment Type guidance:

- If a budget revision change request impacts more than one budget category, utilize Revision (Budget) amendment type.
- If budget revision change request only impacts one budget category, utilize Revision (NoA Other) amendment type.
- If the change requested does not match a possible amendment type from the selection list in GrantSolutions, utilize Revision (NoA Other) amendment type.

Prior approval is required for but is not limited to:

- Changes in Key Personnel and Level of Effort,
- Budget Revisions (see also Standard Term and Condition *Revision of Budget and Program Plans*),
- Changes in Scope,
- Carryover Requests,
- Travel Requests (as detailed below)

- For attendance at any conference³, including those sponsored by CMS, recipients must submit a detailed breakdown of costs associated with attending the conference for prior written approval. All costs must be individually itemized. This breakdown should include all costs associated with travel to the conference and a brief narrative explaining the program related purpose/how attending the conference will further the objectives of the program.
- Note: All federally funded travel must be tracked through a travel log which includes: traveler/position, destination, length of stay, mileage, per diem, reason for the trip, airfare, and any other reimbursable expenses. Recipients must also consult and comply with requirements outlined under 45 CFR §75.474, *Travel Costs*.
- Purchase of Technology
 - Purchase of technology items (both those classified as equipment and those classified as supplies), over and above that which is already approved in the budget must be approved by the Grants Management Officer (regardless of acquisition cost).
 - Note: All technology items, regardless of classification as equipment or supply must still be individually tagged and recorded in an equipment/technology data. This database should include any information necessary to properly identify and locate the item. For example, serial # and location of equipment (e.g. laptops, tablets, etc.).
- No Cost Extensions;
- Lifting of Funding Restrictions;
- Removal of Corrective Action Plans;
- any costs to support rearrangement, alteration, reconversion, or capital expenditures (refer to 45 CFR §§75.439 and 75.462).

Activities that require prior approval are further detailed in HHS grant regulation 45 CFR §§ 307 and 474.

13. Revision of Budget and Program Plans. Recipients must consult and comply with requirements outlined under 45 CFR §75.308, *Revision of budget and program plans*. Please note that CMS is not waiving any prior approval requirements outlined in this section of the regulation or as stated in these Standard Terms and Conditions. Additionally, in accordance with §75.308(e), CMS requires prior approval for budget revisions where the transfer of funds among direct cost categories or programs, functions and activities in which the Federal share of the project exceeds the Simplified Acquisition Threshold (\$250,000) and the **cumulative amount** of such transfers exceeds or is expected to **exceed 10 percent** of the

³ OMB Memorandum M-12-12 employs, and HHS has adopted the following definition for a conference from the Federal Travel Regulation (FTR): A “conference” is defined as “[a] meeting, retreat, seminar, symposium or event that involves attendee travel. The term ‘conference’ also applies to training activities that are considered to be conferences under 5 CFR 410.404.”

total budget as last approved. CMS cannot permit a transfer that would cause any Federal appropriation to be used for purposes other than those consistent with the appropriation.

- Recipients with total costs below the simplified acquisition threshold may transfer up to 25% of the total current budget approved within and between approved direct cost categories per budget period without prior approval.
- CMS must review and approve rebudgeting among direct cost categories or programs, functions and activities of 25 percent or more of total costs of the last approved budget period (for the current budget period) for all federal awards.
- Once the rebudgeting threshold is reached, the recipient must request prior approval for all additional changes during that budget period.

14. Conflict of Interest Policies. Recipient must comply with the conflict of interest policy requirements outlined in **Attachment A** to these Standard Terms and Conditions. See also 45 CFR §75.112.

15. Bankruptcy. If Recipient or one of its subrecipients enters bankruptcy proceedings, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to the CMS Grants Management Specialist and CMS Project Officer (PO) within five (5) days of initiation of the proceedings. This notice shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, a copy of any and all of the legal pleadings, and a listing of Government grant and cooperative agreement numbers and grant offices for all Government grants and cooperative agreements against which final payment has not been made.

16. Public Policy Requirements. Public policy requirements are requirements with a broader national purpose than that of the Federal sponsoring program or award that an applicant/recipient must adhere to as a prerequisite to and/or condition of an award. Public policy requirements are established by statute, regulation, or Executive order. In some cases, these requirements relate to general activities such as preservation of the environment, while, in other cases they are integral to the purposes of the award-supported activities. The release of federal funds through a grant award does not constitute or imply compliance with federal statute and regulations. Funded organizations must ensure that their activities comply with all applicable federal regulations.

All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the HHS Administrative and [National](#) Policy Requirements.

17. Non-Discrimination and Accessibility Requirements. Recipients and subrecipients of federal financial assistance (FFA) from HHS are required as a condition of this award to complete an HHS Assurance of Compliance form (HHS 690).

Recipient certifies that the organization has on file with the HHS Office of Civil Rights (OCR) a one-time Assurance of Compliance with the statutes described in this subsection. The Assurance, Form HHS 690, is filed for the organization and is not required for each application or award.

Subrecipients that receive funding from Recipients (including contractors under grants) rather than directly from CMS, are also required to file an HHS 690. Recipient is responsible for determining whether those organizations have the required Assurance on file and, if not, ensuring that it is filed with the HHS Office of Civil Rights (OCR).

The HHS 690 form may be filed electronically via the U.S. Department of Health and Human Services' Assurance of Compliance online portal [here](#) or be mailed to:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W. Room 509F
Washington, D.C. 20201

You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with [civil rights laws enforced by HHS](#) and [HHS Non-Discrimination Notice](#).

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, [click here](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, click [here](#).
- For information on how HHS funded health and education programs must be administered in an environment free of sexual harassment, click [here](#).
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, click [here](#).

Recipients should review and comply with the reporting and review activities regarding accessibility requests outlined in **Attachment B**, to these Standard Terms and Conditions.

