



**GENESEE COUNTY**  
**— M I C H I G A N —**

**Genesee County**  
**Human Services Committee**  
**Agenda**

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**Wednesday, March 19, 2025**

**5:30 PM**

**Harris Auditorium, 1101 Beach St.**

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**I. CALL TO ORDER**

**II. ROLL CALL**

**III. APPROVAL OF MINUTES**

[RES-2025-1313](#) Approval of Meeting Minutes - March 5, 2025

**IV. PUBLIC COMMENT TO COMMITTEE**

**V. COMMUNICATIONS**

**VI. OLD BUSINESS**

**VII. NEW BUSINESS**

1. [RES-2025-1225](#) Approval of a request to submit the 2025-2026 Head Start Grant Application to the Department of Health and Human Services/Administration for Children and Families
2. [RES-2025-1246](#) Approval of an agreement between Genesee County and the National Minority Quality Forum, in an amount not to exceed \$100,000.00, to provide continued support for the Flint Cancer Study; the cost of this agreement will be paid from the Health Services Millage
3. [RES-2025-1301](#) Approval of an agreement between Genesee County and Michigan State University to provide practicum experimental education to university students
4. [RES-2025-1302](#) Approval of a grant award from the Health Resources and Services Administration, in the amount of \$529,356.00, to provide for Genesee County's Healthy Start Program

**VIII. OTHER BUSINESS**

**IX. ADJOURNMENT**



# Genesee County

## Staff Report

Genesee County  
Administration Building  
1101 Beach St  
Flint, MI 48502

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**File #:** RES-2025-1313

**Agenda Date:** 3/19/2025

**Agenda #:**

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Approval of Meeting Minutes - March 5, 2025



**Genesee County  
Human Services Committee  
Meeting Minutes**

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**Wednesday, March 5, 2025**

**5:30 PM**

**Harris Auditorium, 1101 Beach St.**

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**I. CALL TO ORDER**

Commissioner Winfrey called the meeting to order at 6:01 PM.

**II. ROLL CALL**

**Present:** Charles Winfrey, James Avery, Gary L. Goetzinger, Martin L. Cousineau and Delrico J. Loyd

**III. APPROVAL OF MINUTES**

**IV. PUBLIC COMMENT TO COMMITTEE**

**V. COMMUNICATIONS**

**VI. OLD BUSINESS**

**VII. NEW BUSINESS**

1. [RES-2025-1211](#) Approval to accept the Glow and Grow Grant Award, in the amount of \$25,000.00, from Region 6 Perinatal Quality Collaborative to enhance birth outcomes, reduce health disparities and address underlying causes of inequities within our community; no additional County appropriation required

**RESULT:** REFERRED

**MOVER:** Delrico J. Loyd

**SECONDER:** James Avery

**Aye:** Chairperson Winfrey, Vice Chair Avery, Commissioner Goetzinger, Commissioner Cousineau and Commissioner Loyd

**VIII. OTHER BUSINESS**

**IX. ADJOURNMENT**

The meeting was adjourned at 6:02 PM.



# Genesee County

## Staff Report

Genesee County  
Administration Building  
1101 Beach St  
Flint, MI 48502

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**File #:** RES-2025-1225

**Agenda Date:** 3/19/2025

**Agenda #:** 1.

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**To:** Charles Winfrey, Human Services Committee Chairperson

**From:** Pamela Coleman, GCCARD Director

**RE:** Approval of a request to submit the 2025-2026 Head Start Grant Application to the Department of Health and Human Services/Administration for Children and Families

### **BOARD ACTION REQUESTED:**

The Genesee County Community Action Resource Department (GCCARD) requests authorization from this committee to submit the Head Start Grant Application for the 2025-2026 school year in the amount of \$15,713,491 (\$14,284,992 federal, plus \$1,428,499 non-federal) to the Department of Health and Human Services/Administration for Children and Families (HHS/ACF), with a recommendation of approval by the full Genesee County Board of Commissioners at their next regularly scheduled meeting.

### **BACKGROUND:**

This is the annual Head Start application to serve low-income families with children from birth to age five and pregnant individuals. The total proposed, funded Head Start enrollment in Genesee County for the 2025-2026 school year is 318 Head Start preschool, and 426 Early Head Start children. The GCCARD Head Start Grantee has been funded for both Head Start preschool and Early Head Start. The Beecher and Mott Delegates have been funded for Early Head Start.

### **DISCUSSION:**

This funding provides services in classrooms, or “center-based,” and through home visiting, or “home-based.” Comprehensive services include health and oral health, nutrition, mental health, education, and family support services with the goal of preparing families and children for school success.

### **IMPACT ON HUMAN RESOURCES:**

There will be no impact on Genesee County Human Resources as Head Start staff are contracted through the Oakland Livingston Human Services Agency.

### **IMPACT ON BUDGET:**

The complete federal award of this grant is \$14,284,992.00. This is divided as follows: \$5,405,152.00 Head Start Main Grant, \$54,360 Head Start Training and Technical Assistance (T&TA), \$8,658,865.00 Early Head Start Main Grant, and \$166,615.00 Early Head Start T&TA. The requested non-federal share match is \$1,428,499.00 (see attached waiver request). This match is generated through community partner and volunteer support in the form of classroom space, volunteer time,

supplies, and vendor discounts specific to the program.

**IMPACT ON FACILITIES:**

There will be no impact on Genesee County Facilities and Operations as Head Start space is leased.

**IMPACT ON TECHNOLOGY:**

There will be no impact on Genesee County Information Technology.

**CONFORMITY TO COUNTY PRIORITIES:**

This memorandum conforms to Genesee County's priority of Community Growth and Healthy, Livable and Safe Communities and Long-Term Financial Stability ensuring the continuation of Head Start preschool and Early Head Start programming in Genesee County.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Director of the Genesee County Community Action Resource Department (GCCARD) to authorize submitting an application for the Head Start grant(s) to fund the Genesee County Head Start and Early Head Start programs for the 2025-2026 school year from The Department of Health and Human Services/Administration for Children and Families in the amount of \$15,713,491.00 (\$14,284,992.00 federal award, plus \$1,428,499.00 non-federal share), is approved (a copy of the memorandum request and supporting documents being on file with the official records of the March 19, 2025 meeting of the Human Services Committee of this Board), and the Chairperson of this Board is authorized to execute any necessary documents on behalf of Genesee County.



**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name:		<b>Organizational Unit:</b>	
		Department:	
Organizational DUNS:		Division:	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street:		Prefix:	First Name:
City:		Middle Name	
County:		Last Name	
State:	Zip Code	Suffix:	
Country:		Email:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>		Phone Number (give area code)	Fax Number (give area code)
<input type="text"/> - <input type="text"/>			
<b>8. TYPE OF APPLICATION:</b>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)	
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>9. NAME OF FEDERAL AGENCY:</b>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
TITLE (Name of Program):		<input type="text"/> - <input type="text"/>	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date:	Ending Date:	a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ .00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ .00	DATE:	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ .00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix		First Name	Middle Name
Last Name		Suffix	
b. Title		c. Telephone Number (give area code)	
d. Signature of Authorized Representative		e. Date Signed	

## **Request for a Non Federal Share Waiver**

GCCARD Head Start is requesting a waiver for the Head Start/Early Head Start grant for the 2025-2026 year.

Head Start/Early Head Start (05CH012299) Original In-kind amount **\$3,571,248**

60% of the above amount is **\$2,142,749**. Our contribution would be **\$1,428,499**.

The reasons for the request would encompass 3 of the 5 criteria in the Head Start Act Section 640(b)(1)-(5)- lack of community resources, the impact of an unanticipated increase in the cost to carry out the program, and impact upon the community if the program is discontinued.

### **1) Lack of Community Resources**

Genesee County enjoyed prosperous times until the downturn of the auto industry in the late 1980's. Thousands of families in Genesee County have lost their jobs and continue to leave the state. The population has declined 5% from 2010 to 2020.

Daily struggles exist for many that have opted to stay in Genesee County. In fact, Genesee County has a higher rate of unemployment, poverty, children in poverty, households receiving public assistance, and childhood food insecurity than the state. Additionally, childhood maltreatment rates are significantly higher than the state, as well.

Community foundations and businesses are making concentrated efforts to revitalize the area, leaving limited resources as in-kind match for Head Start. Entities cannot be depended upon for in-kind, as they are struggling to maintain their own financial viability. Local school districts have had changes that impact the support they can provide for the Head Start Preschool and Early Head Start Program, as well.

The COVID-19 pandemic has also negatively impacted the generated non-federal share match. Parent and community volunteers were unable to spend time in classrooms due to covid restrictions. We have returned to allowing this volunteering, which historically generated a significant amount of non-federal share match. However, many volunteers are hesitant to return to the classroom setting.

### **2) Impact of unanticipated increase in cost**

There was an unanticipated increase in the cost of benefits, including health care coverage and workman's compensation insurance, as well as supplies and materials necessary to operate programming resulting in the enrollment reduction request. Provision of services to fewer children will consequently result in less non-federal share match generated through volunteer opportunities and homework related to school readiness goals.

### **3) Impact of Program Discontinuation**

GCCARD Head Start Preschool has been in Genesee County since 1965 and EHS since 1996. While state-funded programs have increased to provide opportunities for four year olds within Genesee County, Head Start Preschool and Early Head Start are the only free programs available that offer comprehensive services for families with young children. Early Head Start center based children all receive year-round, full school day care. GCCARD Head Start Preschool classrooms are also providing full school day care. Families that are working or furthering their education receive priority placement. Alternative (for profit) programs that provide child care are not only limited in number and capacity, but also require tuition beyond child care reimbursement rates, making them unaffordable for families that are struggling. Clearly, discontinuation of program funding would negatively impact many families that are attempting to better their lives.

