# Wisconsin Department of Health Services Contract Centralization Legal Review

Agreement Number: 435100-G24-EMSLeaveBe-03

Bureau of Procurement and Contracting (BPC) Review:	
☐ This agreement uses a BPC template with Office of Legal language.	Counsel (OLC) approved
☐ This agreement uses intergovernmental cooperative purcha	asing.
OLC Review Required:	
☐ This agreement does not use a BPC template with Office of language or uses a BPC template with requested language characteristics.	_
Description: Please indicate any information that will help the OLC reviewer recadocument.	all the result of the review of this
Office of Legal Counsel (OLC) Review and Approval:	
☐ This agreement has been reviewed for form and approved	by the Wisconsin Department of
Health Services Office of Legal Counsel.	
— DecuSinged by	
DocuSigned by:	8/3/2023
Name: Cody Wagner	Date Signed
Title: Office of Legal Counsel	Zato Signed

# **Bureau of Procurement and Contracting Procurement Authority Review** (Not required for CARS/GEARS agreements)

Submitting division: DPH
<b>Division submitter:</b> Pa Khang
Procurement authority:
☐ Request for Bid (provide solicitation#):
☐ Request for Proposal (provide solicitation#):
☐ Request for Services
☐ Waiver (provide waiver#):
☐ Simplified Bid
□ Interagency
☐ Grant exemption (provide GE#): 159
☐ Other (describe):

Appropriation (if applicable): 83300



# **GRANT AGREEMENT**

#### between the

# State of Wisconsin Department of Health Services

and

# Milwaukee Fire Department-Milwaukee Overdose Response Initiative for

### **EMS Leave Behind Grant**

DHS Grant Agreement No.: 435100-G24-EMSLeaveBe-03

DPH Contract No.: 61159

Agreement Amount: \$123,995.00

Agreement Term Period: July 1, 2023 to June 30, 2024

DHS Division: Division of Public Health

DHS Grant Administrator: Mary Raina Haralampopoulos

DHS Telephone: 608-267-3783

DHS Email: mraina.haralampopoulos@dhs.wisconsin.gov

Grantee Grant Administrator: Gregory Miller

Grantee Telephone: 414-286-5254 Grantee Email: gjmille@milwaukee.gov Grantee Unique Entity Identifier (UEI) Name: Grantee Unique Entity Identifier (UEI) Number:

Grantee Supplier ID: 71822

DHS and the Grantee acknowledge that they have read the Agreement and the attached documents, understand them and agree to be bound by their terms and conditions. Further, DHS and the Grantee agree that the Agreement and the exhibits and documents incorporated herein by reference are the complete and exclusive statement of agreement between the parties relating to the subject matter of the Agreement and supersede all proposals, letters of intent or prior agreements, oral or written and all other communications and representations between the parties relating to the subject matter of the Agreement. DHS reserves the rights to reject or cancel Agreements based on documents that have been altered. This Agreement 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	Grantee Entity Name:	0
Authorized Representative	Authorized Representative	
Name:	Name: Gregory Miller	•
Title:	Title:	
Signature:	Signature:	
Date:	Date:	

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# 1. **DEFINITIONS**

Words and terms will be defined by their ordinary and usual meanings. Unless negotiated otherwise by the parties, where capitalized, the following words and terms will be defined by the meanings indicated. The meanings are applicable to the singular, plural, masculine, feminine and neuter of the words and terms.

**Agency:** an office, department, agency, institution of higher education, association, society or other body in State of Wisconsin government created or authorized to be created by the Wisconsin State Constitution or any law, which is entitled to expend monies appropriated by law, including the Legislature and the courts.

**Assistance Listing:** refers to the publicly available listing of Federal assistance programs managed and administered by the General Services Administration, formerly known as the Catalog of Federal Domestic Assistance (CFDA), pursuant to 2 C.F.R. § 200.1.

**Business Associate:** pursuant to 45 C.F.R. § 160.103, a business associate includes:

- (i) A health information organization, e-prescribing gateway, or other person that provides data transmission services with respect to protected health information to a covered entity and that requires access on a routine basis to such protected health information.
- (ii) A person that offers a personal health record to one or more individuals on behalf of a covered entity.
- (iii) A subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the business associate.

**Business Day:** any day on which the State of Wisconsin is open for business, generally Monday through Friday unless otherwise specified in this Agreement.

Confidential Information: all tangible and intangible information and materials being disclosed in connection with this Agreement, in any form or medium without regard to whether the information is owned by the State of Wisconsin or by a third party, which satisfies at least one (1) of the following criteria: (i) Personally Identifiable Information; (ii) Protected Health Information under HIPAA, 45 C.F.R. § 160.103; (iii) non-public information related to DHS' employees, customers, technology (including databases, data processing and communications networking systems), schematics, specifications, and all information or materials derived therefrom or based thereon; or (iv) information expressly designated as confidential in writing by DHS. Confidential Information includes all information that is restricted or prohibited from disclosure by state or federal law.

Day: calendar day unless otherwise specified in this Agreement.

**DHS:** Department of Health Services.

**Grant Administrator**: individual(s) responsible for ensuring all steps in the grant administration process are completed, including drafting grant language, negotiating grant terms, and monitoring the granted entity's performance.

**Personally Identifiable Information:** an individual's last name and the individual's first name or first initial, in combination with and linked to any of the following elements, if that element is not publicly available information and is not encrypted, redacted, or altered in any manner that renders the element unreadable: (a) the individual's Social Security number; (b) the individual's driver's license number or state identification number; (c) the number of the individual's financial account, including a credit or debit card account number, or any security code, access code, or password that would permit access to the individual's financial account; (d) the individual's DNA profile; or (e) the individual's unique biometric data, including fingerprint, voice print, retina or iris image, or any other unique physical representation, and any other information protected by state or federal law.

**Protected Health Information (PHI)**: health information, including demographic information, created, received, maintained, or transmitted in any form or media by the Business Associate, on behalf of the Covered Entity, where such information relates to the past, present, or future physical or mental health or condition of an individual, the

provision of health care to an individual, or the payment for the provision of health care to an individual, that identifies the individual or provides a reasonable basis to believe that it can be used to identify an individual.

**Publicly Available Information:** any information that an entity reasonably believes is one of the following: a) lawfully made widely available through any media; b) lawfully made available to the general public from federal, state, or local government records or disclosures to the general public that are required to be made by federal, state, or local law.

#### 2. ORDER OF PRECEDENCE

This Agreement and the following documents incorporated by reference into the Agreement constitute the entire agreement of the parties and supersedes all prior communications, representations or agreements between the parties, whether oral or written. Any conflict or inconsistency will be resolved by giving precedence in the following descending order:

- 1. The Business Associate Agreement (BAA) if applicable.
- 2. The terms of this Agreement.
- 3. Any and all exhibits or appendices to this Agreement.

#### 3. PARTIES

This is a grant agreement between the state agency responsible for overseeing the coordination and integration of social service programs and the Grantee listed below.

- A. The Wisconsin State Agency is: The State of Wisconsin Department of Health Services (DHS). DHS' principal business address is: 1 West Wilson Street, Room 672, Madison, Wisconsin 53703.
- B. The Grantee is: Milwaukee Fire Department-Milwaukee Overdose Response Initiative The Grantee's principal business address is: 2400 S. 8<sup>th</sup> St., Milwaukee, WI, 53215

#### 4. PURPOSE AND SCOPE

This Grant Agreement (Agreement) and Exhibit(s) describe the terms and conditions under which the Grantee receives an award from DHS to carry out part of a state and/or federal program.

The Grantee agrees to provide goods and/or care and services consistent with the purposes and conditions of the objectives that it has agreed to attain within the Agreement period as referred to in the attached exhibit(s).