18. Prohibition on certain telecommunications and video surveillance services or equipment. Recipients and subrecipients are [prohibited](#) to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- (1) Procure or obtain,
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services

as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

ii. Telecommunications or video surveillance services provided by such entities or using such equipment.

iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

19. Human Subjects Protection. If applicable to Recipient's program, the Recipient bears ultimate responsibility for protecting human subjects under the award, including human subjects at all sites, and for ensuring that a Federal-wide Assurance (FWA) approved by the Office for Human Research Protections (OHRP) and certification of Institutional Review Board (IRB) review and approval have been obtained before human subjects research can be conducted at each collaborating site. For more information about OHRP, FWA, and IRBs, click [here](#).

Recipients may not draw funds from PMS, request funds from the paying office, or make obligations against Federal funds for research involving human subjects at any site engaged in nonexempt research for any period not covered by both an OHRP-approved assurance and IRB approval consistent with 45 CFR Part 46. Costs associated with IRB review of human research protocols are not allowable as direct charges under grants and cooperative agreements unless such costs are not covered by the organization's indirect cost rate.

HHS requires Recipients and others involved in grant/cooperative agreement-supported research to take appropriate actions to protect the confidentiality of information about and the privacy of individuals participating in the research. Recipients, subrecipients, Investigators, IRBs, and other appropriate entities must ensure that policies and procedures are in place to protect identifying information and must oversee compliance with those policies and procedures.

20. Privacy and Security of Health Information. The Recipient shall put all appropriate regulatory, administrative, technical, and physical safeguards in place before applicable

program activities begin to protect the privacy and security of individually identifiable health information. In doing so, regardless of whether it is a covered entity (CE) or business associate (BA) as those terms are defined under the HIPAA Privacy Rule, the Recipient shall ensure its own and its subrecipients' and contractors' policies and procedures are at least as stringent (i.e., protective of privacy) as those governing the use and disclosure of protected health information by HIPAA CEs and their BAs under 45 C.F.R. parts 160 and 164. The Recipient and its subrecipients should consult with their own counsel and refer to the [HIPAA guidance materials](#) for further information about the requirements in 45 C.F.R. Parts 160 and 164.

21. Trafficking in Persons. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, refer to **Attachment C** to these Standard Terms and Conditions.

22. Employee Whistleblower Protections. Federal law mandates that all Federal contractors, subcontractors, grantees, subgrantees, or personal services contractors, must inform their employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce. For more information click [here](#).

23. Mandatory Disclosures. Consistent with 45 CFR §75.113, applicants and recipients must disclose in a timely manner, in writing to CMS, with a copy to the HHS Office of the Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Additionally, subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to CMS and to the HHS OIG at the following addresses:

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Attn: Director, Division of Grants Management, Mandatory Grant Disclosures
7500 Security Blvd, Mail Stop B3-30-03
Baltimore, MD 21244-1850

Materials should also be scanned and emailed to your Grants Management Specialist.

AND

U.S. Department of Health & Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202) 205-0604 (Include “Mandatory Grant Disclosures” in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR §75.371, *Remedies for noncompliance*, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

24. Suspension and Debarment Regulations. Recipient must comply with 45 CFR §75.213, which states that non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689 at 2 CFR parts 180 and 376. These regulations restrict awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

25. FY 2024 Appropriations Provision. U.S. Department of Health & Human Services (HHS) recipients must comply with (a) all terms and conditions outlined in their grant award(s), including grant policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations, (b) Executive Orders, (c) HHS grant administration regulations, as applicable; and (d) any requirements or limitations in any applicable appropriations acts.

This award is subject to the “Further Consolidated Appropriations Act, 2024” [H.R.2882](#), for the Departments of Labor, Health and Human Services, and Education.

Recipients must also review and comply with applicable General Provisions under Division D, Title II, for the Department of Health and Human Services (see General Provisions 202-241) and applicable General Provisions under Title V (see General Provisions 501-531 for the Departments of Labor, Health and Human Services and Education) included within the Appropriations Law. These provisions may apply to all recipients of HHS federal funding OR may apply directly to recipients of federal funding from one or more HHS agencies.

Salary Limitations: As is noted under Division D, Title II, General Provisions, Section 202, none of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. This salary cap applies to direct salaries. Please consult the following link to determine the [applicable current salary cap](#).

26. Health Information Technology (IT) Interoperability.

If award funding involves implementing, acquiring, or upgrading health IT for activities by any funded entity, Recipients and subrecipients are required to use health IT that meets standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#), if such standards and implementation specifications can support the activity.

If award funding involves implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the HITECH Act, use health IT certified under the [ONC Health IT Certification Program](#), if certified technology can support the activity.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

COST PRINCIPLES

Centers for Medicare and Medicaid Services (CMS) grant awards provide for reimbursement of actual, allowable costs incurred and are subject to the Federal cost principles in HHS grant regulations at 45 CFR Part 75, Subpart E. The cost principles establish standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or indirect, and set forth allowability and allocability principles for selected items of cost.

Applicability of a particular set of cost principles depends on the type of organization. CMS recipients must comply with the cost principles set forth in HHS regulations at 45 CFR Part 75, Subpart E with the following exceptions: (1) hospitals must follow Appendix IX to part 75 and commercial (for-profit) organizations are subject to the cost principles located at 48 CFR subpart 31.2⁴.

Guidelines for determining direct and F&A costs charged to Federal awards are provided in 45 CFR §§75.412 to 75.419. Requirements for development and submission of indirect (F & A) cost rate proposals and cost allocation plans are contained in Appendices III-VII and Appendix IX to Part 75.

For-profit entities which receive the preponderance of their federal awards from HHS may contact the Division of [Financial Advisory Services \(DFAS\)](#), [Indirect Cost Branch](#), to negotiate an indirect cost rate. Otherwise, for-profit organizations are limited to the 10% de minimis rate in accordance with 45 CFR §75.414(f).

27. Prohibited Uses of Grant or Cooperative Agreement Funds. The following list contains costs that are unallowable for all CMS programs. Recipient should consult the Program Terms and Conditions for other prohibited costs specific to the grant or cooperative agreement program.