The community partnerships that Head Start has formed through the years will benefit our families' abilities to access the limited resources that are still available to meet their needs. Discontinuation of programming would result in a reduction in early intervention and necessary resources that are essential to a young family's success.

**Additional Information:**

The proposed grant application for the 2025-2026 year maintains GSRP (Great Start Readiness Program) funding, which will assist in meeting the local match for the program year. The grantee is continuously seeking funding and partnership opportunities that will enhance the acquisition of in-kind dollars, while meeting the ever growing needs of families and children. Specific initiatives include an increase in implementation of large scale parent engagement opportunities, a change in parent meeting format to encourage increased participation, and an increased relationship with local partners/foundations to increase non-federal match dollars.

## **HEAD START PRESCHOOL SUMMARY**

Head Start Preschool is a comprehensive, family-focused school readiness program for income and age eligible children. In addition to a preschool program, Head Start works in conjunction with community partners to provide services related to physical and mental health, nutrition, social services, and family engagement activities. Head Start Preschool is proposing to serve 318 preschool age children and their families in Genesee County through partnerships with local school districts, churches, and college campuses.

Program options include center-based option (classroom), seven and a half hour classes, Monday through Thursday, for the school year and a home-based option. The center-based option provides ample opportunities for young children to progress in areas established by the program's school readiness goals. Implementation of full school day programming, program-wide, best meetings the needs of working families and those furthering their education. Head Start Preschool funding is blended with state Great Start Readiness Program funding to help allow for this option. In home-based, a home visitor works with the parent and child together, giving the parent ideas on activities to support their child's growth and development. Twice monthly, the child and parent attend a center for socialization, group activities, and parent education opportunities.

This application is to continue the 60 years of operating the Head Start Preschool program through the Genesee County Community Action Resource Department (GCCARD), a department of Genesee County, for the 2025-2026 school year.

## **EARLY HEAD START SUMMARY**

Early Head Start (EHS) is a comprehensive family focused child development and family engagement program for income eligible pregnant individuals, infants, and toddlers. In addition to a child development program, EHS provides, both directly and through community partners, services in physical and mental health, nutrition, social services, and family engagement activities. EHS is proposing to serve 426 income eligible families through Genesee County. EHS in the Beecher service area is provided through a contract between the school district and the Genesee County Community Action Resource Department (GCCARD), as is the program provided through Mott Community College.

The EHS child development center-based (classroom) model operates seven and half hour days, Monday through Thursday, for the full year. Each classroom has eight infants and toddlers with one childcare teacher for every four children. The primary curricula used are the Creative Curriculum for the center-based model and Partners for a Healthy Baby for pregnant individuals and Parents as Teachers for the home-based model. The Creative Curriculum Gold Assessment is used for both the home-based and center-based models.

In the home-based model, home visitors visit each family once per week, emphasizing the importance of early development of literacy and numeracy skills. Home visitors model developmentally appropriate interactions between young children and adults and share individualized activities for the parent to engage in with the child. Twice monthly children and parents attend a center for socialization, group activities, and parent education opportunities.

The proposed program assists parents and pregnant individuals in fulfilling their roles and provides a holistic approach to family development. This is done through individualized family partnership agreements that involve goal setting, implementation, and evaluation. The GCCARD

Early Head Start Program has strong community resources to assist families in attaining their goals and help children to begin school, ready to succeed.

CERTIFICATION OF HEAD START

ADMINISTRATIVE COSTS

We, Genesee County Community Action Resource Department, have reviewed 45 CFR Part 1305.5 and certify that the development and administrative costs to administer the Genesee County Community Action Resource Department Head Start Program for the program year, July 1, 2025 through June 30, 2026 will not exceed 15 percent of \$15,713,491.

(Total Federal and non-Federal costs for program accounts 22 through 26).

Documents substantiating administrative costs are available in our files for review by auditor and Office of Human Development Services/Health and Human Services Personnel.

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*Signature of Certifying Official*

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*Date*

HDS GRANTS MANAGEMENT

# **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES COMPENDIUM OF REQUIRED CERTIFICATIONS AND ASSURANCES**

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## **Office of Head Start**

Updated July 29, 2014



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES COMPENDIUM OF  
REQUIRED CERTIFICATIONS AND ASSURANCE**

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# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES COMPENDIUM OF REQUIRED CERTIFICATIONS AND ASSURANCE

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## SF424B Assurances – Non-Construction Programs

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

## U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES COMPENDIUM OF REQUIRED CERTIFICATIONS AND ASSURANCE

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9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES COMPENDIUM OF REQUIRED CERTIFICATIONS AND ASSURANCE

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## Certification Regarding Lobbying

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

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 an 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 Form to Report Lobbying," in accordance with its instructions.
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.

### Statement for Loan Guarantees and Loan Insurance

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement 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 statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## Regarding Compliance with Compensation Cap (Level II of the Executive Schedule)

Federal funds will not be used to pay any part of the compensation of an individual employed by a Head Start and/or Early Head Start agency if that individual's compensation exceeds the rate payable for Level II of the Executive Schedule.

# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES COMPENDIUM OF REQUIRED CERTIFICATIONS AND ASSURANCE

## Certification of Filing and Payment of Federal Taxes

As required by the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriation Act, 2008 (Public Law 110-161, Division G, Title V, section 523), as a prospective financial assistance recipient entering into a grant or cooperative agreement of more than \$5,000,000, I, as the duly authorized representative of the applicant, do hereby certify to the best of my knowledge and belief, that:

1. The applicant has filed all Federal tax returns required during the three years preceding this certification
2. The applicant has not been convicted of a criminal offense pursuant to the Internal Revenue Code of 1986 (U.S. Code - Title 26, Internal Revenue Code)
3. The applicant has not, more than 90 days prior to this certification, been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

## Submission Statement

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

### Authorized Representative:

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

\* Submitted by:  Date Submitted:

This is to verify that the Genesee County Board of Commissioners reviewed the 2025-2026 GCCARD Head Start Preschool and Early Head Start's Total Program Grant Proposal, including the non-federal share request, on Wednesday, March 12, 2025 and agrees with the contents of this grant application.

_____ <i>Signature of Certifying Official</i>	_____ <i>Date</i>
_____ <i>Chairperson</i> _____ <i>Title</i>	
_____ <i>Genesee County Board of Commissioners</i> <i>Applicant Organization</i>	



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Head Start | 330 C St., SW, 4th Floor, Washington DC 20201 | eclkc.ohs.acf.hhs.gov

January 08, 2025

**Grant No. 05CH012299**

**Dear Head Start Grant Recipient:**

An application for funding for the upcoming budget period must be submitted by April 1, 2025.

The following table reflects the annual funding and enrollment levels available to apply for:

Funding Type	Head Start	Early Head Start
Program Operations	\$5,405,152	\$8,658,865
Training and Technical Assistance	\$54,360	\$166,615
<b>Total Funding</b>		<b>\$14,284,992</b>

Program	Head Start	Early Head Start
Federal Funded Enrollment	318	426

**Period of Funding: 07/01/2025 - 06/30/2026**

**Application Submission Requirements**

The application must be prepared and submitted in accordance with the *Head Start Grant Application Instructions with Guidance, Version 3.01 (Application Instructions)* for a continuation application. It must be submitted on behalf of the Authorizing Official registered in the HSES.

**Incomplete applications will not be processed.**

*Application Instructions* are available on the home page of HSES. Please review the instructions carefully prior to preparing the application. Submission guidance can be found in the “Resources” section of the HSES.

*Funding is contingent upon the availability of federal funds and satisfactory performance under the terms and conditions of the Head Start award. Annual funding levels are subject to change because of Congressional action or program performance and may result in additional funding guidance from the Office of Head Start.*

**Addressing Staffing Challenges through Grant Applications**

Programs are strongly encouraged to make necessary changes to stabilize the Head Start workforce and must consider the staffing and training needs for their proposed program design,

including necessary compensation and staff supports to implement a sustainable high-quality program. Further guidance on strategies to support the Head Start workforce can be found in ACF-IM-HS-22-06 Strategies to Stabilize the Head Start Workforce.

Additional guidance on making program adjustments necessary to maintain a high-quality program with qualified staff can be found in ACF-IM-HS-22-09 Enrollment Reductions and Conversion of Head Start Slots to Early Head Start Slots.

### **Program Improvement (One-Time) Requests & Request Related to Health and Safety**

Grant recipients encountering program improvement needs that cannot be supported by the agency budgets or other resources are invited to apply for one-time funding. This funding must be applied for separately through the *Supplement or Supplement—Facilities 1303* amendment type in HSES. Please select the appropriate amendment based on the description in HSES. Requests generally include but not limited to facility projects (construction, purchase, or major renovations requiring 1303 applications, including costs necessary to determine eligibility to submit a 1303 application, and/or costs necessary to prepare and submit a 1303 application); minor repairs and enhancements; playground installations or upgrades; funding to support transportation needs with making investments in buses or other vehicles necessary to operate the program; or security and surveillance investments to assure maximum safety of children. Requests are prioritized and funded based on funding availability and may require additional time before a final decision.

For questions regarding *Application Instructions* or program improvement needs and requests, please contact Cherry Theard, Head Start Program Specialist, at 312-886-4283 or [cherry.theard@acf.hhs.gov](mailto:cherry.theard@acf.hhs.gov) or Susan Prudden, Grants Management Specialist, at 312-980-3406 or [Susan.Prudden@acf.hhs.gov](mailto:Susan.Prudden@acf.hhs.gov).

For assistance submitting the application in HSES, contact [help@hsesinfo.org](mailto:help@hsesinfo.org) or 1-866-771-4737.

