

Olympic Community of Health
Agenda (Action items are in red)

Board of Directors
October 14, 1:00-3:00 pm | 7 Cedars Hotel & Casino

Key Objective: To collaboratively advance the work of Olympic Community of Health

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome & introductions Extended time for introductions to welcome new board members.	Welcome	Heidi Anderson	
2	1:25	Consent agenda	Action	Heidi Anderson	1. DRAFT minutes October 14 Board meeting 2. November Executive Director report
3	1:28	Public Comments (2-minute max)	Information	Heidi Anderson	
4	1:35	Olympic Connect Updates	Information	Miranda Burger	
5	2:00	Federal Grants Management Policies	Action	Brent Simcosky	3. SBAR 4. Policies
6	2:20	2025 Budget	Action	Brent Simcosky	5. SBAR 6. 2025 Budget
7	2:45	Committee Membership	Action	Celeste Schoenthaler	7. SBAR
9	2:55	Good of the Order – Board member and public comments Housekeeping: Contact info google form	Information	Heidi Anderson	
10	3:00	Next meeting & adjourn January 13, 1-3pm (12:30-1 for lunch), 7 Cedars Hotel	Information	Heidi Anderson	

Board of Director's Meeting Minutes

Date: 10/14/2024	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam
Chair In-Person: Wendy Sisk, <i>Peninsula Behavioral Health</i> Members Attended In-Person: Dunia Faulx, <i>Jefferson Healthcare</i>; Bobby Stone, <i>Olympic Medical Center</i>; Brent Simcosky, <i>Jamestown S'Klallam Tribe</i>; G'Nell Ashley, <i>Reflections Counseling</i>; Laura Cepoi, <i>Olympic Area Agency on Aging (arrived at 1:11)</i>; Roy Walker Members Attended Virtually: Apple Martine, <i>Jefferson County Public Health</i>; Erin Hafer, <i>Community Health Plan of Washington</i>; Jody Moss; Lori Kerr, <i>St. Michael Medical Center</i>; Stormy Howell, <i>Lower Elwha Klallam Tribe</i>; Susan Buell, <i>YMCA of Pierce and Kitsap Counties</i> Non-Voting Members Attended In-Person: Jim Novelli, <i>Discovery Behavioral Healthcare</i> Non-Voting Members Attended Virtually: Kate Jasonowicz, <i>Community Health Plan of WA</i> Guests and Consultants Attended In-Person: Dominica Fale; Laura Johnson, <i>United Healthcare Community Plan</i> Guests and Consultants Attended Virtually: Lori Fleming, <i>Jefferson County Behavioral Health Consortium</i>; Laurel Lee, <i>Molina Healthcare</i>; Shale Shore; Rose Apalisok OCH Staff: Celeste Schoenthaler, Debra Swanson, Miranda Burger		

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Wendy Sisk	Welcome & introductions		
Wendy Sisk	Consent agenda	-DRAFT minutes September 9 Board meeting -Summary September 9 Board Retreat -October Executive Director report -SBAR New Board Member Policy -New Board member policy	Consent Agenda APPROVED unanimously
Wendy Sisk	Public Comments (2-minute max)		

Celeste Schoenthaler	OCH Governance Purpose, Principles, & Structure (Agenda item was moved at beginning of the meeting to 4th row in the agenda)	-SBAR OCH Governance -OCH Governance The original governance structure was developed as an infant organization and now we have grown and developed. Staff is now fulfilling more of the work than in the beginning where it was more Board work. These changes allow Celeste to lead her team in the work the Board advises. I appreciated learning from the board discussion during the retreat. It was a critical moment for newer members, understanding where the emphasis needs to lie. This is well timed, more substantial as tides change. Our first impulse was to make it bigger, and Mike grounded us in the idea that a board really should be just governance. We can still update and add to it., it looks good. Our Board is a lot to wrangle for Celeste with lots of different opinions. Our job is to make her job easier, get out of the weeds, and look at the 30,000 ft view. I want to make sure we are helping the region, the next step is less about the health orgs and more about service orgs, so this is a natural evolution.	The OCH Board of Directors approves the policy as presented. APPROVED unanimously.
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		Do you think this is different enough? Do we need to make sure is it different enough? We swung it a little bit, we will have an opportunity to swing more next year. At the retreat, I heard the concept of the membership model with other learning opportunities. We didn't formalize this model. Dunia was imagining something smaller, smaller membership, just a few people. Celeste heard more baby steps, staying the line of governance and then once we have Olympic Connect going, we can reconsider. Currently we have 22 members, that is a lot. It's important to always include the 7 tribal members. But maybe only one hospital We have formed an adequate relationship with the MCOs, the state, and members. We must be sure we truly understand the work, not in the weeds, but well informed on the accomplishments, so we can advocate in our certain circles.	
Miranda Burger	Olympic Connect Updates	What languages are you targeting? -Spanish, Man (not written), Tagalog, and Russian so far.	

		This is very exciting. This will create a more informed plan for the future. We will need to continually update Resource and Services. The technology design needs to consider this a very important component. - Yes, part of partner training will be learning the why behind all the steps, so that the system is used properly for data collection. The Care Coordinator Agencies selected are a good mix of new OCH partners, such as the Voices of the Pacific Island Nations. We did receive a good mix of applications. Most we had heard of and then several were new as well. This is another wonderful iteration of being packaged properly for us to all understand. Were there agencies that you expected to apply that did not? We really wanted a variety of applicants. We were surprised to see none of the tribes applied. The Native Hub is behind. Jamestown S’Klallam did not apply because they wanted others to have the opportunity. They are a good example of an entity that	
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		could become a care coordination partner later on, using the technology. If some are already doing care coordination then what are we funding? - We are adding and adapting, it's the how we adapt to a regional system. We fully acknowledge that it is already being done. This is more of a system and more coordinated, a system with a close loop referral process and data collection. Case management is harder than you think. We will need more people. - We will have to figure that out. If a paramedic does intake, calls Olympic Connect, who assigns a care coordinator who will do intake, it is a lot of hand touching.. - We need to get in there and try something that will be adapted and refined. The goal is to not be duplicative but to reduce burden. One question is capacity. The big gap is after 6pm, are any of the CCAs offering 24 hour services? - This is a great question. I would emphasize how tech can help us. Focus on that.	
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		This is wise, and also keep in mind that we are trying to create the 5 years out vision, that we have a social care network, some funded by OCH, some not funded by OCH but still part of the network. Even though we have been talking about this for 3 years, we are still at the beginning. 2028 we hope to have an established social care network. We will learn a lot over the next few years. How many FTEs did you select total and how is it divided up over the 3 counties? 22 FTEs across the region, 8, 7, 5 across the region. With Kitsap the most, Jefferson the least.	
Miranda Burger & Debra Swanson	Tribal Collaboration & Communication Policy	-SBAR Tribal Collaboration & Communication Policy -Tribal Collaboration & Communication Policy	The OCH Board of Directors approves the Tribal Collaboration & Communication policy as presented. APPROVED unanimously.
Brent Simcosky	2023 Form 990	-SBAR 2023 IRS Form 990 -2023 IRS Form 990 Part 7 section A shows hours of participation. It is based on Sept 2023. Officers have additional responsibilities, and it is reflected there. Otherwise the determination is based on the attendance tracker and time spent reviewing materials in preparation of meetings.	The OCH Board of Directors accepts the 2023 IRS 990 form as presented by staff. APPROVED unanimously.

		This is essentially our tax return.	
Wendy Sisk	Elections	-SBAR 2024 Elections Terms are typically 2 years. We can nominate the same member or nominate a new candidate. There are no term limits. Mental Health Treatment: P: Tanya Mack MackNeil A: Monica Bernard Private/Not for Profit Hospital: P: Rosalie Apaliosk (appleesok) St. Michaels A: Lori Kerr Community Action Program/Social Service Agency: P: Holly Morgan A: Tony Ives BHASO Sector P: Jolene Kron A: Amy Browning FQHC Sector P: Mike Maxwell A: Dominica Fale Makah still vacant.	The OCH Board of Directors approves Board nominations as presented and directs staff to implement as outlined. APPROVED unanimously.
Wendy Sisk	Good of the Order – Board member and public comments	Jamestown S’Klallam has a groundbreaking ceremony on Sat. 10-11 at Healing clinic, 2026 completion date, waiting on building permits. Jefferson Healthcare event at NW Maritime Center on Tuesday 10/29th all day, focused on rural	

		reproductive, obstetrics and abortion care. Celeste will send out to the board. PBH is opening their supportive housing unit, a converted 5 bedroom home for those w/ serious persistent mental health challenges. And a 36 unit is also in progress, hoping to break ground. Nov 11th will be the last meeting of the year, please come, virtual is fine.	
Wendy Sisk	Next meeting & adjourn. November 11, 1-3pm (12:30-1 for lunch), 7 Cedars Hotel		

Monthly Executive Director report to the OCH Board of Directors – November 2024

- Hot Topics: **Olympic Connect**
 - **Olympic Connect soft launched** and is now receiving referrals from the statewide number managed by Crisis Connections as a part of contracting with the Department of Health. The OCH team has received two client referrals to date, which has provided the opportunity to test the technology and associated workflows.
 - All **12 care coordination partners** accepted awards and OCH is now working on contracting. Care coordination partners will complete required onboarding beginning in November.
 - OCH received **46 applications for the Expand & Enhance Access to Social Care funding opportunity**, requesting over \$7.2 million. OCH staff reviewed all applications, and virtual interviews are taking place the week of 11/4. Funding decisions will be shared with the Board on 11/11.
 - OCH released the **Community-Based Workforce: Training and Capacity Building funding opportunity** at the end of October. Applications will be received on a rolling basis. (Note: this funding opportunity is NOT open to those with a forthcoming care coordination partner contract).
 - OCH continues **steady partner engagement efforts** to socialize Olympic Connect. In October OCH staff presented at the Peninsula Regional Transportation Planning Organization retreat and the Olympic Peninsula YMCA Board meeting. Several more presentations are planned through the end of 2024.
 - On October 30, OCH held a virtual **Equity Community of Practice** session focused on addressing the stigma around accessing care. The session provided meaningful conversations and interactive activities that encouraged participants to explore supportive ways to overcome these barriers. This group will meet again in-person in early 2025.
- Subcommittee reports/updates
 - **Executive Committee** – Met in early November to discuss relevant updates and to plan for the November Board meeting.
 - **Finance Committee** – Met in early November to review the draft 2025 budget and federal grants management policy.
- Upcoming meetings and events
 - Olympic Connect **Care Coordination Partner orientations**: November 12, 13, and 14
 - Olympic Connect **Care Coordination Partner training** (18 hours, required prior to providing services under Olympic Connect): Starting mid-November through mid-January.
- Administrative & staffing updates
 - Staff are reviewing applications for the 3 jobs posted in October. There are promising candidates and we look forward to sharing more soon.
 - Staff have accepted awards for all 2025 funding sources including Health Care Authority, Economic Development Authority, Department of Health, and the Regional Challenge grant.

- Legal counsel has been engaged for a myriad of administrative needs including ongoing counsel on hub privacy and security, partner contract templates, and the Olympic Connect policy and procedure manual.

Olympic Community of Health

SBAR: Federal Grants Management Policies

Presented to the OCH Finance Committee on November 4, 2024

Updated and presented to the Board of Directors on November 11, 2024

Situation

With the addition of funding sources outside of the 1115 waiver, OCH now has direct federal contracts that are subject to Uniform Guidance. OCH is consulting with an accounting firm to ensure that workflows, policies, procedures, and systems are compliant with federal grants management policies and an eventual federal single audit. Staff bring a set of federal grants management policies to the Finance Committee and Board of Directors for review, discussion, and approval.

Background

Prior to 2024, OCH funding sources were not subject to Uniform Guidance as OCH served as a contractor of funding agencies and the original 1115 waiver was a unique funding source. With the addition of the federal Recompete grant and the Department of Health contract, OCH will need systems and policies to ensure compliance with federal grants management policies.

The national accounting firm, CLA, provides a service for organizations to ensure compliance. They conducted an assessment of current policies and practices and one of their first recommendations is to adopt a set of federal grants management policies. Staff and consultants reviewed the policies and present them for review and adoption by the Finance Committee and Board of Directors.

Action

Staff recommend approval of the attached policies. Additionally, staff will update the below policies to align with the federal grants management policies:

- Align OCHs Fiscal Policies and Procedures:
 - Page 13: Supplies and equipment language
 - Page 23: Equipment language
 - Pages 28 and 29: Procurement language
- Align OCHs Travel policy:
 - Page 13: Travel language
- Align OCHs Privacy policy:
 - Page 17: Protected Personally Identifiable Information language
- Align OCHs Conflict of Interest policy:
 - Page 26: Conflict of interest language
- Align OCHs Record Retention policy:
 - Page 41: Records retention language

Staff will bring updated existing policies to the appropriate committee over the next few months. Policies will be updated to align with the federal grants management policy so that practices are consistent across funding sources.