⁴ There are no cost principles specifically applicable to grants to for-profit organizations. Therefore, the cost principles for commercial organizations set forth in the FAR (48 CFR subpart 31.2) generally are used to determine allowable costs under CMS grants to for-profit organizations. As provided in those costs principles, [allowable travel costs](#) may not exceed those established by the FTR. The cost principles in 45 CFR 75, Appendix IX, determine allowable costs under CMS grants to proprietary hospitals.

- Cost sharing or matching any other State or Federal funds.
- Providing services, equipment, or supports that are the legal responsibility of another party under Federal, State, or Tribal law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- Providing goods or services not allocable to the approved project.
- Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries, etc.
- Construction.
- Capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost except with the prior written approval of the Federal awarding agency.
- The cost of independent research and development, including their proportionate share of indirect costs in accordance with 45 CFR §75.476.
- Profit to any recipient even if the recipient is a commercial (for-profit) organization. Profit is any amount in excess of allowable direct and indirect costs.
- Lobbying. Any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.
 - Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR §93.
 - Recipients must also comply with lobbying restrictions outlined in the applicable Appropriations Law.
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs;
- Costs of advertising and public relations designed solely to promote the non-Federal entity.
- Meals unless in limited circumstances such as:
 - Subjects and patients under study;
 - Where specifically approved as part of the project or program activity (not grantee specific), e.g., in programs providing children's services; and
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.

POST AWARD MONITORING AND REPORTING

28. Continued funding is contingent on satisfactory progress, compliance with the terms and conditions, and the availability of funds. The NoA identifies the period of performance, which may include multiple 12-month budget periods. If a period of performance is comprised of multiple budget periods, the recipient must submit a non-competing continuation application each year as a prerequisite to continued funding.

Recipients must demonstrate satisfactory performance during the previous funding cycle(s) to be issued additional year funding; or, in the case of multi-year awards where all funding is

issued in the first year, to ensure continued access to funding. Recipients should refer to the NOFO and Program Terms and Conditions for additional information on satisfactory progress.

Additionally, as is noted in 45 CFR Part 75, CMS annually conducts a review of risks posed by applicants prior to award (applicant should review the factors in their entirety at §75.205). At-risk recipients, including those which do not comply with reporting requirements or have outstanding audit findings, may not receive a non-competing continuation award.

Alternatively, recipients could receive decreased funding, or their award could be terminated in accordance with 45 CFR 75.372 “Termination” if they are non-compliant with the terms and conditions of award.

29. Reporting Requirements. Recipients must comply with the reporting requirements outlined in the Standard **and** Program Terms and Conditions of award. Failure to submit reports on time may be basis for withholding financial assistance payments, suspension, termination or denial of continued funding. Recipient’s failure to timely submit such reports may result in a designation of “At-risk” for the recipient organization and may jeopardize potential future funding from the U.S. Department of Health and Human Services. The general information and guidance for financial and programmatic reporting provided below supplements the specifics included in the Program Terms and Conditions.

A. PROJECT AND DATA INTEGRITY

Recipient must protect the confidentiality of all project-related information that includes personally identifying information.

The Recipient shall assume responsibility for the accuracy and completeness of the information contained in all technical documents and reports submitted. The CMS Project Officer shall not direct the interpretation of the data used in preparing these documents or reports.

At any phase in the project, including the project’s conclusion, the Recipient, if requested by the CMS Project Officer, must deliver to CMS materials, systems, or other items used, developed, refined or enhanced in the course of, or under the award. The Recipient agrees that CMS must have a royalty-free, nonexclusive and irrevocable license to reproduce, publish, or otherwise use and authorize others to use the items for Federal government purposes.

B. SYSTEM OF AWARD MANAGEMENT (SAM) AND UNIVERSAL ENTITY IDENTIFIER (UEI) REQUIREMENTS

This award is subject to the requirements of [2 CFR part 25](#), [Appendix A](#) which is specifically incorporated herein by reference. Recipient must maintain current information in the system at all times when an award is active or if there is an application pending review.

Recipient must review and update the information **at least once a year** after the initial registration to remain active, and more frequently if required by changes in the information. This requirement flows down to subrecipients and contractors under awards or subawards.

C. RESPONSIBILITY AND QUALIFICATION REPORTING (R/Q) (formerly FAPIIS)

Recipients that have active federal contract, grant, or cooperative agreement awards with a cumulative value greater than \$10,000,000 are **required** to disclose semi-annual information about criminal, civil, and administrative proceedings that have, within the last five years, been the subject of a criminal, civil, and/or administrative proceeding at the federal or state level in connection with a federal award that resulted in a conviction or finding of fault or liability. Recipients must also make semi-annual disclosures regarding such proceedings and/or affirm that there is no new information to provide. This information will be made publicly available in **Responsibility and Qualification** records on [SAM.gov](https://sam.gov).

Additional Guidance

- [Responsibility/Qualification Information](#)
- Federal Awarding Agency Review of Risk Posed by Applicants, 45 CFR 75.205

Note: Recipients must accurately address the proceedings questions as part of the registration process in [SAM](#).

D. SUBAWARD REPORTING AND EXECUTIVE COMPENSATION (FFATA)

This award is subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Recipients must report information for each first-tier subaward of \$30,000 or more in Federal funds and executive total compensation for the Recipient's and Subrecipients' five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170. Information about the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) is available at www.fsrs.gov. For the full text of the award term [click here](#).

E. FINANCIAL REPORTING

HHS recipients must record recipient expenses in real-time as well as submit quarterly, semi-annual, or annual expenditure FFRs as described below.

Recipients report on Federal expenditures, Recipient Share (if applicable), and Program Income (if applicable and/or allowable) at least annually via the Payment Management System. Instructions on how to complete the FFR can be found [here](#). (after logging on) Frequency of expenditure reporting, whether quarterly, semi-annual or annual, is stipulated in the Program Terms and Conditions of award.

- Expenditures information is reflected through completion of lines 10.d through 10.o of the FFR.
- The expenditures FFR must also include information on indirect costs if approved as part of grant award (line 11).
- As appropriate, all lines of the form must be completed/verified. CMS will review and either approve or reject the expenditure report submitted. If rejected, Recipient must take appropriate action to correct the issue and resubmit the report.