Section 4.1 of this Agreement allows the user to provide a list of additional Exhibits to the Agreement. Please provide the scope of work for the work being conducted by the Grantee as Exhibit 1.

#### 4.1 List of Exhibits

Exhibit 1: Scope of Work

Exhibit 2: Budget

#### 5. CONTACT INFORMATION

**DHS** Grant Administrator

Grant Administrator Name: Mary Raina Haralampopoulos

Telephone: 608-267-3783

 $Email: {\bf mraina.haralampopoulos@dhs.wisconsin.gov}$ 

Grantee Grant Administrator

Grant Administrator Name: Gregory Miller

Telephone: 414-286-5254 Email: gjmille@milwaukee.gov

DHS will mail legal notices to the Grantee's Grant Administrator at the address identified in Section 3, unless otherwise notified by the Grantee.

#### 6. PAYMENT FOR GRANT AWARD

Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and submittal to the correct address for processing.

- A. *Prompt Payment Law*: DHS shall pay properly submitted Supplier invoices within thirty (30) days of receipt, providing that the services to be provided to DHS have been delivered, rendered, or installed (as the case may be), and accepted as specified in this Agreement and all documents incorporated herein by reference. A good faith dispute in regard to an invoice creates an exception to prompt payment pursuant to Wis. Stat. § 16.528
- B. State Tax Exemption: DHS is exempt from payment of Wisconsin sales or use tax on all purchases.
- C. Payment Offsets for Grantee's Delinquency: The State of Wisconsin may offset payments made to the Grantee under this Agreement in an amount necessary to satisfy a certified or verifiable delinquent payment owed to the State or any state or local unit of government. DHS reserves the right to cancel this Agreement as provided in Agreement Cancellation, if the delinquency is not satisfied by the offset or other means during the Agreement term.
- D. *Refund of Credits*: DHS may request a refund of credits owed at any time. Grantee agrees to refund credits owed within sixty (60) days of DHS's request.

#### 7. REPORTING

- A. The Grantee shall comply with DHS' program reporting requirements as specified in the Scope of Work.
- B. The required reports shall be forwarded to DHS Grant Administrator according to the schedule established by DHS.

#### 8. FEDERAL AND STATE RULES AND REGULATIONS

- A. The Grantee agrees to meet state and federal laws, rules, regulations, and program policies applicable to this Agreement.
- B. The Grantee will act solely in its independent capacity and not as an employee of DHS. The Grantee shall not be deemed or construed to be an employee of DHS for any purpose.
- C. The Grantee agrees to comply with Public Law 103-227, also known as the Pro-Children Act of 2001, which prohibits tobacco smoke in any portion of a facility owned, leased, or granted for or by an entity that receives federal funds, either directly or through the state, for the purpose of providing services to children under the age of 18
- D. Pursuant to 2021 Wisconsin Executive Order 122, use of state funds for conversion therapy is expressly disallowed. 'Conversion therapy' does not include: any practice or treatment that provides acceptance, support, or understanding to an individual, or any practice or treatment that facilitates an individual's coping, social support, or identity exploration and development, so long as such practices or treatments do not seek to change sexual orientation or gender identity; any practice or treatment that is neutral with regard to sexual orientation or gender identity and that seeks to prevent or address unlawful conduct or unsafe practices, or any practice or treatment that assists an individual seeking to undergo a gender transition or who is in the process of undergoing a gender transition.
- E. Pursuant to 2023 Executive Order 184, grantee agrees it does not sell any products prohibited in the Order. In addition, grantee agrees that in fulfillment of its responsibilities under the Contract that no subcontractor relationship exists that would violate the prohibitions outlined in the Order.

#### 9. AFFIRMATIVE ACTION

Pursuant to 2019 Wisconsin Executive Order 1, contractor agrees it will hire only on the basis of merit and will not discriminate against any persons performing a contract, subcontract or grant because of military or veteran status, gender identity or expression, marital or familial status, genetic information or political affiliation.

As required by Wisconsin's Contract Compliance Law, Wis. Stat. § 16.765 and Wis. Admin. Code § Adm 50.04, the Grantee must agree to equal employment and affirmative action policies and practices in its employment programs:

The Grantee agrees to make every reasonable effort to develop a balance in either its total workforce or in the project-related workforce that is based on a ratio of work hours performed by handicapped persons, minorities, and women

except that, if the department finds that the Grantee is allocating its workforce in a manner which circumvents the intent of this chapter, the Department may require the Grantee to attempt to create a balance in its total workforce. The balance shall be at least proportional to the percentage of minorities and women present in the relevant labor markets based on data prepared by the Department of Industry, Labor and Human Relations, the Office of Federal Contract Compliance Programs or by another appropriate governmental entity. In the absence of any reliable data, the percentage for qualified handicapped persons shall be at least 2% for whom a Grantee must make a reasonable accommodation.

The Grantee must submit an Affirmative Action Plan within fifteen (15) working days of the signed Agreement. Exemptions exist, and are noted in the Instructions for Grantees posted on the following website under DOA-3021P: <a href="https://doa.wi.gov/Pages/SBOPForms.aspx">https://doa.wi.gov/Pages/SBOPForms.aspx</a>.

The Grantee must submit its Affirmative Action Plan or request for exemption from filing an Affirmative Action Plan to:

Department of Health Services
Division of Enterprise Services
Bureau of Procurement and Contracting
Affirmative Action Plan/CRC Coordinator
1 West Wilson Street, Room 672
P.O. Box 7850
Madison, WI 53707
dhscontractcompliance@dhs.wisconsin.gov

### 10. CIVIL RIGHTS COMPLIANCE

As required by Wis. Stat. § 16.765, in connection with the performance of work under this Agreement, the Grantee agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in Wis. Stat. § 51.01(5), sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the Grantee further agrees to take affirmative action to ensure equal employment opportunities. The Grantee agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

The Grantee must file a Civil Rights Compliance Letter of Assurance (CRC LOA) for the current compliance period, within fifteen (15) working days of the effective date of the Agreement. If the Grantee employs fifty (50) or more employees and receives at least \$50,000 in funding, the Grantee must complete a Civil Rights Compliance Plan (CRC Plan) unless the grantee meets one of the limited exceptions. The current Civil Rights Compliance Requirements and all appendices are hereby incorporated by reference into this Agreement and are enforceable as if restated herein in their entirety. The Civil Rights Compliance Requirements, including the CRC LOA form and the template and instructions for the CRC Plan can be found at <a href="https://www.dhs.wisconsin.gov/civil-rights/requirements.htm">https://www.dhs.wisconsin.gov/civil-rights/requirements.htm</a> or by contacting:

Department of Health Services Civil Rights Compliance Attn: Civil Rights Compliance Officer 1 West Wilson Street, Room 651 P.O. Box 7850 Madison, WI 53707-7850

Telephone: (608) 267-4955 (Voice)

711 or 1-800-947-3529 (TTY)

Fax: (608) 267-1434

Email: DHSCRC@dhs.wisconsin.gov

The CRC Plan must be kept on file by the Grantee and made available upon request to any representative of DHS. Civil Rights Compliance Letters of Assurances should be sent to:

Department of Health Services
Division of Enterprise Services
Bureau of Procurement and Contracting
Affirmative Action Plan/CRC Coordinator
1 West Wilson Street, Room 672
P.O. Box 7850
Madison, WI 53707
dhscontractcompliance@dhs.wisconsin.gov

The Grantee agrees to cooperate with DHS in any complaint investigations, monitoring or enforcement related to civil rights compliance of the Grantee or its Subgrantee(s) under this Agreement. DHS agrees to coordinate with the Grantee in its efforts to comply with the Grantee's responsibilities under these nondiscrimination provisions.