The Finance Committee met and approved the policies on 11/4/2024.

Recommendation

The OCH Board of Directors approves the Federal Grants Management Policies as presented by staff and the next steps as identified.

Federal Grants Management Policies

Olympic Community of Health

October 2024

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FEDERAL GRANTS MANAGEMENT POLICIES

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FEDERAL GRANTS MANAGEMENT POLICIES
Grant Proposal Policy

Grant Proposal Policy

Funding Opportunity Approval

Prior to a grant proposal being developed, an analysis will be completed to determine if the funding opportunity aligns with the mission and vision of Olympic Community of Health as presented in the annual budget and strategic plan.

Grant programs are most effective when they are developed to address real needs and consistent with Olympic Community of Health's mission. Priority and approval are given to projects that support:

- Resources and equipment for projects to which Olympic Community of Health is already committed.
- Other elements of projects to which Olympic Community of Health is already committed.
- New projects that enhance specific aspects of Olympic Community of Health's missions and current priorities and are self-supporting for their duration.
- New initiatives that may not be self-supporting but would enhance specific areas of Olympic Community of Health's missions or current priorities.
- Alignment and support of community partner work and avoid competition with regional partners.

An analysis will also be done by the Executive Director to assess resources that will be needed and applicable compliance requirements to determine if the funding opportunity should be pursued. The funding opportunity analysis shall be approved by the Executive Director and, in some cases, the Board of Directors prior to application preparation.

SAM Registration

In order for Olympic Community of Health to receive a federal grant, it must be registered within the System for Award Management. The System for Award Management (SAM) is a government-wide registry for vendors doing business with the Federal government, and SAM registration requires annual renewal. SAM centralizes information about grant recipients, and also provides a central location for grant recipients to change organizational information.

Proposal Budgets

An appropriate and anticipated budget shall be developed. Budgets are the financial reflection of Olympic Community of Health's programmatic plans and describe the costs to be incurred by the grant project. Budgets provide a framework for achieving the goals of the project given the resources available and serve as a means to communicate that framework consistently to all appropriate staff. Accurate budgeting and adherence to budgets results in more efficient operations and increases the probability of achieving project results while still maintaining compliance with funding agency regulations. Whenever possible, budget planning should be conducted with an eye to maximizing efficiency and coordination of resources available.

Grant budgets must:

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FEDERAL GRANTS MANAGEMENT POLICIES

Grant Proposal Policy

- Accurately reflect project objectives.
- Realize all required matching, earmarking, or set-aside requirements.
- Consider and incorporate any expected sources of program income or funding support.
- Be correctly allocated according to any rules and guidelines, wherever applicable.
- Cover all direct and indirect project costs and any forecasted salary, benefit, service, or other direct cost rate increases.
- Comply with all grant-imposed guidelines and regulations.
- Be prepared and submitted according to prescribed deadlines.
- Be reviewed and approved by the granting agency, if required.

Proposal Approval

All grant proposals (including renewals) must be delivered for review prior to the submission deadline to ensure that proposed projects are consistent with Olympic Community of Health priorities as outlined in the annual budget and strategic plan and that they have the support required for success. All additional information should be submitted at this time for approval:

- Any materials that the funder has requested
- Budgets
- Information that commits Olympic Community of Health to terms and conditions
- Program subject matter and contents

The funding opportunity proposal shall be prepared by the Executive Director and Director of Programs and reviewed and approved by the Executive Director prior to application preparation.

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Grant Award Acceptance Policy

Grant Award Acceptance Policy

Post-Award Procedures

After an award has been made, the following steps shall be taken:

1. An implementation meeting shall occur, and the Executive Director (s) shall review the following terms of the agreement:

Project Title	Project / Grant Manager	Funding Agency	Award Number	Originating Agency (if pass-through)
Assistance Listing Number (if federal)	Applicable Regulation(s)	Award Amount	Award Period of Performance Dates	Expected Budget Periods
Expected Budget Period Dates	Project Objectives / Tasks and Deliverables	Costs Unallowed or Caps	Salary Caps	Consultant Cost Caps
Indirect Cost Rate	Payment Method	Payment Request Submission Method	Eligibility Requirements	Equipment Purchases
Cost Share Requirement	Earmarking Requirements	Planned Large Procurements	Program Income Requirements	Financial Reporting Submission Method
Financial Reporting Requirements and Due Dates	Programmatic Reporting Submission Method	Programmatic Reporting Requirements and Due Dates	Subawards	Additional Regulatory Compliance Requirements

All compliance requirements, including reporting requirements, under the grant agreement shall be summarized.

2. New class designations and project codes shall be established for the receipt and expenditure categories in line with the grant or contract budget.
3. A file shall be established for each grant by the Operations Manager. The file contains the proposal, all correspondence regarding the grant, the final signed award document and all reports submitted to the funding sources.

Compliance with Laws, Regulations and Provisions of Awards

Olympic Community of Health recognizes that, as a recipient of Federal funds, it is responsible for compliance with all applicable laws, regulations, and provisions of contracts and grants. To ensure that Olympic Community of Health meets this responsibility, the following policies apply with respect to every grant or contract received directly or indirectly from a Federal agency:

1. The Executive Director is responsible for overseeing the overall administration of the grant, including reviewing, and understanding the terms of the award, ensuring compliance with funding agency requirements, ensuring compliance with 2 CFR 200, and managing budgetary aspects.
2. The Executive Director and external legal counsel shall take all reasonable steps necessary to identify applicable changes in laws, regulations, and provisions of contracts and grants. Steps taken in this regard shall include, but not be limited to, reviewing subsequent grant renewals, reviewing Federal awarding agency regulations updates, reviewing annual revisions to the "Appendix XI to Part 200 – Compliance Supplement", and communications with Federal awarding agency personnel.

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Grant Award Acceptance Policy

3. Olympic Community of Health shall cooperate with the Independent Auditors by informing the CPA firm as to applicable laws, regulations, and provisions of grants and communicating known instances of noncompliance with laws, regulations, and provisions of grants to the auditors.

Mandatory Disclosure

In accordance §200.113, Olympic Community of Health must promptly disclose whenever, in connection with a Federal award (including any activities or subawards thereunder), it has credible evidence of the commission of a violation of Federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations found in Title 18 of the United States Code or a violation of the civil False Claims Act (31 U.S.C. 3729–3733) and Appendix XII to 2 CFR 200. The disclosure must be made in writing to the Federal agency, the agency's Office of Inspector General, and pass-through entity (if applicable).

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Financial Management Systems Policy

Financial Management Systems Policy

It is the policy of Olympic Community of Health to maintain a financial management system that provides for the following:

1. Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification includes the Assistance Listings title and number, Federal award identification number and year, name of the Federal agency, and name of the pass-through entity, if any.
2. Accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements set forth in §200.328 and §200.329 and reporting program performance. (See Monitoring and Reporting Policy)
3. Records that identify adequately the source and application of funds for federally funded activities. These records will contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest and be supported by source documentation.
4. Effective control over, and accountability for, all funds, property, and other assets. Olympic Community of Health will adequately safeguard all assets and assure that they are used solely for authorized purposes.
5. Ability to compare expenditures with budget amounts for each award to ensure total costs do not exceed the amounts budgeted for the grant period.
6. Written procedures to implement the requirements of §200.305 (See Federal Payment Policy)
7. Written procedures for determining the allowability of costs in accordance with 2 CFR subpart E— and the terms and conditions of the Federal award. (See Allowable Use of Funds Policy)

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FEDERAL GRANTS MANAGEMENT POLICIES
Allowable Use of Funds Policy

Allowable Use of Funds Policy

It is the policy of Olympic Community of Health that only costs that are reasonable, allowable, and allocable to an award shall be charged to that award directly or indirectly. All unallowable costs shall be appropriately segregated from allowable costs in order to assure that unallowable costs are not charged to awards.

Segregating Unallowable From Allowable Costs

The following steps shall be taken to identify and segregate costs that are allowable and unallowable with respect to each federal award:

1. The budget and grant or contract for each award shall be reviewed for costs specifically allowable or unallowable.
2. The Operations Manager and Accountant shall be familiar with the allowability of costs provisions of 2 CFR Part 200 Subpart E—Cost Principles particularly:
 - a. The list of specifically unallowable costs, such as alcoholic beverages, bad debts, contributions, fines and penalties, lobbying, etc.
 - b. Those costs requiring advance approval from Federal agencies in order to be allowable in accordance with §200.407 Prior written approval.
3. No costs shall be charged directly to any Federal award until the cost has been determined to be allowable under the terms of the award and/or 2 CFR Part 200 Subpart E—Cost Principles.
4. For each Federal award, an appropriate class code and project code shall be established in the chart of accounts to reflect the categories of allowable costs identified in the award or the award budget.
5. All items of miscellaneous income or credits, including the subsequent write-offs of uncashed checks, rebates, refunds, and similar items, shall be reflected for grant accounting purposes as reductions in allowable expenditures if the credit relates to charges that were originally charged to a Federal award or to activity associated with a Federal award. The reduction in expenditures shall be reflected in the year in which the credit is received (i.e., if the purchase that results in the credit took place in a prior period, the prior period shall not be amended for the credit.)
6. Any significant variances between actual and budgeted expenditures noted will be discussed and resolved by the Executive Director prior to requesting payment.

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Allowable Use of Funds Policy

Criteria for Allowability

It is the policy of Olympic Community of Health that all costs must meet the following criteria in order to be treated as allowable direct or indirect costs under a Federal award:

1. The cost must be "necessary" to the overall operation of Olympic Community of Health and is assignable in part to the Federal award in accordance with the principles of 2 CFR Part 200 and any other applicable awarding agency regulations.
2. The cost must be "reasonable" for the performance of the award, considering the following factors:
 - a. Whether the cost is of a type that is generally considered as being necessary for the operation of the organization or the performance of the award.
 - b. Restraints or requirements imposed by such factors as sound business practices, arm's length bargaining, Federal, state, local tribal, and other laws and regulations, and the terms and conditions of the award.
 - c. Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to Olympic Community of Health, its employees, where applicable its students or membership, the public at large, and the Federal Government.
 - d. Consistency with established policies and procedures of Olympic Community of Health, deviations from which could unjustifiably increase the costs of the Federal award,
3. The cost must be "allocable" to an award by meeting one of the following criteria:
 - a. The cost is incurred specifically for a Federal award or
 - b. the cost benefits both the Federal award and other work of Olympic Community of Health, and can be distributed in proportions that may be approximated using reasonable methods
4. The cost must conform to any limitations or exclusions of 2 CFR Part 200 or the Federal award as to the types or amount of cost items,
5. Treatment of costs must be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of Olympic Community of Health,
6. Costs must be accorded consistent treatment (A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost),
7. The cost must be determined in accordance with generally accepted accounting principles (GAAP),
8. Costs may not be included as a cost or used to meet cost sharing or matching requirements of any other federally financed program in either the current or a prior period,
9. The cost must be adequately documented to demonstrate that the cost is reasonable, necessary, and properly allocated,
10. If a cost is a direct reimbursement to an employee, documentation supporting the actual vendor or organization of which the expense was incurred must be submitted with employee reimbursement request,
11. The cost must be incurred during the approved budget period.

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Allowable Use of Funds Policy

It is the policy of Olympic Community of Health to only charge costs that have been determined to be allowable per grant agreements and 2 CFR Part 200, Subpart E.