Quarterly and semi-annual expenditure reports are due no later than 30 days following the applicable period. Annual expenditure FFRs are due no later than 90 days following the applicable budget period end date or 12-month period for multi-year budget periods and final FFRs are due no later than 120 days following the period of performance end date.

The final FFR must show cumulative expenditures under the award and any unobligated balance of federal funds and as appropriate, all other parts of the form must be completed.

Additionally, Recipient must liquidate all obligations incurred under the award not later than 120 days after the end of the funding period. This deadline may be extended with prior written approval from the CMS Grants Management Specialist.

F. PROGRAMMATIC REPORTING

In accordance with 2 CFR §200.301, *Performance Measurement*, Recipients must measure recipient's performance to show achievement on program goals and objectives, share lessons learned, improve program outcomes, and foster adoption of promising practices. Program goals and objectives should be derived from program planning and design. See Program Term and Conditions for specific details.

G. PUBLIC REPORTING (STEVENS AMENDMENT)

Recipients, consistent with the language of the Stevens Amendment, when issuing statements, press releases, publications, requests for proposals, bid solicitations, and other documents – such as toolkits, resource guides, websites, and presentations (hereafter “statements”) – describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, must clearly state: (1) the percentage and dollar amount of the total costs of the program or project which will be funded with Federal money; and (2) the percentage and dollar amount of the total costs of the project or program that is funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement (see immediately below). For additional supplemental information, please see Standard Term and Condition 29. (H) *Acknowledgement of Sponsors (Disclaimer and Review Requirements)*.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CMS/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify CMS in advance to allow for coordination.

H. ACKNOWLEDGEMENT OF SPONSORS (DISCLAIMER AND REVIEW REQUIREMENTS)

All publications, press announcements, posters, oral presentations at meetings, seminars, and any other information-dissemination format, including but not limited to electronic/digital media (e.g. social media platforms) that is related to this project must include a formal acknowledgement of support as well as a disclaimer as stated above in Term and Condition, 29. (G) *Public Reporting (Stevens Amendment)*. It is the policy of the Department of Health and Human Services (HHS) that the results and accomplishments of the activities it funds should be made available to the public. The Recipient is expected to make the results and accomplishments of its activities available to the research community and to the public at large.

- (a) The Recipient shall submit the following to the CMS Project Officer for review and comment unless specified otherwise in the Program Terms and Conditions:
 - (i) At least 30 days prior to its release:

- publications that report results from or describe information obtained through this award.
 - any external formal presentation of any report or statistical or analytical material based on information obtained through this award. Formal presentation includes papers, articles, professional publication, speeches, and testimony.
 - external presentation-related material, such as abstracts, power point presentations or other slide decks, posters, and videos.
 - all public materials specific to the program including but not limited to, brochures, recruitment materials, informational materials, advertisements, website copy, website pages, videos, and op-ed articles.
- (ii) At least 7 days prior to release:
- any press release or media advisory concerning the outcome of activities supported through this award.
 - all media interviews, media requests, releases of information, filming, and broadcasts.
- (b) For 1 year after completion of the project, the Recipient shall continue to submit for review and comment all publications, presentations, and communications resulting from this award or based on information obtained through this award, including papers, articles, professional publications, power point presentations, posters, speeches, announcements, and testimony in any format, including digital technology.
- (c) It is the policy of the Department of Health and Human Services that the Recipient must communicate to CMS how the dollar amounts and funding percentages are calculated, including whether or not indirect costs have been incorporated. Recipient must submit this information to CMS for review and comment for each applicable type of result/accomplishment according to the same timeline schedule outlined in 17(a).
- (d) Specifically excluded from the review and comment process are internal presentations, information discussions, in general, class lectures, and informal meetings and conversations with community leaders. However, if such a presentation or slide deck is later re-purposed for a public event, it will need to be submitted in advance for CMS review.
- (e) One copy of each publication resulting from work performed under an HHS grant-supported project must accompany the final progress report.

I. USE OF DATA AND WORK PRODUCTS (REPORTING)

At any phase of the project, including the project's conclusion, the Recipient, if so requested by the CMS Project Officer, shall submit copies of analytic data file(s) with appropriate documentation, representing the data developed/used in end-product analyses generated under the award. The analytic file(s) may include primary data collected, acquired or generated under the award and/or data furnished by CMS. The content, format, documentation, and schedule for production of the data file(s) will be agreed upon by the Principal Investigator/Project Director and the CMS Project Officer. The negotiated format(s) could include both file(s) that would be limited to CMS's internal use and file(s) that CMS could make available to the general public.

All data provided by CMS will be used for the research described in this grant/cooperative agreement award only and in connection with the Recipient's performance of its obligations and rights under this program. Recipient has an obligation to collect and secure data for future monitoring by CMS. The Recipient will return any data provided by CMS or copies of data at the conclusion of the project. All proprietary information and technology of the Recipient are and shall remain the sole property of the Recipient.

If the Principal Investigator/Project Director determines through this research that a significant new finding has been developed, he/she will communicate it to the CMS Project Officer before formal dissemination to the general public. The Recipient shall notify CMS of research conducted for publication.

J. TANGIBLE PERSONAL PROPERTY REPORTING

The Tangible Personal Property Report (SF-428) is a standard form to be used by awarding agencies to collect information related to tangible personal property when required by a Federal financial assistance award. This form allows recipients to request specific disposition of federally-owned property and acquired equipment. This form also provides a means for calculating and transmitting appropriate compensation to CMS for residual unused supplies. The form consists of the cover sheet (SF-428) and three attachments to be used as required: Annual Report, SF-428-A; Final (Award Closeout) Report, SF-428-B; and a Disposition Request/Report, SF-428-C. A Supplemental Sheet, SF-428-S, may be used to provide detailed individual item information.

