

ORIGINAL COPY

**Request for Proposal for
Contractual Services**

Solicitation Number: RFP 6168 Z1

Community Action Partnership of Mid-Nebraska
Community Health Worker Program

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Original Request for
Proposal for Contractual
Services

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

By signing this Request for Proposal for Contractual Services form, the bidder guarantees

BIDDER MUST COMPLETE THE FOLLOWING

compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

NEBRASKA BIDDER AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	Community Action Partnership of Mid-Nebraska
COMPLETE ADDRESS:	16 W. 11th Street Kearney, NE 68848
TELEPHONE NUMBER:	308-865-5675
FAX NUMBER:	308-865-5681
DATE:	November 27, 2019
SIGNATURE:	<i>Meredith Collins</i>
TYPED NAME & TITLE OF SIGNER:	Meredith Collins, Chief Executive Officer

Form A
Bidder Proposal Point of Contact
Request for Proposal Number 6168 Z1

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Community Action Partnership of Mid-Nebraska
Bidder Address:	16 W. 11 th Street Kearney, NE 68848
Contact Person & Title:	Meredith Collins, Chief Executive Officer
E-mail Address:	mcollins@mnca.net
Telephone Number (Office):	308-865-1354 (ext. 110)
Telephone Number (Cellular):	-
Fax Number:	308-865-5681

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Community Action Partnership of Mid-Nebraska
Bidder Address:	16 W. 11 th Street Kearney, NE 68848
Contact Person & Title:	Kristin Holl, Planning Director
E-mail Address:	kholl@mnca.net
Telephone Number (Office):	308-865-1354 (ext. 108)
Telephone Number (Cellular):	-
Fax Number:	308-865-5681

CORPORATE OVERVIEW

a. Contractor Identification and Information

Community Action Partnership of Mid-Nebraska (Mid) was established in 1965 under the name Mid-Nebraska Community Action, changing in the 1980's to Mid-Nebraska Community Services and finally in 2002 to its current name. Mid is located and operates in the state of Nebraska where it was first incorporated as part of Lyndon B. Johnson's Economic Opportunity Act of 1964.

Mid is a private, nonprofit organization and is one (1) of nine (9) Community Action agencies in the state of Nebraska. Mid is headquartered at 16 W. 11th Street, Kearney, NE 68848.

b. Financial Statement

Please refer to Appendix A for Mid's most recent audited financial report and statements.

Fiscally responsible representative for Mid:

Kris Wright, Chief Fiscal Officer | 16 W. 11th Street, Kearney, NE 68848 | 308-865-1354 (113)

There are no judgments, pending or expected litigations, or any other real or potential financial reversals against Community Action Partnership of Mid-Nebraska at this time.

c. Change of Ownership

There is no change in ownership or control of Community Action Partnership of Mid-Nebraska that is anticipated to take place in the twelve (12) months following the proposal due date.

d. Office Location

Community Action Partnership of Mid-Nebraska
16 W. 11th Street
Kearney, NE 68848

308-865-5675

e. Relationships with the State

Current or previous contracts with the State include the following:

Department of Health and Human Services	Federal CFDA Number
• Nebraska Department on Aging Older Americans Act	
○ Special Programs for the Aging – Supportive Services (North Platte Senior Center)	93.044
○ Special Programs for the Aging – Nutrition Services (North Platte Senior Center)	93.045
○ Nutrition Services Incentive Program (Minden Senior Center)	93.053
○ Nutrition Services Incentive Program (North Platte Senior Center)	93.053
○ Nutrition Services Incentive Program (Peterson Senior Center)	93.053
• Nebraska Energy Office	
○ Low-Income Home Energy Assistance Program	93.568
• Nebraska Department of Health and Human Services System	
○ Low-Income Home Energy Assistance Program	93.568
○ Community Services Block Grant	93.569
○ Immunization Cooperative Agreements	93.268
○ Temporary Assistance for Needy	93.558
○ Medical Assistance Program	93.778
○ Social Services Block Grant	93.667

o Maternal Child and Health	93.994
Department of Energy	Federal CFDA Number
• Nebraska Energy Office	
o Weatherization Assistance for Low-Income Persons	81.042
Department of Transportation – Federal Transit Administration	Federal CFDA Number
• Nebraska Department of Roads	
o Formula Grants for Rural Areas	20.509
o Intercity Bus Route	20.509
o Capital Investment Grant	20.500
Department of Agriculture	Federal CFDA Number
• Direct Programs	
o Commodity Supplemental Food Program	10.565
• Nebraska Department of Health and Human Services System	
o Commodity Supplemental Food Program	10.565
• Nebraska Department of Education	
o Child and Adult Care Food Program	10.558
• Nebraska Department of Aging	
o Adult Care Food Program	10.558
(Minden Senior Center, Peterson Senior Center)	
• Nebraska Department of Health and Human Services System	
o Nutrition Program for Women, Infants, and Children	10.557
Department of Housing and Urban Development	Federal CFDA Number
• Nebraska Department of Health and Human Services	
o Nebraska Homeless Assistance Program	14.231

f. Bidder’s Employee Relations to State

There currently exists no employee of Community Action Partnership of Mid-Nebraska that is also employed by any agency of the State of Nebraska or is a Subcontractor to our agency.

g. Contract Performance

No such termination for default has been experienced by the bidder in the past five (5) years.

h. Summary of Bidder’s Corporate Experience

Community Action Partnership of Mid-Nebraska (Mid) is a nonprofit organization with the mission “to provide essential programs that help individuals, families, and communities reach their fullest potential through advocacy and partnerships. Our dedicated staff provides access to opportunities in education, health, housing, nutrition, and transportation. These services empower people to make a positive difference in their lives and communities.” Mid serves 27 counties in south central Nebraska and provides home-based Head Start in two (2) counties in Kansas. The client base for which we provide these services consists of individuals, families, and communities that are low-income, with a typical client being female between 24-44 years old, single or with children, with more than one source of income but still falling below 125% of the Federal Poverty Level. The budget for Mid in 2018 was over \$11.8 million, which allowed us to employ 246 full-time and part-time staff, reach 15,487 unduplicated individuals with our programs and services, and create 276 physical health assets or resources for the communities we serve.

The agency has expertise in quarterly reimbursement and reporting as described in this RFA. The agency has corporate cash reserves that allow the agency to provide cash flow to meet current expense obligations until reimbursements are received from funding sources. With experienced fiscal staff administering state and federal grants as well as local resources, our fully automated Grants Management Accounting System (GMS) allows our agency to administer a multi-fund accounting system to track individual grants and programs and keep accurate fiscal records for every project into which the agency enters.

Mid has and continues to work with grant programs and funders of similar size, scope, and complexity to this solicitation, such as the Immunization Program and Minority Health Initiative Program.

From as early as 1993 to the present, Community Action Partnership of Mid-Nebraska has implemented the Immunization Program under the direction of the State of Nebraska, Department of Health and Human Services, Public Health Immunization Program. This funding sources has previously operated under a 6-month funding cycle, as well as an annual funding cycle, which is what the program is currently operating under looking into 2020. Project requirements and goals differ slightly between grant cycles, but overall maintain the following objectives:

- I. Maintain a percentage of vaccine waste due to handling, storage, and administration error at or below 5%;
- II. Increase the number of VFC-eligible patients nine (9) years of age or older who are up-to-date on their HPV vaccination;
- III. Increase the number of VFA-eligible patients 19 years of age or older who are up-to-date on their Tdap vaccination; and
- IV. Decrease the number of missing opportunities to immunize;

From July 2015 to the end of 2019, Community Action Partnership of Mid-Nebraska has implemented the Minority Health Initiative (MHI) project under the direction of the State of Nebraska, Department of Health and Human Services, Health Disparities and Health Equity. Two grant cycles were implemented in four (4) years of service. The 2015-2017 grant cycle started on July 1, 2015 and ended on June 30, 2017 with final reports due by July 31, 2017. The 2017-2019 grant cycle started on July 1, 2017 and was scheduled to end on June 30, 2019, but was extended until December 31, 2019. All quarterly reports are due one (1) month after the completion of that quarter, with annual reports due at the end of Year 1 and Year 2.

Project requirements and goals have differed slightly between the two grant cycles, but overall maintained the following objectives:

- I. Recruit racial and ethnic minorities (defined as Black or African American, American Indian or Alaska Native, Asian or Pacific Islander, Other and/or Refugee status, Two or More Races, and/or Hispanic) to the program, with those who were diabetic, pre-diabetic, obese, or had cardiovascular disease as top priority;
- II. Provide screenings for hypertension, diabetes, obesity, and/or pre-diabetes;
- III. Work in partnership with area health care providers and organizations through referrals and collaboration on diabetes prevention efforts;
- IV. Organize and implement a Healthy Lifestyles Program, which was Community Health Worker (CHW) led and encourages and equips participants to exercise on a regular basis;
- V. Refer project participants to local Diabetes Prevention Programs on a regular basis;
- VI. Refer and assist project participants in the enrollment and participation in area health education classes, including Living Well with Diabetes, water aerobics, and the UNL Extension Office Nutrition Education Program;
- VII. Link clients to medical homes and health care professionals as well as assist them with scheduling appointments, following medical regimes, medication/prescription use, and follow-up with health professionals; and
- VIII. Maintain accurate and up-to-date records of participants' HbA1c measurements and weight loss.

All of these responsibilities were to ensure the achievement of the projects goals and anticipated outcomes, which included improved HbA1c, lowered risk for diabetes, weight loss, healthier lifestyles and eating habits, and better relations with area health professionals, programs, and resources.

For references purposes, please contact Dawson County participant, Patricia Hernandez at 308-746-6873 or by email at Paty.herdez@live.com.

The two (2) previous years of work under the Minority Health Initiative (MHI) Program were carried out by the Community Action Partnership of Mid-Nebraska (Mid) Community Health Worker (CHW) Program as the prime contractor. The 2015-2017 grant cycle was intended to end on June 30, 2017 and did end on that scheduled date. The 2017-2019 grant cycle was intended to end on June 30, 2019, but was extended to the end of December 2019, which is now the planned completion date for this project. Please refer to Appendix B for the Original Budget_MHI 2017-2019, the Actual Budget_MHI 2017-2018, and the Current Budget_MHI 2017-2019 Extension.

i. Summary of Bidder's Proposed Personnel/Management Approach

Community Action Partnership of Mid-Nebraska's (Mid) Community Health Worker (CHW) program was established in 2015 under the direction of the State of Nebraska, Department of Health and Human Services, Health Disparities and Health Equity. With over four (4) years of experience in the implementation

and direction of program initiatives aimed at improving the health of racial and ethnic minorities, coupled with the organizational and fiscal capacity of Community Action Partnership of Mid-Nebraska, we are confident that this program can continue promoting improved community and clinical linkages aimed at lowering diabetes hemoglobin HbA1c rates for racial and ethnic minority populations. Through specific referral systems and healthy partnerships with health care professionals, medical clinics, community based organizations, and local health departments, Mid's CHW program is dedicated to meeting the needs of its clients with improved resources and capacity.

Ability

Community Action Partnership of Mid-Nebraska has four (4) Community Health Workers; two (2) currently on staff, one (1) who is trained and available to assist with the program if necessary, and the other currently serving as the Director of Health Services. There is currently one (1) Community Health Worker covering the Buffalo County region (Buffalo, Kearney, and Phelps counties), and one (1) Community Health Worker covering the Dawson County region. All four (4) of Mid's Community Health Workers have completed the online, 10-week Community Health Worker course and obtain a current certification as of this previous year. In addition to the Community Health Worker course, all of our CHWs have attended the Living Well with Diabetes training, which equips staff to teach the Living Well with Diabetes curriculum to program participants. Because all of our Community Health Workers are bilingual and have a good understanding of our target population's cultural normatives, they have the ability to teach the Living Well with Diabetes course in a manner that is both culturally appropriate and informative, with courses being taught in clients' native language and course materials provided in both English and Spanish. For further details on the 10-week Community Health Worker course and the Living Well with Diabetes training conference, please refer to Appendix C.

Capacity

As noted above, Mid has in its employ four (4) Community Health Workers; two (2) currently on staff, one (1) who is trained and available to assist with the program if necessary, and the other currently serving as the Director of Health Services. There is currently one (1) Community Health Worker covering the Buffalo County region (Buffalo, Kearney, and Phelps counties), and one (1) Community Health Worker covering the Dawson County region. Since Mid's service area will be expanding with this new RFP (increasing from four (4) to ten (10) counties), we plan on hiring an additional Community Health Worker to cover the western counties. In addition to another Community Health Worker, Mid also plans on incorporating the role of liaison/Program Director with the role of Buffalo County Community Health Worker. This employee will be responsible for seeking out and creating community partnerships in all counties covered by this program in addition to overseeing program operations, creating and completing program budgets, and working directly with the program's Evaluator and Fiscal Representative. With the number of CHWs currently on staff and the anticipated hire of an additional CHW to cover the western counties in our service region, responsibilities and casework for managing program participants will be shared if necessary by the Director of Health Services, who will assist with client case work, outreach, Living Well with Diabetes classes, reporting, and oversight over all program initiatives and projects.

Finally, in terms of capacity, the Community Health Worker Program also has access to portable Diabetes Management HbA1c Test Kits, on which Community Health Workers will be trained to administer on a monthly basis in order to maintain updated records of both HbA1c measures and blood glucose levels.

Skill

The skill of our Community Health Workers continues to improve as they work in the communities we serve. As mentioned earlier, all of our CHWs have completed the online, 10-week Community Health Worker course and maintain current certifications in addition to attending the four (4) day Living Well with Diabetes training. With their continued involvement and exposure in the communities they serve, our CHWs continue to grow in their knowledge of community partners and health resources. All four (4) of our CHWs are bilingual and have a good understanding of our target population's cultural normatives, which expands their skills as Community Health Workers, especially in a program aimed specifically at racial and ethnic minorities. For further details about the skills and capabilities of our Community Health Workers, please refer to Appendix D to review our staffs' resumes.

The Ability, Capacity, and Skills of Community Partners

Below is a list of current Community Health Worker program partners and community resources that are utilized by CHWs and program participants along with a description of the services they provide.

Buffalo and Dawson County Extension office – provides regular nutrition classes

City of Lexington – organizes and supports regular exercise programs in the community, including water aerobics in the summer months and conditioning at the local indoor soccer complex in the winter months

Head Start – provides child and parent referrals to the CHW program

HelpCare Clinic – bidirectional partnership

Phelps Medical Group – Mileah Panter – diabetic educator

Two Rivers Dental – provides referrals to the CHW program

Lexington Regional Health Center – partnering health provider who sees our program patients

Valley Pharmacy – provides diabetic education presentations per request

Mobile Produce Pantry Program – referral and recruitment source

Lexington Public Schools Mobile Food Pantry – referral and recruitment source

Lexington Orthman YMCA – provides Diabetic Education/Management classes

Immunization Program – referral and recruitment source

Buffalo County Community Health Partners – diabetic network for community partners who work with diabetic patients

Organizational Structure

Community Action Partnership of Mid-Nebraska (Mid) is a private, nonprofit organization serving 27 counties in south central Nebraska and providing home-based Head Start in two counties in Kansas. Mid operates under the direction and oversight of a Board of Directors, comprised of 1/3 elected public officials, 1/3 private sector representatives, and 1/3 consumer representatives. Under the direction of the Board of Directors functions the agency's Chief Executive Officer, who oversees agency staff and programs, including Community Services/Case Management, Community Health Worker Program, Financial Literacy, Health Services, Head Start/Early Head Start, Housing Programs, Nutrition Programs, Public Transportation, and Senior/Volunteer Services. With these programs in place, this agency employs roughly 246 individuals with an agency budget of over \$11.8 million in 2018. Please refer to Appendix E for the agency's Organizational Flow Chart.

Community Action Partnership of Mid-Nebraska has several staff, both direct and indirect, in place to support the Community Health Worker Program. Directly, this program currently has four (4) Community Health Workers; two (2) currently on staff, one (1) who is trained and available to assist with the program if necessary, and the other currently serving as the Director of Health Services. Community Health Workers are responsible for client caseloads, testing HbA1c and blood glucose levels, maintaining current exercise and healthy eating programs and classes, working with community partners, referring clients to community resources, and teaching the Living Well with Diabetes class at least once a year. If funded, this program plans on hiring an additional CHW and incorporating the role of liaison/Program Director with the role of Buffalo County Community Health Worker. This employee will be responsible for seeking out and creating community partnerships in all counties covered by this program in addition to overseeing program operations, creating and completing program budgets, and working directly with the program's Evaluator and Fiscal Representative. With the number of CHWs currently on staff and the anticipated hire of an additional CHW to cover the western counties in our service region, responsibilities and casework for managing program participants will be shared if necessary by the Director of Health Services, who will assist with client case work, outreach, Living Well with Diabetes classes, reporting, and oversight over all program initiatives and projects.

Indirectly, Community Action Partnership of Mid-Nebraska supplies the Community Health Worker Program with an Evaluator and a Fiscal Representative. The Evaluator is responsible for all program data intake, reporting, and analysis, including community assessments, client assessments, and program assessments. The Fiscal Representative is responsible for handling all budgetary requirements for the program.