#### 11. CONFIDENTIAL, PROPRIETARY, AND PERSONALLY IDENTIFIABLE INFORMATION

In connection with the performance of the work prescribed in this Agreement, it may be necessary for DHS to disclose to the Grantee certain information that is considered to be confidential, proprietary, or containing Personally Identifiable Information (Confidential Information). The Grantee shall not use such Confidential Information for any purpose other than the limited purposes set forth in this Agreement, and all related and necessary actions taken in fulfillment of the obligations herein. The Grantee shall hold all Confidential Information in confidence, and shall not disclose such Confidential Information to any persons other than those directors, officers, employees, and agents who have a business-related need to have access to such Confidential Information in furtherance of the limited purposes of this Agreement and who have been apprised of, and agree to maintain, the confidential nature of such information in accordance with the terms of this Agreement.

The Grantee shall institute and maintain such security procedures as are commercially reasonable to maintain the confidentiality of the Confidential Information while in its possession or control including transportation, whether physically or electronically. DHS may conduct a compliance review of the Grantee's security procedures to protect Confidential Information under Section 17 (Audits) of this Agreement.

The Grantee shall ensure that all indications of confidentiality contained on or included in any item of Confidential Information shall be reproduced by the Grantee on any reproduction, modification, or translation of such Confidential Information. If requested by DHS, the Grantee shall make a reasonable effort to add a proprietary notice or indication of confidentiality to any tangible materials within its possession that contain Confidential Information of DHS, as directed.

The Grantee or its employees and Subgrantees will not reuse, sell, make available, or make use in any format the data researched or compiled for this Agreement for any venture, profitable or not, outside this Agreement.

The restrictions herein shall survive the termination of this Agreement for any reason and shall continue in full force and effect and shall be binding upon the Grantee or its agents, employees, successors, assigns, Subgrantee, or any party claiming an interest in this Agreement on behalf of or under the rights of Grantee following any termination. Grantee shall advise all of their agents, employees, successors, assigns and Subgrantee which are engaged by the State of the restrictions, present and continuing, set forth herein. Grantee shall defend and incur all costs, if any, for actions that arise as a result of noncompliance by Grantee, its agents, employees, successors, assigns and Subgrantee regarding the restrictions herein.

- A. Reporting to DHS: Grantee shall immediately report within five (5) business days or less to DHS any use or disclosure of Confidential Information not provided for by this Agreement, of which it becomes aware, per state and federal requirements, as stated in any and all exhibits or appendices to this Agreement. Grantee shall cooperate with DHS' investigation, analysis, notification and mitigation activities, and shall be responsible for all costs incurred by DHS for those activities.
- B. *Indemnification:* In the event of a breach of this section by Grantee, Grantee shall indemnify and hold harmless DHS and any of its officers, employees, or agents from any claims arising from the acts or omissions of the

Grantee, and its Subgrantee, employees and agents, in violation of this section, including but not limited to, costs of credit monitoring and identity theft restoration coverage for one (1) year of coverage from the date the individual enrolls, of all persons whose Confidential Information was disclosed, disallowances or penalties from federal oversight agencies, and any court costs, expenses, and reasonable attorney fees, incurred by DHS in the enforcement of this section.

- C. Equitable Relief: The Grantee acknowledges and agrees that the unauthorized use, disclosure, or loss of Confidential Information may cause immediate and irreparable injury to the individuals whose information is disclosed and to DHS, which injury will not be compensable by money damages and for which there is not an adequate remedy available by law. Accordingly, the parties specifically agree that DHS, in its own behalf or on behalf of the affected individuals, may seek injunctive or other equitable relief to prevent or curtail any such breach, threatened or actual, without posting security and without prejudice to such other rights as may be available under this Agreement or applicable law.
- D. Liquidated Damages: The Grantee agrees that an unauthorized use or disclosure of Confidential Information may result in damage to the State's reputation and ability to serve the public interest in its administration of programs affected by this Agreement. Such amounts of damages which will be sustained are not calculable with any degree of certainty and thus shall be set forth herein. Assessment under this provision is in addition to other remedies under this Agreement and as provided in law or equity. DHS shall assess reasonable damages as appropriate and notify the Grantee in writing of the assessment. The Grantee shall automatically deduct any assessed damages from the next appropriate monthly invoice, itemizing the assessment deductions on the invoice. Liquidated Damages shall not exceed the following:
  - 1. \$1,000 for each individual whose Confidential Information was used or disclosed;
  - 2. \$2,500 per day for each day that the Grantee fails to substantially comply with the Corrective Action Plan under this Section
- E. *HIPAA*: The Grantee **NOT** a "Business Associate" pursuant to the definition under the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder specifically 45 C.F.R. § 160.103. If the parties are Business Associates, then the parties shall comply with DHS' Business Associate Agreement.

If the Grantee is a Business Associate, the Grantee agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164 applicable to Business Associates. As defined herein, "Business Associate" shall mean the Grantee and Subgrantee and agents of the Grantee that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of Wisconsin, Department of Health Services.

In agreements for the provision of services, activities, or functions covered by the Health Insurance Portability and Accountability act of 1996 (HIPAA), the Grantee as a Business Associate must complete a Business Associate Agreement (BAA) <u>F-00759</u>. This document must be fully executed before Agreement performance begins.

This Section shall survive the termination of the Agreement.

#### 12. 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.

# 13. SUBGRANT or SUBCONTRACT

A. DHS reserves the right of approval of any Grantee's further contracts, grants, contractors, or grantees under this Agreement, and the Grantee shall report information relating to any further contract, grants,

contractors, or grantees to DHS. A change in any further contractor or grantee or a change from a direct service provision to a further contractor or grantee may only be executed with the prior written approval of DHS. In addition, DHS approval may be required regarding the terms and conditions of any further contracts or grants and the further contractor or grantee selected. Approval of any further contracts, grants, contractors, or grantees will be withheld if DHS reasonably believes that the intended further contractor or grantee will not be a responsible contractor or grantee in terms of services provided and costs billed.

B. The Grantee retains responsibility for fulfillment of all terms and conditions of this Agreement when it enters into any further contract or grant and will be subject to enforcement of all the terms and conditions of this Agreement.

#### 14. GENERAL PROVISIONS

- A. Any payments of monies to the Grantee by DHS for goods and/or services provided under this Agreement shall be deposited in a Federal Deposit Insurance Corporation (the "FDIC") insured bank. Any balance exceeding FDIC coverage must be collaterally secured.
- B. The Grantee shall conduct all procurement transactions in a manner that provides maximum open and free competition.
- C. If a state public official (*see* Wis. Stat. § 19.42), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls at least a 10 percent (10%) interest is a party to this Agreement and if this Agreement involves payment of more than \$3,000 within a 12-month period, this Agreement is void unless appropriate written disclosure is made, according to Wis. Stat. § 19.45(6), before signing the Agreement. Written disclosure, if required, must be made to the State of Wisconsin Ethics Commission at:

Wisconsin Ethics Commission PO Box 7125 Madison, WI 53707-7125 Fax: (608) 264-9319

- D. If the Grantee or Subgrantee is a corporation other than a Wisconsin corporation, it must demonstrate, prior to providing services under this Agreement, that it possesses a *Certificate of Authority* from the State of Wisconsin Department of Financial Institutions, and must have and continuously maintain a registered agent, and otherwise conform to all requirements of Wis. Stat. chs. 180 and 181 relating to foreign corporations.
- E. The Grantee agrees that funds provided under this Agreement shall be used to supplement or expand the Grantee's efforts, not to replace or allow for the release of available Grantee funds for alternative uses.