Thank you for your cooperation and timely submission of the grant application.

Sincerely,

/Karen McNamara/

Karen McNamara



Regional Program Manager  
Office of Head Start



# Genesee County

## Staff Report

Genesee County  
Administration Building  
1101 Beach St  
Flint, MI 48502

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**File #:** RES-2025-1246

**Agenda Date:** 3/19/2025

**Agenda #:** 2.

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**To:** Charles Winfrey, Human Services Committee Chairperson

**From:** Joshua Freeman, Director of Administration

**RE:** Flint Cancer Study Support

**BOARD ACTION REQUESTED:**

Approval of an agreement between Genesee County and the National Minority Quality Forum, in an amount not to exceed \$100,000.00, to provide continued support for the Flint Cancer Study; the cost of this agreement will be paid from the Health Services Millage.

**BACKGROUND:**

**DISCUSSION:**

Genesee County was instrumental in advocating for a cancer cluster study for the City of Flint as it began to recover from the water crisis. The study is ongoing. To help residents engage with the study, the National Minority Quality Forum is requesting to contract with the county to activate community-based organizations in three ways; creating the Flint Cancer Equity Collaborative, offering Patient Navigation Outreach, and the through the creation of the Faith Health Alliance. The total cost of the agreement would be \$100,000 and would be paid for through the Genesee County Health Services Millage.

**IMPACT ON HUMAN RESOURCES:**

No impact on HR for this agreement.

**IMPACT ON BUDGET:**

Funding for this agreement will come from the Genesee County Health Services Millage. There is more than adequate funding available in the fund balance. A budget amendment is attached. This cost will be paid from account 2230-255.01-801.028.

**IMPACT ON FACILITIES:**

There will be no impact on Facilities for this agreement.

**IMPACT ON TECHNOLOGY:**

There will be no impact on Technology for this agreement.

**CONFORMITY TO COUNTY PRIORITIES:**

The Board of County Commissioners has prioritized Healthy, Livable & Safe Communities. In partnering with the National Minority Quality Forum, the Board will continue to promote public health to create safer and healthier residents.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Director of Administration to authorize entering into a contract between Genesee County and National Minority Quality Forum, Inc., whereby the contractor will provide continued support for the Flint Cancer Study by creating the Flint Cancer Equity Collaborative, offering Patient Navigation Outreach, and creating the Faith Health Alliance, at a cost not to exceed \$100,000.00 to be paid from account 2230-255.01-801.028, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the March 19, 2025 meeting of the Human Services Committee of this Board), the Chairperson of this Board is authorized to execute the agreement on behalf of Genesee County, and the Chief Financial Officer is directed to record the attached budget amendment.



— NATIONAL —  
**MINORITY QUALITY**  
— FORUM —

## PROPOSAL



Advancing Inflammatory Bowel Disease Awareness & Education  
in Underserved Communities

1201 NW 15th Street, Suite 340

Washington, DC 20005

<http://www.nmqf.org>



# — NATIONAL — MINORITY QUALITY — FORUM —

## Proposal

### Organizational Background

The **National Minority Quality Forum, Inc.** (NMQF) is a 501(c)(3) not-for-profit research and advocacy organization based in Washington, DC. NMQF was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations. With a mission to reduce patient risk by assuring optimal care for all, NMQF's aim is to use data and research to support and mobilize healthcare organizations, leaders, policymakers, and patients in advocating for optimal care for every individual, especially those in minoritized communities.

### Executive Summary

NMQF is seeking funding to implement the Flint IBD Equity Collaborative, along with a suite of programs designed to address health disparities and improve healthcare outcomes in underserved communities. This initiative will focus on reducing inequities in inflammatory bowel disease (IBD) through targeted education, patient engagement, and clinician training. NMQF will expand its efforts to train healthcare providers in quality improvement practices, ensuring that clinicians are equipped to deliver culturally competent care that meets the unique needs of minoritized populations. Additionally, the Flint Cancer Equity Collaborative will bring together local organizations, researchers, and community leaders to enhance cancer screening, facilitate clinical trial education, and improve early detection and treatment efforts. These efforts will be supported by NMQF Connect, a patient navigation outreach initiative that brings vital healthcare services directly to hard-to-reach communities through mobile mini-clinics, patient education events, and grassroots engagement.

To further advance health equity, NMQF will leverage trusted community networks through its Faith Health Alliance and Health Champions initiatives, which engage faith leaders, barbers, stylists, and other influential community members to promote health awareness and preventive care. These programs will be complemented by the FORWARD Scholarship Program, which aims to support early-career scientists from diverse backgrounds with research funding and specialized mentorship opportunities in oncology and health equity research. By investing in patient education, community partnerships, clinician training, and workforce development, NMQF seeks to build sustainable, community-driven healthcare solutions that enhance access to quality care, increase early diagnosis rates, and ultimately improve health outcomes for historically marginalized populations.

### Needs Statement

The need for targeted strategies to address disparities in IBD among Flint and Genesee County residents is critical, as evidence suggests that IBD is underreported in minoritized communities

and that clinicians often overlook symptoms in patients of color. In this region, where a significant portion of the population faces systemic healthcare barriers, the long-standing misconception that IBD primarily affects white individuals has contributed to delayed diagnoses and misdiagnoses among Black and Hispanic residents. Disparities in access to specialty care, socioeconomic challenges, and limited community awareness further exacerbate delays in diagnosis and treatment, leading to prolonged inflammation, increased symptom severity, and higher risks of complications. Additionally, Black patients in Genesee County are less likely to receive advanced IBD therapies, reflecting broader racial disparities in treatment access. Addressing these gaps requires a concerted effort to expand culturally competent healthcare, increase provider education on IBD in diverse populations, and strengthen community engagement to ensure that all residents—regardless of race or socioeconomic status—receive timely, effective, and equitable care. Improving local research representation and participation in clinical trials will also be essential to advancing health equity and optimizing outcomes for Flint and Genesee County residents living with IBD.<sup>1</sup>

## Project Description

NMQF proposes to implement a comprehensive IBD education and awareness project in Genesee County. The proposed project unfolds across several key components:

**1) The Flint Cancer Equity Collaborative** will combine the collective leadership of Flint community-based organizations, researchers, clinicians, and community leaders to advance cancer equity in Flint. The coalition will aim to reduce mortality and late-stage detection, diagnosis and treatment of cancer via the following:

- Increasing cancer screening and clinical trial education in hard to reach communities via workshops and/or mini-clinics
- Patient listening sessions to educate and facilitate community-based participatory research regarding cancer clusters and cancer research in community.
- Virtual and in-person convening cancer researchers and community leaders to educate and promote awareness of cancer treatments, screening and clinical trial opportunities.
- Sharing insights from NMQF Cancer Index 2.0 with community and training community research scientists
- Building a sustainable model of collaboration between health leaders and community
- Mobilizing local resources to address the social determinants of health

**2) Patient Navigation Outreach via NMQF Connect.** NMQF Connect is an inclusive, energetic dissemination strategy to foster health in underserved communities by going hyper-local and bringing resources, services and health education to hard-to-reach populations via events which will include:

- **Mini-Clinics:** Traveling Mini Clinic patient education events designed to “meet patients where they are”. Whereas many patient navigation programs are aimed at assisting at-risk patients within a particular hospital system, NMQF Connect Traveling Mini Clinic allows NMQF to help

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<sup>1</sup> Borum M. L. (2023). Racial and Ethnic Disparities in Inflammatory Bowel Disease. *Gastroenterology & hepatology*, 19(5), 281–283.

reduce patient risk for a minoritized, medically underserved, hard-to-reach population through targeted patient engagement. Mini clinic community events play a crucial role in patient navigation and education by providing accessible healthcare services, targeted patient education addressing specific needs and interactive engagement. These events serve as valuable platforms for disseminating health information, promoting healthy behaviors, and connecting individuals with healthcare resources. These events are typically held in community centers, schools, or local businesses, making healthcare more convenient and less intimidating for individuals.

- **Training Patient Navigators** Patient Navigators help patients navigate a complex health system to necessary clinical care and resources.
  - **Qualifications:** Culturally competent, knowledgeable about cancer screening, and familiar with local healthcare resources.
  - **Training Topics:** Communication skills, cultural sensitivity, information on cancer screening procedures, and handling patient inquiries.
  - **Potential Activities to Address Unmet Needs:**
    - **Transportation:** Coordinate or provide transportation for patients who face mobility or geographic barriers.
    - **Language and Literacy:** Provide materials in multiple languages and offer interpreters where needed.
    - **Insurance and Financial Guidance:** Assist with understanding insurance coverage and potential financial support for screening costs.
    - **Follow-Up and Support:**
    - **Ensure continuity of care by helping patients with referrals and appointment reminders.**
    - **Address any concerns and support patients emotionally and practically throughout the screening process.**

**3) DRIVE QIE Program and Health Champions Outreach:** Quality improvement (QI) for clinicians is crucial in driving health equity and better outcomes for patients of color. By focusing on improving clinical practices, processes, and patient care delivery, our QI initiatives help minoritized patients receive timely, appropriate, and culturally competent care.

A DRIVE QIE toolkit and training resources will be collaboratively designed with community and expert input, modeled after successful programs, and made freely accessible on the SHC website. They will serve as foundational materials for live programs, disseminated widely through a network of engaged advisors and partners. Emphasis will be placed on engaging and educating the healthcare community, including support staff, healthcare providers, and addressing points of access for care after diagnosis.