<i>Selected Cost Item</i>	<i>UG Reference</i>	<i>Allowability</i>	<i>Selected Cost Item</i>	<i>UG Reference</i>	<i>Allowability</i>
Advertising and public relations costs	\$200.421	Allowable with restrictions	Contributions and donations	\$200.434	Unallowable (made by non-Federal entity); not reimbursable, but value may be used as cost sharing or matching (made to non-Federal entity); with restrictions, the value of services may be considered when determining an entity's indirect cost rate under certain circumstances
Advisory councils	\$200.422	Allowable with restrictions			
Alcoholic beverages	\$200.423	Unallowable			
Audit services	\$200.425	Allowable with restrictions			
Bad debts	\$200.426	Unallowable			
Bonding costs	\$200.427	Allowable with restrictions			
Collection of improper payments	\$200.428	Allowable			
Commencement and convocation costs	\$200.429	Not specifically addressed	Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringements	\$200.435	Allowable with restrictions
Compensation for personal services	\$200.430	Allowable with restrictions; Special conditions apply (e.g., §200.430(g))			
Compensation – fringe benefits	\$200.431	Allowable with restrictions	Depreciation	\$200.436	Allowable with restrictions
Conferences	\$200.432	Allowable with restrictions	Employee health and welfare costs	\$200.437	Allowable with restrictions
Contingency provisions	\$200.433	Unallowable with exceptions	Entertainment costs	\$200.438	Unallowable with exceptions
			Equipment and other capital expenditures	\$200.439	Allowability based on specific requirements

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FEDERAL GRANTS MANAGEMENT POLICIES

Allowable Use of Funds Policy

<i>Selected Cost Item</i>	<i>UG Reference</i>	<i>Allowability</i>	<i>Selected Cost Item</i>	<i>UG Reference</i>	<i>Allowability</i>
Exchange Rates	\$200.440	Allowable with restrictions	Maintenance and repair costs	\$200.452	Allowable with restrictions
Fines, penalties, damages, and other settlements	\$200.441	Unallowable with exception	Materials and supplies costs, including computing devices	\$200.453	Allowable with restrictions
Fund raising and investment management costs	\$200.442	Unallowable with exceptions	Memberships, subscriptions, and professional activity costs	\$200.454	Allowable with restrictions; unallowable for lobbying organizations.
Gains and losses on disposition of depreciable assets	\$200.443	Allowable with restrictions	Organization costs	\$200.455	Unallowable except Federal prior approval
General costs of government	\$200.444	Not specifically addressed	Participant support costs	\$200.456	Allowable with prior approval of the Federal awarding agency
Goods or services for personal use	\$200.445	Unallowable (goods/services); allowable (housing) with restrictions	Plant and security costs	\$200.457	Allowable; capital expenditures are subject to §200.439
Idle facilities and idle capacity	\$200.446	Idle facilities - unallowable with exceptions; idle - capacity allowable with restrictions	Pre-award costs	\$200.458	Allowable with prior approval of the Federal awarding agency
Insurance and indemnification	\$200.447	Allowable with restrictions	Professional service costs	\$200.459	Allowable with restrictions
Intellectual property	\$200.448	Allowable with restrictions	Proposal costs	\$200.460	Allowable with restrictions
Interest	\$200.449	Allowable with restrictions	Publication and printing costs	\$200.461	Allowable with restrictions
Lobbying	\$200.450	Unallowable; Special additional restrictions	Rearrangement and reconversion costs	\$200.462	Allowable (ordinary and normal).
Losses on other awards or contracts	\$200.451	Unallowable (however, they are required to be included in the indirect cost rate base for allocation of indirect costs)	Recruiting costs	\$200.463	Allowable with restrictions
			Relocation costs of employees	\$200.464	Allowable with restrictions

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FEDERAL GRANTS MANAGEMENT POLICIES

Allowable Use of Funds Policy

<i>Selected Cost Item</i>	<i>UG Reference</i>	<i>Allowability</i>	<i>Selected Cost Item</i>	<i>UG Reference</i>	<i>Allowability</i>
Rental costs of real property and equipment	\$200.465	Allowable with restrictions	Telecommunications and video surveillance costs	\$200.471	Allowable with restrictions
Scholarships and student aid costs	\$200.466	Not specifically addressed	Termination costs	\$200.472	Allowable with restrictions
Selling and marketing costs	\$200.467	Unallowable with exceptions	Training and education costs	\$200.473	Allowable for employee development
Specialized service facilities	\$200.468	Allowable with restrictions	Transportation costs	\$200.474	Allowable with restrictions
Student activity costs	\$200.469	Unallowable unless specifically provided for in the award	Travel costs	\$200.475	Allowable with restrictions
Taxes (including Value Added Tax)	\$200.470	Allowable with restrictions \$200.470(b)(1)	Trustees	\$200.476	Allowable with restrictions

Direct Costs

Direct costs are allocable to a particular Federal award or other cost objective if the goods or services involved are chargeable or assignable to that Federal award or cost objective in accordance with relative benefits received. This standard is met if the cost:

1. Is incurred specifically for the Federal award.
2. Benefits both the Federal award and other work of Olympic Community of Health and can be distributed in proportions that may be approximated using reasonable methods.
3. Is necessary to the overall operation of Olympic Community of Health and is assignable in part to the Federal award in accordance with the principles within 2 CFR 200.

Each invoice shall be coded with the appropriate account number reflecting which program received direct benefit from the expenditure. Invoices are submitted by the Operations Manager, reviewed, and approved by Executive Director, and entered by the Operations Manager.

Salaries and Wages

Charges to Federal awards for salaries and wages will be based on records that accurately reflect the work performed. These records:

1. Are supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated.
2. Are incorporated into the official records of Olympic Community of Health.
3. Reasonably reflect the total activity for which the employee is compensated, not exceeding 100% of compensated activities.
4. Encompass both federally assisted, and all other activities compensated by Olympic Community of Health.

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5. Comply with other established accounting policies and practices of Olympic Community of Health.
6. Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.
7. May reflect categories of activities expressed as a percentage distribution of total activities.

Time sheets or personnel activity reports are submitted on a regular basis reflecting employees' work and which programs directly benefited from their effort. For those grants that support all activities of the employee, an applicable percentage will be charged to each funding source, to ensure that the salary is only getting reimbursed by one granting agency.

Timesheets are signed by the employee and are reviewed and approved by the executive director. The operations manager approves the executive director's timesheet.

Fringe Benefits

Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans. Except as provided elsewhere in these principles, the costs of fringe benefits are allowable provided that the benefits are reasonable and are required by law, Olympic Community of Health -employee agreement, or an established policy of Olympic Community of Health.

The cost of fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as for annual leave, family-related leave, sick leave, holidays, court leave, military leave, administrative leave, and other similar benefits, are allowable if all of the following criteria are met:

- 1) They are provided under established written leave policies;
- 2) The costs are equitably allocated to all related activities, including Federal awards; and,
- 3) The accounting basis (cash or accrual) selected for costing each type of leave is consistently followed by Olympic Community of Health or specified grouping of employees.

Fringe benefits may be charged to activities, including Federal awards either by:

- 1) Identifying specific benefits to specific individual employees or
- 2) By allocating on the basis of entity-wide salaries and wages of the employees receiving the benefits, by using a pre-calculated Fringe Benefit Rate.

Salaries Cap/Salary Limitation

For federal awards from the Department of Health and Human Services (including those through the Substance Abuse and Mental Health Services administration OR National Institutes of Health OR Health Resources Services Administration), no funds shall be used to pay the salary of an individual through a

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grant or other extramural mechanism at a rate in excess of that prescribed in the latest Consolidated Appropriations Act. Applications and proposals with categorical direct cost budgets reflecting direct salaries of individuals in excess of the rate prescribed in the Act will be adjusted in accordance with the legislative salary limitation. For active awards, including awards that have been issued after the effective dates of the latest update (continuation and new) that were restricted to Executive Level II, if adequate funds are available, Olympic Community of Health may re-budget funds to accommodate the current Executive Level II salary level. Current and historical information on the applicable salary cap for each fiscal year is found at on the NIH Salary Cap Summary webpage. (see current levels posted at https://grants.nih.gov/grants/policy/salcap_summary.htm)

Supplies and Equipment

“Supplies” means all tangible personal property other than those meeting the definition of equipment. Equipment is all tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by Olympic Community of Health for financial statement purposes, or \$10,000 (\$5,000 for awards made before 10/1/2024 unless amended). A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by Olympic Community of Health for financial statement purposes or \$10,000 (\$5,000 for awards made before 10/1/2024 unless amended), regardless of the length of its useful life.

Equipment purchased for exclusive use on a federal award and reimbursed by a federal agency shall be accounted for as a direct cost of that award and the full amount will be included as a federal expenditure.

Travel

Travel costs are the expenses for transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business of Olympic Community of Health. Such costs may be charged on an actual cost basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in Olympic Community of Health’s non-federally-funded activities and in accordance with Olympic Community of Health’s written travel reimbursement policies.

Costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses, must be considered reasonable and otherwise allowable only to the extent such costs do not exceed charges normally allowed by Olympic Community of Health, in its regular operations as the result of Olympic Community of Health’s written travel policy. In addition, if these costs are charged directly to the Federal award, documentation must justify that participation of the individual is necessary to the Federal award; and the costs are reasonable and consistent with Olympic Community of Health’s established travel policy.

Airfare costs in excess of the basic least expensive unrestricted accommodations class offered by commercial airlines are unallowable except when such accommodations would require circuitous routing, require travel during unreasonable hours, excessively prolong travel, result in additional costs that would offset the transportation savings; or offer accommodations not reasonably adequate for the traveler's

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FEDERAL GRANTS MANAGEMENT POLICIES

Allowable Use of Funds Policy

medical needs. Olympic Community of Health must justify and document these conditions on a case-by-case basis in order for the use of first-class or business-class airfare to be allowable in such cases.

Olympic Community of Health will comply with the requirements of the Fly America Act (49 U.S.C. 40118) which generally provides that foreign air travel funded by Federal funds may only be conducted on U.S. flag air carriers and under applicable Open Skies Agreements. (see information on Fly America Act on the GSA website at <https://www.gsa.gov/policy-regulations/policy/travel-management-policy/fly-america-act>).

Conference Costs

A conference is defined as a meeting, retreat, seminar, symposium, workshop, or event whose primary purpose is the dissemination of technical information beyond Olympic Community of Health and is necessary and reasonable for successful performance under the Federal award. Allowable conference costs paid by the Olympic Community of Health as a sponsor or host of the conference may include rental of facilities, speakers' fees, costs of meals and refreshments, local transportation, and other items incidental to such conferences unless further restricted by the terms and conditions of the Federal award. As needed, the costs of identifying, but not providing, locally available dependent-care resources are allowable. Conference hosts/sponsors must exercise discretion and judgment in ensuring that conference costs are appropriate, necessary, and managed in a manner that minimizes costs to the Federal award.

Participants

Participant generally means an individual participating in or attending program activities under a Federal award, such as trainings or conferences, but who is not responsible for implementation of the Federal award. Individuals committing effort to the development or delivery of program activities under a Federal award (such as consultants, project personnel, or staff members for a recipient or subrecipient) are not participants. Examples of participants may include community members participating in a community outreach program, members of the public whose perspectives or input are sought as part of a program, students, or conference attendees. "Participant support costs" means direct costs that support participants and their involvement in a Federal award, such as stipends, subsistence allowances, travel allowances, registration fees, temporary dependent care, and per diem paid directly to or on behalf of participants.

Indirect Costs

Indirect costs are those costs that either benefit more than one award (overhead costs) or non-federal function or that are necessary for the overall operation of Olympic Community of Health (management and general costs).

The indirect cost rate is the mechanism through which Olympic Community of Health recovers its indirect costs. Olympic Community of Health applies the rate to a Modified Total Direct Cost base of the project.

Olympic Community of Health chooses to use the de minimus rate on its federal awards rather than negotiate an approved indirect cost rate.

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Allowable Use of Funds Policy

Modified Total Direct Costs

MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 (\$25,000 for awards made before 10/1/2024 unless amended). of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs of off-site facilities, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$50,000 (\$25,000 for awards made before 10/1/2024 unless amended). Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

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FEDERAL GRANTS MANAGEMENT POLICIES

Internal Control over Compliance Policy

Internal Control over Compliance Policy

It is the policy of Olympic Community of Health to establish and maintain effective internal control over Federal awards. Internal controls processes will be designed and implemented to provide reasonable assurance that Olympic Community of Health's objectives relating to compliance with the U.S. Constitution Federal statutes, regulations, and the terms and conditions of Federal awards will be achieved.

These internal controls will follow the guidance in the "2013 Internal Control Integrated Framework", issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). This framework includes 5 components and the 17 principles within those components:

Components of Internal Control	Principles
Control Environment	1. Demonstrate Commitment to Integrity and Ethical Values 2. Exercise Oversight Responsibility 3. Establish Structure, Responsibility, and Authority 4. Demonstrate Commitment to Competence 5. Enforce Accountability
Risk Assessment	6. Define Objectives and Risk Tolerances 7. Identify, Analyze, and Respond to Risks 8. Assess Fraud Risk 9. Identify, Analyze, and Respond to Change
Control Activities	10. Design Control Activities 11. Design Activities for the Information System 12. Implement Control Activities
Information and Communication	13. Use Quality Information 14. Communicate Internally 15. Communicate Externally
Monitoring	16. Perform Monitoring Activities 17. Evaluate Issues and Remediate Deficiencies

Internal Control Self-Assessment

Olympic Community of Health will perform a self-assessment of internal controls on an as needed basis, or at least annually and include the following steps:

- Obtain a clear understanding of the current program or administrative objectives and processes.
- Obtain a clear understanding of the risks associated with such objectives and processes.
- Determine which controls are the most critical in terms of achieving these objectives.
- Determine whether there are any gaps or problems with existing controls.
- Determine whether there have been additions or changes in certain processes which would affect the existing controls.