Services Provided

Medical referrals, among other health and wellness initiatives provided by our Community Health Worker program will be provided on a regular basis through the ongoing work of our Community Health Workers in an effort to enhance the bidirectional linkages in the community and lower HbA1c measures in program participants. With three (5) CHWs anticipated to be on staff, there will be one (1) CHW stationed in Buffalo County responsible for carrying out program coverage for Buffalo, Phelps, and Kearney Counties. Another CHW will be stationed in Dawson County responsible only for the program coverage of Dawson County. Our

third Community Health Worker will be stationed in Lincoln County and will be responsible for carrying out program coverage for Lincoln, Keith, Arthur, Chase, Dundy, and Red Willow County. The agency's Director of Health Services is a certified CHW and is able to assist with program initiatives and client casework as needed. As mentioned earlier, the program has an additional CHW who is trained and available to assist when needed, but is not currently on staff.

In the counties that Mid's Community Health Worker program already serves under the current MHI contract (Buffalo, Dawson, Phelps, and Kearney), medical partnerships are already in place with frequent communication taking place between our program staff and local medical professionals. It is often difficult however, to meet the requirements for referrals received from medical partners due to the nature of our clientele. Majority of the clients enrolled in our Community Health Worker Program are low-income and come from a racial or ethnic minority background. Because of these demographics, very few clients are meeting with a doctor on a regular basis, either because they cannot afford to do so, and/or they are undocumented residents afraid of drawing attention for fear of deportation, and/or they are lacking transportation resources to guarantee regular visits to the doctor. In addition to these barriers, there is almost always a language and cultural barrier that often discourages both the client from meeting with doctors, and doctors from working with clients who do not understand their language or the medical regimes they are prescribing. Due to these inhibiting circumstances, it has been the goal of Mid's Community Health Worker program to serve as a link between low-income, minority populations and medical professionals by offering translation and/or interpretation services (both in one-on-one appointments, but also in understanding medical regimes, prescriptions, scheduling follow-up appointments, etc. thus making the interaction significantly easier for both the client and the health care provider), transportation aid, financial assistance, and help in filling out paper work and navigating their citizenship barriers. It is also the goal of Mid's Community Health Worker program to strategically partner with the medical facilities, community based organizations, local public health departments, and a wide variety of other organizations that we know our clients have or will utilize. Because our clients are most likely not visiting a family doctor on a regular basis, we believe it is important to create partnerships and bidirectional referral relationships with facilities that do see our target population frequently, including local Emergency Rooms, free clinics, faith based organizations, food pantries, and community centers. With these services and referral sources available for the client and our partners, Mid has been able to establish the following partnerships:

- a) **Medical Clinics** – HelpCare clinic
- b) **Community Based Organizations** – Lexington Orthman YMCA, Buffalo County Community Health Partners
- c) **Local Public Health Departments** – Phelps Medical Group, Two Rivers Dental, Lexington Regional Health Center, Valley Pharmacy
- d) **Other Organizations** – Buffalo and Dawson County Extension offices, City of Lexington, Head Start, Mobile Produce Pantries (Mid), Lexington Public Schools Mobile Food Pantry, Immunization Program (Mid)

In order to continue with and enhance these partnerships, Mid plans on incorporating the role of liaison/Program Director into the Buffalo County CHW job description. This employee will be responsible for outreach, partner communication and referrals, general program oversight, creating and completing program budgets, and working directly with the program's Evaluator and Fiscal Representative while also working directly with clients as the Buffalo, Kearney, and Phelps County CHW. This employee will be responsible for establishing new, bidirectional medical partnerships in our service area and pursuing partnerships with other community based programs who offer services that might help address or eliminate the barriers our clients often face, including language, transportation, financial, educational, or employment. With the addition of a community liaison to our Community Health Worker program, we anticipate a significant increase in community partnerships, cohesion, and overall capacity to reach and serve eligible individuals and families.

Community Health Worker Program Key Personnel

Please refer to Appendix D for Key Personnel resumes.

Meredith Collins, Chief Executive Officer

Meredith has served as the Chief Executive Officer since May 2014. Her primary responsibilities include planning and consulting with staff leaders, Board members, local, state, and federal agency administrators, and the general public relative to various aspects of community action involvement. She is also responsible for feasibility, research, development, and implementation of creative and meaningful programs that fall with the agency's service trends. Meredith provides the Community Health Worker program with oversight and guidance, participating in team meetings and planning sessions.

Kris Wright, Chief Fiscal Officer

Kris has served as the Chief Fiscal Officer for nearly 28 years. Her primary responsibilities include accounting and financial reporting for federal, state, and local contracts; oversight of a multi-fund accounting system, including: payroll, account payable, accounts receivable, general ledger, and audit functions. Kris provides the Community Health Worker program with fiscal oversight and guidance, participating in team meetings and budgetary planning sessions.

Tish Meyer, Director of Health Services

Tish has served as the Director of Health Services since April 2017. Her primary responsibilities include overseeing all health programs, including the Community Health Worker program, Immunization program and Dental program. Tish directly provides the Community Health Worker program with general program oversight, Living Well with Diabetes training, and compiles quarterly budget reports for the program's fiscal representative.

LaDonna Jackman, Assistant Fiscal Director

LaDonna has been Mid's Assistant Fiscal Director since August 1998. She is responsible for preparing and submitting required agency financial reports, maintaining accurate agency accounting records in compliance with agency accounting policies, processing employee benefits, and preparing agency cash receipts. LaDonna indirectly serves as the Fiscal Representative for the Community Health Worker program by preparing and evaluating all quarterly and yearly budget requirements for the program.

Kristin Holl, Planning Director

Kristin has served as Mid's Planning Director since May 2016. Her primary responsibilities include grant research and writing for the agency, gathering community, client, staff, and agency data, compiling satisfaction reports, and overseeing the Safety Committee. Kristin indirectly serves as the Evaluator for the Community Health Worker program by gathering and reporting quarterly service and outcome reports to the respective funder.

Daniel Penefflor, Community Health Worker

Daniel has served as the Buffalo County Community Health Worker since May 2017 and serves the Buffalo, Phelps, and Kearney County regions. His primary responsibilities include teaching the Living Well with Diabetes course to eligible clients, overseeing and implementing the program's Healthy Lifestyles project, which teaches and trains clients in healthy exercising habits and routines. Daniel is also responsible for referring clients to medical providers, health education classes, and Diabetes Prevention Programs while also gathering data on their improved health, weight loss, HbA1c, and attitudes towards healthy habits, exercise, and nutrition.

Jessica Fagot, Community Health Worker

Jessica has served as the Dawson County Community Health Worker since October 2018 and serves the Dawson County region. Her primary responsibilities include teaching the Living Well with Diabetes course to eligible clients, overseeing and implementing the program's Healthy Lifestyles project, which teaches and trains clients in healthy exercising habits and routines. Jessica is also responsible for referring clients to medical providers, health education classes, and Diabetes Prevention Programs while also gathering data on their improved health, weight loss, HbA1c, and attitudes towards healthy habits, exercise, and nutrition.

j. Subcontractors

We do not intend to subcontract any part of this program.

II. TERMS AND CONDITIONS

Bidders should complete Sections II through VI as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and awarded contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Bidder's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

C. NOTICE (POC)

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. VENDOR PERFORMANCE REPORT(S)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

I. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

M. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

3. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

4. ALL REMEDIES AT LAW

Nothing in this agreement shall be construed as an indemnification by one Party of the other for liabilities of a Party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this contract. Any liabilities or claims for property loss or damages or for death or personal injury by a Party or its agents, employees, contractors or assigns or by third persons, shall be determined according to applicable law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. RETAINAGE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The State shall withhold twenty percent (20%) of payment due as retainage using the methodology listed in Attachment B. The entire retainage amount will be payable upon successful completion of the project. Evaluation of project success is determined by the State through the use of the retainage methodology listed in Attachment B.

Upon completion of the project, the Contractor will invoice the State for any outstanding work and for the retainage. Otherwise, the project will be deemed accepted and the State will release the final payment and retainage in accordance with the contract payment terms.

P. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

Q. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

R. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

S. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

T. OFFICE OF PUBLIC COUNSEL (Statutory)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

U. LONG-TERM CARE OMBUDSMAN (Statutory)

Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

V. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable; and,
 - i. In the event funding is no longer available.

W. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MK			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
ME			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. DISCOUNTS

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

F. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the contractor, F.O.B. destination named in the solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

All prices, costs, and terms and conditions submitted in the proposal shall remain fixed and valid commencing on the opening date of the proposal until the contract terminates or expires.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any decreases for the term of the contract.

G. COST CLARIFICATION

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

H. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

J. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		MC	The Cyber liability amounts seems very high. Is the State willing to look at lowering it?

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within two (2) years of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and two (2) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

DHHS Division of Public Health, Office of Health Disparities and Health Equity
 Attn: Administrator
 Address P.O. Box 95026
 City, State, Zip Lincoln, NE, 68509
 Email dhha.minorityhealth@nebraska.gov

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

K. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

L. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

M. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

N. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

O. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

P. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

Q. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

R. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

S. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

T. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.”

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
ML			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment.

Invoices will include a per-patient per quarter cost to reduce HbA1c rates to achieve outcomes that includes the use of a CHW. DHHS will provide an invoice template to awarded Contractor(s). The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
ML			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
MC			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

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Attachment C
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Request for Proposal Number 6168 Z1**

V.F. Project Requirements	
V.F.1.	Reduce Diabetes in Minority Populations
V.F.1.a	Lower diabetes HbA1c rates for minority populations using referral systems that incorporate bidirectional linkages that include a Community Health Worker (CHW) who visits with patients outside the medical provider facility. Bidder should describe the referral system used.
<p>Bidder Response: Medical referrals, among other health and wellness initiatives provided by our Community Health Worker program, will be implemented on a regular basis through the ongoing work of our four (4) Community Health Workers in an effort to enhance bidirectional linkages in the community and lower HbA1c measures in program participants. Mid plans on hiring an additional Community Health Worker to the four (4) we currently have on staff to cover the additional counties being added to our service area according to this solicitation. This program currently has one (1) CHW covering the Buffalo, Kearney, and Phelps county region; one (1) covering the Dawson County region, one (1) employed as the Director of Health Services, and another CHW who is trained and available to assist with the program if necessary. The Community Health Worker that this program plans on hiring will cover the Lincoln, Keith, Arthur, Chase, Dundy, and Red Willow county region.</p> <p>In the counties that the Community Health Worker program serves under the current MHI contract (Buffalo, Dawson, Phelps, and Kearney), medical partnerships are established with frequent communication taking place between our program staff and local medical professionals. It is often difficult however, to meet the requirements for referrals <i>received</i> from medical partners due to the nature of our clientele. Majority of the clients enrolled in our Community Health Worker program are low-income and come from a racial or ethnic minority background. Because of these demographics, very few clients are meeting with a doctor on a regular basis, either because they cannot afford to do so, and/or they are undocumented residents afraid of drawing attention for fear of deportation, and/or they are lacking transportation resources to guarantee regular visits to the doctor. In addition to these barriers, there is almost always a language and cultural barrier that often discourages clients from meeting with doctors and doctors from working with clients who do not understand their language or the medical regimes they are prescribing. Due to these inhibiting circumstances, it has been the goal of Mid's Community Health Worker program to serve as a link between low-income, minority populations and medical professionals by offering translation and/or interpretation services, both for one-on-one appointments, but also in understanding medical regimes, prescriptions, scheduling follow-up appointments, etc, thus making the interaction significantly easier for both the client and the health care provider. CHWs also aid in transportation, financial assistance, and filling out paper work and navigating legal barriers. It is also the goal of Mid's Community Health Worker program to strategically partner with the medical facilities, community based organizations, local public health departments, and a wide variety of other organizations that we know our clients have or will utilize. Because our clients are most likely not visiting a family doctor on a regular basis, we believe it is important to create partnerships and referral relationships with facilities that do see our target population frequently, including</p>	

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local Emergency Rooms, free clinics, faith based organizations, food pantries, and community centers. In order to enhance community partnerships and continue creating new and effective bidirectional partnerships in our service regions, the Community Health Worker program plans to incorporate the role of a program liaison/Program Director into the job description of our Buffalo County Community Health Worker. This employee will continue carrying out the responsibilities of a CHW while also establishing community relations and bidirectional partnerships. This liaison will help organize community clinical team meetings, advocate for the program, and establish new partnerships with medical clinics, community based organizations, local public health departments, and other organizations that can provide services to address the social determinates of health. The liaison will be the initial point-of-contact for any new referral; passing the information on to the appropriate CHW who will then take over the referral process, working directly with the referral source and patient.

V.F.1.b.	Describe how the program will identify and serve diabetic patients of racial ethnic background to refer to the CHW for services such as health education, social support, identification of resources, and reinforcement of diabetes management practices.
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Bidder Response: Since the Community Health Worker program has been in place for over four (4) years, the program has a large client base already established. Many of our clients are either walk-ins, having heard about our program from family and friends, or are referred to our program by other Mid programs, including the Immunization program, Dental program, Head Start, and/or WIC. At initial contact, clients have been and will be asked to share their demographic information – sex, age, race, ethnicity, insurance status, etc. and take a pre-diabetes screening, administered by the CHW, along with an HbA1c test. These screenings along with the client’s demographic information helps the CHW determine whether the individual is eligible for the program or if they need to be referred to another community resource more appropriate for their needs. If the individual is eligible, the CHW then assesses their health needs and refers them to the appropriate resources, both within the program and in the community, including the Healthy Lifestyles program, health education, Diabetes Management courses, and a medical provider if necessary. From there the CHW continues to work with the client in helping them address the social determinates of health that they are facing and practice a healthier lifestyle. With increased partnerships in the communities that we serve and more staff available to help cover the service area and advocate for the program, we anticipate an increase in referrals received from other community sources.

V.F.1.c.	Describe how the program will ensure efforts are made to serve minorities in each of the identified counties, whether or not clinical services exist within those counties.
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Bidder Response: In order to ensure that efforts are made to serve minorities in each of the identified counties, regardless of whether clinical services exist in those counties are not, the Community Health Worker program will have a Community Health Worker designated for the

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following regions: Region 1 – Buffalo, Phelps, and Kearney counties; Region 2 – Dawson county; and Region 3 – Lincoln, Keith, Arthur, Chase, Dundy, and Red Willow counties, along with two additional staff who are certified CHWs and available to assist with caseloads and program initiatives. A program liaison will also be incorporated into the program. This employee will create and establish partnerships with medical clinics, community based organizations, local public health departments, and other organizations where possible throughout the entire program service area. This employee will also serve as the Program Director under the supervision of the Director of Health Services, being responsible for program budgeting, oversight, and planning. These measures will be taken to ensure that minorities in each of our identified counties will have access to a Community Health Worker and the numerous services and resources we have available for referral. Due to budget restrictions, the role of liaison/Program Director will be combined with the role of Buffalo County Community Health Worker.

V.F.1.d.	Describe the system used to provide baseline and yearly HbA1c measures for all diabetic patients with current HbA1c reading of above 6.5. Baseline must be with taken no more than three months before or after program participation date.
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Bidder Response: Each program participant will have a detailed client case file on hand with their Community Health Worker. This case file will have information regarding the participant's demographics, health concerns, HbA1c readings, blood glucose measurements, and program participation, including where they've been referred to and/or who referred them to our program, and what programs, classes, or resources they were enrolled in. This client case file will be in a hard copy form for the Community Health Worker to make frequent updates to and a digital copy form for the program Evaluator to update on a quarterly basis. With the start of a new contract cycle, current program participants will be notified of the new funding received and the change of requirements and will be asked to meet with their Community Health Worker as soon as possible to have their HbA1c and blood glucose levels measured in order to determine a baseline. For clients that enter the program after the new contract has been established, they will be required to have their HbA1c and blood glucose levels measured prior to being enrolled in the program in order to create a baseline reading. After the initial HbA1c and blood glucose measurement, the Community Health Worker determine and record the date that each participant will need to have their HbA1c and blood glucose retested, both of which will be retested on a monthly basis in order to maintain current records. It will be the Community Health Workers responsibility to maintain consistent records for these measurements, which will be reported to the program Evaluator on a quarterly basis.

V.F.1.e.	Describe how the program will ensure patient blood glucose readings are taken on a consistent basis and an average per quarter is provided each quarter.
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Bidder Response: Bidder Response: Each program participant will have a detailed client case file on hand with their Community Health Worker. This case file will have information regarding the participant's demographics, health concerns, HbA1c readings, blood glucose

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measurements, and program participation, including where they've been referred to and/or who referred them to our program, and what programs, classes, or resources they were enrolled in. This client case file will be in a hard copy form for the Community Health Worker to make frequent updates to and a digital copy form for the program Evaluator to update on a quarterly basis. With the start of a new contract cycle, current program participants will be notified of the new funding received and the change of requirements and will be asked to meet with their Community Health Worker as soon as possible to have their HbA1c and blood glucose levels measured in order to determine a baseline. For clients that enter the program after the new contract has been established, they will be required to have their HbA1c and blood glucose levels measured prior to being enrolled in the program in order to create a baseline reading. After the initial HbA1c and blood glucose measurement, the Community Health Worker determine and record the date that each participant will need to have their HbA1c and blood glucose retested, both of which will be retested on a monthly basis in order to maintain current records. It will be the Community Health Workers responsibility to maintain consistent records for these measurements, which will be reported to the program Evaluator on a quarterly basis.

It is important to note regarding V.F.1.d and V.F.1.e that our target population for this program is very transient. We often find that a client will participate with our program for several months and then suddenly be unreachable, often moving back to their home country or dealing with employment issues (unemployment, getting laid-off, job searching), issues with transportation or lack thereof, legal issues, etc. We structure the program in such a way as to establish frequent contact and interaction with our participants in order to maintain up-to-date records and measurements of their health status, however there are instances when this is not possible due to the transient nature of our target population.