*About DRIVE (Demonstrating Real Improvement in Value and Equity):* The DRIVE program, led by NMQF's SHC, focuses on promoting health equity. Launched in the 2017-18 flu season and implemented in various health system settings, DRIVE utilizes an evidence-based approach, incorporating system leadership engagement, system-based changes, community outreach, team-based immunization approaches, and data feedback reports. The program aims to increase community voices supporting health education and strengthen partnerships between healthcare



providers and community organizations. Today, DRIVE has successfully cultivated partnerships in 22 states, 12 health systems, 148 FQHCs and free clinics, over 100 programs in communities, more than 50 pharmacy ambassadors, and countless health champions.

**4) Faith Health Alliance Educational and Outreach** The Faith Health Alliance, composed of trusted community leaders, will organize large-scale educational events focusing on IBD education, early detection and prevention within congregations and communities. Their work is guided by a deep understanding of the communities they serve and their ability to foster trust and engagement. The model's effectiveness is exemplified by the Alliance's previous achievements, such as a 15% increase in flu vaccination rates during the challenges of the COVID-19 pandemic. This success led to the expansion of the Alliance in 2021, expanding their impact to over 45 Churches nationwide and regional networks in Pennsylvania, Georgia, and Alabama, addressing various health concerns and organizing community events.

**5) Health Champions.** NMQF SHC's Health Champions, which includes barbers and stylists through the HAIR Wellness Warriors program, have pioneered the "care behind the chair" model, educating salon and barber shop clients on IBD. Their unique approach continues to leverage the trusted relationship between clients and stylists, making health education more accessible. Other Health Champions include local, community-based partners that also lend a trusted voice to their communities. Health Champions utilize evidence-based approaches to enhance community health through various platforms, reaching 4.8 million individuals through webinars, and maintaining a nationwide presence with a dedicated toolkit for virtual and in-person outreach.

**6) FORWARD Scholarship Program.** NMQF's CSSI team has noticed the lack of culturally representative scientists in the local community. Experts in oncology research, health equity research and clinical medicine who share the lived experiences of the Flint community are rare. The Flint Oncology Researchers Advancing Research Development (FORWARD) , a scholarship program uniquely tailored for early career scientists from diverse backgrounds. This program will seek to attract early career scientists from diverse backgrounds to study in Flint and to receive specialized oncology mentorship and research funding. The aim is to support early career scientists and their research projects by improving the quality of their scientific research, deepening scientific cooperation in the oncology field and engaging in academic activities. The duration of their project must be at least two years. The funding requested for one project should not exceed \$35,000 per year. The proposed grant program will help support a college scholarship for young scientists, expenses for research activities, and overhead costs.

## Goal, Objectives, & Potential Outcomes

**Goal:** NMQF aims to enhance health education, awareness, and access within underserved communities, particularly among minoritized populations, by implementing targeted initiatives to reduce health disparities related to IBD, empower affected individuals with resources and education, and foster collaborative efforts in community-driven health improvement.

**Expected Outcomes / Impact:** The proposed project envisions a range of positive outcomes, including heightened awareness and understanding of IBD among at-risk populations in Genesee County. Through community listening sessions and targeted educational efforts, the project aims to

facilitate early detection and diagnosis, leading to improved healthcare utilization and proactive health management. NMQF Lift Every Voice Patient Network and NMQF Connect events will educate patients, recruit patient ambassadors, foster community engagement and patient empowerment, while the IBD DRIVE QIE Toolkit and Health Champions Communication Toolkit will enhance education and support for healthcare professionals and community leaders. The creation of the Community-Led Coalition for IBD will establish a supportive network, and initiatives in barbershops and salons will promote health literacy in trusted community spaces. Ultimately, the project aspires to reduce health disparities, create region-wide impact, and ensure the sustainability and expansion of successful initiatives, contributing to a well-informed and empowered community addressing the challenges of living with IBD.

**Evaluation**

Evaluation metrics will include increased IBD awareness in target communities, improved patient-provider communication, enhanced healthcare community engagement, and a decrease in time to diagnosis and treatment.

**Program SOW**

Program Component	Description	Total Requested
Flint Cancer Equity Collaborative	<ul style="list-style-type: none"> <li>● Increasing cancer screening and clinical trial education in hard to reach communities via workshops and/or mini-clinics</li> <li>● Patient listening sessions to educate and facilitate community-based participatory research regarding cancer clusters and cancer research in the community.</li> <li>● Virtual and in-person convening cancer researchers and community leaders to educate and promote awareness of cancer treatments, screening and clinical trial opportunities.</li> <li>● Sharing insights from NMQF Cancer Index 2.0 with community and training community research scientists</li> <li>● Building a sustainable model of collaboration between health leaders and community</li> <li>● Mobilizing local resources to address the social determinants of health</li> </ul>	\$60,000.00
Patient Navigator Training Program	Activating health workers, community and faith leaders to disseminate information about IBD resources and assist with patient navigation	\$12,000.00

Faith Health Alliance	Update materials for Church leaders to educate their congregations and communities as needed; SHC staff support	\$28,000.00
<b>TOTAL</b>		<b>\$100,000.00</b>
<b>OPTIONAL ADD ON</b>		
QI Project	Quality Improvement program working with health systems in Flint to improve patient experience	\$50,000.00
The Flint Oncology Researchers Advancing Research Development (FORWARD) - Grant for Early Career Scientists of Color	This grant will seek to attract early career scientists of color to study in Flint and to receive specialized oncology mentorship and research funding. The aim is to support early career scientists of color and their research projects by improving the quality of their scientific research, deepening scientific cooperation in the oncology field and engaging in academic activities. The duration of their project must be at least two years. The funding requested for one project should not exceed \$35,000 per year. The proposed grant program will help support a college scholarship for young scientists, expenses for research activities, and overhead costs.	\$50,000.00
<b>GRAND TOTAL</b>		<b>\$200,000.00</b>

DESCRIPTION: Cancer study contract

DATE:

GL #	DESCRIPTION	Increase/(Decrease)
2230-255.01-801.028	OTHER CONTRACTUAL SERVICES	100,000.00

APPROVED BY: \_\_\_\_\_

DESCRIPTION: Cancer study contract

DATE:

GL #	DESCRIPTION	Increase/(Decrease)
2230-255.01-801.028	OTHER CONTRACTUAL SERVICES	100,000.00

APPROVED BY: \_\_\_\_\_

## PROFESSIONAL SERVICES CONTRACT

This Contract for Professional Services (the “Contract”) is by and between the County of Genesee, a Michigan Municipal Corporation, whose principal place of business is located at 1101 Beach Street, Flint, Michigan 48502 (the “County”), and National Minority Quality Forum, Inc., a Washington, D.C., nonprofit research and advocacy organization, whose principal place of business is located at 1201 NW 15<sup>th</sup> Street, Suite 340, Washington, DC 20005 (the “Contractor”) (the County and the Contractor together, the “Parties”).

### 1. Term

The term of this Contract commences on April 1, 2025, and shall be effective until the proposed project is completed (the “Term”).

### 2. Scope of Work

The Contractor agrees to perform the services described on Exhibit A (the “Services”).

### 3. Compensation

*Flat Fee.* The Contractor shall be paid a flat fee of \$100,000.00 for the performance of the Services. Upon completion of the Services, the Contractor must provide to the County an invoice in a form acceptable to the County, along with any necessary supporting documentation. The County will pay the Contractor within sixty (60) days of the County’s acceptance of the invoice and supporting documentation.

### 4. Taxes.

The County is a Michigan Municipal Corporation. The Contractor acknowledges that the County is exempt from Federal Excise Tax and Michigan Sales Tax.

### 5. Contract Administrator

The contract administrator for this Contract is Joshua Freeman (the “Contract Administrator”). The Contractor acknowledges that the Contract Administrator is the primary County contact for notices and instructions related to this Contract. The Contractor agrees to provide a copy of all notices related to this Contract to the Contract Administrator.

### 6. Warranties

The Contractor warrants that:

6.1 The Services will be performed in a good and workmanlike manner and in accordance with generally acceptable practices in the industry.

- 6.2 The Contractor will comply with all federal, state, and local laws in the performance of the Services.
- 6.3 The Contractor will comply with the requirements of any federal or state grants used to fund or support this Contract.
- 6.4 The Contractor will obtain and maintain all applicable licenses and permits necessary to provide the Services for the entire term of this Contract.

The Contractor agrees to indemnify, defend, and hold harmless the County, its officials, officers, agents, and employees from any and all claims, damages, or liability, including defense costs, arising out of the Contractor's breach of these warranties.

## **7. Suspension of Work**

### **7.1 Order to Suspend Performance**

Upon written order of the Contract Administrator, the Contractor agrees to immediately suspend performance of the Services. The Contractor shall not be entitled to compensation for any Services performed during any period in which the Contract Administrator has directed that the Services be suspended.

### **7.2 Necessary Actions Before Suspension**

If immediate suspension of the Services would cause harm, injury, or damage to persons or property, the Contractor must immediately notify the Contract Administrator of the nature of such harm, injury, or damage, and obtain written authorization from the Contract Administrator to take such necessary action as to prevent or minimize such harm, injury or damage. Actions authorized by the Contract Administrator pursuant to this paragraph are compensable.

## **8. Termination**

### **8.1 Termination for Cause**

If the Contractor is in breach of any provision of this Contract, and such breach continues for fourteen (14) days after written notice is issued to the Contractor by the County of the breach, the County may terminate this Contract. Such termination for cause is effective upon receipt of the notice of termination by the Contractor.

In addition to any other remedies provided by law or this Contract, the Contractor shall be responsible for all costs incurred by the County as a result of the Contractor's breach and termination, including any costs to obtain substitute performance.

## 8.2 Immediate Termination

If the County, in its discretion, determines that the Contractor's breach of this Contract constitutes a threat to public health, safety, or welfare, the County may terminate this Contract immediately upon notice to the Contractor.