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FEDERAL GRANTS MANAGEMENT POLICIES

Internal Control over Compliance Policy

The internal control review should include these key areas:

Define Objectives and Risk Tolerances

- Define objectives in specific and measurable terms to enable the design of internal control for related risks.
- Define the acceptable level of variation in performance relative to the achievement of objectives.

Identify, Analyze, and Respond to Risks

- Analyze risks, including both inherent and residual risk, and consider internal and external risk factors.
- Estimate the significance of the identified risks and their effect on achieving the defined objectives.
- Define specific actions to respond to the analyzed risk.

Assess Fraud Risk

- Consider the types of fraud that can occur (e.g., fraudulent financial reporting, misappropriation of assets, corruption), as well as other forms of misconduct (such as waste and abuse).
- Considers fraud risk factors (incentive/pressure, opportunity, and attitude/rationalization) and use this information to identify fraud risk.
- Perform a risk analysis to identify fraud risk and responds to fraud risk so they are effectively mitigated.

Identify, Analyze, and Respond to Change

- Identify significant changes to internal and external conditions that have already occurred, or are expected to occur, and that could significantly impact the internal control system.
- Analyze and respond to identified changes and related risks in order to maintain an effective internal control system.

Based on the evaluation above, Olympic Community of Health determines whether adjustments should be made to existing controls. If an adjustment is deemed necessary, policies and procedures will be updated, and changes are communicated to affected staff and management in an appropriate manner.

Protected Personally Identifiable Information

Olympic Community of Health will take reasonable cybersecurity and other measures to safeguard protected personally identifiable information and other information the Federal awarding agency or pass-through entity designates as sensitive or the non-Federal entity considers sensitive consistent with applicable Federal, State, local, and tribal laws regarding privacy and responsibility over confidentiality. Protected Personally Identifiable Information (Protected PII) means an individual's first name or first initial and last name in combination with any one or more of types of information, including, but not limited to, social security number, passport number, credit card numbers, clearances, bank numbers, biometrics, date and place of birth, mother's maiden name, criminal, medical and financial records, educational transcripts. This does not include PII that is required by law to be disclosed.

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FEDERAL GRANTS MANAGEMENT POLICIES

Federal Payment Policy

Federal Payment Policy

It is the policy of Olympic Community of Health to maintain written payment and billing procedures. Payment methods must minimize the time elapsing between the transfer of funds from the United States Treasury or the pass-through entity and the disbursement by Olympic Community of Health whether the payment is made by electronic funds transfer, or issuance or redemption of checks, warrants, or payment by other means.

The following policies shall apply to the preparation and submission of payments and billings to Federal awarding agencies under awards made to Olympic Community of Health:

Advance Payments

1. To the extent available, Olympic Community of Health must disburse funds available from program income (including repayments to a revolving fund), rebates, refunds, contract settlements, audit recoveries, and interest earned on such funds before requesting additional cash payments.
2. The funding agency must not require separate depository accounts for funds provided to Olympic Community of Health or establish any eligibility requirements for depositories for funds provided. However, Olympic Community of Health must be able to account for funds received, obligated, and expended.
3. Advance payments of Federal funds must be deposited and maintained in insured accounts whenever possible.
4. Olympic Community of Health must maintain advance payments of Federal awards in interest-bearing accounts, unless the following apply:
 - a. Olympic Community of Health receives less than \$250,000 in Federal awards per year.
 - b. The best reasonably available interest-bearing account would not be expected to earn interest in excess of \$500 per year on Federal cash balances.
 - c. The depository would require an average or minimum balance so high that it would not be feasible within the expected Federal and non-Federal cash resources.
5. Interest earned amounts up to \$500 per year may be retained by Olympic Community of Health for administrative expense. Any additional interest earned on Federal advance payments deposited in interest-bearing accounts must be remitted annually to the Department of Health and Human Services Payment Management System (PMS).
6. Advance funds will be recorded into the general ledger as cash and deferred revenue. Funds will be considered earned and recognized as revenue when corresponding allowable costs are incurred.

Reimbursement Requests

Reimbursement is the preferred method when the requirements for advance payment cannot be met, when the grant documents specific as such, or when Olympic Community of Health requests payment by reimbursement. The following policies shall apply to payments that are made by reimbursement request for federal awards:

1. Olympic Community of Health will request reimbursement after expenditures have been incurred when the award specifies this method.

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FEDERAL GRANTS MANAGEMENT POLICIES

Federal Payment Policy

2. Each award normally specifies a particular billing cycle; Therefore, a schedule is established for each grant to ensure that reimbursement is made on a timely basis along with any other reporting that is required.
3. Requests for reimbursement of award expenditures will use the actual amounts as posted to the general ledger as the source for all invoice amounts.
4. At the time invoices (requests for reimbursement) are prepared, revenue and accounts receivable shall be recorded.

Reimbursement request/ drawdown support is prepared by the Accountant and submitted to the Executive Director for review and signature. Reimbursement requests are submitted in the format preferred and required by the funding agency.

Adjustments

To the extent Olympic Community of Health identifies adjustments to amounts previously reported to federal agencies, revised reports shall be prepared and filed in accordance with the terms of each federal award.

Improper Payment

In accordance with 2 CFR §200.1, Improper payment means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements; and includes any payment to an ineligible party, any payment for an ineligible good or service, any duplicate payment, any payment for a good or service not received (except for such payments where authorized by law), any payment that does not account for credit for applicable discounts, and any payment where insufficient or lack of documentation prevents a reviewer from discerning whether a payment was proper.

Proper review of grant expenditures will be made prior to seeking payment in order to detect any unallowable costs. However, when errors or corrections are needed, Olympic Community of Health will take prompt and appropriate actions to correct with the appropriate funding agency so that the total amount charged to the Federal grant are accurate, allowable, and properly allocated. Olympic Community of Health will track improper payments to ensure that the risk associated with the discovery of an improper payment is not repeated, and to ensure that the risk is mitigated. A review will occur to identify why the error or correction was needed and will consider the following aspects:

- Why did the error occur?
- What is the remedy to correct the error?
- How will this error and correction be documented?
- What is the process for reallocating funds?

Olympic Community of Health will implement effective corrective actions based on the root cause analysis.

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FEDERAL GRANTS MANAGEMENT POLICIES

Supplement Not Supplant Policy

Cost Sharing Policy

For all Federal awards, the Federal agency or pass-through entity must accept any cost sharing funds (including cash and third-party in-kind contributions, and also including funds committed as part of Olympic Community of Health or third parties) as part of Olympic Community of Health's contributions to a program when the funds:

1. Are verifiable from the records of Olympic Community of Health.
2. Are not included as contributions for any other Federal award.
3. Are necessary and reasonable for achieving the objectives of the Federal award.
4. Are allowable under 2 CFR Part 200 Subpart E – Cost Principles.
5. Are not paid by the Federal Government under another Federal award, except where the program's Federal authorizing statute specifically provides that Federal funds made available for the program can be applied to cost sharing requirements of other Federal programs.
6. Are provided for in the approved budget when required by the Federal awarding agency.
7. Conform to all other provisions of 2 CFR Part 200.

It is the policy of Olympic Community of Health to value contributed services and property that are to be used to meet a cost sharing or matching requirement at their fair market values at the time of contribution unless award documents or Federal agency regulations identify specific values to be used.

If a Federal awarding agency authorizes Olympic Community of Health to donate buildings or land for construction or facilities acquisition projects or long-term use, the value of the donated property for cost sharing or matching must be the lesser of:

1. The value of the remaining life of the property recorded in Olympic Community of Health's accounting records at the time of donation.
2. The current fair market value. However, when there is sufficient justification, the Federal awarding agency may approve the use of the current fair market value of the donated property, even if it exceeds the value described above at the time of donation.

Contributed volunteer services furnished by third-party professional and technical personnel, consultants, and other skilled and unskilled labor used for cost sharing or matching purposes shall be valued at rates consistent with those rates paid for similar work in the organization, including an estimate of reasonable fringe benefits. In cases in which the required skills are not found in the organization, rates used shall be consistent with those paid for similar work in the labor market. It is the policy of Olympic Community of Health to require volunteers to document and account for their contributed time.

When a third-party organization furnishes the services of an employee, Olympic Community of Health will value these services at the employee's regular rate of pay that is reasonable, necessary, allocable, and otherwise allowable, provided these services employ the same skill(s) for which the employee is normally paid.

Unrecovered indirect costs, including indirect costs on cost sharing or matching may be included as part of cost sharing or matching only if prior approval of the Federal awarding agency is obtained.

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FEDERAL GRANTS MANAGEMENT POLICIES

Program Income Policy

Program Income Policy

Program income means gross income earned by Olympic Community of Health that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Program Income can also include contribution made by recipients of service and interest on such contributions.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.

Program income earned during the project period shall be retained by Olympic Community of Health and, in accordance with Federal awarding agency regulations or the terms and conditions of the award, shall be used in one or more of the ways:

1. Added to funds committed to the project by the Federal awarding agency and recipient and used to further eligible project or program objectives.
2. With prior approval of the federal warding agency, used to finance the cost sharing requirement of the project or program.
3. Deducted from the total project or program allowable cost in determining the net allowable costs on which the Federal share of costs is based. (when an agency authorizes the disposition of program income as in 1 or 2, program income in excess of any limits stipulated shall be used this way)

In the event that the Federal awarding agency does not specify in its regulations or the terms and conditions of the award how program income is to be used, paragraph 3 shall apply automatically to all projects or programs.

Unless Federal awarding agency regulations or the terms and conditions of the award provide otherwise, Olympic Community of Health shall have no obligation to the Federal Government regarding program income earned after the end of the period of performance.

If authorized by Federal awarding agency regulations or the terms and conditions of the award, costs incident to the generation of program income may be deducted from gross income to determine program income, provided these costs have not been charged to the award.

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FEDERAL GRANTS MANAGEMENT POLICIES

Budget and Program Revisions Policy

Budget and Program Revisions Policy

It is the policy of Olympic Community of Health to report deviations from budget or project scope or objective. It is also the policy of Olympic Community of Health to request prior approval from Federal awarding agencies for any of the following program or budget revisions:

1. Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval).
2. Change in a key person specified in the application or the Federal award.
3. The disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.
4. The inclusion, unless waived by the Federal awarding agency, of costs that require prior approval in accordance with Subpart E—Cost Principles (2 CFR Part §200.407).
5. The transfer of funds budgeted for participant support costs as defined in §200.75 Participant support costs to other categories of expense.
6. Unless described in the application and funded in the approved Federal awards, the subawarding, transferring or contracting out of any work under a Federal award. This does not apply to the acquisition of supplies, material, equipment, or general support services.
7. Changes in the amount of approved cost-sharing or matching provided by Olympic Community of Health.
8. The need arises for additional Federal funds to complete the project.

The Federal awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal awards in which the Federal share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent of the total budget as last approved by the Federal awarding agency. The Federal awarding agency may stipulate in the grant documents a higher percentage threshold at which prior approval is needed for budget line-item transfers, such as 25 percent of the total budget. The Federal awarding agency cannot permit a transfer that would cause any Federal appropriation to be used for purposes other than those consistent with the appropriation.

Budget revision requests are reviewed by the Executive Director for compliance with grant documents and federal regulations.

OLYMPIC COMMUNITY OF HEALTH
FEDERAL GRANTS MANAGEMENT POLICIES
Equipment Standards Policy

Equipment Standards Policy

Olympic Community of Health may occasionally purchase equipment that will be used exclusively on a program funded by a Federal agency. In addition to the general property and equipment policies of Olympic Community of Health, equipment and furniture charged to Federal awards will be subject to certain additional policies as described below.

For purposes of Federal award accounting and administration, "equipment" shall include all assets with a useful life of more than one year and a per-unit acquisition cost equal to the lesser of \$10,000 (\$5,000 for awards made before 10/1/2024, unless amended) or the threshold utilized by Olympic Community of Health. The following policies shall apply regarding equipment purchased and charged to federal awards:

Title

Title to equipment acquired under a Federal award will vest upon acquisition in Olympic Community of Health. Unless a statute specifically authorizes the Federal agency to vest title in Olympic Community of Health without further responsibility to the Federal Government, and the Federal agency elects to do so, the title must be a conditional title. Title must vest in Olympic Community of Health subject to the following conditions:

1. Use the equipment for the authorized purposes of the project during the period of performance, or until the property is no longer needed for the purposes of the project.
2. Olympic Community of Health will not encumber the property without approval of the Federal awarding agency or pass-through entity.
3. Use and dispose of the property in accordance with the policies below.

Management Requirements

Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a Federal award, until disposition takes place will, as a minimum, meet the following requirements:

1. Property records will be maintained that include the following:
 - a. a description of the property,
 - b. a serial number or other identification number,
 - c. the source of funding for the property (including the FAIN),
 - d. who holds title,
 - e. the acquisition date,
 - f. and cost of the property,
 - g. percentage of Federal participation in the project costs for the Federal award under which the property was acquired,
 - h. the location, use and condition of the property,
 - i. any ultimate disposition data including the date of disposal and sale price of the property.
2. A physical inventory of the property will be taken, and the results reconciled with the property records at least once every two years.