#### 15. ACCOUNTING REQUIREMENTS

- A. The Grantee's accounting system shall allow for accounting for individual grants, permit timely preparation of expenditure reports required by DHS as contained in Section 6 of this Agreement, and support expenditure reports submitted to DHS.
- B. The Grantee shall reconcile costs reported to DHS for reimbursement or as match to expenses recorded in the Grantee's accounting or simplified bookkeeping system on an ongoing and periodic basis. The Grantee agrees to complete and document reconciliation at least quarterly and to provide a copy to DHS upon request. The Grantee shall retain the reconciliation documentation according to approved records retention requirements.
- C. Expenditures of funds from this Agreement must meet the Department's allowable cost definitions as defined in the Department's Allowable Cost Policy Manual (<a href="https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm">https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm</a>).

#### 16. CHANGES IN ACCOUNTING PERIOD

- A. The Grantee shall notify DHS of any change in its accounting period and provide proof of Internal Revenue Service (IRS) approval for the change.
- B. Proof of IRS approval shall be considered verification that the Grantee has a substantial business reason for changing its accounting period.

C. A change in accounting period shall not relieve the Grantee of the reporting or audit requirements of this Agreement. An audit meeting the requirements of this Agreement shall be submitted within ninety (90) days after the first day of the start of the new accounting period for the short accounting period and within one hundred and eighty (180) days of the close of the new accounting period for the new period. For purposes of determining audit requirements, expenses and revenues incurred during the short accounting period shall be annualized.

# 17. PROPERTY MANAGEMENT REQUIREMENTS

- A. Property insurance coverage will be provided by the Grantee for fire and extended coverage of any equipment funded under this Agreement which DHS retains ownership of and which is in the care, custody, and control of the Grantee.
- B. DHS shall have all ownership rights in any computer hardware supplied by DHS as a result of this Agreement. DHS shall have all ownership rights in any software or modifications thereof and associated documentation that is designed and installed or developed and installed under this Agreement. The Grantee shall have all ownership rights in any computer hardware funded under this Agreement and will have a nonexclusive, nontransferable license to use for its purposes of the software or modifications and associated documentation that is designed and/or installed under this Agreement.
- C. The Grantee agrees that if any materials are developed under this Agreement, DHS shall have a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use and to authorize others to use such materials. Any discovery or invention arising out of, or developed in the course of, work aided by this Agreement shall be promptly and fully reported to DHS.

#### **18. AUDITS**

- A. Requirement to Have an Audit: Unless waived by DHS, the Grantee shall submit an annual audit to DHS if the total amount of annual funding provided by DHS (from any and all of its Divisions or subunits taken collectively) through this and other Grants is \$100,000 or more. In determining the amount of annual funding provided by DHS, the Grantee shall consider both: (a) funds provided through direct Grants with DHS; and (b) funds from DHS passed through another agency which has one or more Grants with the Grantee.
- B. Audit Requirements: The audit shall be performed in accordance with generally accepted auditing standards, Wis. Stat. § 46.036, Government Auditing Standards as issued by the U.S. Government Accountability Office, and other provisions specified in this agreement. In addition, the Grantee is responsible for ensuring that the audit complies with other standards and guidelines that may be applicable depending on the type of services provided and the amount of pass-through dollars received. Please reference the following audit documents for complete audit requirements:
  - 2 Code of Federal Regulations (C.F.R.), Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F Audits. The guidance also includes an Annual Compliance Supplement that details specific federal agency rules for accepting federal subawards.
  - The State Single Audit Guidelines (SSAG) expand on the requirements of 2 C.F.R. Part 200 Subpart F by identifying additional conditions that require a state single audit. Section 1.3 of the SSAG lists the required conditions.
  - DHS Audit Guide is an appendix to the SSAG and contains additional DHS-specific audit guidance for those entities who meet the SSAG requirements. It also provides guidance for those entities that are not required to have a Single Audit but need to comply with DHS subrecipient/contractor audit requirements. An audit report is due to DHS if a subrecipient/contractor receives more than \$100,000 in pass-through money from DHS as determined by Wis. Stat. § 46.036.
- C. *Source of Funding:* DHS shall provide funding information to all subrecipient/contractors for audit purposes, including the name of the program, the federal agency where the program originated, the Assistance Listing number and the percentages of federal, state and local funds constituting the agreement.
- D. *Reporting Package*: The subrecipient/contractor that is required to have a Single Audit based on 2 C.F.R. Part 200 Subpart F and the State Single Audit Guide is required to submit to DHS a reporting package which includes all of the following:
  - 1. General-purpose financial statements of the overall agency and a schedule of expenditures of federal and state awards, including the independent auditor's opinion on the statements and schedule.
  - 2. Schedule of findings and questioned costs, schedule of prior audit findings, corrective action plan and the management letter (if issued).

- 3. Report on compliance and on internal control over financial reporting based on an audit performed in accordance with government auditing standards.
- 4. Report on compliance for each major program and a report on internal control over compliance.
- 5. Report on compliance with requirements applicable to the federal and state program and on internal control over compliance in accordance with the program-specific audit option.
- 6. \* DHS Cost Reimbursement Award Schedule. This schedule is required by DHS if the subrecipient/contractor is a non-profit, for-profit, a governmental unit other than a tribe, county, Chapter 51 board or school district; if the subrecipient/contractor receives funding directly from DHS; if payment is based on or limited to an actual allowable cost basis; and if the auditee reported expenses or other activity resulting in payments totaling \$100,000 or more for all of its grant(s) or contract(s) with DHS.
- 7. \*Reserve Schedule is only required if the subrecipient/contractor is a non-profit and paid on a prospectively set rate.
- 8. \*Allowable Profit Schedule is only required if the subrecipient/contractor is a for-profit entity.
- 9. \*Additional Supplemental Schedule(s) required by funding agency may be required. Check with the funding agency.
- \*NOTE: These schedules are only required for certain types of entities or specific financial conditions. For subrecipient/contractors that do not meet the federal audit requirements of 2 C.F.R. Part 200 and SSAG, the audit reporting package to DHS shall include all of the above items except items 4 and 5.
- E. Audit Due Date: Audits that must comply with 2 C.F.R. Part 200 and the State Single Audit Guidelines are due to the granting agencies nine months from the end of the fiscal period or thirty (30) days from completion of the audit, whichever is sooner. For all other audits, the due date is six months from the end of the fiscal period unless a different date is specified within the contract or grant agreement.
- F. Sending the Reporting Package: Audit reports shall be sent by the auditor via email to <a href="https://docs.py.com/DHSAuditors@Wisconsin.gov">DHSAuditors@Wisconsin.gov</a> with "cc" to the subrecipient/auditee. The audit reports shall be electronically created pdf files that are text searchable, unlocked, and unencrypted. (Note: To ensure that pdf files are unlocked and text-searchable, do not scan a physical copy of the audit report and do not change the default security settings in your pdf creator.)
- G. Access to Subrecipient Records: The auditee must provide the auditor with access to personnel, accounts, books, records, supporting documentation, and other information as needed for the auditor to perform the required audit. The auditee shall permit appropriate representatives of DHS to have access to the auditee's records and financial statements as necessary to review the auditee's compliance with federal and state requirements for the use of the funding. Having an independent audit does not limit the authority of DHS to conduct or arrange for other audits or review of federal or state programs. DHS shall use information from the audit to conduct their own reviews without duplication of the independent auditor's work.
- H. *Access to Auditor's Work Papers*: The auditor shall make audit work papers available upon request to the auditee, DHS or their designee as part of performing a quality review, resolving audit findings, or carrying out oversight responsibilities. Access to working papers includes the right to obtain copies of working papers.
- I. Failure to Comply with the Audit Requirements: DHS may impose sanctions when needed to ensure that auditees have complied with the requirements to provide DHS with an audit that meets the applicable standards and to administer state and federal programs in accordance with the applicable requirements. Examples of situations when sanctions may be warranted include:
  - 1. The auditee did not have an audit.
  - 2. The auditee did not send the audit to DHS or another granting agency within the original or extended audit deadline.
  - 3. The auditor did not perform the audit in accordance with applicable standards, including the standards described in the SSAG.
  - 4. The audit reporting package is not complete; for example, the reporting package is missing the corrective action plan or other required elements.
  - 5. The auditee does not cooperate with DHS or another granting agency's audit resolution efforts; for example, the auditee does not take corrective action or does not repay disallowed costs to the granting agency.
- J. *Sanctions*: DHS will choose sanctions that suit the particular circumstances and also promote compliance and/or corrective action. Possible sanctions may include:
  - 1. Requiring modified monitoring and/or reporting provisions;
  - 2. Delaying payments, withholding a percentage of payments, withholding or disallowing overhead costs, or suspending the award until the auditee is in compliance;
  - 3. Disallowing the cost of audits that do not meet these standards;

