


November 2010 NON FEDERAL **Research Subaward Agreement**

Prime Recipient		Subrecipient	
Institution/Organization ("Prime Recipient") Name: The University of North Carolina at Chapel Hill		Institution/Organization ("Subrecipient") Name: Chatham County Health Department	
Prime Award No. 00032587		Subaward No. 5103214	
Awarding Agency AccessCare		Amount Funded This Action \$7,560	
Prime Recipient PI Sherry S Hay		Subrecipient PI Layton Long	
Subaward Period of Performance: Budget Period From: 6/1/2015 To: 05/31/2016		Estimated Project Period (if incrementally funded): To: _____ From: _____	
Project Title Community Focused Eliminating Health Disparities Initiative			
Reporting Requirements <input checked="" type="checkbox"/> See Attachment 4			

Terms & Conditions

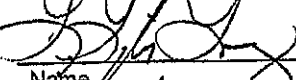
- 1) Prime Recipient hereby awards a cost reimbursable subaward, as described above, to Subrecipient. The statement of work and budget for this subaward are (check one): As specified in Subrecipient's proposal dated _____; or as shown in Attachment 5. In its performance of the subaward work, Subrecipient shall be an independent entity and not an employee or agent of Prime Recipient.
- 2) Prime Recipient shall reimburse Subrecipient not more often than monthly for allowable costs. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost-sharing), subaward number, and certification as to truth and accuracy of invoice. *Invoices that do not reference Prime Recipient's Subaward Number shall be returned to Subrecipient.* Invoices and questions concerning invoice receipt or payment should be directed to appropriate party's Financial Contact as shown in Attachments 3A & 3B.
- 3) A final statement of cumulative costs incurred, including cost-sharing, marked "FINAL" must be submitted to the Prime Recipient's Financial Contact, as shown in Attachments 3A & 3B, NO LATER THAN **45** days after the subaward end date. The final statement of costs shall constitute Subrecipient's final financial report.
- 4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against Subrecipient.
- 5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Principal Investigator, as shown in Attachments 3A & 3B. Technical reports are required as shown below, "Reporting Requirements."
- 6) Matters concerning the request or negotiation of any changes in the terms conditions or amounts cited in this subaward agreement, and any changes required prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachments 3A & 3B.
- 7) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directs, to the extent allowed by law.
- 8) Either party may terminate this subaward with **thirty** days written notice to the appropriate party's Administrative Contact as shown in Attachments 3A & 3B. Prime Recipient shall pay Subrecipient for termination costs as allowable under Prime Award.
- 9) No Cost Extensions require the approval of the Prime Recipient. Any request for a no cost extension should be addressed to and received by the Administrative Contact, as shown in Attachments 3A & 3B, not less than thirty (30) days prior to the desired effective date of the requested change.
- 10) The Subaward is subject to the terms and conditions of the Prime Award (Attachment 6) and other special terms and conditions, as identified in Attachment 2.
- 11) By Signing below Subrecipient makes the certifications and assurances shown in Attachment 1. Subrecipient also assures that it will comply with applicable regulatory requirements specified in the Prime Award and Attachment 2.

By and Authorized Official of Prime Recipient:


 Name **Barbara Entwisle**
 Title **Vice Chancellor for Research**

2/26/16
 Date

By an Authorized Official of Subrecipient:


 Name **Layton Long**
 Title **Health Director**

2-24-16
 Date

Chatham County Health Department
Scope of Work

1. CCHD will offer 20 DSME classes; 75% of pts who complete class will have a A1c of 7% or less at 3 month follow-up, check feet daily, & B/P of < than 130/80.
2. CCHD Track # of referrals to DSME, # seen, # who completed, demographics, and reason for referral.
3. CCHD will offer scholarships and/or incentives to patients for actively participant in the classes in hopes of including and retaining patients who have the inability to pay.
4. CCHD will educate medical home providers and other community partners on referral process at least 2 during the year at meetings.
5. CCHD will attend at least 4 health fairs or community events for targeted outreach during the year.
6. CCHD will participate in at least 4 partnership meetings during the year and agrees to cross refer to partner classes.
7. CCHD will provide 2 Living Healthy classes each grant year