Recipients are required to complete the SF-428, SF-428-B and the SF-428-S (as applicable) at the time of award closeout. The report covers federally owned property, acquired equipment with an acquisition cost of \$5,000 or more, and residual unused supplies with a total aggregate fair market value exceeding \$5,000 not needed for any other federally sponsored programs or projects.

K. PATENTS AND INVENTIONS

In accordance with 45 CFR §75.322(c), all Recipients are subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401. If applicable, Recipients must report any inventions on an annual basis using the non-competing continuation application or annual progress report for multi-year budget periods.

A Final Invention Statement and Certification (Form HHS 568) must be completed and submitted within 120 days following the expiration or termination of a grant or cooperative agreement.

- The Statement must include all inventions which were conceived or first actually reduced to practice under the grant or award, from the original effective date of support through the date of completion or termination.

- The Statement shall include any inventions reported previously for grants and cooperative agreements as part of a non-competing continuation application or annual progress report.
- Recipients must also provide details about all inventions that have been licensed but not patented, and include details on income resulting from HHS-funded inventions and patents.

Unpatented research products or resources—research tools—may be made available through licensing to vendors or other investigators. Income earned from any resulting fees must be treated as program income. This reporting requirement is applicable to grants and cooperative agreements issued by the U.S. Department of Health & Human Services in support of research and research-related activities. For further guidance, please see the HHS Grants Policy Statement: *Patents and Inventions* and *Inventions Reporting*.

L. AUDIT REPORTING

- The audit requirements in 45 CFR Part 75, Subpart F apply to each recipient fiscal year that begins on or after December 26, 2014. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with 45 CFR 75 and must submit an audit reporting package to the Federal Audit Clearinghouse (FAC), the OMB designated repository of record. In accordance with 45 CFR 75.513(c)(1), HHS grant awarding agencies are required to ensure that single or program-specific audits are completed and reported by recipients within nine months after the end of the audit period (recipient fiscal year end date). **Recipients must comply with the following: Within 3 business days of submission of the audit reporting package to FAC**, provide certification (to include evidence of submission) as a Grant Note in GrantSolutions labeled: “HHS FAC Certification” (Subject)/ “FAC_CERT_mm.dd.yyyy” (File Name).

OR

- Upon the Recipient’s audit reporting package deadline**, the Recipient must certify in writing to the GMS that their entity did not meet the \$750,000 threshold during its FY. This certification is uploaded as a Grant Note in GrantSolutions labeled: “FAC Certification” (Subject)/ “FAC_CERT_mm.dd.yyyy” (File Name).

Records must still be available for review or audit by appropriate officials of CMS, pass-through entity, and Government Accountability Office (GAO).

For questions and information concerning the FAC submission process, please contact the Federal Audit Clearinghouse (entity which assists Federal cognizant and oversight agencies in obtaining audit data and reporting packages) at 888-222-9907 or click [here](#).

Commercial Organizations (for-profits including for-profit hospitals) should consult §75.216 for limitations on profit and program income. As explained in 45 CFR §75.501(i) and §75.216, commercial organizations have two options regarding audits:

- (1) A financial related audit (as defined in the Government Auditing Standards, GPO Stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards. In those cases where the recipient receives awards under only one HHS program, or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or
- (2) An audit that meets the requirement contained in 45 CFR part 75, subpart F (as explained above).

Commercial organizations should submit audits directly to the following electronic address:

AuditResolution@hhs.gov with a copy to KC_OIG_Audit@cms.hhs.gov and the Grants Management Specialist identified in Federal Awarding Agency box #9 on the Notice of Award.

Do not send audits for commercial organizations to the Federal Audit Clearinghouse (FAC).

As explained under 45 CFR§75.501(h), *For-profit subrecipient*, since this part does not apply to for-profit subrecipients, the pass-through entity is responsible for establishing requirements, as necessary, to ensure compliance by for-profit subrecipients. The agreement with the for-profit subrecipient must describe applicable compliance requirements and the for-profit subrecipient's compliance responsibility. Methods to ensure compliance for Federal awards made to for-profit subrecipients may include pre-award audits, monitoring during the agreement, and post-award audits. See also §75.352 Requirements for pass-through entities.

For information related to potential consequences for failure to apply with the aforementioned audit requirements, please see the section titled *Remedies for Non-Compliance* within these Standard Terms and Conditions and 45 CFR §75.371, *Remedies for noncompliance*.

SUBRECIPIENT PASS-THROUGH REQUIREMENTS

The recipient, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to subrecipients, in accordance with [45 CFR § 75.351 – 75.352](#), Subrecipient monitoring and management.

30. Subaward Reporting. Refer to Standard Term and Condition, 29. (D) *Subaward Reporting and Executive Compensation (FFATA)*.

31. Affirmative Duty to Track All Parties to the Award. Recipient must at a minimum regularly track all subrecipients, including subrecipient key personnel as well as subcontractors in the System for Award Management (SAM).

As provided in 2 CFR part 180 and implemented in 2 CFR part 376, the recipient must check the System for Award Management (SAM) as follows to ensure that it does not make a subaward to an entity that is debarred, suspended, or ineligible:

- For all first-tier subawards regardless of potential value. Agencies must also require first tier- subrecipients and lower-tier subrecipients to check SAM.gov and
- For all first-tier procurement contracts with a value of \$25,000 or more and all lower tiers of subcontracts under covered non-procurement transactions (2 CFR 376.220).

The purpose of this affirmative duty is to track all parties that include health care, commercial, non-profit, and other people and entities to report immediately to the CMS Project Officer (PO) and Grants Management Specialist those that cannot participate in federal programs or receive federal funds. The Recipient cannot have any persons or entities on the award that cannot participate in federal programs or receive federal funds. If any of these systems are not publicly available, then the Recipient must comply with the purpose and intent of this requirement using a process that meets at least the level of scrutiny provided by these databases.

The Recipient shall provide the CMS PO and Grants Management Specialist with the National Provider Identifier (NPI), Tax ID, and EIN, as applicable, of all Key Personnel and/or entities to the award that may include subrecipients. This list shall be provided to CMS as a Grant Note in GrantSolutions within **thirty (30) days** from the start of the award and must be maintained in real time throughout the award.