V.F.1.f.	Describe how the program will provide culturally appropriate diabetes education and address social determinates of health impacting diabetes management success.
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Bidder Response: In order to provide culturally appropriate diabetes education, we have on staff four (4) bilingual Community Health Workers and plan on hiring a fifth bilingual Community Health Worker once the new contract is active. Our program staff are very familiar with the communities that they serve and have developed a good reputation among our client base as well as other medical clinics, community based organizations, local public health departments, and other organizations that provide services that address the social determinants of health. We partner with the Buffalo and Dawson County Extension Offices for health and nutrition education as well as other Mid programs such as the Immunization Program and the Mobile Produce Pantry program. All of these partnerships have bilingual staff available and offer culturally appropriate education, services, and resources for our clients. Our Community Health Workers continue to build on their knowledge of community resources as well in order to help our program participants address and overcome many of their social determinates of health

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<p>which impact their ability to manage their diabetes successfully. Some of these social determinates include transportation barriers, financial barriers, education and employment barriers, and legal barriers. Our Community Health Workers not only refer program participants to the right resources to help them address their social determinates, but they also assist them in understanding the resources available to them through interpretation and translation assistance, transportation vouchers and financial aid when its available/appropriate, and connecting with the right resources for their specific situation. As we help our program participants in all of these areas, we equip and enable them to manage their diabetes and other health concerns efficiently and effectively.</p> <p>As mentioned earlier, we also plan on incorporating the role of liaison/Program Director in to the current role of Buffalo County CHW. Our Buffalo County Community Health Worker has been with the program for several years and has excellent contacts within our service region and is highly regarded among our community partners and program participants. Because this employee already has a good rapport in the community, this is a great advantage to our program as this employee now takes on the role of liaison.</p>	
V.F.1.g.	Identify participating physicians and attach documentation of their commitment to refer minority diabetic patients and for monthly clinical team communication with the CHW.
<p>Bidder Response:</p> <p>Participating physicians, community organizations, and local public health departments include:</p> <ul style="list-style-type: none"> • HelpCare clinic • Phelps Medical Group – Mileah Panter, DNP, APRN, BCADM, CDE <p>Please refer to Appendix F for documentation of participating physicians' commitment to the Community Health Worker Program.</p>	
V.F.2.	Provide CHW Staffing with Clinical, Community, and Public Health Linkages
V.E.2.a.i.	Describe how the CHW will work with community organizations and local health departments.
<p>Bidder Response: In previous grant cycles, the Community Health Worker has served as the link between clients and community resources. Due to the nature of our target population, it has been noted that many of our clients do not have a doctor or a medical facility that they visit on a regular basis. This is due to many barriers, including financial, transportation, language, cultural, and/or legal. That is where our Community Health Workers step in to help, by offering financial assistance when appropriate or applicable, transportation resources and vouchers, language assistance and culturally appropriate instruction or education, and assistance navigating legal barriers in order to access</p>	

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<p>regular medical services in order to address their health concerns. Because many of our clients are not seeing a doctor on a regular basis due to the issues noted above, we do not have a consistent bidirectional partnership with many of our partners, rather a one-way referral system from our agency to other community resources, since we are in contact with the target population more than health providers and clinics. Therefore, in order to create more bidirectional partnerships in the community, Mid proposes that we create partnerships with community organizations and local health departments that actually see our clients on a regular basis, including local community centers, free clinics, Emergency Rooms, faith based organizations, food pantries, Head Start, WIC, etc. If we partner with these types of community resources, the likelihood of receiving client referrals is significantly increased since these organizations have greater contact and rapport with our target population.</p>	
V.F.2.a.ii.	Describe how the CHW will be part of a clinical team and serve as a liaison between the health clinic/health system, the patient and community resources;
<p>Bidder Response: In order to enhance this program's bidirectional partnerships within the community, the Community Health Worker program plans on incorporating the responsibilities of a program liaison with that of the Buffalo County Community Health Worker. The role of Community Health Worker will involve the primary responsibilities of advocating for the client, working with the client on accessing community programs, and helping them utilize health resources such as nutrition classes, exercise classes, partnering medical clinics and health systems, etc. In short, the CHW is the point-of-contact for program participants. The role of program liaison however will involve the primary responsibilities of advocating for the program in the community and connecting with potential and current program partners. The liaison will be the point-of-contact for community partners. The liaison will receive referrals and pass them on to the appropriate CHW and advocate for the program at community clinical team meetings, conduct outreach efforts to connect with community partners and enhance the bidirectional relationships the Community Health Worker program has within the community. The program liaison will also take on some of the responsibilities of Program Director; assisting in program oversight, creating and submitting budgets and reports for evaluation and final submission, co-facilitating the Living Well with Diabetes classes, and any other task assigned by the Director of Health Services. As mentioned earlier, due to budget restrictions, the role of liaison/Program Director will be combined with the role of Buffalo County Community Health Worker. Since the Director of Health Services is also a Community Health Worker herself, she will assist the Buffalo County CHW will client case work, education initiatives, reporting, and outreach when necessary.</p>	
V.F.2.a.iii.	Describe how the CHW provide necessary resources to optimize communication and support for diabetic education, compliance with physician care management and addresses social determinates of health;

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Bidder Response: While the program liaison is intended to optimize the communication between the program and community partners, the Community Health Worker is responsible for optimizing the support given to program participants for diabetic education, compliance with physician care management, and addressing social determinants of health in the client's life. The Community Health Worker works one-on-one with each program participant helping them identify social determinates to their health, connecting them with the community resources and partners established by the program liaison, and assisting them with physician care management and appointments through interpretation, translation, and culturally appropriate explanation and assistance regarding health regimes and instructions given by local physicians.

V.F.2.a.iv.	Describe how the CHW will meet monthly with the clinical team to discuss patients' diabetic goals and updates on social determinates of health impacting patient's management of diabetes and;
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Bidder Response: A community clinical team meeting will be established with community partners and scheduled for a specific day each month. This meeting will be held in the large conference room at Mid's headquarters and will consist of program bidirectional partners, program CHWs and the program liaison, and potential or interested medical clinics, community based organizations, local public health departments, or other interested organizations that can provide services to address the social determinates of health. These meetings will be a time to discuss social determinates of health, program initiatives, changes or enhancements to the program, upcoming classes or resources, and issues in finding eligible clients or connecting them to the right services.

V.F.2.a.v.	Describe how the CHW will address language and cultural barriers experienced by patients.
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Bidder Response: Because our target population consists of individuals who have a racial or ethnic minority background, many of the issues that we face in connecting these clients with medical clinics and physicians involves language and cultural barriers. The four (4) Community Health Workers currently employed by Mid are bilingual and have a good understanding of our target population's cultural normatives, thus enhancing their ability to connect and communicate with our target population. We will require our additional CHW to be bilingual as well in order to bridge the language gap between program participants and community partners and resources. We have found it especially helpful to partner with the Buffalo and Dawson County Extension Offices for nutrition education because they make their curriculum culturally appropriate and present the information in their participants' native language. If we have partners that do not have the capacity to present their resources in culturally appropriate ways or in the client's native language, our CHWs will assist the client in understanding the resources given them through translation and interpretation services.

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V.F.2.b.	CHW qualifications
V.F.2.b.i.	Describe how the CHW is a trusted member of the community with a close understanding of the community served
<p>Bidder Response: The Dawson County CHW lives in her service area, therefore she is known within the community and shares the same cultural background as many of the program participants in the Dawson County region. She is officed in the Community Action building, which also houses the Dawson County WIC office, the food pantry, and Head Start. Many of the families that participate in this programs are familiar with our Dawson County CHW and have frequent interaction with her. In addition to the programs that are officed in her building, Mid's Immunization program also goes to the Community Action building once every other week to provide free immunizations to individuals and families. Our Dawson County Community Health Worker helps with this program and recruits eligible clients to the Community Health Worker program while assisting them with their immunizations. By being a part of the community and involving herself in the many programs that assist our target population, our Dawson County CHW is a trusted face in the community, primarily among our target population.</p> <p>Though our Buffalo, Phelps, and Kearney County CHW does not live in any of these areas, he is very active in these communities. Through assisting with other programs, especially Mid's Dental and Immunization Programs, our Buffalo County CHW has frequent contact with our target population as he interprets and translate for them at appointments while also recruiting them to the Community Health Worker program. During the weeks when Mid's Immunization program is not in Dawson County, it provides free immunizations to individuals and families in Buffalo County. Our Buffalo County CHW assists with this program, recruiting eligible clients to the Community Health Worker program while also assisting them with their immunizations.</p> <p>The Director of Health Services is also a CHW and has been with Community Action Partnership of Mid-Nebraska since 2009, working in various capacities within the Health Services Department. Because of this, she is well known among the clients that often come to Mid for Immunizations, Dental services, and other health needs. She also previously filled the Buffalo County Community Health Worker role and therefore has several contacts with community partners, medical providers and physicians, and clientele and is a very trusted member of the community as well as in the health and nutrition community.</p> <p>All of our Community Health Workers have taken and passed the Living Well with Diabetes course and are able to teach the curriculum to eligible and interested program participants. This alone enhances our CHWs' rapport within our service area and gives them a chance to closely interact with our clients and help them with specific issues and social determinates of health that they are dealing with.</p>	
V.F.2.b.ii.	Describe how the CHW has a thorough understanding of diabetic management.

**Option 6 West Central Region
Attachment C
Technical Requirements
Diabetes Care Management for Minorities
Request for Proposal Number 6168 Z1**

V.F. Project Requirements

Bidder Response: All of our Community Health Workers have participated in the online, 10-week Community Health Worker course provided by Health Navigation of Nebraska. This course involves several topics including organization and documentation of program participants, assessment, service coordination, colorectal health and screening, breast health and screening, cervical health and screening, and cardiovascular health and screening trainings. Each week of the program consists of one of these topics of study, with webinar teachings, e-learning evaluations, in-person sessions, and a final capstone project making up the entirety of the course. Each of our Community Health Workers have completed this training.

In addition to the Community Health Worker course, all of our CHWs have attended the 4-day Living Well with Diabetes training. This training requires that participants co-facilitate one workshop per year in order to keep their certification current. Each workshop helps program participants learn how to manage their medications, deal with depression, eat well, control their pain, accomplish their goals, fight fatigue and frustration, start exercising more, manage stress, solve problems, and communicate better with doctors, family, and friends. Each of our Community Health Workers have received their certification as a Living Well with Diabetes trainer and continue to maintain this certification by co-facilitating at least one workshop per year.

V.F.2.b.iii. Describe how the CHW is able to provide culturally appropriate health education and information.

Bidder Response: While the trainings and courses taken by our CHWs are not culturally specific, our Community Health Workers are bilingual and able to translate and interpret the information to be culturally appropriate for our program participants. As mentioned earlier, since all of our Community Health Workers are bilingual and have a good understanding of cultural norms, they are able to provide culturally appropriate and sensitive health education and information to our program participants. If referring our clients to outside health education resources, our Community Health Workers make sure that if the information is not going to be presented in the client's native language or in a culturally appropriate way, they attend to offer interpretation and translation assistance. Because all of our Community Health Workers are bilingual and have a good understanding of cultural norms, they have the ability to teach the Living Well with Diabetes course in a manner that is both culturally appropriate and informative, with courses being taught in clients' native language and course materials provided in both English and Spanish.

V.F.2.b.iv. Describe how the CHW is able to address language and cultural barriers.

Bidder Response: All of our Community Health Workers are bilingual and have a good understanding our target population's cultural

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Request for Proposal Number 6168 Z1**

V.F. Project Requirements

normatives. By being able to help the clients understand the information and apply it in light of their cultural heritage and background, our Community Health Workers are able to address the language and cultural barriers that our target population often faces. Because many of our clients are low-income and come from a racial or ethnic minority background, we often find it difficult to recruit clients through referral systems from medical clinics and physicians. Very few clients are meeting with a doctor on a regular basis, either because they cannot afford to do so, and/or they are undocumented residents afraid of drawing attention for fear of deportation, and/or they have lacking transportation resources available to them to guarantee regular visits to the doctor. In addition to these barriers, there is almost always a language and cultural barrier that not only discourages the clients from meeting with doctors, but it also discourages local doctors and physicians from meeting with clients or partnering with our agency because they find it difficult to work with clients who do not understand their language or the medical regimes they are prescribing. Due to these inhibiting circumstances, it is the goal of Mid's Community Health Worker program to serve as a link between low-income, minority populations and medical professionals by offering translation and/or interpretation services – both in one-on-one appointments with doctors and physicians, but also after the fact helping clients understand their medications and medical suggestions given by the doctor for healthier lifestyles. By focusing on these patient-doctor relationships and providing services to make those interactions easier, our Community Health Workers are making tremendous advancements in addressing the social determinant of language and cultural barriers to health.

V.F.2.b.v.	Describe how the CHW is familiar with resources and access to resources to address the social determinates of health that affect the patient's ability to manage their diabetes and
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Bidder Response: As mentioned earlier, all of our Community Health Workers involve themselves in numerous other Mid programs that come in contact with our target population, including the Immunization program, Dental program, WIC, Head Start, and food pantries. In addition to these community resources, Mid's Community Health Workers have previously or are currently involved with the local schools and/or the health systems of our communities through previous employment or volunteer services. While our Community Health Workers are very connected in their communities through advocacy and partnerships, past and present involvement or employment in community structures, and through Mid programs, it is a noted need to have a program liaison to capitalize on these already formed connections and partnerships and expand them to the counties we are not currently serving as well as to the medical clinics, community based organizations, local public health departments, and other organizations that we have not yet partnered with.

V.F.2.b.vi.	Describe how the CHW is able to communicate the successes, limitations, and barriers faced by the patient in managing their diabetes with the medical provider.
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**Option 6 West Central Region
Attachment C
Technical Requirements
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V.F. Project Requirements	
<p>Bidder Response: While the program liaison is the link between community resources and the Community Health Worker program and its clients, it will be the CHWs responsibility to communicate the successes, limitations, and barriers faced by the patient in managing their diabetes with the medical provider on a monthly basis. This will be best accomplished through the monthly community clinical team meetings held at Mid's headquarters and attended by current community partners, the program liaison, CHWs, and potential or interested community partners. This time will be utilized for sharing the successes, limitations, and barriers that are often faced by our patients generally, but also specific patients with specific social determinants to health. On the occasion that certain successes, limitations, and barriers arise between the scheduled meetings, it will be the CHWs responsibility to communicate these successes, limitations, and barriers with medical providers through phone calls, private meetings, appointments with the clients, etc.</p>	
V.F.3.	Demonstrate Expertise and Cultural Competence
V.F.3.a.	Complete a Culturally and Linguistically Appropriate Service (CLAS) Standards assessment developed by the Nebraska DHHS Office of Health Disparities and Health Equity within the three (3) months of the start of the project and ensure steps are taken to provide culturally and linguistically appropriate services to program participants.
<p>Bidder Response: The Community Health Worker program will complete a Culturally and Linguistically Appropriate Service (CLAS) Standards assessment developed by the Nebraska DHHS Office of Health Disparities and Health Equity within the three (3) months of the start of the project and will ensure that steps are taken to provide culturally and linguistically appropriate services to program participants.</p>	
V.F.3.b.	If not already taken within the last two years, ensure the Living Well with Diabetes training is taken by the CHW within the first three (3) months of the awarded contract or other time period approved by DHHS.
<p>Bidder Response: All of Mid's Community Health Workers have completed the Living Well with Diabetes training and have maintained an active certification up to the present time. A Living Well with Diabetes training is planned for the beginning of 2020.</p>	
V.F.4.	Addresses Social Determinants of Health
V.F.4.a.	Provide value added services that will be used to address the social determinants such as transportation, translation, day care, or other needs that will assist with meeting the program outcomes. List each value added services. For each value added service identify the following. Additional value added services can be added for more than four value added services.
Value Added	What service will be offered?

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V.F. Project Requirements	
Service 1	Bidder Response: Translation and/or Interpretation services
	Who will be offered the service?
	Bidder Response: The Community Health Worker
	When and/or how often will the services be needed or offered?
	Bidder Response: Translation and/or interpretation services will be provided by the Community Health Worker on an as needed basis. If the client is enrolled in a class that does not offer culturally appropriate education in that client's native language, then the Community Health Worker will assist the client in understanding the class materials and interpreting the class lectures. These services will also be provided at doctor's appointments, clinical check-ups, completing paperwork to receive assistance or financial aid, or any situation where the client faces language barriers with a community resource or service.
Value Added Service 2	What service will be offered?
	Bidder Response: HbA1c testing
	Who will be offered the service?
	Bidder Response: The Community Health Worker
	When and/or how often will the services be needed or offered?
	Bidder Response: Program participants will be required to take an HbA1c test, administered by the Community Health Worker, upon enrollment into the program. If they have been with the program in the past, the client will be asked to meet with the Community Health Worker promptly in order to measure their HbA1c and create a baseline. Community Health Workers will be equipped with a Diabetes Management HbA1c Rapid Test Kit and will be trained on how to administer HbA1c tests and record the results. In order to maintain current records of our clients, HbA1c measurements will be taken on a monthly basis. This will supply the CHW with regular HbA1c measures and an average blood glucose reading by the end of each quarter.

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V.F. Project Requirements	
Value Added Service 3	What service will be offered?
	Bidder Response: Healthy Lifestyles program
	Who will be offered the service?
	Bidder Response: Community Health Worker
	When and/or how often will the services be needed or offered?
Value Added Service 4	What service will be offered?
	Bidder Response: Transportation services
	Who will be offered the service?
	Bidder Response: Community Health Worker program and RYDE Transit partnership
	When and/or how often will the services be needed or offered?