In addition to any other remedies provided by law or this Contract, the Contractor shall be responsible for all costs incurred by the County as a result of the Contractor's breach and termination, including any costs to obtain substitute performance.

## 8.3 Termination for Convenience

If the County determines that it is in the County's best interests, the County may terminate this Contract upon thirty (30) days written notice to the Contractor.

The County shall pay for all work properly performed up to the effective date of the notice of termination.

## 8.4 Termination for Lack of Funding

If this Contract is funded by public funds or a grant from a public or private entity, and the funds are not appropriated or the grant is discontinued, the County may terminate this Contract by written notice specifying the date of termination.

The County shall pay for all work properly performed up to the effective date of the notice of termination.

## 9. **Nondiscrimination**

The Contractor covenants that it will not discriminate against an employee or applicant of employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, sexual identity, gender, gender identity, gender expression, height, weight, marital status, or a disability that is unrelated to the individual's ability to perform the duties of a particular job or position, and that it will require the same non-discrimination assurances from any subcontractor who may be used to carry out duties described in this contract. Contractor covenants that it will not discriminate against businesses that are owned by women, minorities or persons with disabilities in providing services covered by this Contract, and that it shall require the same assurances from subcontractors. Breach of this covenant shall be regarded as a material breach of this contract.



## **10. Freedom of Information Act**

This Contract and all attachments, as well as any other information submitted by the Contractor to the County, are subject to disclosure under the provisions of MCL 15.231, *et seq.*, known as the “Freedom of Information Act”.

## **11. Intellectual Property**

Any intellectual property created by the Contractor in the performance of the Services shall be considered a work made for hire, and any and all rights in such intellectual property shall belong solely to the County. Upon the County’s request, the Contractor agrees to execute any documents necessary to convey ownership of such intellectual property to the County.

## **12. Audit Rights**

### **12.1 Certification of Accurate Information**

Contractor certifies that all information provided to the County by the Contractor relating to the award or modification of this Contract, or any payment or dispute related to this Contract, is true and correct. The Contractor further certifies that its accounting system conforms to generally accepted accounting principles.

### **12.2 Inspection**

The Contractor agrees that the County may inspect the Contractor’s plant, place of business, or worksite to ensure compliance with the terms of this Contract. If this Contract is funded or supported with any state or federal grant funds, the state or federal agencies responsible for administering the applicable grants may examine the Contractor’s plant, place of business, or worksite to ensure compliance with the terms of this Contract and the terms of the applicable grant.

### **12.3 Audit**

The Contractor agrees that the County may examine the Contractor’s records to ensure compliance with the terms of this Contract. If this Contract is funded or supported with any state or federal grant funds, the state or federal agencies responsible for administering the applicable grants may examine the Contractor’s records to ensure compliance with the terms of this Contract and the terms of the applicable grant.

### **12.4 Records Retention**

The Contractor agrees to maintain any business records related to this Contract or the Contractor’s performance under this Contract for a period of at least three (3) years after final payment.

### 13. Identity Theft Prevention

13.1 In the event that the Contractor will obtain identifying information during the performance of the Services, the Contractor must take reasonable precautions to ensure that such identifying information is protected from unauthorized disclosure and is used only for the purpose of performing the Services.

13.2 For the purposes of this Paragraph, “identifying information” means any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including but not limited to name, address, telephone number, social security number, date of birth, driver’s license number, taxpayer identification number, or routing code.

### 14. Insurance Requirements and Indemnification

The Contractor shall at all times maintain in full force and effect for duration of the term of this agreement the following insurance coverages. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan, having an AM Best rating of at least A- and acceptable to Genesee County. *In addition, the County reserves the right to modify or waive at any time any applicable insurance requirements based on the scope of services provided at the discretion of the County’s Risk Manager or other authorized representative of the County.*

**Commercial General Liability Insurance** on an “occurrence basis” with minimum limits of \$1,000,000\_\_\_\_\_ per occurrence and a \$2,000,000\_\_\_\_\_ aggregate limit.-. The policy shall name Genesee County, including all employees, elected and appointed officials and volunteers, all boards, commissions, and/or authorities, and their board members, employees, and volunteers as additional insureds. Coverage shall be primary and non-contributory, including a waiver of subrogation in favor of the County.

**Workers’ Compensation Insurance** – as required by and in accordance with all applicable statutes of the State of Michigan, including Employers’ Liability Coverage.

**Automobile Liability** – Including Michigan No-Fault coverages, with limits of liability not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage. Coverage shall include all owned, non-owned, and hired vehicles. Limits may be satisfied using primary and excess/umbrella liability policies. -. The policy shall name Genesee County, including all employees, elected and appointed officials and volunteers, all boards, commissions, and/or authorities, and their board members, employees, and volunteers as additional insureds.

**Professional Liability Insurance** – in an amount not less than \$1,000,000 per occurrence and \$1,000,000 aggregate. If this policy is a claims made form, the

Contractor shall be required to keep said policy in force, or purchase "tail" coverage for a minimum of three (3) years after the termination of this contract.

A licensee or its insurance broker shall notify the County of any cancellation or reduction in coverage within seven (7) days of receipt of insurer's notification to that effect. The contractor, licensee, permittee, or lessee shall forthwith obtain and submit proof of substitute insurance to the County Risk Manager within five (5) business days in the event of expiration or cancellation of coverage.

#### 14.1 Insurance Certificate and Additional Insured Coverage

- 1. Certificate of Insurance** – The contractor must provide a Certificate of Insurance evidencing the required insurance set forth above. The Certificate Holder should be listed as follows:

Genesee County  
Attn: Risk Management  
1101 Beach Street, Flint, MI 48502

- 2. Endorsements** In addition, the contractor must provide the following endorsements, including but not limited to:

- a. An additional insured endorsement (equivalent in coverage to ISO form CG 20 10 and CG 20 37) naming the "Genesee County, its officials, employees and agents, all boards, commissions and/or authorities and board members, including employees and volunteers thereof" as additional insureds under the general liability policy. No person or department should be identified as the additional insured. Coverage afforded shall be considered primary and any other insurance or self-insurance, maintained by or available to the County shall be considered secondary and/or excess.
- b. An endorsement to each policy stating that such policy shall not be cancelled or reduced in coverage except after thirty (30) days prior written notice to County. Cancellation, material restriction, nonrenewal or lapse of any of the required policies shall be grounds for immediate termination of the Agreement by the County. If any of the required coverages expire during the term of the contract, the vendor shall deliver renewal certificates, endorsements, and/or policies to County at least ten (10) days prior to the expiration date.

In lieu of required endorsements, a copy of the policy sections, where coverage is provided for additional insured and cancellation notice, may be acceptable. Copies of all policies mentioned above shall be furnished, if so requested.

## 14.2 Indemnification

The Contractor agrees to indemnify, defend, and hold harmless the County, its officials, officers, agents, and employees from any and all claims, damages, or liability, including defense costs, arising out of the Contractor's performance of the Services or presence on the County's property or worksite. Contractor agrees that the insurance requirements specified in the contract do not reduce the liability Contractor has assumed in the indemnification/hold harmless section of the Contract.

## 15. Independent Contractor

The Contractor and its agents and employees are independent contractors and are not the employees of the County.

## 16. General Provisions

### 16.1 Entire Contract

This Contract, consisting of the following documents and Exhibits, embodies the entire Contract between the Parties.

16.1.1. The Contract – This Professional Services Contract

16.1.2. Exhibit A – The Scope of Work

There are no promises, terms, conditions, or obligations relating to the Services other than those contained herein. In the event of a conflict between this Contract and any Exhibit, the terms of this Contract shall control.

### 16.2 No Assignment

The Contractor may not assign or subcontract this Contract without the express written consent of the County.

### 16.3 Modification

This Contract may be modified only in writing executed with the same formalities as this Contract.

### 16.4 Binding Effect

The provisions of this Contract shall apply to and bind the heirs, executors, administrators, and assigns all of the parties hereto.

## 16.5 Headings

The paragraph headings in this Contract are used only for ease of reference, and do not limit, modify, construe, and or interpret any provision of this Contract.

## 16.6 Governing Law and Venue

This Contract is entered into under the laws of the State of Michigan. Any litigation between the Parties arising out of this Contract must be initiated within two years of the cause of action accruing and must be brought in a court of competent jurisdiction in Genesee County, Michigan.

## 16.7 Subpoena Power

The Contractor acknowledges and understands that the Chairperson of the Genesee County Board of Commissioners, pursuant to MCL 46.3(5), as amended, has the power to administer oaths, issue subpoenas, and compel a person's attendance in the same manner as a court of law. The Contractor agrees to submit to this power with respect to this Contract.

## 16.8 Severability and Survival

In the event that any provision of this Contract is deemed by any court of competent jurisdiction to be legally ineffective, such decision shall have no effect on the remaining provisions of this Contract.

## 16.9 Interpretation

Each Party has had opportunity to have this Contract reviewed by legal counsel and has had equal opportunity to contribute to its contents. In the event of any dispute concerning the interpretation of this Contract, there shall be no presumption in favor of any interpretation solely because the form of this Contract was prepared by the County.

## 16.10 Remedies

All remedies specified in this Contract are non-exclusive. The County reserves the right to seek any and all remedies available under this Contract and applicable law in the event that the Contractor fails to abide by the terms of this Contract.

\*\*\*\*\* SIGNATURE PAGE FOLLOWS \*\*\*\*\*

IN WITNESS WHEREOF, the Parties have caused this Contract to be executed by their duly authorized agents.