32. Pass Through Entities, Subrecipients, and Contractors. As outlined in 45 CFR §75.351, *Subrecipient and contractor determinations*, a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or contractor. A pass-through entity means a non-Federal entity that provides a subaward to a subrecipient to carry out part of a Federal program (45 CFR §75.2, *Definitions*). As described in 45 CFR §75.351, a subaward is for the purpose of carrying out a portion of a Federal award and creates a Federal assistance relationship with the subrecipient while a contract is for the purpose of obtaining goods and services for the non-Federal entity's own use and creates a procurement relationship with the contractor. Characteristics for both types of relationships are included in 45 CFR §75.351. All pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information outlined in 45 CFR §75.352, *Requirements for pass-through entities*, at the time of subaward and if any of these data elements change, include these changes in subsequent subaward modifications.

33. Subrecipient Equal Treatment. The Recipient must comply with 45 CFR Part 87, including the provision that no State or local government Recipient nor any intermediate organization receiving funds under any program shall, in the selection of service providers, discriminate for or against an organization's religious character or affiliation.

34. Recipient's Responsibility for Subrecipients. The Recipient is responsible for the performance, reporting, and spending for each Subrecipient in accordance with [45 CFR Part 75 Subpart D - Subrecipient Monitoring and Management](#). The Recipient will:

- ensure the timeliness and accuracy of required reporting for each site of service and Subrecipient under the award
- be responsible for the performance and progress of each site of service or Subrecipient toward the goals and milestones of the program
- take necessary corrective action for any site of service or Subrecipient that is not meeting the goals and milestones of the program, as set forth in the NOFO.

REMEDIES FOR NONCOMPLIANCE

35. Non-compliance. If a Recipient fails to comply with Federal statutes, regulations, or the terms and conditions of a Federal award, the HHS awarding agency or pass-through entity may impose additional conditions, as described in 45 CFR §75.207, *Specific award conditions*. If CMS or the pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, CMS or the pass-through entity may take one or more actions as set forth in 45 CFR §75.371, *Remedies for noncompliance*. Remedies include termination of the award.

36. Termination. The Federal award may be terminated in whole or in part as stated in 45 CFR §75.372.

CMS and the recipient may terminate the award through mutual agreement, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated. Alternatively, the recipient may notify CMS, or the pass-through entity, setting forth the reasons for such termination, the effective date, and in the case of partial termination, the portion to be terminated.

CMS may terminate any award for material noncompliance. Material noncompliance includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse, mismanagement, or criminal activity.

CLOSEOUT

37. Withdrawal. If the Recipient decides to withdraw from this award prior to the end of the period of performance, it must provide written notification (both hard copy and via email) to the CMS Grants Management Specialist at least fifteen (15) days in advance of the date of official withdrawal and termination of these terms. The letter must be signed by the AOR and other appropriate individuals with authority. CMS will not be liable for any withdrawal close-out costs that are borne by the Recipient. Recipients have three (3) days to return all unused grant funds.

38. Disposition of Federally Owned Property, Equipment, and Residual Unused Supplies.

Upon completion (or early termination) of a project, Recipient must take appropriate disposition actions. Recipients of funding from CMS should proceed in accordance with the guidance provided within this term and condition.

Recipient must complete and submit the **SF-428 Cover Letter, SF-428-B Tangible Personal Property Report, Final Report** (also see Standard Term and Condition, 29. (J) *Tangible Personal Property Reporting*). The Tangible Personal Property Report (SF-428) is a standard form to be used by awarding agencies to collect information related to tangible personal property when required by a Federal financial assistance award. This form allows recipients to request specific disposition of federally-owned property and acquired equipment. This form also provides a means for calculating and transmitting appropriate compensation to CMS for residual unused supplies. As noted in 1.b of this report, if your agency is in possession of Federally-owned property or acquired equipment (defined as nonexpendable personal property with an acquisition cost of \$5,000 or more under the award), you must also submit a **SF-428-S, Supplemental Sheet**, that lists and reports on all Federally-owned or acquired equipment under the specific grant or cooperative agreement award. If there is no tangible personal property to report, select “d.” in section 1 of the SF-428-B and indicate “none of the above.” Recipient must request specific disposition instructions from CMS if the Recipient has federally-owned property or if the following guidance is insufficient for the Recipient to properly complete disposition.

- Items of equipment with a current per unit fair market value of \$5,000 or less may be retained, sold or otherwise disposed of with no further obligation to CMS.
- Except as provided in 45 CFR §75.319(b), items of equipment with a current per-unit fair market value in excess of \$5,000 may be retained by the non-Federal entity or sold. If there is no longer a use for the equipment under the original project or program or for other activities currently or previously supported by CMS or other HHS awarding agencies, except as otherwise provided in Federal statutes and regulations, CMS is entitled to an amount calculated by multiplying the current market value or proceeds from sale by CMS’s percentage of participation in the cost of the original purchase. If the equipment is sold, CMS may permit the non-Federal entity to deduct and retain from the Federal share \$500 or ten percent of the proceeds, whichever is less, for its selling and handling expenses.
- Reportable Residual Unused Supplies, which in the aggregate exceed \$5,000 in fair market value which cannot be used by the original project or program nor are needed for other activities currently or previously supported by CMS, other HHS awarding agencies, or another Federal agency, must be retained by the Recipient for use on other activities or sold, but Recipient must, in either case, compensate the Federal government for its share. CMS is entitled to an amount calculated by multiplying the current fair market value or proceeds from sale by CMS’s percentage of participation in the cost of the original purchase.
- In certain instances, the non-Federal entity may transfer title to the property to the Federal government or to an eligible third party subject to prior approval by CMS. In such cases, the non-Federal entity must be entitled to compensation for its attributable percentage of the current fair market value of the property.

39. Records Retention. Financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the HHS awarding agency or pass-through entity in the case of a subrecipient. HHS awarding agencies and pass-through entities must not impose any other record retention requirements upon non-Federal entities. The only exceptions are stated in 45 CFR §75.361.