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V.F. Project Requirements	
	<p>Bidder Response: RYDE Transit is a Community Action Partnership of Mid-Nebraska program and has partnered in the past with the Community Health Worker program in providing RYDE vouchers for clients who face transportation barriers. In addition to RYDE vouchers, the Community Health Worker program will also have gas vouchers available to eligible clients who don't necessarily lack transportation, but deal with financial barriers that inhibit them from purchasing gas.</p>
V.G	Deliverables
V.G.1.	Describe how the project will ensure all of the data and reporting elements (see Section V.H.1.) will be collected.
<p>Bidder Response: Each Community Health Worker will be responsible for maintaining individual client case files along with an overall quarterly report for his or her program efforts for that quarter.</p> <p>For Patient Reporting: Each patient's Community Health Worker will maintain a hard copy case file of each patient who enters the program, along with a digital copy, which will be submitted to the program's Evaluator at the end of each quarter. These client case files will include the following information:</p> <ul style="list-style-type: none"> • County in which the patient resides; • Patient's race or ethnicity; • Baseline HbA1c measure and year end HbA1c measure; • Monthly blood glucose readings and their average per quarter; • Insurance carried by the patient; • How many times the patient interacted with the CHW; • Number of times the CHW came in contact with the patient's medical provider or care team; • Number of referrals given to the patient and where they were referred; • The social determinants to health that the patient is facing; and • The number of emergency room visits or hospital admissions related to diabetes. <p>In addition to maintaining a detailed record of each patient's health and involvement in the Community Health Worker program, each CHW will maintain a detailed report of their project efforts and initiatives for that quarter, including the following information:</p>	

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V.F. Project Requirements

- Success stories of patients;
- Current number of diabetic patients in their program;
- Referrals received from outside sources; and
- A brief narrative of what outreach efforts took place and an overview of community clinical team meetings and items discussed.

At the end of each quarter, each CHW will be given two weeks to compile all of their reports and submit them via email to the program Evaluator who will compile the information and submit it via the system identified by DHHS.

Appendix A.

Solicitation Number: RFP 6168 Z1

**2018 Financial Statements and Independent
Auditors' Report**

**Community Action Partnership of
Mid-Nebraska**

**Financial Statements and
Independent Auditors' Report**

September 30, 2018 and 2017



Community Action Partnership of Mid-Nebraska

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Community Action Partnership of Mid-Nebraska

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Community Action Partnership of Mid-Nebraska
Kearney, Nebraska

Report on the Financial Statements

We have audited the accompanying financial statements of Community Action Partnership of Mid-Nebraska, which comprise the statements of financial position as of September 30, 2018 and 2017, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Action Partnership of Mid-Nebraska as of September 30, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental information on pages 13 through 49 is presented for purposes of additional analysis and is not a required part of the basic financial statements. The accompanying Schedule of Expenditures of Federal Awards on pages 50 through 53 is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 11, 2019 on our consideration of Community Action Partnership of Mid-Nebraska's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Action Partnership of Mid Nebraska's internal control over financial reporting and compliance.

Lutz & Company, P.C.

January 11, 2019

Community Action Partnership of Mid-Nebraska

Statements of Financial Position

September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Cash and Cash Equivalents	\$ 2,766,418	\$ 1,927,827
Accounts Receivable	985,291	1,032,670
Prepaid Expenses	73,411	119,296
Land, Building and Equipment	12,947,278	12,911,767
Less Accumulated Depreciation	(6,080,849)	(6,177,134)
TOTAL ASSETS	\$ 10,691,549	\$ 9,814,426
LIABILITIES AND NET ASSETS		
Amounts Payable and Accrued Expenses	\$ 1,054,475	\$ 912,380
Payroll Taxes Withheld	10,207	9,557
Deferred Revenues	263,895	260,071
Grant Advances	43,000	43,000
Security Deposits	11,006	12,059
Total Liabilities	1,382,583	1,237,067
NET ASSETS		
Unrestricted Net Assets	1,132,274	636,314
Temporarily Restricted Net Assets	8,176,692	7,941,045
Total Net Assets	9,308,966	8,577,359
TOTAL LIABILITIES AND NET ASSETS	\$ 10,691,549	\$ 9,814,426

See Notes to Financial Statements

Community Action Partnership of Mid-Nebraska

Statement of Activities

Year Ended September 30, 2018

	UNRESTRICTED		TEMPORARILY RESTRICTED		Total
	Current Funds	Current Funds	Land, Building & Equipment Fund		
REVENUES					
Federal and State Fees and Grants	\$ -	\$ 9,078,132	\$ -	\$ 9,078,132	
Program and Other Income	330,160	2,721,278	-	3,051,438	
Interest and Dividends	3,171	4,088	-	7,259	
In-Kind Contributions	-	1,119,767	-	1,119,767	
Net assets released from restrictions	12,702,003	(12,150,529)	(551,474)	-	
Total Revenues	13,035,334	772,736	(551,474)	13,256,596	
EXPENSES					
Program Service	(11,474,495)	-	-	(11,474,495)	
Management and General	(1,050,494)	-	-	(1,050,494)	
Total Expenses	(12,524,989)	-	-	(12,524,989)	
OTHER CHANGES IN NET ASSETS					
Property and Equipment Acquisitions/Dispositions	-	(683,270)	683,270	-	
Operating Transfers	(14,385)	14,385	-	-	
Total Other Changes in Net Assets	(14,385)	(668,885)	683,270	-	
Increase (decrease) in net assets	495,960	103,851	131,796	731,607	
Net Assets, Beginning of Year	636,314	1,206,412	6,734,633	8,577,359	
NET ASSETS, END OF YEAR	\$ 1,132,274	\$ 1,310,263	\$ 6,866,429	\$ 9,308,966	

See Notes to Financial Statements

Community Action Partnership of Mid-Nebraska

Statement of Activities

Year Ended September 30, 2017

	UNRESTRICTED		TEMPORARILY RESTRICTED		Total
	Current Funds	Current Funds	Land, Building & Equipment Fund		
REVENUES					
Federal and State Fees and Grants	\$ -	\$ 8,306,794	\$ -	\$ 8,306,794	
Program and Other Income	321,522	1,623,123	-	1,944,645	
Interest and Dividends	2,264	2,428	-	4,692	
In-Kind Contributions	-	1,172,334	-	1,172,334	
Net assets released from restrictions	11,227,605	(10,745,172)	(482,433)	-	
Total Revenues	11,551,391	359,507	(482,433)	11,428,465	
EXPENSES					
Program Service	(10,416,395)	-	-	(10,416,395)	
Management and General	(1,031,121)	-	-	(1,031,121)	
Total Expenses	(11,447,516)	-	-	(11,447,516)	
OTHER CHANGES IN NET ASSETS					
Property and Equipment Acquisitions/Dispositions	(70,314)	(108,296)	178,610	-	
Operating Transfers	(5,000)	5,000	-	-	
Total Other Changes in Net Assets	(75,314)	(103,296)	178,610	-	
Increase (decrease) in net assets	28,561	256,211	(303,823)	(19,051)	
Net Assets, Beginning of Year (Restated)	607,753	950,201	7,038,456	8,596,410	
NET ASSETS, END OF YEAR	\$ 636,314	\$ 1,206,412	\$ 6,734,633	\$ 8,577,359	

See Notes to Financial Statements.

Community Action Partnership of Mid-Nebraska

Statements of Functional Expenses

Year Ended September 30, 2018

	<u>Program Services</u>	<u>Management and General</u>	<u>Fund Raising</u>	<u>Total</u>
Salaries, Wages, and Fringe Benefits	\$ 5,528,909	\$ -	\$ -	\$ 5,528,909
Indirect Costs	-	1,050,494	-	1,050,494
Contract Services	291,420	-	-	291,420
Consultants	2,789	-	-	2,789
Volunteer Services	3,182	-	-	3,182
Legal and Professional Services	3,367	-	-	3,367
Insurance	169,583	-	-	169,583
Medical Services	11,910	-	-	11,910
Travel	150,979	-	-	150,979
Vehicle Fuel and Maintenance	282,063	-	-	282,063
Space Costs	764,605	-	-	764,605
Telephone	99,261	-	-	99,261
Postage and Freight	22,556	-	-	22,556
Supplies	890,306	-	-	890,306
Shared Maintenance Fee	-	-	-	-
Food Costs	367,114	-	-	367,114
Copies and Printing	9,068	-	-	9,068
Equipment and Building Maintenance	282,024	-	-	282,024
Subscriptions and Memberships	26,944	-	-	26,944
Advertising	34,146	-	-	34,146
Volunteers, Board and Staff Recognition	4,155	-	-	4,155
Meals	16,569	-	-	16,569
Miscellaneous	18,567	-	-	18,567
Depreciation	551,474	-	-	551,474
Small Equipment	811,887	-	-	811,887
Grants/Special Projects	11,850	-	-	11,850
In-Kind Goods/Services	1,119,767	-	-	1,119,767
TOTALS	\$ 11,474,495	\$ 1,050,494	\$ -	\$ 12,524,989

See Notes to Financial Statements.

Community Action Partnership of Mid-Nebraska

Statements of Functional Expenses

Year Ended September 30, 2017

	<u>Program</u> <u>Services</u>	<u>Management</u> <u>and General</u>	<u>Fund</u> <u>Raising</u>	<u>Total</u>
Salaries, Wages, and Fringe Benefits	\$5,426,952	\$ -	\$ -	\$5,426,952
Indirect Costs	-	1,031,121	-	1,031,121
Contract Services	237,791	-	-	237,791
Consultants	12,742	-	-	12,742
Volunteer Services	11,947	-	-	11,947
Legal and Professional Services	2,517	-	-	2,517
Insurance	188,559	-	-	188,559
Medical Services	14,769	-	-	14,769
Travel	134,490	-	-	134,490
Vehicle Fuel and Maintenance	242,670	-	-	242,670
Space Costs	755,000	-	-	755,000
Telephone	101,201	-	-	101,201
Postage and Freight	24,287	-	-	24,287
Supplies	902,741	-	-	902,741
Shared Maintenance Fee	3,707	-	-	3,707
Food Costs	357,950	-	-	357,950
Copies and Printing	9,760	-	-	9,760
Equipment and Building Maintenance	209,085	-	-	209,085
Subscriptions and Memberships	25,261	-	-	25,261
Advertising	34,238	-	-	34,238
Volunteers, Board and Staff Recognition	5,949	-	-	5,949
Meals	16,375	-	-	16,375
Miscellaneous	19,311	-	-	19,311
Depreciation	482,433	-	-	482,433
Small Equipment	10,045	-	-	10,045
Grants/Special Projects	14,281	-	-	14,281
In-Kind Goods/Services	1,172,334	-	-	1,172,334
TOTALS	\$10,416,395	\$1,031,121	\$ -	\$ 11,447,516

See Notes to Financial Statements.

Community Action Partnership of Mid-Nebraska

Statements of Cash Flows

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 731,607	\$ (19,051)
Adjustments to Reconcile Excess (Deficiency) revenues over expenses to net cash provided by operating activities		
Depreciation	551,474	482,433
(Increase) Decrease in:		
Accounts and Grants Receivable	47,379	(38,245)
Prepaid Expenses	45,885	(56,820)
(Decrease) Increase in:		
Accounts Payable and Accrued Liabilities	142,745	(39,848)
Deferred Revenue and Advances	3,824	(10,225)
Security Deposits	(1,053)	(1,545)
Net Cash Provided by (Used in) Operating Activities	<u>1,521,861</u>	<u>316,699</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
(Purchase)/Sale of Property and Equipment	(683,270)	(178,610)
Net Cash Provided by (Used in) Investing Activities	<u>(683,270)</u>	<u>(178,610)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	838,591	138,089
Cash and Cash Equivalents, Beginning of Year	1,927,827	1,789,738
Cash and Cash Equivalents, End of Year	<u>\$ 2,766,418</u>	<u>\$ 1,927,827</u>

See Notes to Financial Statements.

Community Action Partnership of Mid-Nebraska

Notes to Financial Statements

September 30, 2018 and 2017

1. Summary Of Significant Accounting Policies

Organization

Community Action Partnership of Mid-Nebraska, (the Agency) is a nonprofit organization formed to provide services and assistance to low-income, elderly, and other disadvantaged or at-risk persons.

Basis of Presentation

The Agency has adopted Financial Accounting Standards ASC 958-605, Not-for-Profit Entities – Revenue Recognition – Contributions, and ASC 958-205, Not-for-Profit Entities – Presentation of Financial Statements, and applied these standards on a retroactive basis. ASC 958-205 establishes standards for external financial reporting by not-for-profit organizations and requires that resources be classified for accounting and reporting purposes into three net asset categories according to externally (donor) imposed restrictions. ASC 958-605 requires that unconditional promises to give (pledges) be recorded as receivables and revenues and requires the agency to distinguish between contributions received for each net asset category in accordance with donor-imposed restrictions. A description of the three net asset categories follows:

Unrestricted Net Assets - Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that may or will be met by either actions of the Agency or the passage of time.

Permanently Restricted Net Assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Agency. Generally, the donors of these assets permit all or part of the income earned on these assets to be used by the Agency for general or specific purposes. (The Agency currently has no permanently restricted funds.)

Contributed Services, Materials, and Facilities

The Agency receives contributions of volunteer services, materials, and facilities. The estimated fair value of these contributions is recorded as expense with equivalent amounts recorded as revenue in the year provided.

Under accounting principles generally accepted in the United States of America (GAAP), donated services should only be reported when the services create or enhance nonfinancial assets or when the services provided require specialized skills, are provided by persons possessing those skills, and would have to otherwise be purchased. Generally, the donated services received by the Agency do not meet these requirements. The Agency is required under certain grants to provide a minimum amount of donated services. For this reason, the Agency has reported all donated services, which is not in compliance with GAAP.

The Land, Building and Equipment Fund

The Land, Building and Equipment Fund is designated for equipment acquisitions, for recording the costs of building, equipment and accumulated depreciation.

Community Action Partnership of Mid-Nebraska

Notes to Financial Statements

September 30, 2018 and 2017

Depreciation

The Agency capitalizes fixed assets with a value of \$5,000 or more and an estimated life of greater than one year.

The Agency computes depreciation on its furniture, fixtures and equipment on the straight-line method over the estimated useful lives of the various classes of assets. The estimated service lives by type of asset are as follows:

Buildings	31-39 Years
Equipment and vehicles	5-10 Years

Income Tax

The Agency, is a nonprofit organization operating under Section 501(c)(3) of the Internal Revenue Code and is generally exempt from federal, state and local income taxes and, accordingly, no provision for income taxes is included in the financial statements.

Accounting principles generally accepted in the United States of America require the Agency's management to evaluate tax positions taken by the Agency and recognize a tax liability (or asset) if the Agency has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Agency is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Agency's management believes it is no longer subject to income tax examinations for years prior to 2014.

The Agency's policy is to include penalties and interest associated with income taxes as income tax expense and interest expense respectively. The Agency did not incur any penalties or interest on income taxes for the periods being reported.

Deferred Revenue

Deferred revenues result from current year grants and awards made to support the current year and subsequent years' activities. Revenue is recognized only to the extent that related expenses have been incurred.

Indirect Costs

The Agency allocates indirect and administrative expense in accordance with an Indirect Cost Proposal developed annually and approved by the Department of Health and Human Services. Indirect costs consist of salaries and fringe benefits of central organization personnel who perform management and administrative functions necessary and beneficial to all activities. The current year indirect costs are charged to the various activities based upon a predetermined rate of 19% that is effective from October 1, 2016 to September 30, 2020. The indirect rate for the year ended September 30, 2018 was 19%.

Community Action Partnership of Mid-Nebraska

Notes to Financial Statements

September 30, 2018 and 2017

Cash and Cash Equivalents

For purposes of reporting the statements of cash flows, the Agency considers all cash accounts which are not subject to withdrawal restrictions or penalties, and all unrestricted highly liquid investments with a maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable represent the amount of grants earned less the amounts of earned grant funds advanced from grantor agencies during the period. Accounts receivable are entirely unsecured. Management believes that all outstanding accounts are collectible in full, therefore no allowance for uncollectible receivables has been provided.

Prepaid Expenses

Prepaid balances are for payments made by the Agency in the current year for services occurring in the subsequent fiscal year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Advertising

The Agency expenses advertising costs as incurred.

Reclassifications of a General Nature

Certain amounts in the prior periods presented have been reclassified to conform to current period financial statement presentation. These reclassifications have no effect on previously reported net income.

2. Land, Building and Equipment

	9/30/2017	Additions	Disposals	9/30/2018
Building and Equipment	\$ 12,710,665	\$ 806,063	\$ (750,885)	\$ 12,765,843
Land	201,102	--	(19,667)	181,435
Total	\$ 12,911,767	\$ 806,063	\$ (770,552)	\$ 12,947,278
Accumulated Depreciation	(6,177,134)	(551,474)	647,759	(6,080,849)
	\$ 6,734,633	\$ 254,589	\$ (122,793)	\$ 6,866,429

Total depreciation expense for September 30, 2018 and 2017 is \$551,474 and \$482,433, respectively.