National Minority Quality Forum

COUNTY OF GENESEE

By: \_\_\_\_\_

Name:

Its:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Delrico Loyd, Chairperson

Board of County Commissioners

Date: \_\_\_\_\_

## EXHIBIT A

### Description of the Services

#### Organizational Background

The **National Minority Quality Forum, Inc.** (NMQF) is a 501(c)(3) not-for-profit research and advocacy organization based in Washington, DC. NMQF was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations. With a mission to reduce patient risk by assuring optimal care for all, NMQF's aim is to use data and research to support and mobilize healthcare organizations, leaders, policymakers, and patients in advocating for optimal care for every individual, especially those in minoritized communities.

#### Executive Summary

NMQF is seeking funding to implement the Flint IBD Equity Collaborative, along with a suite of programs designed to address health disparities and improve healthcare outcomes in underserved communities. This initiative will focus on reducing inequities in inflammatory bowel disease (IBD) through targeted education, patient engagement, and clinician training. NMQF will expand its efforts to train healthcare providers in quality improvement practices, ensuring that clinicians are equipped to deliver culturally competent care that meets the unique needs of minoritized populations. Additionally, the Flint Cancer Equity Collaborative will bring together local organizations, researchers, and community leaders to enhance cancer screening, facilitate clinical trial education, and improve early detection and treatment efforts. These efforts will be supported by NMQF Connect, a patient navigation outreach initiative that brings vital healthcare services directly to hard-to-reach communities through mobile mini-clinics, patient education events, and grassroots engagement.

To further advance health equity, NMQF will leverage trusted community networks through its Faith Health Alliance and Health Champions initiatives, which engage faith leaders, barbers, stylists, and other influential community members to promote health awareness and preventive care. These programs will be complemented by the FORWARD Scholarship Program, which aims to support early-career scientists from diverse backgrounds with research funding and specialized mentorship opportunities in oncology and health equity research. By investing in patient education, community partnerships, clinician training, and workforce development, NMQF seeks to build sustainable, community-driven healthcare solutions that enhance access to quality care, increase early diagnosis rates, and ultimately improve health outcomes for historically marginalized populations.

#### Needs Statement

The need for targeted strategies to address disparities in IBD among Flint and Genesee County residents is critical, as evidence suggests that IBD is underreported in minoritized communities and that clinicians often overlook symptoms in patients of color. In this region, where a significant portion of the population faces systemic healthcare barriers, the long-standing misconception that IBD primarily affects white individuals has contributed to delayed diagnoses and misdiagnoses among Black and Hispanic residents. Disparities in access to specialty care, socioeconomic challenges, and limited community awareness further exacerbate delays in diagnosis and treatment, leading to prolonged inflammation, increased symptom severity, and higher risks of complications. Additionally, Black patients in Genesee County are less likely to receive advanced IBD

therapies, reflecting broader racial disparities in treatment access. Addressing these gaps requires a concerted effort to expand culturally competent healthcare, increase provider education on IBD in diverse populations, and strengthen community engagement to ensure that all residents—regardless of race or socioeconomic status—receive timely, effective, and equitable care. Improving local research representation and participation in clinical trials will also be essential to advancing health equity and optimizing outcomes for Flint and Genesee County residents living with IBD.<sup>1</sup>

### Project Description

NMQF proposes to implement a comprehensive IBD education and awareness project in Genesee County. The proposed project unfolds across several key components:

**1) The Flint Cancer Equity Collaborative** will combine the collective leadership of Flint community-based organizations, researchers, clinicians, and community leaders to advance cancer equity in Flint. The coalition will aim to reduce mortality and late-stage detection, diagnosis and treatment of cancer via the following:

- Increasing cancer screening and clinical trial education in hard to reach communities via workshops and/or mini-clinics
- Patient listening sessions to educate and facilitate community-based participatory research regarding cancer clusters and cancer research in community.
- Virtual and in-person convening cancer researchers and community leaders to educate and promote awareness of cancer treatments, screening and clinical trial opportunities.
- Sharing insights from NMQF Cancer Index 2.0 with community and training community research scientists
- Building a sustainable model of collaboration between health leaders and community
- Mobilizing local resources to address the social determinants of health

**2) Patient Navigation Outreach via NMQF Connect.** NMQF Connect is an inclusive, energetic dissemination strategy to foster health in underserved communities by going hyper-local and bringing resources, services and health education to hard-to-reach populations via events which will include:

- **Mini-Clinics:** Traveling Mini Clinic patient education events designed to “meet patients where they are”. Whereas many patient navigation programs are aimed at assisting at-risk patients within a particular hospital system, NMQF Connect Traveling Mini Clinic allows NMQF to help reduce patient risk for a minoritized, medically underserved, hard-to-reach population through targeted patient engagement. Mini clinic community events play a crucial role in patient navigation and education by providing accessible healthcare services, targeted patient education addressing specific needs and interactive engagement. These events serve as valuable platforms for disseminating health information, promoting healthy behaviors, and connecting individuals with healthcare resources. These events are typically held in community centers, schools, or local businesses, making healthcare more convenient and less intimidating for individuals.

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<sup>1</sup> Borum M. L. (2023). Racial and Ethnic Disparities in Inflammatory Bowel Disease. *Gastroenterology & hepatology*, 19(5), 281–283.



- **Training Patient Navigators** Patient Navigators help patients navigate a complex health system to necessary clinical care and resources.
  - Qualifications: Culturally competent, knowledgeable about cancer screening, and familiar with local healthcare resources.
  - Training Topics: Communication skills, cultural sensitivity, information on cancer screening procedures, and handling patient inquiries.
  - Potential Activities to Address Unmet Needs:
    - Transportation: Coordinate or provide transportation for patients who face mobility or geographic barriers.
    - Language and Literacy: Provide materials in multiple languages and offer interpreters where needed.
    - Insurance and Financial Guidance: Assist with understanding insurance coverage and potential financial support for screening costs.
    - Follow-Up and Support:
      - Ensure continuity of care by helping patients with referrals and appointment reminders.
      - Address any concerns and support patients emotionally and practically throughout the screening process.

**3) DRIVE QIE Program and Health Champions Outreach:** Quality improvement (QI) for clinicians is crucial in driving health equity and better outcomes for patients of color. By focusing on improving clinical practices, processes, and patient care delivery, our QI initiatives help minoritized patients receive timely, appropriate, and culturally competent care.

A DRIVE QIE toolkit and training resources will be collaboratively designed with community and expert input, modeled after successful programs, and made freely accessible on the SHC website. They will serve as foundational materials for live programs, disseminated widely through a network of engaged advisors and partners. Emphasis will be placed on engaging and educating the healthcare community, including support staff, healthcare providers, and addressing points of access for care after diagnosis.

*About DRIVE (Demonstrating Real Improvement in Value and Equity):* The DRIVE program, led by NMQF's SHC, focuses on promoting health equity. Launched in the 2017-18 flu season and implemented in various health system settings, DRIVE utilizes an evidence-based approach, incorporating system leadership engagement, system-based changes, community outreach, team-based immunization approaches, and data feedback reports. The program aims to increase community voices supporting health education and strengthen partnerships between healthcare providers and community organizations. Today, DRIVE has successfully cultivated partnerships in 22 states, 12 health systems, 148 FQHCs and free clinics, over 100 programs in communities, more than 50 pharmacy ambassadors, and countless health champions.

**4) Faith Health Alliance Educational and Outreach** The Faith Health Alliance, composed of trusted community leaders, will organize large-scale educational events focusing on IBD education, early detection and prevention within congregations and communities. Their work is guided by a deep understanding of the communities they serve and their ability to foster trust and engagement. The model's effectiveness is exemplified by the Alliance's previous achievements, such as a 15% increase in flu vaccination rates during the challenges of the COVID-19 pandemic. This success led

to the expansion of the Alliance in 2021, expanding their impact to over 45 Churches nationwide and regional networks in Pennsylvania, Georgia, and Alabama, addressing various health concerns and organizing community events.

**5) Health Champions.** NMQF SHC's Health Champions, which includes barbers and stylists through the HAIR Wellness Warriors program, have pioneered the "care behind the chair" model, educating salon and barber shop clients on IBD. Their unique approach continues to leverage the trusted relationship between clients and stylists, making health education more accessible. Other Health Champions include local, community-based partners that also lend a trusted voice to their communities. Health Champions utilize evidence-based approaches to enhance community health through various platforms, reaching 4.8 million individuals through webinars, and maintaining a nationwide presence with a dedicated toolkit for virtual and in-person outreach.

**6) FORWARD Scholarship Program.** NMQF's CSSI team has noticed the lack of culturally representative scientists in the local community. Experts in oncology research, health equity research and clinical medicine who share the lived experiences of the Flint community are rare. The Flint Oncology Researchers Advancing Research Development (FORWARD) , a scholarship program uniquely tailored for early career scientists from diverse backgrounds. This program will seek to attract early career scientists from diverse backgrounds to study in Flint and to receive specialized oncology mentorship and research funding. The aim is to support early career scientists and their research projects by improving the quality of their scientific research, deepening scientific cooperation in the oncology field and engaging in academic activities. The duration of their project must be at least two years. The funding requested for one project should not exceed \$35,000 per year. The proposed grant program will help support a college scholarship for young scientists, expenses for research activities, and overhead costs.

### **Goal, Objectives, & Potential Outcomes**

**Goal:** NMQF aims to enhance health education, awareness, and access within underserved communities, particularly among minoritized populations, by implementing targeted initiatives to reduce health disparities related to IBD, empower affected individuals with resources and education, and foster collaborative efforts in community-driven health improvement.