**Centers for Medicare & Medicaid Services
Standard Grant/Cooperative Agreement Terms and Conditions
Attachment A**

Conflict of Interest Policy

CMS requires recipients to establish safeguards to prevent employees, officers, or agents of the non-Federal entity such as consultants, contractors, members of governing bodies, and others who may be involved in grant-supported activities from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial or other gain for themselves or others, such as those with whom they have family, business, or other ties. These safeguards must be reflected in written standards of conduct. Except as provided below, CMS does not require a recipient to establish separate standards of conduct if it maintains such standards for its non-grant-supported activities, as long as those standards are consistent with State, local, and tribal laws and regulations, and cover, at a minimum, expected conduct in regard to financial interests, gifts, gratuities and favors, nepotism, and such other areas for governmental organizations as political participation and bribery.

Definitions:

"Principal Investigator/Project Director (PI/PD)" means the individual(s) designated by the recipient to direct the project or program being supported by the grant. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity. This designation also includes co-principal investigators/co-project directors, and any other person at the organization who is responsible for the design, conduct, or reporting of grant activities funded or proposed for funding by CMS.

"Significant financial interest" means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interest (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights).

This term does not include:

- a. salary, royalties or other remuneration from the applicant organization;
- b. income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities;
- c. income from service on advisory committees or review panels for public or nonprofit entities;
- d. an equity interest that, when aggregated for the PI/PD and the PI/PD's spouse and dependent children, meets both of the following tests: does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair

market value, and does not represent more than a 5% ownership interest in any single entity; or

e. salary, royalties or other payments that, when aggregated for the PI/PD and the investigator's spouse and dependent children, are not expected to exceed \$10,000 during the prior twelve-month period.

The term "or other interest" means a non-financial benefit which results in a potential or real conflict of interest. The potential or real conflict of interest poses the same possible harms received from a financial conflict of interest such as bias due to personal gain. Such benefits may be received from a tangible or intangible personal benefit.

"Organizational conflicts of interest" means that because of relationships with a parent company, affiliate, or subsidiary organization, the non-Federal entity is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization.

"Responsible representative" means the individual(s), named by the applicant/recipient organization, who is authorized to act on behalf of the applicant/recipient and to assume responsibility for the obligations imposed by federal laws, regulations, requirements, and conditions that apply to CMS grant awards.

Requirements:

The majority of CMS' grant programs are not supported by Public Health Service (PHS) funding; therefore, CMS is not subject to the requirements of 42 CFR Part 50, Subpart F, "Promoting Objectivity in Research." Notwithstanding, CMS expects grant activities (including research activities) to be free from bias by any conflicting interest of the PI/PD and any other person regardless of title or position, who is responsible for the design, conduct, or reporting of grant activities which may include collaborators or consultants.

Recipient's conflict of interest policies must reflect the following:

- Have a written and enforced administrative process to eliminate conflicting financial or other interests with respect to CMS grant/cooperative agreement funds awarded. This process should ensure:
 - The merits for determining a conflict of interest are clearly articulated in writing – i.e., the assigned reviewer(s) can reasonably determine that a significant or other interest could directly and significantly affect the design, conduct, or reporting of CMS-funded grant activities. This process should be inclusive of the appearance of such conflicts.
 - Each PI/PD discloses to a responsible representative of the Recipient all significant financial and/or other interests including personal relationships of the PI/PD (for example, PI/PD's spouse, dependent children, etc.): (i) that would reasonably appear to be affected by the grant activities funded or proposed for

- funding by CMS; or (ii) in entities whose financial or other interests would reasonably appear to be affected by such activities.
 - One or more objective persons (1) reviews the potential conflict of interest; (2) determines whether a potential (appearance of) or real conflict of interest exists; and (3) establishes what conditions, or restrictions, should be imposed to eliminate the conflict of interest.
 - This information is conveyed to the Responsible Representative for the organization who is designated to act on behalf of the applicable CMS award.
- Prior to expending funds under a new CMS award, the Responsible Representative must inform the applicable CMS Grants Management Specialist and Project Officer of any real or potential conflict of interest. The report must detail Recipient's plan to eliminate the conflict prior to spending CMS funding on the activities in question.
- Require that similar reports for subsequently identified conflicts be made within 30 days of identifying them. Funding for those specific activities should cease until the aforementioned steps are completed.
- Require that continual updates be made for any real or potential conflicts of interest not fully resolved. Recipient must make additional information available to the CMS Grants Management Specialist and Project Officer, upon request, as to how it is handling (or had handled) the real or potential conflict of interest.
- Recipients must maintain records of all disclosures and of all actions taken to resolve conflicts of interest for at least three years beyond the termination or completion of the grant to which they relate, or until the resolution of any CMS action involving those records, whichever is longer.
- The Recipient's policy must include adequate enforcement mechanisms, and provide for sanctions where appropriate.

Recipient may resolve such conflicts of interest through one or more of the following options outlined below. This is not an exhaustive list and Recipient may pursue other remedies.

- Modification of approved project to remove potential or real conflict of interest.
- Termination of agreement or other services that create potential or real conflict of interest.
- Removal of individuals with potential or real conflict of interest.
- Severance of relationships that create potential or real conflicts of interest.
- Divestiture of significant financial interests.

Recipient must ensure that CMS award funds are administered in accordance with conflict of interest policies that meet, at a minimum, the standards outlined above, inclusive of pass-through entities, subrecipients, contractors, or collaborators. Each entity must have its own policies in place that meet these requirements or mandate that the PIs/PDs working for such entities follow those of the Recipient.

Procurement:

The Recipient must also maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts in accordance with 45 CFR §75.327 General procurement standards. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the non-Federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, non-Federal entities may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the non-Federal entity.

If the non-Federal entity has a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe, the non-Federal entity must also maintain written standards of conduct covering organizational conflicts of interest.