Community Action Partnership of Mid-Nebraska

Notes to Financial Statements

September 30, 2018 and 2017

3. Employee Benefits

Retirement/cafeteria benefit plan:

The Agency adopted an employee retirement annuity plan on September 29, 1984. The plan covers all full-time employees and was retroactive to October 1, 1983. New employees are eligible upon their date of hire and all contributions are expensed in the period paid. The contribution rate for eligible employees is reviewed and set annually. Beginning September 1, 1991, all eligible employees were given the option of receiving annuity benefits or equivalent dollar benefits towards a cafeteria benefit plan. Total benefit dollars paid were \$713,358 in 2018 and \$682,003 in 2017.

4. Pledged Assets by Depository Bank

The Agency maintains cash balances at various institutions. The Agency is adequately covered with pledged assets and by the Federal Deposit Insurance Corporation at each financial institution.

5. Lease Commitments

The Head Start program of the Agency entered into a lease agreement for office space on July 1, 2018. The term of the lease runs from July 2018 thru June 2023. The following is a schedule by years of future minimum lease payments:

Year Ending September 30, 2019	\$ 22,200
Year Ending September 30, 2020	22,200
Year Ending September 30, 2021	22,200
Year Ending September 30, 2022	22,200
Year Ending September 30, 2023	<u>16,650</u>
Total minimum payments required	<u>\$ 105,450</u>

6. Concentration Of Credit Risk

The Agency receives a substantial portion of its funding from federal and state agencies. As such, the Agency's ability to operate and administer these programs is dependent on the funding received. Therefore, any change in federal or state programs could have a substantial effect on the Agency's operations and ability to administer programs.

7. Subsequent Events

Upon evaluation, the Agency notes that there were no material subsequent events between the date of the financial statements and January 11, 2019, the date that the financial statements were issued or available to be issued.

SUPPLEMENTAL INFORMATION

**State of Nebraska Community Services Programs
with Community Action Partnership of Mid-Nebraska**

Schedule of Operations and Unexpended Funds by Program Account

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>State DOR</u>	<u>State Other</u>	<u>Local</u>	<u>Total</u>
COMMUNITY SERVICES BLOCK GRANT					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ 45,647	\$ 45,647
Current Year Funds - Grant	591,650	-	-	-	591,650
Current Year Funds - Other	-	-	-	17,004	17,004
Total	591,650	-	-	62,651	654,301
Less Amounts Allocated					
(to) from Other Programs	(78,782)	-	-	-	\$ (78,782)
Transfer (to) from Other Programs	-	-	-	2	2
Net Revenues	512,868	-	-	62,653	575,521
PROGRAM EXPENDITURES					
Disbursements and Accruals	512,868	-	-	17,705	530,573
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 44,948	\$ 44,948
PUBLIC TRANSPORTATION ASSISTANCE PROGRAMS					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ -	\$ -
Current Year Funds - Grant	997,058	321,675	-	-	1,318,733
Current Year Funds - Other	-	-	19,558	420,392	439,950
Total	997,058	321,675	19,558	420,392	1,758,683
PROGRAM EXPENDITURES					
Disbursements and Accruals	997,058	321,675	19,558	420,392	1,758,683
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**State of Nebraska Community Services Programs
with Community Action Partnership of Mid-Nebraska**

Schedule of Operations and Unexpended Funds by Program Account

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>State DOR</u>	<u>State Other</u>	<u>Local</u>	<u>Total</u>
TRANSPORTATION CAPITAL					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ -	\$ -
Current Year Funds - Grant	548,600	58,385	-	-	606,985
Current Year Funds - Other	-	-	-	99,288	99,288
Totals	548,600	58,385	-	99,288	706,273
PROGRAM EXPENDITURES					
Disbursements and Accruals	548,600	58,385	-	99,288	706,273
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -
MINORITY HEALTH INITIATIVE					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ -	\$ -
Current Year Funds - Grant	-	-	107,114	-	107,114
Current Year Funds - Other	-	-	-	-	-
Totals	-	-	107,114	-	107,114
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	107,114	-	107,114
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -
EMERGENCY HOMELESS ASSISTANCE					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ 17,299	\$ 17,299
Current Year Funds - Grant	161,812	-	176,049	-	337,861
Current Year Funds - Other	-	-	-	42,002	42,002
Current Year Funds					
Allocated from CSBG	1,948	-	-	-	1,948
Totals	163,760	-	176,049	59,300	399,109
PROGRAM EXPENDITURES					
Disbursements and Accruals	163,760	-	176,049	48,701	388,510
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 10,599	\$ 10,599

See Notes to Financial Statements.

State of Nebraska Community Services Programs with Community Action Partnership of Mid-Nebraska

Schedule of Operations and Unexpended Funds by Program Account

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>State DOR</u>	<u>State Other</u>	<u>Local</u>	<u>Total</u>
CHILD ABUSE RESOURCE AND EDUCATION					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ 12,822	\$ 12,822
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	693	693
Totals	-	-	-	13,515	13,515
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	1,047	1,047
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 12,467	\$ 12,467
HITCHCOCK PANTRY					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ 4,526	\$ 4,526
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	3,747	3,747
Totals	-	-	-	8,273	8,273
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	1,518	1,518
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 6,755	\$ 6,755
FOOD BANK					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ 127,858	\$ 127,858
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	36,036	36,036
Transfers from Other Programs	-	-	-	804	804
Totals	-	-	-	164,698	164,698
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	95,604	95,604
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 69,094	\$ 69,094

See Notes to Financial Statements.

State of Nebraska Community Services Programs with Community Action Partnership of Mid-Nebraska

Schedule of Operations and Unexpended Funds by Program Account

Year Ended September 30, 2018

	Federal Share	State DOR	State Other	Local	Total
FRANKLIN COUNTY PANTRY					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ 13,464	\$ 13,464
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	6,112	6,112
Totals	-	-	-	19,576	19,576
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	1,421	1,421
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 18,155	\$ 18,155
LEXINGTON PANTRY					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ 8,631	\$ 8,631
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	1,761	1,761
Totals	-	-	-	10,392	10,392
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	2,457	2,457
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 7,935	\$ 7,935
WESTERN FRONTIER PANTRY					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ 4,758	\$ 4,758
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	2,376	2,376
Totals	-	-	-	7,134	7,134
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	701	701
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 6,433	\$ 6,433

See Notes to Financial Statements.

State of Nebraska Community Services Programs with Community Action Partnership of Mid-Nebraska

Schedule of Operations and Unexpended Funds by Program Account

Year Ended September 30, 2018

	Federal Share	State DOR	State Other	Local	Total
SENIOR COMPANION VOLUNTEERS					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ -	\$ -
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	23,726	1,725	25,451
In-Kind Contributions	-	-	-	177	177
Totals	-	-	23,726	1,902	25,629
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	23,726	1,902	25,629
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -
PRESCHOOL SCHOLARSHIPS					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ 5,500	\$ 5,500
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	10,900	10,900
Totals	-	-	-	16,400	16,400
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	10,950	10,950
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 5,450	\$ 5,450
EMERGENCY ASSISTANCE					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ 20,382	\$ 20,382
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	21,430	21,430
Totals	-	-	-	41,813	41,813
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	15,290	15,290
Transfer to Other Program	-	-	-	-	-
Totals	-	-	-	15,290	15,290
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 26,523	\$ 26,523

See Notes to Financial Statements.

**State of Nebraska Community Services Programs
with Community Action Partnership of Mid-Nebraska**

Schedule of Operations and Unexpended Funds by Program Account

Year Ended September 30, 2018

	Federal Share	State DOR	State Other	Local	Total
WILCOX PANTRY					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ 4,737	\$ 4,737
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	3,317	3,317
Totals	-	-	-	8,054	8,054
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	3,848	3,848
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ 4,206	\$ 4,206
HMIS REGIONAL ADMINISTRATOR/CCFL					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ -	\$ -
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	450	450
Totals	-	-	-	450	450
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	450	450
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -
INTERCITY BUS ROUTE					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ -	\$ -
Current Year Funds - Grant	771	771	-	-	1,542
Current Year Funds - Other	-	-	-	-	-
Totals	771	771	-	-	1,542
PROGRAM EXPENDITURES					
Disbursements and Accruals	771	771	-	-	1,542
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -

See Notes to Financial Statements.

State of Nebraska Community Services Programs with Community Action Partnership of Mid-Nebraska

Schedule of Operations and Unexpended Funds by Program Account

Year Ended September 30, 2018

	Federal Share	State DOR	State Other	Local	Total
AFFORDABLE CARE ACT NAVIGATOR					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ -	\$ -
Current Year Funds - Grant	4,715	-	-	-	4,715
Current Year Funds - Other	-	-	-	-	-
Totals	4,715	-	-	-	4,715
PROGRAM EXPENDITURES					
Disbursements and Accruals	4,715	-	-	-	4,715
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -
COMMUNITY HEALTH					
PROGRAM FUNDS PROVIDED					
Prior Years Balance Brought Forward	\$ -	\$ -	\$ -	\$ 11,826	\$ 11,826
Current Year Funds - Grant	-	-	-	-	-
Current Year Funds - Other	-	-	-	-	-
Transfers from Other Programs	-	-	-	48	48
Totals	-	-	-	11,874	11,874
PROGRAM EXPENDITURES					
Disbursements and Accruals	-	-	-	11,874	11,874
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -
RESIDENTIAL ASSISTANCE TO FAMILIES IN TRANSITION					
PROGRAM FUNDS PROVIDED					
Prior Year Balance Brought Forward	\$ -	\$ -	\$ -	\$ -	\$ -
Current Year Funds - Grant	81,334	-	-	-	81,334
Current Year Funds - Other	-	-	-	11,329	11,329
Current Year Funds Allocated from CSBG	4,000	-	-	-	4,000
Totals	85,334	-	-	11,329	96,663
PROGRAM EXPENDITURES					
Disbursements and Accruals	85,334	-	-	11,329	96,663
Balance of Unexpended Funds	\$ -	\$ -	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**State of Nebraska Community Services Programs
with Community Action Partnership of Mid-Nebraska**

Schedule of Expenditures

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>State DOR</u>	<u>State Other</u>	<u>Local</u>	<u>Total</u>
COMMUNITY SERVICES BLOCK GRANT					
Salaries, Wages, and Fringe Benefits	\$ 357,797	\$ -	\$ -	\$ 12,352	\$ 370,149
Direct Operating Expenses	53,639	-	-	1,852	55,490
Supplies	13,472	-	-	465	13,937
Travel	19,979	-	-	690	20,669
Capital Outlay	-	-	-	-	-
Indirect Costs	67,981	-	-	2,347	70,328
TOTALS	\$ 512,868	\$ -	\$ -	\$ 17,705	\$ 530,573
PUBLIC TRANSPORTATION ASSISTANCE PROGRAMS					
Salaries, Wages, and Fringe Benefits	\$ 635,293	\$ 204,961	\$ 12,462	\$ 267,860	\$ 1,120,576
Direct Operating Expenses	220,648	71,186	4,328	93,032	389,195
Supplies	19,463	6,279	382	8,206	34,331
Travel	947	306	19	399	1,671
Capital Outlay	-	-	-	-	-
Indirect Costs	120,706	38,943	2,368	50,893	212,909
TOTALS	\$ 997,058	\$ 321,675	\$ 19,558	\$ 420,392	\$ 1,758,683
TRANSPORTATION CAPITAL					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Operating Expenses	-	-	-	-	-
Supplies	-	-	-	-	-
Travel	-	-	-	-	-
Capital Outlay	548,600	58,385	-	99,288	706,273
Indirect Costs	-	-	-	-	-
TOTALS	\$ 548,600	\$ 58,385	\$ -	\$ 99,288	\$ 706,273
MINORITY HEALTH INITIATIVE					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ 83,332	\$ -	\$ 83,332
Direct Operating Expenses	-	-	4,741	-	4,741
Supplies	-	-	1,711	-	1,711
Travel	-	-	1,497	-	1,497
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	15,833	-	15,833
TOTALS	\$ -	\$ -	\$ 107,114	\$ -	\$ 107,114

See Notes to Financial Statements.

State of Nebraska Community Services Programs with Community Action Partnership of Mid-Nebraska

Schedule of Expenditures

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>State DOR</u>	<u>State Other</u>	<u>Local</u>	<u>Total</u>
EMERGENCY HOMELESS ASSISTANCE					
Salaries, Wages, and Fringe Benefits	\$ 25,587	\$ -	\$ 27,508	\$ 7,610	\$ 60,704
Direct Operating Expenses	132,992	-	142,973	39,551	315,516
Supplies	318	-	342	95	756
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	4,862	-	5,226	1,446	11,534
TOTALS	\$ 163,760	\$ -	\$ 176,049	\$ 48,701	\$ 388,510
CHILD ABUSE RESOURCE AND EDUCATION					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ 665	\$ 665
Direct Operating Expenses	-	-	-	104	104
Supplies	-	-	-	153	153
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	126	126
TOTALS	\$ -	\$ -	\$ -	\$ 1,047	\$ 1,047
HITCHCOCK PANTRY					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Operating Expenses	-	-	-	-	-
Supplies	-	-	-	1,518	1,518
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	-	-
TOTALS	\$ -	\$ -	\$ -	\$ 1,518	\$ 1,518
FOOD BANK					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ 29,299	\$ 29,299
Direct Operating Expenses	-	-	-	58,885	58,885
Supplies	-	-	-	1,853	1,853
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	5,567	5,567
TOTALS	\$ -	\$ -	\$ -	\$ 95,604	\$ 95,604

See Notes to Financial Statements.

**State of Nebraska Community Services Programs
with Community Action Partnership of Mid-Nebraska**

Schedule of Expenditures

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>State DOR</u>	<u>State Other</u>	<u>Local</u>	<u>Total</u>
FRANKLIN COUNTY PANTRY					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Operating Expenses	-	-	-	15	15
Supplies	-	-	-	1,406	1,406
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	-	-
TOTALS	\$ -	\$ -	\$ -	\$ 1,421	\$ 1,421
LEXINGTON PANTRY					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Operating Expenses	-	-	-	30	30
Supplies	-	-	-	2,427	2,427
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	-	-
TOTALS	\$ -	\$ -	\$ -	\$ 2,457	\$ 2,457
WESTERN FRONTIER PANTRY					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Operating Expenses	-	-	-	-	-
Supplies	-	-	-	701	701
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	-	-
TOTALS	\$ -	\$ -	\$ -	\$ 701	\$ 701
SENIOR COMPANION VOLUNTEERS					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ 10,868	\$ 871	\$ 11,739
Direct Operating Expenses	-	-	5,754	461	6,215
Supplies	-	-	3,445	276	3,721
Travel	-	-	1,595	128	1,723
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	2,065	166	2,230
TOTALS	\$ -	\$ -	\$ 23,726	\$ 1,902	\$ 25,629

See Notes to Financial Statements.

**State of Nebraska Community Services Programs
with Community Action Partnership of Mid-Nebraska**

Schedule of Expenditures

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>State DOR</u>	<u>State Other</u>	<u>Local</u>	<u>Total</u>
PRESCHOOL SCHOLARSHIPS					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Operating Expenses	-	-	-	10,950	10,950
Supplies	-	-	-	-	-
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	-	-
TOTALS	\$ -	\$ -	\$ -	\$ 10,950	\$ 10,950
EMERGENCY ASSISTANCE					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Operating Expenses	-	-	-	11,402	11,402
Supplies	-	-	-	-	-
Travel	-	-	-	3,887	3,887
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	-	-
TOTALS	\$ -	\$ -	\$ -	\$ 15,290	\$ 15,290
WILCOX PANTRY					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Operating Expenses	-	-	-	-	-
Supplies	-	-	-	3,848	3,848
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	-	-
TOTALS	\$ -	\$ -	\$ -	\$ 3,848	\$ 3,848
HMIS REGIONAL ADMINISTRATOR/CCFL					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ 378	\$ 378
Direct Operating Expenses	-	-	-	-	-
Supplies	-	-	-	-	-
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	72	72
TOTALS	\$ -	\$ -	\$ -	\$ 450	\$ 450

See Notes to Financial Statements.

**State of Nebraska Community Services Programs
with Community Action Partnership of Mid-Nebraska**

Schedule of Expenditures

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>State DOR</u>	<u>State Other</u>	<u>Local</u>	<u>Total</u>
INTERCITY BUS ROUTE					
Salaries, Wages, and Fringe Benefits	\$ 596	\$ 596	\$ -	\$ -	\$ 1,192
Direct Operating Expenses	62	62	-	-	124
Supplies	-	-	-	-	-
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	113	113	-	-	226
TOTALS	\$ 771	\$ 771	\$ -	\$ -	\$ 1,542
AFFORDABLE CARE ACT NAVIGATOR					
Salaries, Wages, and Fringe Benefits	\$ 3,270	\$ -	\$ -	\$ -	\$ 3,270
Direct Operating Expenses	723	-	-	-	723
Supplies	100	-	-	-	100
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	621	-	-	-	621
TOTALS	\$ 4,715	\$ -	\$ -	\$ -	\$ 4,715
COMMUNITY HEALTH					
Salaries, Wages, and Fringe Benefits	\$ -	\$ -	\$ -	\$ 8,778	\$ 8,778
Direct Operating Expenses	-	-	-	2,869	2,869
Supplies	-	-	-	-	-
Travel	-	-	-	227	227
Capital Outlay	-	-	-	-	-
Indirect Costs	-	-	-	-	-
TOTALS	\$ -	\$ -	\$ -	\$ 11,874	\$ 11,874
RESIDENTIAL ASSISTANCE TO FAMILIES IN TRANSITION					
Salaries, Wages, and Fringe Benefits	\$ 40,501	\$ -	\$ -	\$ 5,377	\$ 45,878
Direct Operating Expenses	33,314	-	-	4,423	37,737
Supplies	3,824	-	-	508	4,332
Travel	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Indirect Costs	7,695	-	-	1,022	8,717
TOTALS	\$ 85,334	\$ -	\$ -	\$ 11,329	\$ 96,663

See Notes to Financial Statements.