**Expected Outcomes / Impact:** The proposed project envisions a range of positive outcomes, including heightened awareness and understanding of IBD among at-risk populations in Genesee County. Through community listening sessions and targeted educational efforts, the project aims to facilitate early detection and diagnosis, leading to improved healthcare utilization and proactive health management. NMQF Lift Every Voice Patient Network and NMQF Connect events will educate patients, recruit patient ambassadors, foster community engagement and patient empowerment, while the IBD DRIVE QIE Toolkit and Health Champions Communication Toolkit will enhance education and support for healthcare professionals and community leaders. The creation of the Community-Led Coalition for IBD will establish a supportive network, and initiatives in barbershops and salons will promote health literacy in trusted community spaces. Ultimately, the project aspires to reduce health disparities, create region-wide impact, and ensure the sustainability and expansion of successful initiatives, contributing to a well-informed and empowered community addressing the challenges of living with IBD.

## Evaluation

Evaluation metrics will include increased IBD awareness in target communities, improved patient-provider communication, enhanced healthcare community engagement, and a decrease in time to diagnosis and treatment.

## Program SOW

Program Component	Description	Total Requested
Flint Cancer Equity Collaborative	<ul style="list-style-type: none"> <li>● Increasing cancer screening and clinical trial education in hard to reach communities via workshops and/or mini-clinics</li> <li>● Patient listening sessions to educate and facilitate community-based participatory research regarding cancer clusters and cancer research in the community.</li> <li>● Virtual and in-person convening cancer researchers and community leaders to educate and promote awareness of cancer treatments, screening and clinical trial opportunities.</li> <li>● Sharing insights from NMQF Cancer Index 2.0 with community and training community research scientists</li> <li>● Building a sustainable model of collaboration between health leaders and community</li> <li>● Mobilizing local resources to address the social determinants of health</li> </ul>	\$60,000.00
Patient Navigator Training Program	Activating health workers, community and faith leaders to disseminate information about IBD resources and assist with patient navigation	\$12,000.00
Faith Health Alliance	Update materials for Church leaders to educate their congregations and communities as needed; SHC staff support	\$28,000.00
<b>TOTAL</b>		<b>\$100,000.00</b>



# Genesee County

## Staff Report

Genesee County  
Administration Building  
1101 Beach St  
Flint, MI 48502

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**File #:** RES-2025-1301

**Agenda Date:** 3/19/2025

**Agenda #:** 3.

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**To:** Board of County Commissioners

**From:** : Michelle Estell, RS, MSA, Health Officer

**RE:** Michigan State University Practicum Experimental Education Affiliation Agreement

**BOARD ACTION REQUESTED:**

Approval of an agreement between Michigan State University and Genesee County to provide practicum experimental education to university students.

**BACKGROUND:**

Michigan State University's Public Health Programs function to educate future public health professionals with the essential skills to mobilize change. An educational practicum provides hand-on experience as an extension to classroom learning, allowing students to apply their knowledge in practical situations.

**DISCUSSION:**

The Genesee County Health Department will provide 180 hours of practicum experience to students enrolled in public health related programming. Health Department staff will work with university students to establish appropriate goals and objectives that meet educational practicum guidelines set forth by Michigan State University. The Practicum Experimental Education Affiliation Agreement outlines the arrangement between Michigan State University and Genesee County. **No funding or county appropriation is needed.**

**IMPACT ON HUMAN RESOURCES:**

There is no anticipated impact on human resources.

**IMPACT ON BUDGET:**

There will be no impact on budget, no funds exchanged.

**IMPACT ON FACILITIES:**

There is no anticipated impact on facilities.

**IMPACT ON TECHNOLOGY:**

Students may need temporary access to a county email address and existing county device.

**CONFORMITY TO COUNTY PRIORITIES:**

Collaborations between community agencies function to spark community and economic growth.

Endeavors between Michigan State University and Genesee County build the capacity of competent public health professionals within the community that have the ability to attain additional funding streams to support positive health outcomes in Genesee County residents.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Health Officer to authorize entering into a Practicum Experiential Education Affiliation Agreement between Genesee County and Michigan State University, whereby the Genesee County Health Department will provide 180 hours of practicum experience to MSU students enrolled in public health related programming, said agreement being for an initial three-year period at no cost to the County, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the March 19, 2025 meeting of the Human Services Committee of this Board), and the Chairperson of this Board is authorized to execute the agreement on behalf of Genesee County.

**MICHIGAN STATE UNIVERSITY**  
**PRACTICUM EXPERIENTIAL EDUCATION AFFILIATION AGREEMENT**

Agreement made this 3<sup>rd</sup> day of December, 2024, by and between Genesee County, 1101 S. Beach St., Flint, MI 48502, hereinafter called County, for its Health Department, 630 S. Saginaw Street, Flint, MI 48502, hereinafter called Facility, and Michigan State University for its College of Human Medicine C.S. Mott Department of Public Health, a constitutional body corporate of the State of Michigan, with a primary location at 15 Michigan St., NE, Grand Rapids, MI 49503, hereinafter called the University.

WHEREAS, the parties wish and intend by this Agreement to set forth the terms and conditions of engaging in a program for practicum experiential education at the Facility of students enrolled in the University's Master of Public Health Program.

IT IS THEREFORE AGREED AS FOLLOWS:

1. **Education Program.** The University shall, in consultation with representatives of the Facility, plan and administer the educational program for its students at the Facility and shall assume the following responsibilities:

A. The University shall provide the Facility with its overall plan for the use of facilities at least one month prior to the commencement of each academic semester. The plan shall include details of the University's educational program at the Facility, including the objectives, and approximate number of students for each term, dates, times, and levels of each student's academic preparation. The University shall modify its educational program as necessary to accommodate the reasonable requirements of the Facility as long as it does not jeopardize the integrity and educational aspect of the program for practicum experiential education.

B. The University will provide the names of students as soon as possible after registration for each semester, but in no event later than one week before the beginning of the practicum experience at the Facility.

C. The University shall instruct all of its students assigned to the Facility with regard to compliance with all of the Facility's rules, regulations, policies, and procedures as provided by the Facility, including but not limited to those relating to the confidentiality of patient and Facility records and information and to the responsibility and authority of the medical, nursing, and administrative staff of the Facility over patient care and Facility administration. The University shall instruct students of the importance of complying with all relevant state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to the extent applicable. In addition, the University shall advise students of the importance of complying with Facility's policies and procedures, relative to HIPAA. The University shall instruct all of its students that Facility identification badges must be worn at all times students are in the Facility.

D. The University shall maintain all education records and reports relating to the educational program completed by individual students at the Facility, and the Facility shall have no responsibility respecting the same other than those agreed upon reports from preceptors which are necessary to the University's monitoring of student progress. The timing and nature of such reports shall be described in the plan specified in Section 1.A. of this Agreement. The Facility shall refer all requests for information respecting such records to the University. The University agrees to comply with all applicable statutes, rules and regulations respecting the maintenance of and release of information from such records.

E. The University shall inform each student of the importance of having in force a policy of health insurance to defray the cost of Facility and medical care of any illness or injury that might be sustained while the student is participating in any field work, and also shall inform each student of the substantial monetary liability that the student might incur as a result of failure to have such insurance in force.

F. The University shall have full responsibility for the conduct of any student disciplinary proceedings and shall conduct the same in accordance with all applicable statutes, rules, regulations and case law. Alleged violations of Facility policies and procedures, including violations of HIPAA shall be referred to the University for disciplinary action, as appropriate.

G. Facility Acceptance/Request for Withdrawal of Students

(i) No provision of this Agreement shall prevent the Facility from refusing to accept any student who has previously been discharged for cause as an employee of the Facility, who has been removed from or relieved of responsibilities for cause by the Facility, or who would not be eligible to be employed by the Facility. The Facility shall notify the University in writing of its refusal to accept a student and the basis therefore.

(ii) The Facility may submit a written request to the University for the withdrawal of any student from the program for a reasonable cause related to the need for maintaining an acceptable standard of patient care, and the University shall immediately comply with such request. The written request from the Facility shall set forth the basis for removal.

(iii) In the event the University does not agree with the Facility's refusal to accept a student or request for withdrawal of a student, it shall promptly (in any event not later than five working days after receipt of the written notice or request from the Facility) provide the Facility with a written statement setting forth the basis for any such disagreement.

2. **Responsibilities.** The Facility shall assume the following responsibilities:

A. In consultation with the University, the Facility shall provide a qualified preceptor for University students during their practicum experience.

B. The Facility shall cooperate with the University in the planning and conduct of the students' practicum experience, to the end that the students' practicum experience may be appropriate in light of the University's educational objectives.

C. The Facility shall make available to students the use of its cafeteria, conference rooms, and library as available and as required by the educational program and without charge except for food consumed by the students, which cost is borne by the student.

D. The Facility acknowledges that it has access to student education records that are legally protected under the Family Educational Rights and Privacy Act of 1974, as amended (FERPA) and agrees to ensure that student education records are not disclosed without written permission of the student, or where such action is allowed under a FERPA exception. The student also will have access to student education records and information that are legally protected under FERPA and agrees to ensure that these records and information are not disclosed without written permission of the facility's student, or where such action is allowed under a FERPA exception.

3. **General Provisions.** The parties mutually acknowledge and agree as follows:

A. Each party to this Agreement will remain responsible for any claims arising out of that party's performance of this Agreement, as provided for in this Agreement or by law. This Agreement is not intended to either increase or decrease either party's liability to or immunity from tort claims. This Agreement is not intended to give, nor will it be interpreted as giving, either party a right of indemnification either by contract or at law for claims arising out of the performance of this Agreement.

B. The University shall provide self-insured professional liability insurance with policy limits satisfactory to the Facility and the University.

C. Nondiscrimination – The County, the Facility, and the University, agree that they will not discriminate against any student participant in the educational program or student applicant to the educational program with respect to admission, tenure, terms, conditions, or privileges of the educational



program or a matter directly or indirectly related to participation in the educational program, because of race, color, religion, national origin, age, sex, sexual identity, gender, gender identity, gender expression, height, weight, marital status, or a disability that is unrelated to the individual's ability to perform the duties of the educational program, or any other status protected by law. Breach of this nondiscrimination paragraph shall be regarded as a material breach of this agreement.