- 4. Conducting an audit or arranging for an independent audit of the auditee and charging the cost of completing the audit to the auditee;
- 5. Charging the auditee for all loss of federal or state aid or for penalties assessed to DHS because the auditee did not comply with audit requirements;
- 6. Assessing financial sanctions or penalties;
- 7. Discontinuing contracting with the auditee; and/or
- 8. Taking other action that DHS determines is necessary to protect federal or state pass-through funding.
- K. Closeout Audits: An agreement specific audit of an accounting period of less than 12 months is required when an agreement is terminated for cause, when the auditee ceases operations or changes its accounting period (fiscal year). The purpose of the audit is to close-out the short accounting period. The required close-out agreement specific audit may be waived by DHS upon written request from the subrecipient/contractor, except when the agreement is terminated for cause. The required close-out audit may not be waived when an agreement is terminated for cause.

The auditee shall ensure that its auditor contacts DHS prior to beginning the audit. DHS, or its representative, shall have the opportunity to review the planned audit program, request additional compliance or internal control testing and attend any conference between the auditee and the auditor. Payment of increased audit costs, as a result of the additional testing requested by DHS, is the responsibility of the auditee.

DHS may require a close-out audit that meets the audit requirements specified in 2 C.F.R. Part 200 Subpart F. In addition, DHS may require that the auditor annualize revenues and expenditures for the purposes of applying 2 C.F.R. Part 200 Subpart F and determining major federal financial assistance programs. This information shall be disclosed in a note within the schedule of federal awards. All other provisions in 2 C.F.R. Part 200 Subpart F-Audit Requirements apply to close-out audits unless in conflict with the specific close-out audit requirements.

#### 19. OTHER ASSURANCES

- A. The Grantee shall notify DHS in writing, within thirty (30) days of the date payment was due, of any past due liabilities to the federal government, state government, or their agents for income tax withholding, Federal Insurance Contributions Act (FICA) tax, worker's compensation, unemployment compensation, garnishments or other employee related liabilities, sales tax, income tax of the Grantee, or other monies owed. The written notice shall include the amount owed, the reason the monies are owed, the due date, the amount of any penalties or interest (known or estimated), the unit of government to which the monies are owed, the expected payment date, and other related information.
- B. The Grantee shall notify DHS in writing, within thirty (30) days of the date payment was due, of any past due payment in excess of \$500 or when total past due liabilities to any one or more vendors exceed \$1,000 related to the operation of this Agreement for which DHS has reimbursed or will reimburse the Grantee. The written notice shall include the amount owed, the reason the monies are owed, the due date, the amount of any penalties or interest (known or estimated), the vendor to which the monies are owed, the expected payment date, and other related information. If the liability is in dispute, the written notice shall contain a discussion of facts related to the dispute and the information on steps being taken by the Grantee to resolve the dispute.
- C. DHS may require written assurance at the time of entering into this Agreement that the Grantee has in force, and will maintain for the course of this Agreement, employee dishonesty bonding in a reasonable amount to be determined by DHS up to \$500,000.

#### 20. RECORDS

- A. The Grantee shall maintain written and electronic records as required by state and federal law and required by program policies.
- B. The Grantee and its Subgrantee(s) or Subcontractor(s) shall comply with all state and federal confidentiality laws concerning the information in both the records it maintains and in any of DHS' records that the Grantee accesses to provide services under this Agreement.
- C. The Grantee and its Subgrantee(s) or Subcontractor(s) will allow inspection of records and programs, insofar as is permitted by state and federal law, by representatives of DHS, its authorized agents, and federal agencies, in order to confirm the Grantee's compliance with the specifications of this Agreement.
- D. The Grantee agrees to retain and make available to DHS all program and fiscal records for six (6) years after the end of the Agreement period.

E. The use or disclosure by any party of any information concerning eligible individuals who receive services from the Grantee for any purpose not connected with the administration of the Grantee's or DHS' responsibilities under this Agreement is prohibited except with the informed, written consent of the eligible individual or the individual's legal guardian.

#### 21. CONTRACT REVISIONS AND/OR TERMINATION

- A. The Grantee agrees to renegotiate with DHS the terms and conditions of this Agreement or any part thereof in such circumstances as:
  - 1. Increased or decreased volume of services.
  - 2. Changes required by state and federal law or regulations or court action.
  - 3. Increase or reduction in the monies available affecting the substance of this Agreement.
- B. Failure to agree to a renegotiated Agreement under these circumstances is cause for DHS to terminate this Agreement.
- C. *Non-Appropriation*: DHS reserves the right to cancel this Agreement in whole or in part without penalty if the Wisconsin Legislature, United States Congress, or any other direct funding entity contributing to the financial support of this contract fails to appropriate funds necessary to complete the contract.
- D. Termination for Cause: DHS may terminate this Agreement after providing the Grantee with thirty (30) calendar days written notice of the Grantee's right to cure a failure of the Grantee to perform under the terms of this Agreement, if the Grantee fails to so cure or commence to cure.
  - The Grantee may terminate the Agreement after providing DHS a written notice, within one hundred and twenty (120) calendar days, of DHS' right to cure a failure to perform under the terms of this Agreement.

    Upon the termination of this Agreement for any reason, or upon Agreement expiration, each party shall be
  - released from all obligations to the other party arising after the date of termination or expiration, except for those that by their terms survive such termination or expiration.
  - Upon termination for cause, the Grantee shall be entitled to receive compensation for any deliverables' payments owed under the Agreement only for deliverables that have been approved and accepted by DHS.
- E. *Termination for Convenience*: Either party may terminate this Agreement at any time, without cause, by providing a written notice. DHS must notify the Grantee at least forty-five (45) calendar days prior to the desired date of termination for convenience. The Grantee must notify DHS at least one hundred and twenty (120) calendar days prior to the desired date of termination for convenience- during this notification period, the Grantee will continue providing services in accordance with the Agreement requirements.
  - In the event of termination for convenience, the Grantee shall be entitled to receive compensation for any fees owed under the Agreement and shall also be compensated for partially completed services. In this event, compensation for such partially completed services shall be no more than the percentage of completion of the services requested, at the sole discretion of DHS, multiplied by the corresponding payment for completion of such services as set forth in the Agreement. Alternatively, at the sole discretion of DHS, the Grantee may be compensated for the actual service hours provided. DHS shall be entitled to a refund for goods or services paid for but not received or implemented, such refund to be paid within thirty (30) days of written notice to the Grantee requesting the refund.
- F. *Cancellation*: DHS reserves the right to immediately cancel this Agreement, in whole or in part, without penalty and without an opportunity for Grantee to cure if the Grantee:
  - 1. Files a petition in bankruptcy, becomes insolvent, or otherwise takes action to dissolve as a legal entity;
  - 2. Allows any final judgment not to be satisfied or a lien not to be disputed after a legally-imposed, thirty (30)-day notice;
  - 3. Makes an assignment for the benefit of creditors;
  - 4. Fails to follow the sales and use tax certification requirements of Wis. Stat. § 77.66;
  - 5. Incurs a delinquent Wisconsin tax liability;
  - 6. Fails to submit a non-discrimination or affirmative action plan as required herein;
  - 7. Fails to follow the non-discrimination or affirmative action requirements of subch. II, Chapter 111 of the Wisconsin Statutes (Wisconsin's Fair Employment Law);
  - 8. Becomes a federally debarred Grantee;
  - 9. Is excluded from federal procurement and non-procurement Agreements;
  - 10. Fails to maintain and keep in force all required insurance, permits and licenses as provided in this Agreement;

- 11. Fails to maintain the confidentiality of DHS' information that is considered to be Confidential Information, proprietary, or containing Personally Identifiable Information; or
- 12. Grantee performance threatens the health or safety of a state employee or state customer.