**Centers for Medicare & Medicaid Services
Standard Grant/Cooperative Agreement Terms and Conditions
Attachment B**

Accessibility Provisions

CMS and its recipients are responsible for complying with federal laws regarding accessibility. The grantee may receive a request from a beneficiary or member of the public for information in accessible formats. All successful applicants under this announcement must comply with the following reporting and review activities regarding accessibility requests:

Accessibility Requirements:

1. **Public Notification:** If you have a public facing website, you must post a message at a conspicuous location on the website no later than **30** business days after award that notifies your customers of their right to receive an accessible format to include appropriate auxiliary aids and services or language assistance services. Sample language may be found [here](#). Your notice shall be crafted applicable to your program, but must state that your program provides appropriate auxiliary aids and services and language assistance services free of charge when necessary for compliance with § 1557 or its implementing regulation, to participants, beneficiaries, enrollees, and applicants of the program, and to members of the public. The notice must be in English and at least the 15 languages most commonly spoken by LEP individuals within the State and be provided in alternative formats for individuals with disabilities who require auxiliary aids and services to ensure effective communication. Note that § 1557 and its implementing regulation also require that this notice be provided on an annual basis to certain parties; upon request; and in a prominent physical location in at least 20-point sans serif font, placed where it is reasonable to expect individuals seeking services to read or hear it; and in certain other electronic and written communications.
2. **Processing Requests Made by Individuals with Disabilities:**
 - a. **Documents:**
 - i. When receiving a request for information in an alternate format (e.g., Braille, Large print, etc.) from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within **2** business days.
 3. Process in a timely manner as required to fulfill the request.
 - ii. If the Recipient believes it is unable to fulfill an accessible format request, CMS may work with the Recipient to provide the accessible format as funding and resources allow. Recipient shall refer the request to CMS within **3** business days if unable to provide the request. Recipient shall submit the request, using

encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read “Recipient (Organization) Alternate Format Document Request.”
2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.
 - c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - d. The document that needs to be put into an accessible format shall be attached to the e-mail. CMS may respond to the request and provide the information directly to the requester.

iii. The Recipient must maintain record of all alternate format requests received including the requestor’s name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

- i. When receiving request for auxiliary aids and services (e.g., sign language interpreter) from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within 2 business days.
 3. Establish a mechanism to provide the request.
- ii. If the Recipient believes it is unable to fulfill an accessible service request, CMS may work with the Recipient to provide the accessible service as funding and resources allow. Recipient shall refer the request to CMS within 3 business days if unable to provide the service. Recipient shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read “Recipient (Organization) Accessible Service Request.”

2. The body of the e-mail shall include:
 - a. Requester's name, phone number, e-mail, and mailing address.
 - b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
 - e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - f. Any applicable documents shall be attached to the e-mail. CMS will respond to the request and respond directly to the requester.
 - iii. You must maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.
 3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):
 - a. Documents:
 - i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:
 1. Consider/evaluate the request according to civil rights laws.
 2. Acknowledge receipt of the request and explain your process within **2** business days.
 3. Establish a mechanism to provide the request as applicable.
 - ii. If the Recipient believes it is unable to fulfill an alternate language format request, CMS may work with the Recipient to provide the alternate language format as funding and resources allow. Recipient shall refer the request to CMS within **3** business days if unable to provide the request. Recipient shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 1. The e-mail title shall read "Recipient (Organization) Alternate Language Document Request."
 2. The body of the e-mail shall include:
 - a. Requester's name, phone number, e-mail, and mailing address.

- b. The language requested.
 - c. Contact information for the person submitting the e-mail – Organization (Recipient), name, phone number and e-mail.
 - d. The document that needs to be translated shall be attached to the e-mail.
 - e. CMS may respond to the request and provide the information directly to the requester.
- iii. The Recipient must maintain record of all alternate language requests received including the requestor's name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.
- b. Services
 - i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:
 - 1. Consider/evaluate the request according to civil rights laws.
 - 2. Acknowledge receipt of the request and explain your process within **2** business days.
 - 3. Establish a mechanism to provide the request as applicable.
 - ii. If the Recipient believes it is unable to fulfill an alternate language service request, CMS may work with the Recipient to provide the alternate language service as funding and resources allow. Recipient shall refer the request to CMS within **3** business days if unable to provide the service. Recipient shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
 - 1. The e-mail title shall read "Recipient (Organization) Accessible Service Request."
 - 2. The body of the e-mail shall include:
 - a. Requester's name, phone number, e-mail, and mailing address.
 - b. The language requested.
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)

- e. Contact information for the person submitting the e-mail – Organization (Recipient), name, phone number and e-mail.
 - f. Any applicable documents shall be attached to the e-mail.
 - g. CMS will respond to the request and respond directly to the requester.
- iii. The Recipient must maintain record of all alternate language service requests received including the requestor's name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

Please contact the CMS Office of Equal Opportunity and Civil Rights for more information about accessibility reporting obligations at AltFormatRequest@cms.hhs.gov.

**Centers for Medicare & Medicaid Services
Standard Grant/Cooperative Agreement Terms and Conditions
Attachment C**

Award Term – Trafficking in Persons

a. Provisions applicable to a recipient that is a private entity.

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
 - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - ii. Procure a commercial sex act during the period of time that the award is in effect; or
 - iii. Use forced labor in the performance of the award or subawards under the award.
2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
 - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
 - ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
 - A. Associated with performance under this award; or
 - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement),” as implemented by our agency at 2 CFR part 376.

b. Provision applicable to a recipient other than a private entity. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
 - i. Associated with performance under this award; or

- ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),” as implemented by our agency at 2 CFR part 376.

c. Provisions applicable to any recipient.

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
 - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
 - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. Definitions. For purposes of this award term:

1. “Employee” means either:
 - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
2. “Forced labor” means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
3. “Private entity”:
 - i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
 - ii. Includes:
 - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
 - B. A for-profit organization.
4. “Severe forms of trafficking in persons,” “commercial sex act,” and “coercion” have the meanings given at section 103 of the TVPA, as amended (22 U.S.C.7)