



**GRANT AGREEMENT MODIFICATION**  
**between the**  
**STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**And**  
**Sauk County Public Health**  
**for**  
**2023 DPH LPHD Consolidated Contract**

DPH Contract No.: 57890-7

Agreement Amount: \$39,282

Agreement Term Period: 10/01/2022 to 09/30/2024

GEARS Pre-Packet No: 25137

DHS Division: Division of Public Health

DHS Grant Administrator: Anna Benton

DHS Email: [DHSGACMail@dhs.wisconsin.gov](mailto:DHSGACMail@dhs.wisconsin.gov)

Grantee Grant Administrator: Ms Treemanisha Stewart

Grantee Address: 505 BROADWAY STREET,  
BARABOO, WI, 539132000

Grantee Email: [treemanisha.stewart@saukcountywi.gov](mailto:treemanisha.stewart@saukcountywi.gov)

**Modification Description:** We are adding funding for the SNAP ED Program (Profile 154661). Please see attached scope(s) of work. 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: Anna Benton

Title: Assistant Administrator, Division of Public Health

Signature: 

Date: 12/13/2023

**Grantee**

Entity Name: County of Sauk

Authorized Representative

Name: Brent Miller

Title: Administrator

Signature: 

Date: 12/6/2023

## **CIVIL RIGHTS COMPLIANCE ATTACHMENT**

**The Wisconsin Department of Health Services and Grantee agree to the below change to the agreement. The below enumerated agreement revision is hereby incorporated by reference into the agreement and is enforceable as if restated therein in its entirety.**

**Section 10 of the Agreement (“CIVIL RIGHTS COMPLIANCE”) is hereby amended by inserting the following:**

In accordance with the provisions of Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. § 18116), Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), and regulations implementing these Acts, found at 45 C.F.R. Parts 80, 84, and 91 and 92, the Grantee shall not exclude, deny benefits to, or otherwise discriminate against any person on the basis of sex, race, color, national origin, disability, or age in admission to, participation in, in aid of, or in receipt of services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by the Grantee directly or through a Sub-contractor or any other entity with which the Grantee arranges to carry out its programs and activities.

In accordance with the provisions of Section 11 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2020), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), and Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), and the regulations implementing these Acts, found at 7 C.F.R. Parts 15, 15a, and 15b, and Part 16, 28 C.F.R. Part 35, and 45 C.F.R. Part 91, the Grantee shall not discriminate based on race, color, national origin, sex, religious creed, disability, age, or political beliefs or engage in reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the United States Department of Agriculture.

## **HIGH-RISK IT REVIEW**

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.

GEARS PAYMENT INFORMATION

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

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

GEARS Contract year: 2024

Agency #:	Agency Name:	Agency Type:	GEARS Contract Start Date	GEARS Contract End Date	Program Total Contract:
56	Sauk County Public Health	30	10/1/2023	9/30/2024	\$39,282

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
154661	SNAP NUTR ED GRANT		-	\$39,282	\$39,282	N/A
					\$39,282	

**GEARS FEDERAL AWARD INFORMATION**

<b>DHS Profile Number</b>	154661
<b>FAIN</b>	232WI126Q3903
<b>Federal Award Date</b>	10/25/2022
<b>Sub-award period of Performance Start Date</b>	10/1/2023
<b>Sub-award period of Performance End Date</b>	9/30/2024
<b>Amount of Federal Funds obligated (committed) by this action</b>	\$39,282
<b>Total Amount of Federal Funds obligated (committed)</b>	\$39,282
<b>Federal Award Project Description</b>	SNAP Contingency (2 Year)
<b>Federal Awarding Agency Name (Department)</b>	USDA - Food and Nutrition Service
<b>DHS Awarding Official Name</b>	Debra K. Standridge
<b>DHS Awarding Official Contact Information</b>	<b>608-266-9622</b>
<b>Assistance Listing (formerly CFDA) Number</b>	10.561
<b>Assistance Listing (formerly CFDA) Name</b>	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program
<b>Total made available under each Federal award at the time of disbursement</b>	\$11,561,164
<b>R&amp;D?</b>	No
<b>Indirect Cost Rate</b>	7.9%