



**GRANT AGREEMENT MODIFICATION**  
**between the**  
**STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**And**  
**SAUK CO PHD**  
**for**  
**2021 DPH Consolidated Contract**

DPH Contract No.: 47748-5  
Agreement Amount: \$831,600  
Agreement Term Period: 10/1/2020 to 12/31/2024  
CARS Pre-Packet No: 19515, 19517, 19519

DHS Division: Division of Public Health  
DHS Grant Administrator: Chuck Warzecha  
DHS Telephone: 608-266-9780  
DHS Email: [Charles.Warzecha@dhs.wisconsin.gov](mailto:Charles.Warzecha@dhs.wisconsin.gov)

Grantee Grant Administrator: Ms Treemanisha Stewart  
Grantee Address: 505 BROADWAY STREET,  
BARABOO, WI, 53913  
Grantee Email: [treemanisha.stewart@saukcountywi.gov](mailto:treemanisha.stewart@saukcountywi.gov)

Modification Description: We are adding funding for Immunization COVID Supp3 (Profile 155809), ARPA COVID Recovery (Profile 155811) and Public Health Workforce (Profile 155812). Please see attached Scopes of Work. We are also extending the 2021 DPH Consolidated Base Contract term period out to December 31, 2024. Final reports are due 45 days from the end of the designated contract period for any included profiles.

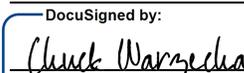
This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

**State of Wisconsin**  
**Department of Health Services**

Authorized Representative

Name: Chuck Warzecha

Title: DPH Deputy Administrator

Signature: 

Date: 9/13/2021

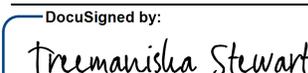
**Grantee**

Entity Name: Sauk County Health Department

Authorized Representative

Name: Treemanisha Stewart

Title: Public Health Director/Health Officer

Signature: 

Date: 9/13/2021

## SUPPLIER DIVERSITY AMENDMENT

**The Wisconsin Department of Health Services (DHS) and Grantee agree to the below change to the Agreement. The below Agreement amendment is hereby incorporated by reference into the Agreement and is enforceable as if restated therein in its entirety.**

**The Agreement is hereby amended by incorporating and adding the following Section:**

### **SUPPLIER DIVERSITY AND REPORTING REQUIREMENTS**

Minority-Owned Business Enterprises (MBE) and Disabled Veteran-Owned Businesses (DVB) are certified by the Wisconsin Department of Administration (DOA). This program can be found at:

<https://doa.wi.gov/Pages/DoingBusiness/SupplierDiversity.aspx>

The State of Wisconsin is committed to the promotion of MBEs and DVBs in the State's purchasing program. The Grantee is strongly urged to use due diligence to further this policy by awarding Subcontracts or Subgrants to MBEs and DVBs or by using such enterprises to provide goods and services incidental to this Agreement.

The Grantee shall furnish appropriate monthly information about its efforts to subcontract/subgrant with MBEs and DVBs, including the identities of such businesses certified by the Wisconsin Supplier Diversity Program, their contract amount, and spend for each period to DHS. A listing of certified MBEs and DVBs, as well as the services and goods they provide, is available at: <https://wisdp.wi.gov/Search.aspx>

After completion of this Agreement, the Grantee shall report to DHS any amount of this Agreement that was subcontracted/subgranted to DOA certified MBEs and DVBs.

DHS shall have the right to request any information regarding the use of subcontractors/subgrantees including, but not limited to, MBEs and DVBs. The Grantee shall provide any such information as requested by DHS and within a time period that is specified by DHS.

The Grantee shall submit monthly reports of efforts to subcontract/subgrant with MBEs, DVBs, and other diverse entities/suppliers to DHS. A link to the Supplier Diversity PowerForm for submitting these reports can be found on the DHS Compliance Documentation page found here: <https://www.dhs.wisconsin.gov/business/compliance.htm>

For the duration of this Agreement, the Grantee shall provide monthly reporting of efforts to subcontract/subgrant with MBEs, DVBs, and other diverse entities/suppliers no later than the 15<sup>th</sup> of the following month.

For questions about reporting, please contact DHS Contract Compliance at [DHSContractCompliance@dhs.wisconsin.gov](mailto:DHSContractCompliance@dhs.wisconsin.gov)

**CARS PAYMENT INFORMATION*****DHS CARS STAFF INTERNAL USE ONLY*****CARS PAYMENT INFORMATION**

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:
<b>56</b>	<b>SAUK CO PHD</b>	<b>430</b>	<b>See Below</b>	<b>See Below</b>	<b>\$831,600</b>

<b>Profile ID#</b>	<b>Profile Name</b>	<b>Profile Note</b>	<b>Profile Current Amount</b>	<b>Profile Change Amount</b>	<b>Profile Total Amount</b>	<b>Funding Controls</b>
155809	IMM COVID SUPP 3 CONS	7/1/21-6/30/24	-	\$104,500	\$104,500	N/A
155811	ARPA COVID RECOVER Y FUND	3/1/21-12/31/24	-	\$616,500	\$616,500	N/A
					\$831,600	

**DHS CARS STAFF INTERNAL USE ONLY**

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Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:
<b>56</b>	<b>SAUK CO PHD</b>	<b>330</b>	<b>7/1/2021</b>	<b>6/30/2023</b>	<b>\$831,600</b>

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
155812	PH WORKFOR CE		-	\$110,600	\$110,600	N/A
					\$831,600	

**CARS FEDERAL AWARD INFORMATION**

<b>DHS Profile Number</b>	155809	155812
<b>FAIN</b>	NH23IP922611	NU90TP922132
<b>Federal Award Date</b>	8/5/2021	5/19/2021
<b>Sub-award period of Performance Start Date</b>	7/1/2021	7/1/2021
<b>Sub-award period of Performance End Date</b>	6/30/2024	6/30/2023
<b>Amount of Federal Funds obligated (committed) by this action</b>	\$104,500	\$110,600
<b>Total Amount of Federal Funds obligated (committed)</b>	\$104,500	\$110,600
<b>Federal Award Project Description</b>	Immunization Cooperative Agreements	Cooperative Agreement for Emergency Response: Public Health Crisis Response-2018
<b>Federal Awarding Agency Name (Department)</b>	Department of Health and Human Services	DHHS-CDC
<b>DHS Awarding Official Name</b>	Julie A. Willems Van Dijk	Julie A. Willems Van Dijk
<b>DHS Awarding Official Contact Information</b>	<b>608-266-9622</b>	<b>608-266-9622</b>
<b>Assistance Listing (formerly CFDA) Number</b>	93.268	93.354
<b>Assistance Listing (formerly CFDA) Name</b>	Immunization Cooperative Agreements	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
<b>Total made available under each Federal award at the time of disbursement</b>	\$130,217,017	\$35,053,171
<b>R&amp;D?</b>	No	No

<b>Indirect Cost Rate</b>	0.07	0.07
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