**West Central Nebraska Area Agency on Aging Contracting
with Community Action Partnership of Mid-Nebraska
For North Platte Senior Center**

Statement of Revenues, Expenditures and Changes in Net Assets

Year Ended September 30, 2018

	<u>AOA and Local Funding</u>	<u>In-Kind Contributions</u>	<u>Total</u>
REVENUES			
AOA Contributions Received	\$ 78,196	\$ -	\$ 78,196
USDA and Title XX Funds	53,996	-	53,996
CSBG Allocation	29,705	-	29,705
Cash Match Contributions	211,812	-	211,812
Transfers from Other Programs	-	-	-
Total Revenues	373,709	-	373,709
EXPENDITURES			
Personnel	157,226	-	157,226
Travel	2,997	-	2,997
Supplies	14,654	-	14,654
Building Space	50	-	50
Communication and Utilities	12,983	-	12,983
Other	25,903	-	25,903
Raw Food	130,508	-	130,508
Indirect Costs	29,873	-	29,873
Total Expenditures	374,194	-	374,194
Excess Revenues (Expenditures)	(485)	-	(485)
Net Assets, Beginning	1,475	-	1,475
NET ASSETS, END OF YEAR	\$ 990	\$ -	\$ 990

See Notes to Financial Statements.

**West Central Nebraska Area Agency on Aging Contracting
with Community Action Partnership of Mid-Nebraska
For North Platte Senior Center**

Statement of Revenues, Expenditures and Changes in Net Assets

Year Ended September 30, 2017

	<u>AOA and Local Funding</u>	<u>In-Kind Contributions</u>	<u>Total</u>
REVENUES			
AOA Contributions Received	\$ 83,319	\$ -	\$ 83,319
USDA and Title XX Funds	61,391	-	61,391
CSBG Allocation	27,000	-	27,000
Cash Match Contributions	208,808	-	208,808
Transfers from Other Programs	-	-	-
Total Revenues	380,518	-	380,518
EXPENDITURES			
Personnel	160,052	-	160,052
Travel	3,589	-	3,589
Supplies	16,179	-	16,179
Building Space	50	-	50
Communication and Utilities	11,819	-	11,819
Other	27,789	-	27,789
Raw Food	131,654	-	131,654
Indirect Costs	30,410	-	30,410
Total Expenditures	381,542	-	381,542
Excess Revenues (Expenditures)	(1,024)	-	(1,024)
Net Assets, Beginning	2,499	-	2,499
NET ASSETS, END OF YEAR	\$ 1,475	\$ -	\$ 1,475

See Notes to Financial Statements.

**Department of Health and Human Services
Community Action Program Grant No. 6341
with Community Action Partnership of Mid-Nebraska
Full Year Head Start – Part Day and Handicapped**

Combined Statement of Revenues, Expenditures and Changes in Net Assets

Year Ended September 30, 2018

	<u>Federal Share</u>	<u>Non-Federal Share</u>	<u>Total</u>
REVENUES			
Current Year Funds - Grant	\$ 3,602,911	\$ -	\$ 3,602,911
Current Year Funds - Other	165,394	32,204	197,598
Current Year In-Kind Contributions	-	1,119,590	1,119,590
Total Revenues	3,768,305	1,151,794	4,920,099
EXPENDITURES			
Disbursements and Accruals	3,768,305	32,204	3,800,509
In-Kind Contributions	-	1,119,590	1,119,590
Total Expenditures	3,768,305	1,151,794	4,920,099
Excess Revenues (Expenditures)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**Department of Health and Human Services
Community Action Program Grant No. 6341
with Community Action Partnership of Mid-Nebraska
Full Year Head Start – Part Day and Handicapped**

Combined Statement of Revenues, Expenditures and Changes in Net Assets

Year Ended September 30, 2017

	<u>Federal Share</u>	<u>Non-Federal Share</u>	<u>Total</u>
REVENUES			
Current Year Funds - Grant	\$ 3,494,614	\$ -	\$ 3,494,614
Current Year Funds - Other	149,561	36,247	185,808
Current Year In-Kind Contributions	-	1,172,953	1,172,953
Total Revenues	3,644,175	1,209,200	4,853,375
EXPENDITURES			
Disbursements and Accruals	3,644,175	36,247	\$ 3,680,422
In-Kind Contributions	-	1,172,953	1,172,953
Total Expenditures	3,644,175	1,209,200	4,853,375
Excess Revenues (Expenditures)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**Department of Health and Human Services
Community Action Program Grant No. 6341
with Community Action Partnership of Mid-Nebraska
Full Year Head Start – Part Day and Handicapped**

Schedule of Grant Operations and Net Assets by Program Accounts

For the Period October 1, 2017 to July 31, 2018

	<u>Federal Share</u>	<u>Non-Federal Share</u>	<u>Total</u>
FULL YEAR HEAD START P.A. NO. 22, 23 & 25			
REVENUES			
Current Year Funds - Grants	\$ 2,966,491	\$ -	\$ 2,966,491
Current Year Funds - Other	143,145	29,830	172,975
Grantee's In-Kind Contributions	-	1,074,675	1,074,675
Total Revenues	3,109,636	1,104,505	4,214,141
EXPENDITURES			
Disbursements and Accruals	3,109,636	29,830	\$ 3,139,466
In-Kind Contributions	-	1,074,675	1,074,675
Total Expenditures	3,109,636	1,104,505	4,214,141
Excess Revenues (Expenditures)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -
FULL YEAR HEAD START P.A. NO. 20 & 21			
REVENUES			
Current Year Funds - Grants	\$ 43,065	\$ -	\$ 43,065
Current Year Funds - Other	-	-	-
Grantee's In-Kind Contributions	-	-	-
Total Revenues	43,065	-	43,065
EXPENDITURES			
Disbursements and Accruals	43,065	-	43,065
In-Kind Contributions	-	-	-
Total Expenditures	43,065	-	43,065
Excess Revenues (Expenditures)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**Department of Health and Human Services
Community Action Program Grant No. 6341
with Community Action Partnership of Mid-Nebraska
Full Year Head Start – Part Day and Handicapped**

Schedule of Grant Operations and Net Assets by Program Accounts

For the Period August 1, 2017 to July 31, 2018

	<u>Federal Share</u>	<u>Non-Federal Share</u>	<u>Total</u>
FULL YEAR HEAD START P.A. NO. 22, 23 & 25			
REVENUES			
Current Year Funds - Grants	\$ 3,558,010	\$ -	\$ 3,558,010
Current Year Funds - Other	165,279	32,080	197,359
Transfer from Corporate	-	-	-
Grantee's In-Kind Contributions	-	1,127,049	1,127,049
Total Revenues	3,723,289	1,159,129	4,882,418
EXPENDITURES			
Disbursements and Accruals	3,723,289	32,080	\$ 3,755,369
In-Kind Contributions	-	1,127,049	1,127,049
Total Expenditures	3,723,289	1,159,129	4,882,418
Excess Revenues (Expenditures)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -

FULL YEAR HEAD START P.A. NO. 20 & 21

REVENUES			
Current Year Funds - Grants	\$ 54,384	\$ -	\$ 54,384
Current Year Funds - Other	-	-	-
Grantee's In-Kind Contributions	-	-	-
Total Revenues	54,384	-	54,384
EXPENDITURES			
Disbursements and Accruals	54,384	-	54,384
In-Kind Contributions	-	-	-
Total Expenditures	54,384	-	54,384
Excess Revenues (Expenditures)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**Department of Health and Human Services
Community Action Program Grant No. 6341
with Community Action Partnership of Mid-Nebraska
Full Year Head Start – Part Day and Handicapped**

Schedule of Grant Operations and Net Assets by Program Accounts

For the Period August 1, 2018 to September 30, 2018

	<u>Federal Share</u>	<u>Non-Federal Share</u>	<u>Total</u>
FULL YEAR HEAD START P.A. NO. 22 & 25			
REVENUES			
Current Year Funds - Grants	\$ 577,732	\$ -	\$ 577,732
Current Year Funds - Other	22,250	2,373	24,623
Grantee's In-Kind Contributions	-	44,915	44,915
Total Revenues	599,982	47,288	647,270
EXPENDITURES			
Disbursements and Accruals	599,982	2,373	602,355
In-Kind Contributions	-	44,915	44,915
Total Expenditures	599,982	47,288	647,270
Excess Revenues (Expenditures)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -
FULL YEAR HEAD START P.A. NO. 20 & 21			
REVENUES			
Current Year Funds - Grants	\$ 15,623	\$ -	\$ 15,623
Current Year Funds - Other	-	-	-
Grantee's In-Kind Contributions	-	-	-
Total Revenues	15,623	-	15,623
EXPENDITURES			
Disbursements and Accruals	15,623	-	15,623
In-Kind Contributions	-	-	-
Total Expenditures	15,623	-	15,623
Excess Revenues (Expenditures)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**Nebraska Energy Office/Weatherization
with Community Action Partnership of Mid-Nebraska**

Combined Statement of Revenues, Expenditures and Changes in Net Assets

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
Grant Income	\$ 630,578	\$ 577,031
Miscellaneous	108,173	92,590
CSBG Allocation	-	7,946
Transfer from Other Programs	7,495	-
Total Revenues	746,246	677,567
EXPENDITURES		
Labor	102,097	101,819
Program Support	347,229	343,633
Home Insulation Materials	110,132	90,068
Health and Safety	94,512	58,886
Administration Costs	53,165	56,440
Liability Insurance	5,493	5,545
Training and Technical Assistance	28,011	19,963
Total Operating Expenses	740,639	676,354
Excess Revenues (Expenditures)	5,607	1,213
Net Assets, Beginning	(31,131)	(32,344)
NET ASSETS (DEFICIENT), ENDING	\$ (25,524)	\$ (31,131)

See Notes to Financial Statements.

**Nebraska Energy Office/Weatherization
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues and Expenditures

Year Ended September 30, 2018

	<u>Federal Funds</u>	<u>Other</u>	<u>Total Funds</u>
Low Income Home Energy Assistance Program - 2017			
REVENUES			
Grant	\$ 168,062	\$ -	\$ 168,062
Current Funds Allocated from Corporate	7,495	-	7,495
Total Revenues	175,557	-	175,557
EXPENDITURES			
Home Insulation Materials	31,233	-	31,233
Program Support	78,878	-	78,878
Labor	27,855	-	27,855
Health and Safety	22,045	-	22,045
Liability Insurance	1,307	-	1,307
Administration Costs	9,923	-	9,923
Training	2,480	-	2,480
Total Expenditures	173,721	-	173,721
EXCESS REVENUES (EXPENDITURES)	\$ 1,836	\$ -	\$ 1,836

See Notes to Financial Statements.

**Nebraska Energy Office/Weatherization
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues and Expenditures

Year Ended September 30, 2018

	<u>Federal Funds</u>	<u>Other</u>	<u>Total Funds</u>
Low Income Home Energy Assistance Program - 2018			
REVENUES			
Grant	\$ 82,994	\$ -	\$ 82,994
Current Funds Allocated from CSBG	-	-	-
Total Revenues	82,994	-	82,994
EXPENDITURES			
Home Insulation Materials	18,032	-	18,032
Program Support	30,602	-	30,602
Labor	13,353	-	13,353
Health and Safety	9,179	-	9,179
Liability Insurance	232	-	232
Administration Costs	2,527	-	2,527
Training	9,069	-	9,069
Total Expenditures	82,994	-	82,994
EXCESS REVENUES (EXPENDITURES)	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**Nebraska Energy Office/Weatherization
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues and Expenditures

Year Ended September 30, 2018

	<u>Federal Funds</u>	<u>Other</u>	<u>Total Funds</u>
Low Income Weatherization Assistance Program - 2017			
REVENUES			
Grant	\$ 237,662	\$ -	\$ 237,662
Current Funds Allocated from CSBG	-	-	-
Total Revenues	237,662	-	237,662
EXPENDITURES			
Home Insulation Materials	36,023	-	36,023
Program Support	86,279	-	86,279
Labor	36,236	-	36,236
Health and Safety	35,893	-	35,893
Liability Insurance	2,791	-	2,791
Administration Costs	28,728	-	28,728
Training	12,082	-	12,082
Total Expenditures	238,032	-	238,032
EXCESS REVENUES (EXPENDITURES)	\$ (370)	\$ -	\$ (370)

See Notes to Financial Statements.

**Nebraska Energy Office/Weatherization
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues and Expenditures

Year Ended September 30, 2018

	<u>Federal Funds</u>	<u>Other</u>	<u>Total Funds</u>
Low Income Weatherization Assistance Program - 2018			
REVENUES			
Grant	\$ 141,860	\$ -	\$ 141,860
Current Funds Allocated from CSBG	-	-	-
Total Revenues	141,860	-	141,860
EXPENDITURES			
Home Insulation Materials	24,844	-	24,844
Program Support	47,438	-	47,438
Labor	24,653	-	24,653
Health and Safety	27,395	-	27,395
Liability Insurance	1,163	-	1,163
Administration Costs	11,987	-	11,987
Training	4,380	-	4,380
Total Expenditures	141,860	-	141,860
EXCESS REVENUES (EXPENDITURES)	\$ -	\$ -	\$ -

See Notes to Financial Statements.

**Nebraska Energy Office/Weatherization
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues and Expenditures

Year Ended September 30, 2018

	<u>Federal Funds</u>	<u>Other</u>	<u>Total Funds</u>
Weatherization Inventory			
REVENUES			
Miscellaneous	\$ -	\$ 108,173	\$ 108,173
Total Revenues	-	108,173	108,173
EXPENDITURES			
Home Insulation Materials	-	-	-
Program Support	-	104,032	104,032
Labor	-	-	-
Liability Insurance	-	-	-
Administration Costs	-	-	-
Technical and Technical Assistance	-	-	-
Total Expenditures	-	104,032	104,032
EXCESS REVENUES (EXPENDITURES)	\$ -	\$ 4,141	\$ 4,141

See Notes to Financial Statements.

**Nebraska Energy Office/Weatherization
with Community Action Partnership of Mid-Nebraska**

Statement of Changes in Net Assets

Year Ended September 30, 2018

	Low Income Home Energy Assistance Program <u>2017</u>	Low Income Home Energy Assistance Program <u>2018</u>	Low Income Weather- ization Assistance Program <u>2017</u>	Low Income Weather- ization Assistance Program <u>2018</u>	Weather- ization Inventory	<u>Total</u>
Net Assets (Deficit), Beginning of Year	\$ (1,860)	\$ -	\$ 370	\$ -	\$ (29,640)	\$ (31,130)
Excess Revenues (Expenditures)	1,836	-	(370)	-	4,141	5,607
NET ASSETS (DEFICIT), END OF YEAR	\$ (24)	\$ -	\$ -	\$ -	\$ (25,499)	\$ (25,523)

**Nebraska Energy Office/Weatherization
with Community Action Partnership of Mid-Nebraska**

Funds Due from Nebraska Energy Office

Year Ended September 30, 2018

	Fund Due September 30, <u>2018</u>
Nebraska Energy Office	
2018 Grant - Low-Income Home Energy Assistance Program	\$ 15,233
2018 Grant - Low-Income Weatherization Assistance Program	62,516
<u>TOTAL SELLING EXPENSES</u>	<u>\$ 77,749</u>

**LIST OF ACCOUNTS PAYABLE FOR MATERIALS AND LABOR BY VENDOR
September 30, 2018**

NONE

**Commodity Supplemental Food Program and
Food Program for Women, Infants and Children
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues, Expenditures and Changes in Net Assets

Year Ended September 30, 2018

	<u>CSFP</u>	<u>WIC</u>	<u>Total</u>
REVENUES			
Food Funding	\$ 367,114	\$ -	\$ 367,114
Nutrition Services and Admin	94,003	852,277	946,280
Local	10,097	-	10,097
Miscellaneous Revenue	23	-	23
Funds allocated from CSBG	28,129	-	28,129
Transfers from other Programs	23,251	-	23,251
Total Revenues	522,616	852,277	1,374,893
EXPENDITURES			
Personnel	104,346	554,675	659,021
Supplies	550	23,587	24,137
Travel	52	25,665	25,717
Building Space and Utilities	6,370	29,666	36,036
Communication - Postage and Freight	146	4,221	4,367
Communication - Telephone	1,045	11,284	12,329
Equipment Rental/Purchases/Maintenance	126	63,916	64,042
Vehicle Cost Pool	15,930	10,543	26,473
Other	7,111	23,332	30,444
Food Costs	367,114	-	367,114
Indirect Costs	19,826	105,388	125,214
Total Expenditures	522,616	852,277	1,374,893
EXCESS REVENUES (EXPENDITURES)	-	-	-
Net Assets, Beginning	-	-	-
NET ASSETS, END OF YEAR	\$ -	\$ -	\$ -

See Notes to Financial Statements.