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FEDERAL GRANTS MANAGEMENT POLICIES

Equipment Standards Policy

3. A control system will be in effect to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft must be investigated.
4. Maintenance procedures will be in effect to keep the property in good condition.
5. Proper sales procedures will be in effect to ensure the highest possible return.
6. Adequate insurance coverage will be maintained with respect to equipment and furniture charged to Federal awards.
7. When title to the equipment remains vested with the Federal awarding agency, Olympic Community of Health will submit an annual inventory listing of federally-owned property in its custody to the Federal awarding agency.

Use of Equipment

Equipment must be used by Olympic Community of Health in the program or project for which it was acquired as long as needed, whether or not the project or program continues to be supported by the Federal award, and Olympic Community of Health must not encumber the property without prior approval of the Federal awarding agency.

When no longer needed for the original program or project, the equipment may be used in other activities supported by the Federal awarding agency, in the following order of priority:

1. Activities under a Federal award from the Federal awarding agency which funded the original program or project, then
2. Activities under Federal awards from other Federal awarding agencies. This includes consolidated equipment for information technology systems.
3. Use for non-federally-funded programs or projects is also permissible.

During the time that equipment is used on the project or program for which it was acquired, Olympic Community of Health must also make equipment available for use on other projects or programs currently or previously supported by the Federal Government, provided that such use will not interfere with the work on the projects or program for which it was originally acquired.

Olympic Community of Health must not use equipment acquired with the Federal award to provide services for a fee that is less than private companies charge for equivalent services unless specifically authorized by Federal statute for as long as the Federal Government retains an interest in the equipment.

When acquiring replacement equipment, Olympic Community of Health may use the equipment to be replaced as a trade-in or sell the property and use the proceeds to offset the cost of the replacement property.

When title to the equipment is vested in the Federal awarding agency, upon completion of the Federal award or when the equipment is no longer needed, Olympic Community of Health must report the property to the Federal awarding agency for further Federal agency utilization.

OLYMPIC COMMUNITY OF HEALTH

FEDERAL GRANTS MANAGEMENT POLICIES

Equipment Standards Policy

Disposition

When title to the equipment is vested in Olympic Community of Health, and the equipment is no longer needed for the original project or program or for other activities currently or previously supported by a Federal awarding agency, disposition instructions will be requested from the Federal awarding agency if required by the terms and conditions of the Federal award.

Disposition of the equipment will be made as follows, in accordance with Federal awarding agency disposition instructions:

1. Items of equipment with a current per unit fair market value of \$10,000 or less may be retained, sold, or otherwise disposed of with no further obligation to the Federal awarding agency.
2. Items of equipment with a current per-unit fair-market value in excess of \$10,000 may be retained or sold. The Federal awarding agency is entitled to an amount calculated by multiplying the current market value or proceeds from sale by the Federal awarding agency's percentage of participation in the cost of the original purchase. If the equipment is sold, the Federal awarding agency may permit Olympic Community of Health to deduct and retain from the Federal share \$1,000 or ten percent of the proceeds, whichever is less, for its selling and handling expenses.

OLYMPIC COMMUNITY OF HEALTH
FEDERAL GRANTS MANAGEMENT POLICIES
Procurement Policy

Procurement Policy

Conflicts of Interest

No employee, officer, Board member, or agent of Olympic Community of Health will 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 one of the persons listed below has a financial or other interest in or a tangible personal benefit from a firm considered for a contract:

- An employee, officer, Board member, or agent involved in making the award.
- His/her relative (including father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister).
- His/her partner; or
- An organization which employs or is negotiating to employ or has an arrangement concerning prospective employment of any of the above.

No officer, employee, Board member, or agent of Olympic Community of Health shall solicit any gifts. No officer, employee, Board member, or agent of Olympic Community of Health shall accept, directly or indirectly, any gifts, compensation, gratuities, favors, or other items of value from any contractor, potential contractor, or party to any subcontract, and shall not knowingly use confidential information for actual or anticipated personal gain. An officer, employee, Board member, or agent of Olympic Community of Health who accepts a gift, gratuity, favor, etc. shall be subject to disciplinary action. Vendors or bidders who offer a gift, gratuity, favor, etc. may be declared irresponsible bidders and may be debarred from bidding.

Olympic Community of Health will not procure with a parent company, affiliate, or subsidiary organization, due to the real or apparent conflict of interest resulting from the relationship.

General Procurement Standards under Federal Awards

Procurements associated with Federal awards are subject to the following:

1. Olympic Community of Health will avoid acquisition of unnecessary or duplicative items. Consideration will be given to consolidating or breaking out procurements to obtain a more economical purchase.
2. Olympic Community of Health will not divide large transactions into several smaller transactions for the purpose of avoiding any standard procurement procedures.
3. Where appropriate, an analysis will be made of lease versus purchase alternatives, and any other appropriate analysis to determine the most economical approach.
4. Olympic Community of Health will consider use of Federal excess and surplus property in lieu of purchasing new equipment and property whenever such use is feasible and reduces project costs.
5. For construction projects of sufficient size, Olympic Community of Health may use value engineering clauses in contracts to offer reasonable opportunities for cost reductions. Value engineering is a systematic and creative analysis of each contract item or task to ensure that its essential function is provided at the overall lower cost.

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6. Olympic Community of Health will award contracts only to responsible contractors possessing the ability to perform successfully under the terms and conditions of a proposed procurement. Consideration will be given to such matters as contractor integrity, compliance with public policy, record of past performance, and financial and technical resources.
7. Olympic Community of Health is responsible, in accordance with good administrative practice and sound business judgment, for the settlement of all contractual and administrative issues arising out of procurements. These issues include, but are not limited to, source evaluation, protests, disputes, and claims. These standards do not relieve Olympic Community of Health of any contractual responsibilities under its contracts. Violations of law will be referred to the local, state, or federal authority having proper jurisdiction.
8. To foster greater economy and efficiency, and in accordance with efforts to promote cost-effective use of shared services, Olympic Community of Health may enter into agreements appropriate for procurement or use of common or shared goods and services. Competition requirements will be met with documented procurement actions using strategic sourcing, shared services, and other similar procurement arrangements.
9. All procurements resulting in costs charged to a federal grant must be adequately documented in accordance with 2 CFR §200.403g.

Procurement Records

Olympic Community of Health will maintain records sufficient to detail the history of procurement. The extent of these records will vary depending on which methodology is used but will support that the cost was allowable, reasonable and properly allocated. Records may include, but are not necessarily limited to the following:

- a. Rational for the procurement method,
- b. Contract type selection,
- c. Contractor selection or rejection
- d. Basis for the contract price.

Olympic Community of Health will make available, upon request by the Federal awarding agency or pass-through entity, technical specifications on proposed procurements where the Federal awarding agency or pass-through entity believes such review is needed to ensure that the item or service specified is the one being proposed for acquisition.

Olympic Community of Health will make available upon request, for the Federal awarding agency or pass-through entity, pre-procurement review, procurement documents, such as requests for proposals or invitations for bids, or independent cost estimates.

Competition under Federal Awards

All procurement transactions for the acquisition of property or services required under a Federal award shall be conducted in a manner to provide, to the maximum extent practical, open and free competition and must be consistent with the standards as outlined in §200.319 and §200.320.

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Contractors that develop or draft specifications, requirements, statements of work, and invitations for bids or requests for proposal must be excluded from competing for such procurements. Some other examples of situations considered to be restrictive of competition include but are not limited to:

1. Placing unreasonable requirements on firms in order for them to qualify to do business,
2. Requiring unnecessary experience and excessive bonding,
3. Noncompetitive pricing practices between firms or between affiliated companies,
4. Noncompetitive awards to consultants that are on retainer contracts,
5. Organizational conflicts of interest,
6. Specifying only a brand name product instead of allowing an equal product to be offered and describing the performance of other relevant requirements of the procurement, and
7. Any arbitrary action in the procurement process.

All solicitations will incorporate a clear and accurate description of the technical requirements for the material, product, or service to be procured. Such description must not, in competitive procurements, contain features which unduly restrict competition. The description may include a statement of the qualitative nature of the material, product, or service to be procured and, when necessary, must set forth those minimum essential characteristics and standards to which it must conform if it is to satisfy its intended use. Detailed product specifications should be avoided if at all possible. When it is impractical or uneconomical to make a clear and accurate description of the technical requirements, a “brand name or equivalent” description may be used as a means to define the performance or other salient requirements of procurement. The specific features of the named brand which must be met by offers must be clearly stated. All solicitations will also identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals.

All prequalified lists of persons, firms, or products which are used in acquiring goods and services will be current and include enough qualified sources to ensure maximum open and free competition. Potential bidders will not be precluded from qualifying during the solicitation period.

Methods of Procurement

Olympic Community of Health will use one of the following methods of procurement:

Informal Procurement Methods

These procurement methods expedite the completion of transactions, minimize administrative burdens, and reduce costs. Informal procurement methods may be used when the value of the procurement transaction under the Federal award does not exceed the simplified acquisition threshold (\$250,000).

Informal procurement methods include:

1. Micro-purchases (<= \$10,000).
 - The aggregate amount of the procurement transaction does not exceed \$10,000.

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- To the maximum extent practicable, Olympic Community of Health should distribute micro-purchases equitably among qualified suppliers.
- Micro-purchases may be awarded without soliciting competitive price or rate quotations if Olympic Community of Health considers the price to be reasonable. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. Reasonableness is based on research, experience, purchase history or other information, including comparing the price to past purchases; comparing price to other online or available prices; and/or requesting prices from more than one vendor. Price reasonableness should be documented accordingly.
- Purchase cards may be used as a method of payment for micro-purchases.

2. Simplified Acquisitions (\$10,001 - \$250,000).

- The aggregate dollar amount of the procurement transaction is higher than the micro-purchase threshold but does not exceed the simplified acquisition threshold.
- If simplified acquisition procedures are used, price or rate quotations must be obtained from an adequate number of qualified sources, as determined by Olympic Community of Health for the procurement.
- Prices may be obtained in written, verbal, or online search methods.

Formal procurement methods. (> \$250,000)

Formal procurement methods are required when the value of the procurement transaction under a Federal award exceeds the simplified acquisition threshold of the recipient or subrecipient. Formal procurement methods are competitive and require public notice. The following formal methods of procurement are used for procurement transactions above the simplified acquisition threshold, or a value determined appropriate for the procurement by Olympic Community of Health:

Proposals

- Procurement method in which either a fixed price or cost-reimbursement type contract is awarded. Proposals are generally used when conditions are not appropriate for the use of sealed bids. They are awarded in accordance with the following requirements:
 - a. Requests for proposals must be publicized and identify all evaluation factors and their relative importance.
 - b. Proposals must be solicited from an adequate number of qualified offerors.
 - c. Any response to publicized requests for proposals must be considered to the maximum extent practical.
 - d. Olympic Community of Health must have a written method for conducting technical evaluations of the proposals received and making selections.
 - e. Contracts must be awarded to the responsible offeror whose proposal is most advantageous to Olympic Community of Health, with price and other factors considered.
- Olympic Community of Health may use competitive proposal procedures for qualifications-based procurement of architectural/engineering (A/E) professional services whereby offeror's qualifications are evaluated, and the most qualified offeror is selected, subject to negotiation of fair and reasonable compensation. The method, where price is not used as a selection factor, can

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only be used in procurement of A/E professional services. It cannot be used to purchase other types of services through A/E firms that are a potential source to perform the proposed effort.

Noncompetitive procurements (>\$10,000).

- There are specific circumstances in which noncompetitive procurement can be used. Noncompetitive procurement only be awarded if one or more of the following circumstances apply:
 - a. The acquisition of property or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold.
 - b. The item is available only from a single source.
 - c. The public exigency or emergency for the requirement will not permit a delay resulting from publicizing a competitive solicitation.
 - d. The Federal awarding agency or pass-through entity expressly authorizes a noncompetitive procurement in response to a written request from Olympic Community of Health.
 - e. After solicitation of a number of sources, competition is determined inadequate.

Contract Cost and Price

Olympic Community of Health will perform a cost or price analysis for every procurement action in excess of \$250,000, including contract modifications. A cost analysis generally means evaluating the separate cost elements that make up the total price, while a price analysis means evaluating the total price, without looking at the individual cost elements. The method and degree of analysis is dependent on the facts surrounding the particular procurement situation, but as a starting point, Olympic Community of Health will make independent estimates before receiving bids or proposals. In order to arrive at an independent estimate of price, Olympic Community of Health will review similar price data from colleagues, online searches, and other research. The price estimate will be documented and saved with the procurement file.