# 22. NONCOMPLIANCE AND REMEDIAL MEASURES

- A. Failure to comply with any part of this Agreement may be considered cause for revision, suspension, or termination of this Agreement. Suspension includes withholding part or all of the payments that otherwise would be paid to the Grantee under this Agreement, temporarily having others perform and receive reimbursement for the services to be provided under this Agreement, and any other measure DHS determines is necessary to protect the interests of the State.
- B. The Grantee shall provide written notice to DHS of all instances of noncompliance with the terms of this Agreement by the Grantee or any of its Subgrantees or Subcontractors, including noncompliance with allowable cost provisions. Notice shall be given as soon as practicable but in no case later than thirty (30) days after the Grantee became aware of the noncompliance. The written notice shall include information on the reason for and effect of the noncompliance. The Grantee shall provide DHS with a plan to correct the noncompliance.
- C. If DHS determines that noncompliance with this Agreement has occurred or continues to occur, it shall demand immediate correction of continuing noncompliance and seek remedial measures it deems necessary to protect the interests of the State up to and including termination of the Agreement, the imposing of additional reporting requirements and monitoring of Subgrantee or Subcontractors, and any other measures it deems appropriate and necessary.
- D. If required statistical data, reports, and other required information are not submitted when due, DHS may withhold all payments that otherwise would be paid the Grantee under this Agreement until such time as the reports and information are submitted.

#### 23. DISPUTE RESOLUTION

If any dispute arises between DHS and Grantee under this Agreement, including DHS' finding of noncompliance and imposition of remedial measures, the following process will be the exclusive administrative review:

- A. *Informal Review*: DHS' and Grantee's Grant Administrators will attempt to resolve the dispute. If a dispute is not resolved at this step, then a written statement to this effect must be signed and dated by both Grant Administrators. The written statement must include all of the following:
  - 1. A brief statement of the issue.
  - 2. The steps that have been taken to resolve the dispute.
  - 3. Any suggested resolution by either party.
- B. *Division Administrator's Review*: If the dispute cannot be resolved by the Grant Administrators, the Grantee may request a review by the Administrator of the division in which DHS Grant Administrator is employed, or if the Grant Administrator is the Administrator of the division, by the Deputy Secretary of DHS. The Division Administrator (or Deputy Secretary) must receive a request under this step within fourteen (14) days after the date of the signed unresolved dispute letter in Step A. The Division Administrator or Deputy Secretary will review the matter and issue a written determination within thirty (30) days after receiving the review request.
- C. Secretary's Review: If the dispute is unresolved at Step B, the Grantee may request a final review by the Secretary of DHS. The Office of the Secretary must receive a request under this step within fourteen (14) days after the date of the written determination under Step B. The Secretary will issue a final determination on the matter within thirty (30) days after receiving the Step B review request.

#### 24. FINAL REPORT DATE

- A. Expenses incurred during the Agreement period but reported later than **45 Days** after the period ending date will not be recognized, allowed, or reimbursed under the terms of this Agreement unless determined as allowable by DHS. In the event this occurs, an alternate payment process as determined by DHS would occur.
- B. Expenses incurred outside of the Agreement period would be considered not allowable.

#### 25. INDEMNITY

To the extent authorized under state and federal laws, DHS and the Grantee agree they shall be responsible for any losses or expenses (including costs, damages, and attorney's fees) attributable to the acts or omissions of their employees, officers, or agents.

#### 26. CONDITIONS OF THE PARTIES' OBLIGATIONS

- A. This Agreement is contingent upon authority granted under the laws of the State of Wisconsin and the United States of America, and any material amendment or repeal of the same affecting relevant funding or authority of DHS shall serve to revise or terminate this Agreement, except as further agreed to by the parties.
- B. DHS and the Grantee understand and agree that no clause, term, or condition of this Agreement shall be construed to supersede the lawful powers or duties of either party.
- C. It is understood and agreed that the entire Agreement between the parties is contained herein, except for those matters incorporated herein by reference, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof.

#### 27. GOVERNING LAW

This Agreement shall be governed by the laws of the State of Wisconsin. The venue for any actions brought under this Agreement shall be the Circuit Court of Dane County, Wisconsin or the U.S. District Court for the Western District of Wisconsin, as applicable.

#### 28. SEVERABILITY

The invalidity, illegality, or unenforceability of any provision of this Agreement or the occurrence of any event rendering any portion or provision of this Agreement void shall in no way affect the validity or enforceability of any other portion or provision of this Agreement. Any void provision shall be deemed severed from this Agreement, and the balance of this Agreement shall be construed and enforced as if it did not contain the particular portion or provision held to be void. The parties further agree to amend this Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this Article shall not prevent this entire Agreement from being void should a provision, which is of the essence of this Agreement, be determined void.

### 29. ASSIGNMENT

Neither party shall assign any rights or duties under this Agreement without the prior written consent of the other party.

#### 30. ANTI-LOBBYING ACT

The Grantee shall certify to DHS that it will not and has not used federal appropriated funds to pay any person or organization for influencing or 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. The Grantee shall also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award.

The Grantee shall use Standard Form LLL for Disclosure of Lobbying Activities available at: <a href="https://www.gsa.gov/portal/forms/download/116430">https://www.gsa.gov/portal/forms/download/116430</a>. A completed disclosure must be provided upon Department request.

# 31. DEBARMENT OR SUSPENSION

The Grantee certifies that neither the Grantee organization nor any of its principals are debarred, suspended, or proposed for debarment for federal financial assistance (including, but not limited to, General Services Administration's list of parties excluded from federal procurement and non-procurement programs). The Grantee

further certifies that potential Subgrantees or Subcontractors and any of their principals are not debarred, suspended, or proposed for debarment.

#### 32. DRUG FREE WORKPLACE

The Grantee, agents, employees, Subgrantees or Subcontractors under this Agreement shall follow the guidelines established by the Drug Free Workplace Act of 1988.

#### 33. MULTIPLE ORIGINALS

This Agreement may be executed in multiple originals, each of which together shall constitute a single Agreement.

#### 34. CAPTIONS

The parties agree that in this Agreement, captions are used for convenience only and shall not be used in interpreting or construing this Agreement. The funding is 100% local/other.

### 35. SPECIAL PROVISIONS, IF APPLICABLE

The following special provisions are required:

NO MATCH

Match Requirements:

Funding percentages:

- a. Federal:
- b. State:
- c. Local/Other:

### 36. NULL AND VOID

This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature of DHS' and Grantee's Authorized Representatives on this Agreement exceeds sixty (60) days inclusive of the two signature dates.