Senior Center Nutrition Services with Community Action Partnership of Mid-Nebraska

Statement of Revenues, Expenditures and Changes in Net Assets

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
AOA Contributions Received	\$ 13,952	\$ 14,602
Adult Care Food Program	5,848	6,002
Title XX	1,574	2,675
CSBG Allocation	15,000	12,750
Cash Match Contributions	62,554	64,028
Interest Income	6	5
Total Revenues	98,934	100,062
EXPENDITURES		
Personnel	48,009	51,532
Travel	583	-
Printing and Supplies	1,791	1,530
Building Space	3,780	4,629
Communication and Utilities	8,851	8,247
Food	22,733	22,479
Indirect Costs	9,122	9,791
Other	4,065	1,854
Total Expenditures	98,934	100,062
EXCESS REVENUES (EXPENDITURES)	-	-
Net Assets, Beginning	-	-
NET ASSETS, ENDING	\$ -	\$ -

See Notes to Financial Statements.

**Petersen Senior Center
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues, Expenditures and Changes in Net Assets

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
AOA Contributions Received	\$ 34,000	\$ 34,648
Adult Care Food Program	16,851	19,076
Title XX	678	1,619
Cash Match Contributions	109,129	98,555
Total Revenues	160,658	153,898
EXPENDITURES		
Personnel	73,793	72,032
Travel	212	100
Printing and Supplies	4,465	4,634
Food	67,039	61,499
Indirect Costs	1,347	13,686
Other	14,021	1,728
Total Expenditures	160,877	153,679
EXCESS REVENUES (EXPENDITURES)	(219)	219
Net Assets, Beginning	219	-
NET ASSETS, ENDING	\$ -	\$ 219

See Notes to Financial Statements.

**Corporate Program
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues, Expenditures and Changes in Net Assets

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
Interest Income	\$ 3,171	\$ 2,264
Interprogram Charges, Allocations and Other	251,363	246,817
Depreciation Recovery	39,906	36,909
Total Revenues	294,440	285,990
EXPENDITURES		
Salaries, Wages, and Fringe Benefits	44,992	28,099
Direct Operating Expenses	221,908	195,749
Supplies	5,824	2,134
Travel	3,687	63
Capital Outlay	-	51,827
Indirect Costs	8,548	5,373
Total Expenditures	284,959	283,245
EXCESS REVENUES (EXPENDITURES)	9,481	2,745
Transfer from CAH	458,715	-
Transfers from (to) Other Programs	(14,385)	(5,000)
Totals	453,811	(2,255)
Net Assets, Beginning	500,587	502,842
NET ASSETS, ENDING	\$ 954,398	\$ 500,587

See Notes to Financial Statements.

**Corporate Program – Sibley Apartments
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues, Expenditures and Changes in Net Assets

Year Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
Rental Income and Other	\$ 78,797	\$ 74,705
Total Revenues	78,797	74,705
EXPENDITURES		
Salaries, Wages, and Fringe Benefits	-	-
Direct Operating Expenses	33,479	43,194
Supplies	-	-
Travel	-	-
Depreciation	44,126	44,126
Indirect Costs	-	-
Total Expenditures	77,605	87,320
EXCESS REVENUES (EXPENDITURES)	1,192	(12,615)
Net Assets, Beginning	(98,777)	(86,162)
NET ASSETS, ENDING	\$ (97,585)	\$ (98,777)

Development Resources with Community Action Partnership of Mid-Nebraska

Statement of Revenues, Expenditures and Changes in Net Assets

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
Donations and Other	\$ 79,016	\$ 71,739
Interest Income	3,054	2,362
Charitable Gaming Income	12,642	12,225
Bingo Income	13,045	10,594
Pickle Income	6,464	6,509
Total Revenues	114,220	103,429
EXPENDITURES		
Operating Expenses	92,905	107,090
Total Expenditures	92,905	107,090
EXCESS REVENUES (EXPENDITURES)	21,316	(3,661)
Transfers to Other Programs*	(6,667)	(4,278)
Net Assets, Beginning	524,898	532,837
NET ASSETS, ENDING	\$ 539,546	\$ 524,898

* In various programs, monies transferred out of Development Resources will be reflected as cash match donations income instead of transfers from other programs. These will also be eliminated when combining programs for the Agency-wide statement of revenues, expenditures and changes in net assets.

Housing Program with Community Action Partnership of Mid-Nebraska

Statement of Revenues, Expenditures and Changes in Net Assets

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
Federal Grants	\$ -	\$ -
State Funds	9,855	-
Local	1,096	7,500
Other Income	10,922	23,273
Total Revenues	21,873	30,773
EXPENDITURES		
Salaries, Wages, and Fringe Benefits	10,630	3,838
Direct Operating Expenses	8,099	1
Supplies	6	2
Travel	441	-
Capital Outlay	-	-
Indirect Costs	2,020	729
Total Expenditures	21,196	4,570
EXCESS REVENUES (EXPENDITURES)	677	26,203
Transfers (to) from Other Programs	(3,127)	-
Net Assets, Beginning	107,422	81,219
NET ASSETS, ENDING	\$ 104,972	\$ 107,422

See Notes to Financial Statements.

Immunization with Community Action Partnership of Mid-Nebraska

Statement of Revenues, Expenditures and Changes in Net Assets

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
Federal Grants	\$ 46,728	\$ 29,814
State - Other	2,030	2,463
Local	31,272	38,954
Total Revenues	80,030	71,231
EXPENDITURES		
Personnel	48,184	41,929
Travel	1,320	1,043
Building Space and Utilities	3,049	3,844
Communication - Telephone	1,317	1,415
Communication - Postage	3	24
Supplies	4,882	2,907
Direct Operating	3,674	1,369
Grants and Special Projects	-	8,131
Capital Outlay	-	-
Indirect Costs	9,155	7,967
Total Expenditures	71,584	68,629
EXCESS REVENUES (EXPENDITURES)	8,446	2,602
Net Assets, Beginning	54,490	51,888
NET ASSETS, ENDING	\$ 62,936	\$ 54,490

See Notes to Financial Statements.

**Community Affordable Housing, Inc.
with Community Action Partnership of Mid-Nebraska**

Statement of Revenues, Expenditures and Changes in Net Assets

Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
REVENUES		
Rents	\$ 29,764	\$ 69,043
Interest and Late Fees	1,029	60
Other	10,347	17,230
Total Revenues	41,140	86,333
EXPENDITURES		
Salaries, Wages, and Fringe Benefits	-	-
Direct Operating Expenses	89,084	97,369
Supplies	1,657	-
Travel	-	-
Depreciation	21,261	34,625
Indirect Costs	-	-
Contract Services	3,450	5,970
Total Expenditures	115,452	137,964
OTHER CHANGES IN NET ASSETS		
Property and Equipment		
Transfer (to) Corporate	(458,715)	-
Gain (Loss) on sale asset	528,992	166,201
Acquisitions/Dispositions	-	-
Total Other Changes in Net Assets	70,277	166,201
INCREASE (DECREASE) IN NET ASSETS	(4,035)	114,570
Net Assets, Beginning	(533,199)	(647,769)
NET ASSETS, ENDING	\$ (537,234)	\$ (533,199)

See Notes to Financial Statements.

Community Action Partnership of Mid-Nebraska

Schedule of Indirect Costs

Year Ended September 30, 2018

Salaries	*	\$	652,868
Fringe Benefits	*		175,908
Contract Services			3,648
Professional Fees			66,875
Insurance			45,785
Travel out of Area			6,483
Training			8,728
Travel in Area			2,702
Space Costs			31,612
Supplies			35,402
Software Support			8,913
Vehicle Cost Pool			2,974
Postage and Freight			7,471
Printing			1,818
Copying			2,150
Equipment Maintenance			137
Telephone, Fax, and Internet Access			4,967
Subscriptions/Memberships			5,085
Bank Service Charges			1,895
Miscellaneous			3,105
Excess Indirect to Corporate Program			-
TOTAL		**	\$ 1,068,526
Net of Program Revenue			(18,032)
INDIRECT COST TOTAL			\$ 1,050,494

	<u>Salaries</u>	<u>Fringe</u>	<u>Total</u>
Program Salaries & Fringe	\$ 4,396,736	\$ 1,132,173	\$ 5,528,909
Indirect Salaries & Fringe	* 652,868	* 175,908	* \$ 828,776
	<u>\$ 5,049,604</u>	<u>\$ 1,308,081</u>	<u>\$ 6,357,685</u>

** The agency utilizes revenue from other sources to reduce total indirect costs charged to programs at the indirect rate approved by HHS.

Community Action Partnership of Mid-Nebraska

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2018

Federal Grantor/Pass-Through Program Grantor/Program Title	Federal CFDA Number	Pass-Through Grantors Number		Federal Disbursements/Expenditures
Department of Health and Human Services				
Direct Programs:				
Full Year Head Start				
- Part Day & Handicapped	93.600	07CH010614-01-00 & 07CH7057-05-01		\$ 3,602,911
Passed through Nebraska Department on Aging Older Americans Act:				
Special programs for the aging - Supportive Services (NP)	93.044			20,044
Special programs for the aging - Nutrition Services (NP)	93.045			58,152
Nutrition Services Incentive Program (Minden)	93.053	IIIC-1	\$ 13,952	
Nutrition Services Incentive Program (North Platte)	93.053		22,821	
Nutrition Services Incentive Program (Kearney)	93.053	IIIC-1	<u>34,000</u>	70,773
Passed through Nebraska Energy Office:				
Low-Income Home Energy Assistance Program	93.568	17-18-021L	\$ 82,994	
Low-Income Home Energy Assistance Program	93.568	16-17-021L	168,062	
Passed through Nebraska Department of Health and Human Services System:				
Low-Income Home Energy Assistance Program	93.568	0G18B1NELIEA	<u>2,500</u>	253,556
Passed through Nebraska Department of Health and Human Services System:				
Community Services Block Grant	93.569	0G17B1NECOSR 0G18B1NECOSR		589,150
Immunization Cooperative Agreements	93.268	6H23IP000756		10,597
Temporary Assistance for Needy	93.558	0G1601NETANF		5,104
Medical Assistance Program	93.778	051705NE5MAP	\$ 62	
Medical Assistance Program	93.778	051805NE5MAP	<u>15,075</u>	15,137
Social Services Block Grant	93.667	0G1701NESOSR	\$ 323	
Social Services Block Grant	93.667	0G1801NESOSR	<u>1,221</u>	1,544
Maternal Child and Health	93.994	B04MC30625		36,131

See Notes to Financial Statements.

Community Action Partnership of Mid-Nebraska

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2018

Federal Grantor/Pass-Through Program Grantor/Program Title	Federal CFDA Number	Pass-Through Grantors Number	Federal Disbursements/ Expenditures
Passed through Community Action of Nebraska: Cooperative Agreement to Support Navigators	93.332	5NACVA150231-03-00	4,715
TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES			\$ 4,667,814
<u>Department of Energy</u>			
Passed through Nebraska Energy Office: Weatherization Assistance for Low-Income Persons	81.042	18/19-004D	\$ 141,860
Weatherization Assistance for Low-Income Persons	81.042	17/18-004D	237,662
TOTAL DEPARTMENT OF ENERGY			\$ 379,522
<u>Department of Transportation - Federal Transit Administration</u>			
Passed through Nebraska Department of Roads: Formula Grants for Rural Areas	20.509	NE 2017-013-00 NE 2016-008-00	\$ 997,058
Intercity Bus Route	20.509	NE 2016-008-00	771
Capital Investment Grant	20.500	RPT-C102(MF1)	548,600
TOTAL DEPARTMENT OF TRANSPORTATION			\$ 1,546,429
<u>Department of Agriculture</u>			
Direct Programs: Commodity Supplemental Food Program	10.565	183NE813Y8005	\$ 367,114
Passed through Nebraska Department of Health & Human Services System: Commodity Supplemental Food Program	10.565	183NE813Y8005	<u>94,003</u> \$ 461,117
Passed through Nebraska Department of Education: Child and Adult Care Food Program	10.558	2018IN109943	\$ 165,394
Passed through Nebraska Department on Aging: Adult Care Food Program (Minden)	10.558		5,848
Adult Care Food Program (Kearney)	10.558		<u>16,851</u> 188,093

See Notes to Financial Statements.

Community Action Partnership of Mid-Nebraska

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2018

Federal Grantor/Pass-Through Program Grantor/Program Title	Federal CFDA Number	Pass-Through Grantors Number	Federal Disbursements/ Expenditures
Passed through Nebraska Department of Health & Human Services System:			
Nutrition Program for Women, Infants, and Children	10.557	183NE706W1003	\$ 793,509
Nutrition Program for Women, Infants, and Children	10.557	16163NE806W5003	<u>58,768</u> 852,277
TOTAL DEPARTMENT OF AGRICULTURE			\$ 1,501,487
<u>Department of Housing and Urban Development</u>			
Direct Program:			
Continuum of Care - RAFT	14.267	NE0022L7D001709	\$ 39,386
Continuum of Care - RAFT	14.267	NE0022L7D001608	<u>41,948</u> 81,334
Passed through from Nebraska Department of Health & Human Services:			
Nebraska Homeless Assistance Program	14.231	E17-DC-31-0001	\$ 111,812
Nebraska Homeless Assistance Program	14.231	E17-DC-31-0001	<u>50,000</u> 161,812
TOTAL DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT			\$ 243,146
TOTAL FEDERAL FINANCIAL AWARDS			\$ 8,338,398

Community Action Partnership of Mid-Nebraska

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2018

Notes to the Schedule of Awards:

1. The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Community Action Partnership of Mid-Nebraska under programs of the federal government for the year ended September 30, 2018. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations, it is not intended to and does not present the financial positions, changes in net assets, or cash flows of Community Action Partnership of Mid-Nebraska
2. Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
3. Community Action Partnership of Mid-Nebraska has not elected to use the 10% de minimis cost rate as allowed under the Uniform Guidance.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Directors
Community Action Partnership of Mid-Nebraska
Kearney, Nebraska

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Community Action Partnership of Mid-Nebraska, which comprise the statement of financial position as of September 30, 2018, and the related statements of activities, functional expenses and cash flows for the year then ended, and the notes to the financial statements and have issued our report thereon dated January 11, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Community Action Partnership of Mid-Nebraska's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing our opinion on the effectiveness of Community Action Partnership of Mid-Nebraska's internal control. Accordingly, we do not express an opinion on the effectiveness of Community Action Partnership of Mid-Nebraska's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations during the audit we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Community Action Partnership of Mid-Nebraska's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance, or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Lutz & Company, P.C.

January 11, 2019



**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH
MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER
COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Directors
Community Action Partnership of Mid-Nebraska

Report on Compliance for Each Major Federal Program

We have audited Community Action Partnership of Mid-Nebraska's compliance with the types of compliance requirements described in OMB Compliance Supplement that could have a direct and material effect on each of Community Action Partnership of Mid-Nebraska's major federal programs for the year ended September 30, 2018. Community Action Partnership of Mid-Nebraska's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on each of Community Action Partnership of Mid-Nebraska's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Community Action Partnership of Mid-Nebraska's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Community Action Partnership of Mid-Nebraska's compliance.

Opinion on Each Major Federal Program

In our opinion, Community Action Partnership of Mid-Nebraska complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2018.

Report on Internal Control over Compliance

Management of Community Action Partnership of Mid-Nebraska is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Community Action Partnership of Mid-Nebraska's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program as a basis for designing auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Community Action Partnership of Mid-Nebraska's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Lutz & Company, P.C.

January 11, 2019

Community Action Partnership of Mid-Nebraska

Schedule of Findings and Questioned Costs

Year Ended September 30, 2018

I. Summary of Auditor's Results Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified? Yes None Reported

Noncompliance material to financial statements noted?

Yes No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified? Yes None Reported

Type of auditor's report issued on compliance for major programs: unmodified

- Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? Yes No

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
10.557	Nutrition Program for Women, Infants, and Children
93.569	Community Services Block Grant
81.042	Weatherization Assistance for Low-Income Persons

Dollar threshold used to distinguish between type A and type B programs

\$750,000

Auditee qualified as low-risk auditee? Yes No

II. Financial Statement Findings

NONE

III. Federal Awards Findings

NONE

Lutz

Appendix B.

Solicitation Number: RFP 6168 Z1

Minority Health Initiative, 2017-2019
Original Budget
Actual Budget
Extension Budget

2017-2019 MINORITY HEALTH INITIATIVE
 QUARTERLY BUDGET REPORT & REIMBURSEMENT REQUEST

Grant/Contract Number:

37132

Period:

ORIGINAL BUDGET

Organization:

Community Action Partnership of Mid-Nebraska

Line Items	Grant Funds Approved, Years 1 & 2	Expenditures								Balance Available	Spent Project to date	
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	6th Qtr	7th Qtr	8th Qtr		\$	%
Personnel - Salaried Staff												
Health Services Director	\$24,336.00									\$24,336.00	\$0.00	0%
Personnel - Hourly Staff												
2 Community Health Worker	\$114,067.20									\$114,067.20	\$0.00	0%
1 Community Health Worker	\$23,296.00									\$23,296.00	\$0.00	0%
Fringe & Taxes												
Health Services Director	\$6,784.88									\$6,784.88	\$0.00	0%
2 Community Health Worker	\$31,801.94									\$31,801.94	\$0.00	0%
1 Community Health Worker	\$6,494.92									\$6,494.92	\$0.00	0%
Travel												
Local Travel - Mileage	\$3,180.00									\$3,180.00	\$0.00	0%
Meetings and Conference Mileage	\$900.00									\$900.00	\$0.00	0%
Meetings and Conference Lodging	\$1,200.00									\$1,200.00	\$0.00	0%
Meetings and Conference Meals and Per Diem	\$816.00									\$816.00	\$0.00	0%
Other Expenses												
Education materials	\$3,000.00									\$3,000.00	\$0.00	0%
Office Supplies	\$4,635.52									\$4,635.52	\$0.00	0%
Rent	\$3,600.00									\$3,600.00	\$0.00	0%
Printing	\$1,400.00									\$1,400.00	\$0.00	0%
Postage	\$500.00									\$500.00	\$0.00	0%
Communication	\$4,610.00									\$4,610.00	\$0.00	0%
Screening Supplies	\$1,550.00									\$1,550.00	\$0.00	0%
Registrations/Subscriptions/Memberships	\$5,000.00									\$5,000.00	\$0.00	0%
Incentives	\$4,684.71									\$4,684.71	\$0.00	0%

Advertising	\$1,500.00									\$1,500.00	\$0.00	0%
Indirect Costs	\$39,288.36									\$39,288.36	\$0.00	0%
TOTALS	\$282,645.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$282,645.53	\$0.00	0%

\$282,645.53

Program Income												
Prog Inc Received	\$ -									\$ -		
Prog Inc Spent	\$ -									\$ -		
Prog Inc Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Budget Narrative

The descriptions included in this section must match exactly the amounts listed in the table above.