Costs or prices based on estimated costs for contracts under the Federal award are allowable only to the extent that costs incurred, or cost estimates included in negotiated prices would be allowable for Olympic Community of Health under Subpart E – Cost Principles-of the Uniform Administrative Guidance 2 CFR Part 200.

The cost plus a percentage of cost method of pricing will not be allowed by Olympic Community of Health.

Domestic preferences for procurement (Buy America)

As appropriate and to the extent consistent with law, Olympic Community of Health will, to the greatest extent practicable under a Federal award, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States.

For purposes of this section:

- (1) “Produced in the United States” means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the

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United States.

- (2) “Manufactured products” means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

The requirements of this section will be included in all subawards including all contracts and purchase orders for work or products under this award.

Procurement of recovered materials

Olympic Community of Health should, to the greatest extent practicable and consistent with law, purchase, acquire, or use products and services that can be reused, refurbished, or recycled; contain recycled content, are biobased, or are energy and water efficient; and are sustainable. This may include purchasing compostable items and other products and services that reduce the use of single-use plastic products.

Contracting with Small and Minority Businesses, Women’s Business Enterprises, Veteran-owned businesses, and Labor Surplus Area Firms

When possible, Olympic Community of Health should ensure that small businesses, minority businesses, women’s business enterprises, veteran-owned businesses, and labor surplus area firms (See U.S. Department of Labor’s list) are considered as set forth below.

Such consideration means:

1. These business types are included on solicitation lists;
2. These business types are solicited whenever they are deemed eligible as potential sources;
3. Dividing procurement transactions into separate procurements to permit maximum participation by these business types;
4. Establishing delivery schedules (for example, the percentage of an order to be delivered by a given date of each month) that encourage participation by these business types;
5. Utilizing organizations such as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
6. Requiring a contractor under a Federal award to apply this section to subcontracts.

Consultants and Contractors

Before a service provider can be engaged as a consultant, or independent contractor, approval and contracting procedures must be followed prior to the start of any work or performance of services. For professional services agreements charged to grants, all professional services agreements need to be reviewed to ensure that the service provided falls within provisions of the funding agency. Consideration and evaluation will be given to in-house capabilities of personnel prior to contracting consultants and contractors.

Consulting agreements will specify the services to be provided, duration, and pay rates that include base rate, fringe benefits, and overhead. Olympic Community of Health will ensure that it complies if a funding agency has a limit to the amount that a consultant may be paid with grant funds (i.e. daily cap or hourly rate cap).

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Subrecipient and Contractor Determinations

Olympic Community of Health will make a case-by-case determination 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 a contractor. In determining whether an agreement between Olympic Community of Health and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of agreement. Olympic Community of Health will use judgment in classifying each agreement as a subaward or a procurement contract.

Suspension and Debarment

Olympic Community of Health verifies that all vendors with a contract of \$25,000 or greater, and all subrecipients with whom Olympic Community of Health intends to do business is not excluded or disqualified in accordance with 2 C.F.R. Part 200, Appendix II (1) and 2 C.F.R. §§ 180.220 and 180.300. The Operations Manager shall perform a search on the General Services Administration Excluded Parties List System (EPLS) (<http://sam.gov>). Results of the screenings should be printed and placed in the procurement record.

Provisions Included in all Contracts

It is the policy of Olympic Community of Health to include all of the following provisions required in Appendix II to 2 CFR 200, as applicable, in all contracts with contractors and subawards with subrecipients:

1. **Remedies:** All contracts for more than the simplified acquisition threshold (which is the inflation adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908), must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
2. **Termination:** All contracts in excess of \$10,000 shall contain suitable provisions for termination by Olympic Community of Health, including the manner by which termination shall be effected and the basis for settlement. In addition, such contracts shall describe the conditions under which the contract may be terminated for default as well as conditions where the contract may be terminated due to circumstances beyond the control of the contractor.
3. **Equal Employment Opportunity:** Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
4. **Davis-Bacon Act, as amended (40 U.S.C. 3141-3148):** When required by Federal program legislation (The Davis-Bacon and Related Acts apply to contractors and subcontractors performing on federally funded or assisted contracts in excess of \$2,000 for the construction, alteration, or repair (including painting and decorating) of public buildings or public works), all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40

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U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. Olympic Community of Health must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. Olympic Community of Health must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. Olympic Community of Health must report all suspected or reported violations to the Federal awarding agency.

5. **Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708):** [Where applicable] All contracts awarded by Olympic Community of Health excess of \$100,000 for contracts that involve the employment of mechanics or laborers shall include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous, or dangerous. These requirements do not apply to the purchases of supplies, materials, or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
6. **Rights to Inventions Made Under a Contract or Agreement:** Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and Olympic Community of Health in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.
7. **Clean Air Act (42 U.S.C. 7401-7671q and the Federal Water Pollution Control Act (33 U.S.C. 1251 -1387), as amended:** Contracts and subawards of amounts in excess of \$150,000 shall contain a provision that requires the recipient to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et seq.). Violations shall be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. **Debarment and Suspension (E.O.s 12549 and 12689):** For all contracts, Olympic Community of Health shall include a clause stating that the contractor certifies that neither the contractor nor any of its principal employees are listed on the Excluded Parties List System in SAM.
9. **Byrd Anti-Lobbying Amendment (31 U.S.C. 1352):** For all contracts or subawards of \$100,000 or more, Olympic Community of Health shall include a clause stating that the contractor or subrecipient certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or

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attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Likewise, since each tier provides such certifications to the tier above it, Olympic Community of Health shall provide such certifications in all situations in which it acts as a sub-recipient of a sub-grant of \$100,000 or more.

- 10. Drug-Free Workplace (49 CFR Part 32):** For all contracts, Olympic Community of Health shall include a clause stating that the contractor certifies that it complies with Government-wide Requirements for Drug-Free Workplace (Grants), 49 C.F.R. Part 32.
- 11. Domestic preferences for procurements.** As appropriate and to the extent consistent with law, contractor will, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products).

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Monitoring and Reporting Policy

Monitoring and Reporting Policy

Financial Reporting

Olympic Community of Health strives to provide management, staff, and funding sources with timely and accurate financial reports applicable to federal awards.

Preparation of these reports shall be the responsibility of the Accountant, subject to review and approval by the Executive Director.

Olympic Community of Health shall prepare and submit financial reports as specified by the financial reporting clause of each grant or contract award document. Information will be collected with the frequency required by the terms and conditions of the Federal award, but no less frequently than annually nor more frequently than quarterly except in unusual circumstances (as specified in the grant agreement).

Monitoring and Reporting Program Performance

Olympic Community of Health is responsible for oversight of the operations of the Federal award supported activities. It is the policy of Olympic Community of Health to monitor its activities under Federal awards to assure compliance with applicable Federal requirements and performance expectations are being achieved. Monitoring must cover each program, function, or activity.

Preparation of performance reports shall be the responsibility of the Director of Programs, subject to review and approval by the Executive Director.

Performance reports will be submitted at the interval required by the Federal awarding agency or pass-through entity to best inform improvements in program outcomes and productivity. Intervals must be no less frequent than annually nor more frequent than quarterly except in unusual circumstances (as specified in the grant agreement).

1. Annual reports will be submitted within 90 calendar days after the reporting period.
2. Quarterly or semiannual reports will be submitted within 30 calendar days after the reporting period.
3. Final performance report will be submitted within 120 calendar days (90 day in the case of subrecipient) after the period of performance end date, unless there is a justified request submitted and approved.

Reports will contain, for each Federal award, brief information on the following:

1. A comparison of actual accomplishments to the objectives of the Federal award established for the period. Where the accomplishments of the Federal award can be quantified, a computation of the cost (for example, related to units of accomplishment) will be included.
2. The reasons why established goals were not met, if appropriate.
3. Additional pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

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Monitoring and Reporting Policy

Significant Developments

Events may occur between the scheduled performance reporting dates that have significant impact upon the supported activity. In such cases, Olympic Community of Health must inform the Federal awarding agency or pass-through entity as soon as the following types of conditions become known:

1. Problems, delays, or adverse conditions which will materially impair the ability to meet the objective of the Federal award. This disclosure must include a statement of the action taken, or contemplated, and any assistance needed to resolve the situation.
2. Favorable developments which enable meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Tangible Personal Property Reporting:

Property may be provided by the awarding agency or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal government. Olympic Community of Health may be required to provide Federal awarding agencies with information concerning property in their custody annually, at award closeout or when the property is no longer needed. Specific requirements will vary based on award provisions, the type of property (equipment or supplies) and whether the property is Federally-owned.

Recipients of Federal assistance awards may be required to provide Federal awarding agencies with information concerning property in their custody annually, at award closeout or when the property is no longer needed. Specific requirements will vary based on award provisions, the type of property (equipment or supplies) and whether the property is Federally-owned. Olympic Community of Health will complete and submit a SF-428 reporting form and its attachments when it is required and requested from Federal awarding agency. This is a standard form used by awarding agencies to collect information related to tangible personal property (equipment and supplies) when required by a Federal financial assistance award.

Recipient Reporting of Subrecipient Data and Executive Compensation Information for Federal Funding Accountability and Transparency Act (FFATA)

A component of Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires most recipients of new Federal funds awarded on or after October 1, 2010, to report on subawards/subcontracts/consortiums equal to or greater than \$30,000. This includes awards that are initially below \$30,000 but subsequent grant modifications result in an award equal to or greater than \$30,000.

The FFATA Subaward Reporting System (FSRS) tool can be accessed directly at www.fsrs.gov and serves as the collection tool for subaward data which will ultimately be distributed for publication and display on www.USASpending.gov. Olympic Community of Health is required to register with FSRS, collect the necessary data from subawardees, and file subaward reports by the end of the month following the month in which Olympic Community of Health awards any subaward greater than \$30,000.

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FFATA prescribes specific pieces of information to be reported:

1. The Total Compensation and Names of the top five executives if:

- More than 80% of annual gross revenues from the Federal government, and those revenues are greater than \$25M annually and
- Compensation information is not already available through reporting to the SEC.

2. The following data about subawards greater than \$30,000:

- Sub-awardee UEI (Unique Entity Identifier)
- Sub-awardee Name
- Sub-awardee Address
- Amount of the Sub-award
- Sub-award Obligation Action Date
- Assistance Listing Number(s)
- Federal Agency ID
- Federal Agency Name
- Sub-award Project Description
- Sub-award Place of Performance
- Sub-award Number
- Total compensation and names of top five executives (same thresholds as for primes)

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Subrecipient Monitoring Policy

Subrecipient Monitoring Policy

Making of Subawards

Olympic Community of Health may make subawards of federal funds to other organizations. All subrecipients must agree to the subrecipient monitoring provisions described in the next section.

With respect to subrecipients, an appropriate level of pre-award inquiry that shall be performed will be determined. The purpose of such inquiry, which may involve a site visit to a potential subrecipient, is to gain assurance that a potential subrecipient has adequate policies and procedures in place to provide reasonable assurance that it is capable complying with all applicable laws, regulations, and award provisions.

Olympic Community of Health will verify that the subrecipient is not excluded or disqualified in accordance with § 180.300. Verification methods are provided in § 180.300, which include confirming in SAM.gov that a potential subrecipient is not suspended, debarred, or otherwise excluded from receiving Federal funds.

Elements of Subaward

Olympic Community of Health will ensure that every subaward is clearly identified to the subrecipient as a subaward and include the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modifications. When some of this information is not available, Olympic Community of Health will provide the best information to describe the Federal award and subaward.

Subaward agreements shall include all information necessary to identify the funds as federal funding. This information shall include:

1. Subrecipient name (which must match registered name for Unique Entity Identifier).
2. Subrecipient's Unique Entity Identifier.
3. Federal Award Identification Number (FAIN).
4. Federal Award Date.
5. Subaward Period of Performance Start and End Date.
6. Amount of Federal Funds Obligated by this action.
7. Total Amount of Federal Funds Obligated to the subrecipient.
8. Total Amount of the Federal Award.
9. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA).
10. Name of Federal awarding agency, pass-through entity, and contact information.
11. Assistance Listing Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listing number at time of disbursement.
12. Identification of whether the award is R&D; and
13. Indirect cost rate for the Federal award (including if the de minimis rate is charged)

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Subrecipient Monitoring Policy

Subaward agreements shall identify all applicable audit requirements, including the requirement to obtain an audit in accordance with 2 CFR Part 200 Subpart F, if the subrecipient meets the criteria for having to undergo such an audit.

Subawards shall include a listing of all applicable Federal requirements that each subrecipient must follow.

Subawards shall require that subrecipients submit financial and program reports to Olympic Community of Health on a basis described in the subaward agreement.

Subawards shall require that subrecipients permit Olympic Community of Health and auditors access to the subrecipient's records and financial statements, as necessary.