# Request for Applications - EIVIS Leave Bening Program: Supply Support

Response ID:187 Data

414-286-5254

2. Funding Application - Section 1: Applicant Contact Information
1. Organization Name
Milwaukee Fire Department/Milwaukee Overdose Response Initiative
2. Organization's Street Address
2400 S 8th St
3. City
Milwaukee
4. Zip Code
53215
5. Name of person we can contact regarding this application
Captain Gregory Miller
6. Email address of person we can contact regarding this application
gjmille@milwaukee.gov

# 3. Funding Application- Section 2: Project Narrative

7. Phone number of person we can contact regarding this application

8. Describe your agency's Leave Behind Program. Include the date it started (will start), how it is currently funded or supported, and details about how the program operates/will operate (e.g. will supplies be given to only a person who experienced an overdose or friends/family members as well, will supplies be provided to individuals who refuse transport to a hospital). (500 words)

The Milwaukee Fire Department (MFD), through our collaborative post-overdose outreach involvement with the Milwaukee Overdose Response Initiative (MORI), began distributing Narcan kits, in the form of "Hope Kits," in the Fall of 2021 when our prior involvement in the Narcan Direct Program began. On March 21, 2022 we added a Narcan leave behind program during emergent responses to an overdose; at a time when the equitable availability of distributable harm reduction is paramount. Members of the MFD were provided with the training needed for effective distribution of a Hope Kit. That training was approved by the state Department of Health Services during our involvement with the Narcan Direct Program.

Similar to other areas of the state, annual fatal and nonfatal opioid related overdoses have been on the rise. In 2021 Wisconsin reported 1427 deaths with 548 being in Milwaukee County. In 2022 Milwaukee County had a confirmed total of 508 deaths with outstanding toxicology reports expected to increase that total by six percent over the prior year. In 2022 the MFD responded to overdoses where over 1500 doses of EMS administered Narcan/naloxone saved a life. During that same time frame the MFD distributed 2,111 Hope Kits, 386 separate Narcan kits and over 100 separate Fentanyl test strips (FTS).

The MFD Hope Kit Program currently provides a Narcan kit, Fentanyl test strips, a disposable CPR face mask to provide rescue breathing, instructions for use of Narcan and FTS, literature for treatment and supportive substance use services, and contact information for using substances safely when using alone. These items are combined into a water-resistant pouch printed with the word "HOPE."

Distribution of Hope Kits occurs by several means. Primarily they are provided at the time of a witnessed overdose response where EMS Narcan/naloxone has been administered. A kit is offered to the substance user and also to family and friends that are present. This effort is especially important when a substance user refuses further treatment and transportation to a hospital,

as their life may remain in jeopardy without further observation or counseling. Hope Kits are also distributed by the MORI Program during peer-supported post-overdose outreach services, during Narcan training and at other community outreach events. Additionally, a Hope Kit can also be obtained by a citizen walking up to their local MFD fire station.

The MFD Hope Kit Program is currently unfunded. Our supply of Narcan from the Narcan Direct Program is nearly diminished and the other items that compromise the Hope Kits have always been in a state of flux, relying on outside agencies when their budgets would allow. We have been in discussions with current Narcan Direct and Law Enforcement Narcan Leave Behind Programs, however, those agencies are being contacted by a multitude of other entities seeking a similar reliable supply; all have become essential access points for harm reduction within the community. However, there is arguably no more essential of a time to receive harm reduction then immediately after being revived by EMS at the time of an overdose.

9. Provide the date your updated operational plan was submitted or will be submitted, perDHS 110.35(2)(g), to DHS – Office of Preparedness and Emergency Health Care (OPEHC). If you have questions regarding your submitted update, reach out to your regional coordinator.

Most recent addendum submitted on 5/13/21; An update is being completed and will be submitted.

#### 10. Describe the geographic area to be served with this funding. (100 words)

Funding will serve the geographic area of the City of Milwaukee with additional service to suburban Milwaukee County. Milwaukee is a densely populated racially diverse large urban center for the State of Wisconsin. The city comprises 96.18 of the 241.48 square miles of Milwaukee County; the most populated city in the state lying within one of the smaller sized but also the most populated county in the state.

Additionally, Milwaukee has a lack of accessibility to adequate substance use treatment with hospitalizations for opioid overdose at a rate of 83.9 per 100,00 persons compared to the statewide rate of 43.9.

# 11. Evaluation - Describe the data collection and evaluation strategies that will be used to determine if the program is effective. (250 words)

The Milwaukee Fire Department currently compiles a monthly Narcan Hope Kit Program report to monitor the number of kits that have been distributed. This data is primarily separated into whether the kit was distributed as a leave behind at the scene of a witnessed overdose during an emergent response or as a part of the post-overdose outreach program.

Additionally, the status of the individual receiving the kit is documented to include whether or not they are a known substance user, whether or not they received training on the use of the kit, whether it is a replacement kit and if the previous kit was used to save a life, if they are a friend or family member of a substance user, or are they a professional working in the world of substance use (i.e., police, medical, social work). The program data collection was created to closely resemble the questions from the state Narcan Direct Monthly report.

The program data is also compared to the number of emergent MFD EMS responses where Narcan was administered to revive an overdose. The goal is to distribute kits to match the number of witnessed overdoses, primarily at the time of the overdose with supplemental distribution occurring during post-overdose outreach efforts. A monthly review of the confirmed fatal overdoses in Milwaukee related to opioids is also completed to monitor for any trends in changes to those totals; the hope being that a greater distribution of harm reduction will lead to a decrease in fatalities.

#### 12. Sustainability - Describe agency plans, if any, to continue this work beyond the funding period. (250 words)

The Milwaukee Fire Department began distributing Narcan kits in the final months of 2021 during our involvement as a recipient of the Narcan Direct Program. This developed into the creation of a larger leave behind program utilizing our emergently responding personnel that began in March 2022 and contributed to a total of 2,497 Narcan kits being distributed in 2022. These kits have been gratefully accepted by those seeking an accessible means to save a life and have been distributed to users of substances, friends and family of substance users, and to citizens requesting a kit from our personnel or while attending Narcan training sessions and community outreach events in support of safe substance use.

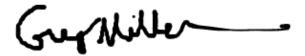
If our organization is accepted to receive this funding opportunity, we will continue to provide necessary harm reduction at the same trusted level that our community has come to rely upon our agency for a multitude of other public health and safety needs. Beyond this funding period the Milwaukee Fire Department will seek a continuance of similar funding in order to remain a reliable opportunity to access Narcan and related harm reduction for those in the community that we serve.

The Milwaukee Fire Department and the Milwaukee Overdose Response Initiative will continue to be involved within the community as a partner in a space where all public and private agencies need to strive beyond the perceived limits of normal

expectations to improve public health in the face of a growing epidemic of substance use disorders.

# 5. Confirm and Submit

I confirm that the information provided in this application is accurate to the best of my knowledge.



Signature of: Gregory Miller

# 6. Thank You!

# **EMS Leave Behind Application Submission**

Mar 30, 2023 11:58:30 Success: Email Sent to: mraina.haralampopoulos@dhs.wisconsin.gov; christine.niemuth@wisconsin.gov

#### **EMS Leave Behind Application Submission Complete**

Mar 30, 2023 11:58:30 Success: Email Sent to: gjmille@milwaukee.gov

**Contract Title:** EMS Leave Behind Program Budget

Name of Organization: Milwaukee Fire Department/Milwaukee Overdose Response Initiative

Contract Period: July 1, 2023 - June 30, 2024

Instructions: Use the detail table below to calculate program costs. Column B: Enter brief description of each supply item or category (such as "Narcan, 4mg nasal spray" or "printing resource guide"). Column C: Enter number of units of each item to be purchased. If using an annual estimate of costs, the # of units should equal 12 (months). Column D: Enter dollar cost for each item. If estimating an annual cost (insurance, internet service, electricity expenses, etc.), enter the monthly cost in Column D and "12" (for the number of months in a year) in Column C. Column E: The following equation, which is already embedded in this column, is used to calculate total cost for each line (# of units \* cost per unit). For every entry in the table, there must be a matching concise entry in the justification Column F.