D. Each party shall be separately responsible for compliance with all laws, including antidiscrimination laws, which may be applicable to their respective activities under this program. Each party will promptly communicate to the other if in receipt of a notice of alleged discrimination or harassment arising under this agreement for resolution, to the extent allowed under existing privacy and other state and federal laws.

E. Students of the University shall not be deemed to be employees of the Facility or the County for purposes of compensation, fringe benefits, workers' compensation, unemployment compensation, minimum wage laws, income tax withholding, social security or any other purpose, because of their participation in the educational program. Each student is placed with the Facility to receive practicum experience as a part of his or her University academic curriculum; those duties performed by a student are not performed as an employee, but in fulfillment of these academic requirements and are performed under supervision. At no time shall students replace or substitute for any employee of the Facility. This provision shall not be deemed to prohibit the employment of any such student by the Facility under a separate employment agreement. The University shall notify each student of the contents of this paragraph.

F. There shall be no monetary consideration paid by either party to the other, it being acknowledged that the program provided hereunder is mutually beneficial. The parties shall cooperate in administering this program in a manner which will tend to maximize the mutual benefits provided to the University and Facility.

G. This Agreement is intended solely for the mutual benefit of the parties hereto, and there is no intention, express or otherwise, to create any rights or interests for any party or person other than the County, Facility, or the University; without limiting the generality of the foregoing, no rights are intended to be created for any student, parent or guardian of any student, employer or prospective employer of any student.

H. In the performance of their respective duties and obligations under this Agreement, each party is an independent contractor, and neither is the agent, employee or servant of the other, and each is responsible only for its own conduct.

I. This Agreement constitutes the entire agreement between the parties, and all prior discussions, agreements and understandings, whether verbal or in writing, are hereby merged into this Agreement.

J. No amendment or modification to this Agreement, including any amendment or modification of this paragraph, shall be effective unless the same is in writing and signed by the party to be charged.

4. **Term of Agreement.** This Agreement is effective as of the date set forth above and shall continue for a term of three (3) years. Either party may terminate this Agreement by providing the other party with a written notice of the termination of this Agreement, and such termination shall be effective forty-five (45) days from the date of the written notice. However, students participating in the practicum experience with the Facility shall be permitted to complete their program with the Facility.

5. **Notice.** Any notice under this Agreement shall be directed to:

For the County and the Facility:

Michelle Estell, RS, MA  
Health Officer  
Genesee County Health Department  
630 S. Saginaw Street, Flint, MI 48502  
[mestell@geneoseecountymi.gov](mailto:mestell@geneoseecountymi.gov)

For the University:

Jennifer Johnson, PhD  
Chair, CS Mott Department of Public Health  
College of Human Medicine  
Michigan State University  
200 E. 1<sup>st</sup> St., Rm. 366  
Flint, MI 48502  
[jjohns@msu.edu](mailto:jjohns@msu.edu)

with a copy to: Linda Cornish, MBA, Department Administrator, [cornishl@msu.edu](mailto:cornishl@msu.edu) and Mike Braem, JD, Contract Manager, [braemmic@msu.edu](mailto:braemmic@msu.edu)

6. **Governing Law and Forum.** This Agreement shall be governed by, and construed under, the laws of the State of Michigan, which shall be the forum for any lawsuits arising from or incident to this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

For the County

For the University

By: \_\_\_\_\_  
Delrico Lloyd, Chairman  
Genesee County Board of Commissioners

By: \_\_\_\_\_  
Thomas D. Jeitschko, PhD  
Interim Provost & Executive Vice-President for  
Academic Affairs

By: \_\_\_\_\_  
Jennifer Johnson, PhD  
Chair, CS Mott Department of Public Health



# Genesee County

## Staff Report

Genesee County  
Administration Building  
1101 Beach St  
Flint, MI 48502

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**File #:** RES-2025-1302

**Agenda Date:** 3/19/2025

**Agenda #:** 4.

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**To:** Charles Winfrey, Human Services Committee Chairperson

**From:** Michelle Estell, RS, MSA, Health Officer

**RE:** Approval to accept the Healthy Start Carryover Funding in the amount of \$529,356.00

### **BOARD ACTION REQUESTED:**

Approval to accept Healthy Start grant carryover funds from fiscal year 2024. Federal funder, The Health Resources and Services Administration (HRSA), has approved for Genesee County to utilize the remaining funds from fiscal year 2024 in order to increase the number of resources and services provided to program participants. We request that the carryover funds for FY 2024 be accepted and placed into Funding Account- 2211-607.01-504.000 to be utilized for program services through March 31, 2025.

### **BACKGROUND:**

Health Start is an infant mortality reduction program that uses a multidisciplinary approach to provide home visiting services to families in the Genesee County community. This project provides services to over 800 women and infants each year. In addition to home visiting, this program also provides case management, care coordination, and community resource linkages to decrease maternal and infant mortality.

### **DISCUSSION:**

This request is to accept carryover funding in the amount of \$529,356.00. Acceptance of these funds will allow Genesee County Health Department to increase the number of essential services provided to Healthy Start participants.

### **IMPACT ON HUMAN RESOURCES:**

There is no expected impact on Human Resources.

### **IMPACT ON BUDGET:**

Carryover funds from federal funder HRSA will increase the overall program budget to allow for an increased number of services that are able to be provided to program participants.

### **IMPACT ON FACILITIES:**

There is no expected impact on facilities.

### **IMPACT ON TECHNOLOGY:**

There is no expected impact on technology.

**CONFORMITY TO COUNTY PRIORITIES:**

Genesee County Healthy Start continues to support a Healthy, Livable, and Safe Community through the utilization of community resources. Home visiting services provided through the Healthy Start Initiative are shown to decrease maternal and infant mortality, therefore contributing to full term pregnancies and healthy infants.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Health Officer to accept grant carryover funds issued by The Health Resources and Services Administration (HRSA), said acceptance increasing the current budget by a total amount of \$529,356.00 to be placed into account 2211-607.01-504.000, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the March 19, 2025 meeting of the Human Services Committee of this Board), and the Chief Financial Officer is directed to record any necessary budget adjustments.



**Recipient Information**

- 1. Recipient Name**  
GENESEE COUNTY HEALTH DEPARTMENT  
630 S Saginaw St  
Flint, MI 48502-1525
- 2. Congressional District of Recipient**  
08
- 3. Payment System Identifier (ID)**  
1386004849A5
- 4. Employer Identification Number (EIN)**  
386004849
- 5. Data Universal Numbering System (DUNS)**  
619259146
- 6. Recipient's Unique Entity Identifier**  
E2J4KM8YBZJ9
- 7. Project Director or Principal Investigator**  
Tamara Brickey  
Public Health Division Director  
tbrickey@geneosecountymi.gov  
(810)341-7661
- 8. Authorized Official**  
Tamara Brickey  
Public Health Division Director  
tbrickey@geneosecountymi.gov  
(810)341-7661

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Carla Lloyd  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
CLLOYD@HRSA.GOV  
(301) 443-0164
- 10. Program Official Contact Information**  
Mary L Emanuele  
Senior Public Health Analyst  
Maternal and Child Health Bureau (MCHB)  
memanuele@hrsa.gov  
(301) 443-1292

**Federal Award Information**

- 11. Award Number**  
6 H49MC00148-24-02
- 12. Unique Federal Award Identification Number (FAIN)**  
H4900148
- 13. Statutory Authority**  
42 U.S.C. § 254c-8
- 14. Federal Award Project Title**  
ELIMINATING DISPARITIES IN PERINATAL HEALTH
- 15. Assistance Listing Number**  
93.926
- 16. Assistance Listing Program Title**  
Healthy Start Initiative
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 05/01/2024 - End Date 03/31/2025</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$529,356.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$169,561.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,526,772.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$1,526,772.00</b>
<b>26. Project Period Start Date 05/01/2024 - End Date 03/31/2029</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,526,772.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
James Smith on 03/03/2025

**30. Remarks**

This is for prior approval request #00134884



Notice of Award  
Award Number: 6 H49MC00148-24-02  
Federal Award Date: 03/03/2025

**Maternal and Child Health Bureau (MCHB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$405,556.00
b. Fringe Benefits:	\$184,199.00
c. Total Personnel Costs:	\$589,755.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$20,000.00
g. Travel:	\$29,200.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$176,476.00
j. Consortium/Contractual Costs:	\$541,780.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$1,357,211.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$169,561.00
i. Indirect Cost Federal Share:	\$169,561.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$1,526,772.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,526,772.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$1,526,772.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$997,416.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$529,356.00</b>

**33. RECOMMENDED FUTURE SUPPORT:**  
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
25	\$1,088,090.00
26	\$1,088,090.00
27	\$1,088,090.00
28	\$1,088,090.00

<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.45,41.51

**37. BHCMI#**

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

**39. ACCOUNTING CLASSIFICATION CODES**

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 3898020	93.926	24H49MC00148	\$81,265.00	\$0.00	N/A	24H49MC00148
23 - 3898020	93.926	24H49MC00148	\$448,091.00	\$0.00	N/A	24H49MC00148

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

### Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

#### Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$529,356 from budget period 05/01/2023-04/29/2024 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request (PA-00134884).

Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

#### Contacts

##### NoA Email Address(es):

Name	Role	Email
Tamara Brickey	Point of Contact, Authorizing Official, Business Official	tbrickey@geneseecountymi.gov
Tamara Brickey	Program Director	tbrickey@geneseecountymi.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