Risk Assessment

Olympic Community of Health will evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring, which may include consideration of such factors as:

1. The subrecipient's prior experience with the same or similar subawards.
2. The results of previous audits including whether or not the subrecipient receives a Single Audit in accordance with 2 CFR Part 200 Subpart F, and the extent to which the same or similar subaward has been audited as a major program.
3. Whether the subrecipient has new personnel or new or substantially changed systems.
4. The extent and results of Federal awarding agency monitoring (i.e., if the subrecipient also receives Federal awards directly from a Federal awarding agency).

Monitoring of Subrecipients

When Olympic Community of Health utilizes Federal funds to make subawards to subrecipients, Olympic Community of Health is subject to a requirement to monitor each subrecipient in order to provide reasonable assurance that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. In fulfillment of its obligation to monitor subrecipients, the following policies apply to all subawards of Federal funds made by Olympic Community of Health to subrecipients:

1. Olympic Community of Health will review programmatic and financial reports prepared and submitted by the subrecipient and following up on areas of concern.
2. Olympic Community of Health will follow up and ensure that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from Olympic Community of Health detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
3. Olympic Community of Health will issue a management decision for audit findings pertaining to the subaward as required by 2 CFR Part §200.521. Olympic Community of Health will consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records. Olympic Community of Health is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been

OLYMPIC COMMUNITY OF HEALTH

FEDERAL GRANTS MANAGEMENT POLICIES

Subrecipient Monitoring Policy

excluded from receipt of Federal funding (*e.g.*, has been debarred or suspended), Olympic Community of Health may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with section §200.513(a)(3)(vii). Such reliance does not eliminate the responsibility of Olympic Community of Health to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward.

4. Ongoing monitoring of subrecipients by Olympic Community of Health will inherently vary from subrecipient to subrecipient, based on the nature of work assigned to each subrecipient. Depending upon Olympic Community of Health's assessment of risk posed by the subrecipient, the following monitoring tools may involve any or all of the following:
 - a. Regular contacts with subrecipients and appropriate inquiries regarding the program.
 - b. Monitoring subrecipient budgets.
 - c. Performing site visits to the subrecipient to review program operations, financial and programmatic records and assess compliance with applicable laws, regulations, and provisions of the subaward.
 - d. Providing subrecipients with training and technical assistance on program-related matters.
 - e. Establishing and maintaining a tracking system to assure timely submission of all reports required of the subrecipient.
5. Documentation shall be maintained in support of all efforts associated with Olympic Community of Health's monitoring of subrecipients.

Subrecipient Noncompliance

In connection with any subrecipient that has been found to be out of compliance with provisions of its subaward, responsive actions shall be determined. Such actions may consist of any of the following actions:

- Increasing the level of supporting documentation that the subrecipient is required to submit on a monthly or periodic basis.
- Requiring that subrecipient prepare a formal corrective action plan for submission.
- Requiring certain employees of the subrecipient undergo training in areas identified as needing improvement.
- Requiring documentation of changes made to policies or forms used in administering the subaward.
- Arranging for on-site (at the subrecipient's office) oversight on a periodic basis by a member of the fiscal or grant administration staff.
- Providing copies of pertinent laws, regulations, federal agency guidelines, or other documents that may help the subrecipient.
- Arranging with an outside party for periodic on-site monitoring visits.
- Reimbursing after-the-fact, and not provide advances.
- Requiring review and approval for each disbursement and all out-of-area travel.
- As a last resort, terminating the subaward relationship and seeking an alternative.

OLYMPIC COMMUNITY OF HEALTH

FEDERAL GRANTS MANAGEMENT POLICIES

Record Retention and Access Policy

Record Retention and Access Policy

Record Retention

Financial records, supporting documents, statistical records, and all other records pertinent to a Federal award must be retained for a period of three years (or a longer time if required by grant terms and conditions) from:

1. The date of submission of the final expenditure report or,
2. For Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, as reported to the Federal awarding agency or pass-through entity.

Records for real property or equipment. Records for real property and equipment acquired with Federal funds must be retained for 3 years after final disposition.

Records for program income transactions after the period of performance. In some cases, recipients must report program income after the period of performance. Where there is such a requirement, the retention period for the records pertaining to the earning of the program income starts from the end of Olympic Community of Health's fiscal year in which the program income is earned.

Indirect cost rate computations or proposals, cost allocation plans, and any similar accounting computations of the rate at which a particular group of costs is chargeable.

- a. If submitted for negotiation. If the proposal, plan, or other computation is required to be submitted to the Federal Government (or to the pass-through entity) to form the basis for negotiation of the rate, then the 3-year retention period for its supporting records starts from the date of such submission.
- b. If not submitted for negotiation. If the proposal, plan, or other computation is not required to be submitted to the Federal Government (or to the pass-through entity) for negotiation purposes, then the 3-year retention period for the proposal, plan, or computation and its supporting records starts from the end of the fiscal year (or other accounting period) covered by the proposal, plan, or other computation.

Exceptions

The only exceptions are the following:

1. If any litigation, claim, or audit is started before the expiration of the 3-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.
2. When Olympic Community of Health is notified in writing by the Federal awarding agency, cognizant agency for audit, oversight agency for audit, cognizant agency for indirect costs, or pass-through entity to extend the retention period.
3. When records are transferred to or maintained by the Federal awarding agency or pass-through entity.

OLYMPIC COMMUNITY OF HEALTH

FEDERAL GRANTS MANAGEMENT POLICIES

Record Retention and Access Policy

Single Audit Records

Although the Uniform Guidance only requires retention of audit documentation for a minimum period of three years, the auditing standards (AICPA, Professional Standards, AU-C sec. 230), extend the retention requirement to five years. Therefore, if a federal award is chosen for testing during a single audit performed under 2 CFR Part 200, Subpart F, those records will be kept for the required five years.

Access to Records

The Federal awarding agency, Inspectors General, the Comptroller General of the United States, and the pass-through entity, or any of their authorized representatives, will have the right of access to any documents, papers, or other records of Olympic Community of Health which are pertinent to the Federal award, to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to Olympic Community of Health's personnel for the purpose of interview and discussion related to such documents.

OLYMPIC COMMUNITY OF HEALTH
FEDERAL GRANTS MANAGEMENT POLICIES
Grant Closeout Policy

Grant Closeout Policy

Close Out of Federal Awards

Olympic Community of Health shall follow the close out procedures described in 2 CFR Part §200.344, and in the grant agreements as specified by the Federal awarding agency or pass-through entity:

1. In the case of a prime recipient relationship, Olympic Community of Health will submit, no later than 120 calendar days after the end date of the period of performance, all financial, performance, and other reports as required by or the terms and conditions of the Federal award, unless an extension is requested and justified by Olympic Community of Health, and approved by the Federal awarding agency.
2. In the case of a subrecipient relationship, Olympic Community of Health will submit, no later than 90 calendar days (or an earlier date as agreed upon by the pass-through entity and subrecipient) after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the Federal award, unless an extension is requested and justified by Olympic Community of Health and approved by the pass-through entity.
3. When Olympic Community of Health has a federally negotiated indirect cost rate but does not have a final rate covering the period of performance, a final financial report must still be submitted to fulfill the requirements. Olympic Community of Health must submit a revised final financial report when all applicable indirect cost rates have been finalized.
4. Unless the Federal awarding agency or pass-through entity authorizes an extension, Olympic Community of Health will liquidate all financial obligations incurred under the Federal award not later than 120 calendar days after the end date of the period of performance as specified in the terms and conditions of the Federal award.
5. Olympic Community of Health will promptly refund any balances of unobligated cash that the Federal awarding agency or pass-through entity paid in advance or paid and that is not authorized to be retained by Olympic Community of Health for use in other projects.
6. Consistent with the terms and conditions of the Federal award, the Federal awarding agency or pass-through entity must make a settlement with Olympic Community of Health for any upward or downward adjustments to the Federal share of costs after closeout reports are received.
7. Olympic Community of Health will account for any real and personal property acquired with Federal funds or received from the Federal government.

OLYMPIC COMMUNITY OF HEALTH

FEDERAL GRANTS MANAGEMENT POLICIES

Annual Audit Policy

Annual Audit Policy

When Olympic Community of Health expends \$750,000 (\$1,000,000 for fiscal years beginning after 10/1/2024) or more of Federal awards during the fiscal year, a single or program-specific audit must be conducted for that fiscal year. Olympic Community of Health may simultaneously be a recipient, a subrecipient, and a contractor. Federal awards expended as a recipient or a subrecipient are subject to audit. The determination of when a Federal award is expended is based on when the activity related to the Federal award occurs. Generally, the activity pertains to events that require Olympic Community of Health to comply with Federal statutes, regulations, and the terms and conditions of Federal awards.

Single Audit

When Olympic Community of Health expends \$750,000 (\$1,000,000 for fiscal years beginning after 10/1/2024) or more in Federal awards during the fiscal year, a single audit conducted in accordance with 2 CFR Part §200.514 Scope of audit must be performed except when it has the option to and elects to have a program-specific audit conducted in accordance with the paragraph below.

Program-Specific Audit

When Olympic Community of Health expends Federal awards under only one Federal program (excluding R&D) and the Federal program's statutes, regulations, or the terms and conditions of the Federal award do not require a financial statement audit of the auditee, Olympic Community of Health may elect to have a program-specific audit conducted in accordance with 2 CFR Part §200.507 Program-specific audits.

When Olympic Community of Health expends less than \$750,000 (\$1,000,000 for fiscal years beginning after 10/1/2024) of Federal awards during the fiscal year in Federal awards, it is exempt from Federal audit requirements for that year, but records will be made available for review or audit by appropriate officials of the Federal agency, pass-through entity, and Government Accountability Office (GAO).

Schedule of expenditures of Federal awards

The Accountant will be responsible for preparing a schedule of expenditures of Federal awards for the fiscal year, which will include the total Federal awards expended as determined in accordance with 2 CFR Part §200.502. At a minimum, the schedule will:

1. List individual Federal programs by Federal agency. For a cluster of programs, provide the cluster name, list individual Federal programs within the cluster of programs, and provide the applicable Federal agency name.
2. For Federal awards received as a subrecipient, the name of the pass-through entity and identifying number assigned by the pass-through entity will be included.
3. Provide total Federal awards expended for each individual Federal program and the Assistance Listing number or other identifying number when the Assistance Listing information is not available. For a cluster of programs also provide the total for the cluster.
4. Include the total amount provided to subrecipients from each Federal program.

OLYMPIC COMMUNITY OF HEALTH

FEDERAL GRANTS MANAGEMENT POLICIES

Annual Audit Policy

5. For loan or loan guarantee programs, identify in the notes to the schedule the balances outstanding at the end of the audit period. This is in addition to including the total Federal awards expended for loan or loan guarantee programs in the schedule.
6. Include notes that describe that significant accounting policies used in preparing the schedule and note whether or not Olympic Community of Health elected to use the de minimis cost rate.

Audit services

In procuring audit services, Olympic Community of Health will follow the procurement standards prescribed by the Procurement Standards in 2 CFR Part §200.317 through §200.327 (See Procurement Standards Policy). In requesting proposals for audit services, the objectives and scope of the audit must be made clear, and the non-Federal entity must request a copy of the audit organization's peer review report which the auditor is required to provide under GAGAS. Factors to be considered in evaluating each proposal for audit services include the responsiveness to the request for proposal, relevant experience, availability of staff with professional qualifications and technical abilities, the results of peer and external quality control reviews, and price.

The Executive Director is responsible for sending out proposal to audit firm. The Finance Committee is responsible for making the final approval and selection of the audit firm.

Upon completion of the audit, the Auditors will review the audit report and any management comments with the Board of Directors for their final approval of the audit reports.

Reporting package submission

As required by 2 CFR Part §200.512, once the audit is completed, it is the responsibility of Olympic Community of Health to ensure that the data collection form and the reporting package are electronically submitted to the Federal Audit Clearinghouse. The audit must be completed, and the data collection form and reporting package must be submitted within the earlier of thirty calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day.

Olympic Community of Health

SBAR 2025 Budget

Presented to the Finance Committee November 4, 2024

Updated and presented to the Board of Directors on November 11, 2024

Situation

Annually, the OCH Board of Directors must review and approve the budget for the following year. The budget first goes to the Finance Committee for their review, input, and approval. Then, the full Board of Directors reviews and approves.