	Description	# of Units	Cost per Unit	Total Cost	Justification
Narcan Hope Kit	s (2400 Each)				
Supply Item 1	Narcan Nasal Spray Kits (x2 4mg doses each)	2400	\$ 47.50	\$ 114,000.00	Each Hope Kit contains one (2 dose) kit for the reversal of an opioid overdose (200 cases at \$570/case). To be purchased as needed to ensure fresh stock
Supply Item 2	Hope Kit Bags (each)	2400	\$ 0.97	\$ 2,328.00	The contents of each Hope Kit are contained in this bag for distribution. One time up front purchase.
Supply Item 3	CPR Face Masks (Disposable) (100 per bag)	24	\$ 59.00	\$ 1,416.00	Each Hope Kit includes one CPR mask to provide a barrier to support rescue breathing to support reversal of an overdose. One time up front purchase.
Supply Item 4	MORI Program Palm Cards (Printed) (each)	2400	\$ 0.25	\$ 600.00	Each Hope Kit includes a list of resources available for treatment and supportive services for substance users. One time up front purchase.
Supply Item 5	Narcan Use Instruction Cards (Printed) (each)	2400	\$ 0.25	\$ 600.00	Each Hope Kit includes descriptive instructions for proper use and administration of Narcan. One time up front purchase.

	Never Use Alone Cards (Printed)					Each Hope Kit provides this card as an opportunity for those using substances alone to have someone present as a safety. One time up
Supply Item 6	(each)	2400	\$	0.08	\$ 192.00	front purchase.
Fentanyl Test St	trip Kits (3000 Each)[includes 2400 fo	r Narcan Ho	pe l	Kits]		
Supply Item 7	Fentanyl Test Strips (FTS) (each)	6000	\$	0.42	\$ 2,520.00	Each Hope Kit contains a FTS kit for the testing of substances. Each FTS kit contains two strips. To be purchased as needed to ensure fresh stock.
Supply Item 8	Fentanyl Test Strip Use Instruction Cards (Printed)(each)	3000	\$	0.25	\$ 750.00	Each FTS kit contains an instruction card. One time up front purchase.
Supply Item 9	Plastic Bags (1000 per carton)	3	\$	44.00	\$ 132.00	Each bag holds the contents of a Fentanyl test strip (FTS) kit. One time up front purchase.
Supply Item 10	Plastic Container (125 per pack)	48	\$	9.98	\$ 479.04	Each FTS kit has two plastic containers for use testing substances for Fentanyl. One time up front purchase.
Supply Item 11	Scoop (Wood Stirring Stick) (1000 per pack)	6	\$	12.99	\$ 77.94	Each FTS kit has two sticks (scoops) for use testing substances for Fentanyl. One time up front purchase.
Supply Item 12	Sterile Water Ampoules (100 per box)	60	\$	15.00	\$ 900.00	Each FTS kit has two ampoules of sterile water for use testing substances for Fentanyl. To be purchased as needed to ensure fresh stock.

TOTAL BUDGET REQUEST \$ 123,994.98

#### CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Disclosure of Lobbying Activities (Standard Form-LLL)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including Subcontracts, subgrants, and Contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

(Signature of Official Authorized to Sign Application)	(Date)	
Gregory Miller		
(Print Name)	(Title)	
(Agency / Contractor Name)	(Title of Program)	

**SIGNATURE** – Official Authorized to Sign Application

#### **DEPARTMENT OF HEALTH SERVICES**

Division of Enterprise Services F-01788 (03/2022)

For (Name of Vendor)

#### STATE OF WISCONSIN

Date Signed

Unique Entity Identifier (UEI), if applicable

#### CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using Federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at <a href="https://www.sam.gov">www.sam.gov</a>.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

INTERNAL USE ONLY	
Contract #:  Contract Description:	
The Office/Division of has searched the above named Vendor against the S system (SAM) and has confirmed as of Date the Vendor is not debarred, suspende declared ineligible, or voluntarily excluded by any Federal department or agency from Government.	ed, proposed for debarment,
SIGNATURE – Contract Administrator	Date Signed

#### **Certificate Of Completion**

Envelope Id: EA5A1602A641479E8BDC3068D98A0D48 Status: Sent

Subject: DHS - Milwaukee Fire Department- MORI - EMS Leave Behind Grant- 435100-G24-EMSLeaveBe-03

Source Envelope:

Document Pages: 26 Signatures: 1 **Envelope Originator:** Certificate Pages: 5 Initials: 0 Yvette Smith AutoNav: Enabled 1 West Wilson St.

Madison, WI 53703

Signature Adoption: Uploaded Signature Image

Using IP Address: 165.189.255.23

**Envelopeld Stamping: Enabled** Time Zone: (UTC-06:00) Central Time (US & Canada) yvettea.smith@dhs.wisconsin.gov

IP Address: 165.189.255.23

# **Record Tracking**

Holder: Yvette Smith Status: Original Location: DocuSign

yvettea.smith@dhs.wisconsin.gov 8/3/2023 7:27:55 AM

Pool: StateLocal Security Appliance Status: Connected Storage Appliance Status: Connected Pool: DHS Location: DocuSign

Signature

# Signer Events

DocuSigned by: Cody Wagner

CodyW.Wagner@dhs.wisconsin.gov 31F480248CEC464..

Office of Legal Counsel

Wisconsin Department of Health Services

Security Level: Email, Account Authentication

(None)

#### **Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

**Gregory Miller** 

gjmille@milwaukee.gov

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Accepted: 8/3/2023 9:08:16 AM

ID: 65fbcbbe-e1ea-4f3e-938c-2feef1ea24ae

Jonette Arms

jonette.arms@dhs.wisconsin.gov

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Accepted: 8/2/2023 3:40:09 PM

ID: 2437cc1f-2c87-4cc2-8544-22af53dedbba

#### **Timestamp**

Sent: 8/3/2023 7:32:41 AM Viewed: 8/3/2023 8:50:50 AM Signed: 8/3/2023 9:00:11 AM

Sent: 8/3/2023 9:00:13 AM Viewed: 8/3/2023 9:08:16 AM

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

**Carbon Copy Events Status Timestamp** Christine Niemuth Sent: 8/3/2023 7:32:41 AM COPIED christine.niemuth@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/5/2023 9:04:07 AM ID: 03766af4-48bc-40a8-8c10-5346d5e0e6eb Sent: 8/3/2023 7:32:42 AM Mary Raina Haralampopoulos COPIED mraina.haralampopoulos@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign Pa Khang Sent: 8/3/2023 7:32:41 AM pa.khang@dhs.wisconsin.gov **Grant Specialist** WI DHS Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign **DPH Contracts** Sent: 8/3/2023 7:32:41 AM COPIED DHSDPHContracts@dhs.wisconsin.gov **DPH Contracts Shared Account** Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign

Witness Events	Signature	Timestamp		
Notary Events	Signature	Timestamp		
Envelope Summary Events	Status	Timestamps		
Envelope Sent	Hashed/Encrypted	8/3/2023 7:32:42 AM		
Payment Events	Status	Timestamps		
Electronic Record and Signature Disclosure				

#### ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Wisconsin Department of Health Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

# **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

#### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

# How to contact Wisconsin Department of Health Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: DHSContractCentral@dhs.wisconsin.gov

# To advise Wisconsin Department of Health Services of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

#### To request paper copies from Wisconsin Department of Health Services

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

# To withdraw your consent with Wisconsin Department of Health Services

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

# Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <a href="https://support.docusign.com/guides/signer-guide-signing-system-requirements">https://support.docusign.com/guides/signer-guide-signing-system-requirements</a>.

# Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Wisconsin Department of Health Services as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Wisconsin Department of Health Services during the course of your relationship with Wisconsin Department of Health Services.