Background

2025 Funding Sources & Income (Anticipated)

Source	Funding Purpose	Funding Cycle	Total Award	Expected 2025 Income	Notes & nuances
Department of Health (DOH) (Federal HHS Grant)	Community Care Hub infrastructure	October 2024-June 2025	\$1,100,000	\$733,333.33	Some carryforward expected from 2024 to 2025
Health Care Authority – Infrastructure (1115 Waiver)	Community Care Hub Infrastructure	July 2023-June 2028	~\$9.1 million	\$2.3 million	Additionally, OCH will continue to spend carryforward dollars from the first two years of the renewal waiver.
Health Care Authority – Case Management (1115 Waiver)	Community Care Hub Case Management Services	October 2024-June 2028	~\$10 million	\$2.6 million	CMS has not formally approved protocol document for this so HCA not yet reimbursing these dollars.
RECOMPETE (Federal Economic Development Authority)	Community Care Hub Infrastructure & Case Management Services	October 2024-September 2029	~\$9.8 million	\$1.9 million	Expect some carryforward from 2024. Clallam and Jefferson.
Regional Challenge Grant (WA Student Achievement Council)	Community Care Hub marketing and communications	July 2024-June 2026	\$50k	\$25k	
				Approx. \$7.55 million in new income for 2025	
Board-Designated Fund	Board of Directors determines	n/a			It is expected that \$5.2million will be in

(aka Reserve)					the reserve fund at the end of 2024. The 2025 budget includes minimal use of these dollars where necessary.
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2025 Priorities

Historically, staff have presented a work plan document to accompany the budget. For 2025, the work is very straightforward:

- Continue to work toward goal of becoming a “high-functioning community care hub” by mid-2026 as measured by an assessment tool adopted by HCA and DOH.
- Launch, implement, and begin to evaluate Olympic Connect in alignment with funder mandates, partner interests, and the needs of the community. Ongoing improvement and adaptation.
- Establish and implement systems to assure alignment with federal grants management policies.
- Closeout the 2023-2024 Stronger Together funding initiative.
- Build capacity among the staff team to best support the community care hub.
- Take stock of the 2022-2026 OCH Strategic Plan and begin to identify next steps.

2025 Budget Notes

As usual, the 2025 budget is divided into categories:

- Partner funding (funding that goes directly to partners)
- Partner support (funding that OCH spends that benefits partners)
- Operations (funding to support internal operations)

Staff will review the attached proposed budget in detail and welcome feedback, questions, and additions.

The OCH Finance Committee met to review the 2025 budget and approved unanimously.

Action

Recommended Motion: The OCH Board of Directors approves the 2025 budget as presented.



2025 Budget

Partner Funding

Item	Budget	2025 Description	Funding Source
Participation & engagement incentives	\$30,000	Funding to support participation and engagement in surveys, advisory groups, focus groups, etc.	Board-designated funds
Care Coordination Partners - Full-Service and Complex	\$3,165,000	In 2024, OCH went through a competitive funding opportunity to identify 12 regional organizations to contract with to serve as Care Coordination Partners to support Olympic Connect. These contracts started at the end of 2024 and will be renewed annually through at least 2028. Includes case management and infrastructure dollars to support the full contract. Approximately 22 FTE for community-based workers will provide case management services in the region.	HCA - Infrastructure HCA - Case Management Recompete
Care Coordination Partners - Identify, Screen, Connect	\$67,500	In 2025, OCH will release a competitive funding opportunity to identify partners from the 3 counties to adapt workflows to connect potential clients to Olympic Connect. Partners will be paid between \$75 and \$100 per hub connection. Will lead to between 675 and 900 connections to the Olympic Connect Community Care Hub. This is a short-term funding opportunity for 2025 and 2026 only.	HCA - Infrastructure HCA - Case Management
Capacity Building - Services & Community Resources	\$2,336,000	Partners funded out of this line will be under contract to expand and enhance the infrastructure for resources and services to address social needs. Several partners were identified through a competitive funding opportunity in late 2024 and others were named in the Recompete application. some dollars may be used for capacity building in	DOH HCA - Infrastructure Recompete
Community-Based Workforce - Training & Capacity Building	\$125,000	In late 2024, OCH released a competitive, rolling funding opportunity to support learning, development, and capacity building of the community-based workforce. Partners will submit applications on a rolling basis and staff will award contracts based on alignment with scoring and evaluation criteria identified in the call for applications.	DOH HCA - Infrastructure
Partner Funding Subtotal	\$5,723,500	Proportion of total budget:	70%

Partner Support				
Item	Budget	2025 Description		Funding Source
Meetings and Events	\$30,000	Funding for a variety of learnings and convenings throughout the year including one regional convening, an equity community of practice, person first trainings, a care coordination advisory group, etc. Includes cost for meeting space, food and beverages as appropriate, honoraria for speakers, AV, etc.		Board-designated funds HCA - Infrastructure
Partner Network Analysis	\$5,000	Funding to support implementation of the bi-annual partner network analysis. Includes a small contract to conduct and analyze survey results.		Board-designated funds
Olympic Connect onboarding and orientation	\$10,000	As needed, OCH will host hybrid onboarding and orientation to the hub as community-based workers are hired. The training was developed in 2024. Costs support materials, space, AV, and light refreshments.		HCA - Infrastructure
Short-term training for prime age employment group	\$100,000	This is an approved line item in the Recompete contract. OCH will release a competitive funding opportunity in 2025 to identify local contractors to provide short-term training for Recompete hub clients to aid in the Recompete goal of securing good jobs for the prime age employment group.		Recompete
Training and Technical Assistance	\$40,000	Based on partner requests and funder-approved work plans, OCH will offer technical assistance and training to partners in alignment with hub needs and goals. OCH will follow procurement guidelines.		HCA - Infrastructure
Partner Support Subtotal	\$185,000	Proportion of total budget:	2%	
Operations				
Item	Budget	2025 Description		Funding Source
Personnel				
Salaries	\$926,000	Salaries, taxes, merit increases for 8.0 FTE - Executive Director, Operations Manager, Director of Programs, 5 x Program Coordinators (workforce, technology, communications, community capacity, and for Recompete).		HCA - Infrastructure HCA - Case Management Recompete
Benefits	\$175,000	Retirement contributions at 4.75% of salaries PEPM. Medical, dental, vision, life benefits. Small leave payout allowance.		HCA - Infrastructure HCA - Case Management Recompete
Operations Contracts				

Audit	\$20,000	Contract with DZA for 2024 financial audit. Contract with CLA for preparation for federal single audit in 2026.	Allocated across all funding streams
Blackboard	\$5,500	The nine ACHs have come together to identify a single platform for online training and development of the community-based workforce. SWACH holds the contracts and the ACHs divide the cost equally.	HCA - Infrastructure
Hub communications and marketing	\$200,000	Contract with marketing firm to support a myriad of hub communications and marketing projects including a media buy, design of public relations gear, graphics, etc.	HCA - Infrastructure Regional Challenge grant
Cross-ACH Association	\$76,000	OCH contribution of 7% of the total association cost for 2025. Includes Artemis consulting, government affairs, statewide community care hub evaluation, in-person meetings, software, gatherings of ACH staff, association communication, etc.	HCA - Infrastructure
Data, Analytics, and Evaluation	\$260,000	In late 2024, OCH released a competitive funding opportunity to identify contractors for a variety of data, analytics, and evaluation needs including local evaluation and analytics for Olympic Connect, an evaluation of local Mobile Integrated Health programs, a data hub on the OCH website, and required analysis and roll-up of local Community Health Needs Assessments. Contracts will be extended into 2025.	DOH HCA - Case Management HCA - Infrastructure Recompete Board-designated funds
External accounting services	\$17,000	Contract with Gooding, O'Hara, and Mackey for payroll, taxes, quarterly financials, IRS 990, and other accounting services	Allocated across all funding streams
Financial advisory services	\$10,000	Contract with Dan Vizzini for quarterly financial check-up, financial planning.	Allocated across all funding streams
HealthierHere (Connect 2 Coordinator)	\$75,000	HealthierHere (King County ACH) created the software OCH uses to support the hub. They did not charge OCH in 2024 and the cost for 2025 includes unlimited users, tech support from HealthierHere staff and contractors, and will support a variety of planned upgrades.	HCA - Infrastructure
Human Resources	\$4,000	Light HR services including legal review and updates to OCH employee handbook, job postings, and HR consultation as needed.	Allocated across all funding streams
Legal	\$15,000	Legal counsel as needed for privacy/security, document review, contract review, etc.	HCA-Infrastructure

Pre-marketing focus groups	\$200,000	OCH will seek bids for focus groups in all 3 counties to better understand the needs of community members and the barriers they face in accessing hub services. The information will be used to inform hub marketing, key messages, and hub operations. Board-designated funds will support this work in Kitsap. Recompete will pay for it in Clallam and Jefferson.	Recompete Board-Designated funds
Technical assistance to OCH Staff	\$20,000	Contract with Uncommon Solutions to provide broad and deep technical assistance to OCH staff including a deep hub assessment that will lead to a work plan and tailored technical assistance to support mature hub development. Includes TA around all needed hub functions.	HCA - Infrastructure
Other Operations			
Internal Communications	\$8,000	Staff phone monthly charge and postage	Allocated across all funding streams
Information Technology	\$22,000	Subscriptions for online services (project management, surveys, Microsoft, timekeeping, Adobe, Zoom, website, etc.), allowance for computer and phone equipment	Allocated across all funding streams
Liability & Cyber Insurance	\$17,000	Commercial liability, director's and officer's liability, umbrella policy, auto policy, cybersecurity	Allocated across all funding streams
Miscellaneous	\$10,000	Unanticipated expenses	TBD based on expense
Occupancy	\$33,000	Office rent, utilities, use of and maintenance of office printer, office cleaning, limited use of Vibe Coworks.	Allocated across all funding streams
Public Relations	\$100,000	Mailing campaigns, public relations gear/swag, boosting social media posts, photography, print ads, radio ads, creation of a variety of partner and community facing resources, etc.	Allocated across all funding streams
Staff Development	\$16,000	Individual professional development, growing internal subject matter expertise, team building activities	Allocated across all funding streams
Supplies	\$2,800	Office supplies	Allocated across all funding streams
Travel/Mileage	\$17,000	Staff travel throughout the region and state based on approved Travel policy.	Allocated across all funding streams
Operations Subtotal	\$2,229,300	Proportion of total budget:	27%
Total Budget	\$8,137,800		
Acronyms: AV - Audio/visual; DOH - Department of Health; CLA - Clifton, Larsen, and Associates; DZA - Dingus, Zarecor, and Associates; FTE - Full Time Equivalency; HCA - Health Care Authority; HR-Human Resources; OCH - Olympic Community of Health; PEPM - Per Employee, Per Month; TBD-To Be Determined.			

Olympic Community of Health

SBAR: Committee membership

Presented to the OCH Executive Committee on November 5, 2024

Updated and presented to the Board of Directors on November 11, 2024

Situation

OCH has two current, active governance committees – Finance & Executive. Given changes to Board composition, committee memberships are up for discussion.

Background

As a reminder, [OCH bylaws](#) clarify that “a committee shall not include as voting members persons who are not directors unless without the inclusion of persons who are not directors it is impossible or impracticable for OCH to comply with applicable law...” (page 7 of bylaws). So, committee members with voting rights must be a primary or alternate member of the OCH Board of Directors.

Additionally, the bylaws outline roles for the executive committee including President, Vice-President, Secretary, Treasurer and EITHER the past president OR a general member. A general member may be assigned if the immediate past president is unable to serve. OCH's past president is Mike Maxwell and he's stated that he does not have capacity to serve on the executive committee.

Current committee membership:

Executive Committee – terms end June 2025:

Role	Individual
President	Heidi Anderson
Vice-President	Susan Buell
Secretary	Bobby Beeman
Treasurer	Brent Simcosky
Past President	(Mike Maxwell, not on committee)
General Member	Vacant (Wendy Sisk was in this role most recently)

Finance Committee – no terms except for Treasurer. Has historically been a 3-person committee with two voting members to make quorum:

Role	Individual
Treasurer & Voting member	Brent Simcosky
Voting member	Apple Martine
Voting member	Stephen Kutz (does not always participate)
Non-voting member	Allan Fisher (United Healthcare)
Non-voting member	Beau Brown (NOHN)
Non-voting member	Nathanael O'Hara (contract accountant)
Non-voting member	Dan Vizzini (contract financial advisor)

Given that Wendy Sisk is no longer on the Board and subsequently not on the executive committee, we have a vacancy on that committee. Staff reviewed the [list of current board members](#) and reached out to a few who have been on the Board for a while and likely have needed context to participate.

Apple Martine expressed interest in joining the executive committee in lieu of being on the finance committee. Apple will stay on finance committee through the end of 2024.

Action

Approve Apple Martine as the general member of the Executive Committee starting January 2025 through June 2025.

Seek nominations for 1-2 board members (primary or alternate members) to join the finance committee starting in 2025. This group meets via zoom on the first Monday of the month from 11-12. The committee is scheduled to meet every month, yet actually meets 6-8 times in a year.

Recommendation

The OCH Board of Directors approves Apple Martine as the General Member of the executive committee effective January 2025.

The OCH Board of Directors approves _____ and _____ to join the finance committee in 2025.