Personnel - Salaried Staff

Health Services Director \$24,336.00 Will oversee program, coordinate CHW activities and assist evaluator with reporting

Personnel - Hourly Staff

2 Community Health Worker \$114,067.20 CHW's will provide screening, prevenative health education, provide language assistance as needed, coordinate assistance for minority patients based on the screening outcomes and patient needs. 1- CHW for Dawson Co, 1- CHW for Buffalo, Kearney and Phelps Co

1 Community Health Worker \$23,296.00 This part-time CHW will assist with services provided in Dawson County to provide screening, preventative health education, and coordinate services for clients based on the screening and their needs for assistance

Fringe & Taxes

Health Services Director \$6,784.88 Fringe calculated at 26% Workman's compensation at 1.88%

2 Community Health Worker \$31,801.94 Fringe calculated at 26% X2 Workman's compensation at 1.88% -X 2 (1CHW salary from Dawson, 1CHW salary from Buffalo, Kearney and Phelps County)

1 Community Health Worker \$6,494.92 Fringe calculated at 26% Workman's compensation at 1.88%

Travel

Local Travel \$3,180.00 Mileage for required meeting from Lexington site to downtown Lincoln roundtrip. Staff from Dawson, Buffalo, Kearney and Phelps counties will share transportation. Agency allowable mileage rate is \$.50

Meetings and Conference- Mileage \$900.00 Mileage to attend TA meetings and Minority Health Conference

Meetings and Conference- Lodging \$1,200.00 Lodging for meetings and conference

Meetings and Conference- Per Diem \$816.00 Meals and Per Diem for Meetings and Conference

Other Expenses

Education materials \$3,000.00 Year 1: \$1410.00 Buffalo County;222.13 Kearney County; \$108.88 Phelps county; \$1611.97 Dawson County. Year 2: \$1,118 Buffalo; \$222.14 Kearney; \$108.87 Phelps; \$1279.95 Dawson County to buy preventative health materials addressing Pre-Diabetes Diabetes, , Hypertension, and excersice to support CHW efforts to improve health indicators

Office Supplies \$4,635.52 Year 1: \$1,125 Buffalo Co; \$242. Kearney Co; \$50.76 Phelps Co; \$900. Dawson Co. Year 2: \$1,125. Buffalo Co; \$242. Kearney Co; \$50.76 Phelps Co; \$900. Dawson Co Supplies include ink cartridges for printers, copy paper, pens, staples and other general office supplies.

Rent \$3,600.00 Year 1:\$860 Buffalo Co; \$100 Kearney Co; \$80 Phelps Co; \$760 Dawson Co. Year 2: \$860 Buffalo Co; \$100 Kearney Co; \$80 Phelps Co; \$760 Dawson Co. Rent includes 2 offices one in Dawson County and one located in Buffalo County to serve Buffalo, Kearney and Phelps counties.

Printing \$1,400.00 Year 1: \$200 Buffalo Co; \$175 Kearney Co; \$25 Phelps Co; \$300 Dawson Co. Year 2: \$200 Buffalo Co; \$175 Kearney Co; \$25 Phelps Co; \$300 Dawson Co. to be used to print screening tools, educational materials, and notifications for clients.

Postage	\$500.00	Year 1: \$100 Buffalo Co; \$75 Kearney Co; \$25 Phelps Co; \$50 Dawson Co. Year 2: \$100 Buffalo Co; \$75 Kearney Co; \$25 Phelps Co; \$50 Dawson Co for patient notifications, correspondence with partners and possible providers.
Communication	\$4,610.00	Year 1: \$ 250 Buffalo Co; \$150 Kearney Co; \$5 Phelps Co; \$1900 Dawson Co. Year 2: \$ 250 Buffalo Co; \$150 Kearney Co; \$5 Phelps Co; \$1900 Dawson Co. This covers phone and internet services. Note: Service contracts for Dawson County significantly higher, also cover MIFI and Cellular phone for CHW in Dawson County. CHW's office is in rented space.
Screening Supplies	\$1,550.00	Year 1: \$100 Buffalo Co; \$50 Kearney Co; \$25 Phelps; \$600 Dawson Co. Year 2: \$100 Buffalo Co; \$50 Kearney Co; \$25 Phelps Co; \$600 Dawson Co. Screening would include purchase of Blood Pressure cuffs to screen for hypertension and any possible glucose screening in partnership with a medical provider
Registrations/Subscription s/Memberships	\$5,000.00	Year 1: \$2286.13 Buffalo Co; \$186.76 Kearney Co; \$62.50 Phelps; \$2325 Dawson Co. Year 2: \$2286.12 Buffalo Co; \$186.76 Kearney Co; \$62.50 Phelps Co; \$ 2325. Clients registration for YMCA Move, Lose, Win and Power of Possibility classes on healthy eating and exercise. (Previous participants have documented significant weight loss through these programs.) AAA memberships for 3 CHW's as per Mid policy for employees required to travel due to the nature of our rural areas and use of agency vehicles.
Incentives	\$4,684.71	Pedometer and h2o bottles as incentives for accomplishing nutritional and exercise goals. Gas vouchers to provide transportation to appointments with medical providers as needed. RYDE tickets for medical appointments and classes for those with transportation disparities
Advertising	\$1,500.00	Advertising for program related events or needs.
Indirect Costs	\$39,288.36	As per indirect agreement calculated at 19% of salaries+fringe+ taxes. Indirect costs cover the expenses for program evaluator to provide reporting and attend required meetings as well as other fiscal and administrative services provided by MID.
	<u>\$282,645.53</u>	
Program Income		
Program income received		
Program income spent		
Prog Inc Balance		

**2017-2019 MINORITY HEALTH INITIATIVE
QUARTERLY BUDGET REPORT & REIMBURSEMENT REQUEST**

Grant/Contract Number: 37132

Period: October 1, 2019 - December 31, 2019

Organization: Community Action Partnership of Mid-Nebraska

If you are ready to submit this report, please type a date in the green box, below

**Submission of this report to the online system serves as your electronic signature and request for reimbursement.

Date MID officially submits this report for approval and payment:

Line Items	Grant Funds Approved, Extension	Expenditures										Balance Available	Spent Project to date	
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	6th Qtr	7th Qtr	8th Qtr	9th Qtr	10th Qtr		\$	%
Personnel														
Health Services Director	\$11,431.10									\$5,619.57		\$11,431.10	\$0.00	0%
Personnel - Hourly Staff	\$0.00									\$0.00				
2 Community Health Worker	\$13,456.95									\$7,103.06		\$13,456.95	\$0.00	0%
1 Community Health Worker	\$13,456.95									\$7,011.64		\$13,456.95	\$0.00	0%
Fringe & Taxes	\$0.00									\$0.00				
Health Services Director	\$3,199.56									\$1,418.17		\$3,199.56	\$0.00	0%
2 Community Health Worker	\$3,582.39									\$1,729.29		\$3,582.39	\$0.00	0%
1 Community Health Worker	\$3,950.54									\$1,717.52		\$3,950.54	\$0.00	0%
Travel	\$0.00									\$0.00				
Local Travel - Mileage	\$1,427.00									\$628.77		\$1,427.00	\$0.00	0%
Meetings and Conference Mileage	\$740.00									\$0.00		\$740.00	\$0.00	0%
Meetings and Conference Lodging	\$800.00									\$0.00		\$800.00	\$0.00	0%
Meetings and Conference Meals and Per Diem	\$450.00									\$0.00		\$450.00	\$0.00	0%
Other Expenses	\$0.00									\$0.00				
Education materials	\$904.09									\$0.00		\$904.09	\$0.00	0%
Office Supplies	\$2,552.71									\$307.39		\$2,552.71	\$0.00	0%
Rent	\$1,110.00									\$668.26		\$1,110.00	\$0.00	0%
Printing	\$325.00									\$2.11		\$325.00	\$0.00	0%
Postage	\$128.50									\$0.50		\$128.50	\$0.00	0%
Communication	\$577.50									\$204.75		\$577.50	\$0.00	0%
Screening Supplies	\$245.50									\$0.00		\$245.50	\$0.00	0%
Registrations/Subscriptions/Memberships	\$1,987.70									\$0.00		\$1,987.70	\$0.00	0%
Incentives	\$489.38									\$60.00		\$489.38	\$0.00	0%
Advertising	\$521.75									\$0.00		\$521.75	\$0.00	0%
Indirect Costs	\$9,324.78									\$4,673.87		\$9,324.78	\$0.00	0%
TOTALS	\$70,661.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,144.90	\$0.00	\$70,661.40	\$0.00	0%

\$70,661.40

Program Income												
Prog Inc Received	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -
Prog Inc Spent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -
Prog Inc Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -

Budget Narrative

The descriptions included in this section must match exactly the amounts listed in the table above.

Personnel - Salaried Staff

Health Services Director

Personnel - Hourly Staff

2 Community Health Worker

1 Community Health Worker

Fringe & Taxes

Health Services Director

2 Community Health Worker

1 Community Health Worker

Travel

Local Travel

Meetings and Conference- Mileage

Meetings and Conference- Lodging

Meetings and Conference- Per Diem

Other Expenses

Education materials

Office Supplies

Rent

Printing

Postage

Communication

Screening Supplies

Registrations/Subscription

s/Memberships

Incentives

Advertising

Indirect Costs

Program Income

Program income received

Program income spent

Prog Inc Balance

2017-2019 MINORITY HEALTH INITIATIVE
 QUARTERLY BUDGET REPORT & REIMBURSEMENT REQUEST

Grant/Contract Number: 37132 Period: April 1, 2019 - June 30, 2019

Organization: Community Action Partnership of Mid-Nebraska

**Submission of this report to the online system serves as your electronic signature and request for reimbursement.

Date MID officially submits this report for approval and payment: 7/29/19

Line Items	Grant Funds Approved, Year 2	Expenditures								Balance Available	Spent Project to date	
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	6th Qtr	7th Qtr	8th Qtr		\$	%
Personnel												
Health Services Director	\$21,008.13					\$5,211.65	\$3,633.29	\$3,419.75	\$3,808.20	\$4,935.24	\$16,072.89	77%
Personnel - Hourly Staff												
2 Community Health Worker	\$54,282.80					\$7,166.02	\$11,984.08	\$11,721.79	\$11,444.48	\$11,966.43	\$42,316.37	78%
1 Community Health Worker	\$4,732.00					\$853.26	\$466.15	\$1,421.09	\$2,649.17	(\$657.67)	\$5,389.67	114%
Fringe & Taxes												
Health Services Director	\$9,308.26					\$1,486.78	\$995.53	\$1,033.47	\$1,026.26	\$4,766.22	\$4,542.04	49%
2 Community Health Worker	\$12,360.47					\$1,617.09	\$3,277.51	\$3,513.37	\$3,081.33	\$871.17	\$11,489.30	93%
1 Community Health Worker	\$1,361.87					\$243.46	\$144.90	\$446.72	\$719.62	(\$192.83)	\$1,554.70	114%
Travel												
Local Travel - Mileage	\$1,987.73					\$567.98	\$383.50	\$25.80	\$384.14	\$626.31	\$1,361.42	68%
Meetings and Conference Mileage	\$510.00					\$0.00	\$0.00	\$340.17		\$169.83	\$340.17	67%
Meetings and Conference Lodging	\$612.00					\$0.00	\$0.00	\$357.40	\$591.34	(\$336.74)	\$948.74	155%
Meetings and Conference Meals and Per Diem	\$900.00					\$0.00	\$0.00	\$512.00	\$372.00	\$16.00	\$884.00	98%
Other Expenses												
Education materials	\$2,030.96					\$0.00	\$0.00	\$53.50		\$1,977.46	\$53.50	3%
Office Supplies	\$2,317.76					\$297.08	\$359.68	\$262.23	\$20.45	\$1,378.32	\$939.44	41%
Rent	\$2,280.00					\$607.09	\$631.68	\$811.21	\$706.70	(\$476.68)	\$2,756.68	121%
Printing	\$600.00					\$12.87	\$68.89	\$0.17	\$72.59	\$445.48	\$154.52	26%
Postage	\$300.00					\$59.12	\$0.47	\$9.40		\$231.01	\$68.99	23%
Communication	\$1,155.00					\$201.48	\$220.62	\$203.58	\$199.69	\$329.63	\$825.37	71%
Screening Supplies	\$575.00					\$0.00	\$0.00	\$0.00		\$575.00	\$0.00	0%
Registrations/Subscriptions/Memberships	\$4,016.94					\$0.00	\$0.00	\$90.00	\$275.00	\$3,651.94	\$365.00	9%
Incentives	\$1,143.66					\$0.00	\$20.00	\$20.00		\$1,103.66	\$40.00	3%
Advertising	\$260.00					\$531.99	\$0.00	\$0.00		(\$271.99)	\$531.99	205%
Indirect Costs	\$19,580.19					\$3,149.88	\$3,895.27	\$4,095.67	\$4,318.53	\$4,120.84	\$15,459.35	79%
TOTALS	\$141,322.77	\$0.00	\$0.00	\$0.00	\$0.00	\$22,005.75	\$26,081.57	\$28,337.32	\$29,669.50	\$35,228.63	\$106,094.14	75%

Program Income										
Prog Inc Received	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prog Inc Spent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prog Inc Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Budget Narrative

The descriptions included in this section must match exactly the amounts listed in the table above.

Personnel - Salaried Staff

Health Services Director \$ 3,808.20 Recruiting at Immunization clinics and at the area Food Pantries. Provided information to the community agency monthly meeting about the Minority Health Program. At times assisting with ideas during the Outreach Workers on-line Community Health Worker classes.

Personnel - Hourly Staff

2 Community Health Worke

A Dawson County participant was signed up with the MHI program because of his high pressure. The Outreach Worker provided him with some exercise activities but he thought he would try walking with his grandson. There was a health screening event & it was suggested to him to go & check his cholesterol level. In addition to high blood pressure he also has high cholesterol. This participant is a heavy smoker & does drink Alcohol. He has lost 14 pounds and feels like he is managing his issues. Because of his work schedule he is not able to attend the Nutrition classes with the Dawson County Extension Coordinator, however, the Outreach Worker has been providing the class recipes and he has been changing his diet. 7 participants completed the Nutrition classes provided by the Dawson County Extension Coordinator. In their last class, they were asked to bring in a food they like to eat & prepare it in a healthy style. They all did & shared how they use to prepare their meals & now how they can improved it. In June a group of 17 participants start water aerobics with the City of Lexington. The instructor was surprised to see their commitment & realized some of them did not know how to swim. Recently she has offered to provide swimming classes and 4 are learning how to swim! Also, the instructor would like to work with the participants this Fall to do weekly exercises in Lexington's new soccer complex. Many of the participants cannot afford the rates at the YMCA. The participants have been told of the upcoming Living Well with Diabetes Class in July and some are making plans to attend. Our Dawson County Outreach Worker has been very busy this quarter taking the Community Health Worker class on-line & currently working on the Capstone Project to finish up the course. Another class taken this quarter to become leaders is Living Well & Living Well with Diabetes.

\$ 11,444.48
1 Community Health Worke

With hectic summer schedules, coordination between the Buffalo County Extension Coordinator and our Outreach Worker are coming closer to set up dates for the Nutrition Class. One participant not an exerciser, weighed 255 pounds. During the course of a year he tried chair exercises proved our Outreach Worker and he has lost 80 pounds. He was told that if could lose 10 more pounds he may be able to reverse his diabetes. Buffalo County had mostly males that participated this quarter. Phelps County participant had also lost and is back to pre-baby weight in the course of this past year. The 4 Kearney County participants have been doing great. One of them being a truck driver enjoys that he does not have to go to the gym to feel like he is being physically active by doing his high impact exercises. We also have a 92 year old who enjoys the exercises because they are not intimidating and help him continue to feel alive. His energy has increased so much he goes out for 10 minutes walks per week. 2 participants have sensitivity to the sun (one of the 2 is a cancer survivor) and both really enjoy the HIIT exercises because they are able to do their exercises inside. All participants are aware of the upcoming Nutrition classes & the Living Well with Diabetes classes. Our Buffalo County Outreach Worker has been very busy this quarter taking the Community Health Worker class on-line & currently working on the Capstone Project to finish up the course. Another class taken this quarter to become leaders is Living Well & Living Well with Diabetes.

Fringe & Taxes

Health Services Director \$ 1,026.26 Fringe Benefits and Worker's Compensation
2 Community Health Worke \$ 3,081.33 Fringe Benefits and Worker's Compensation
1 Community Health Worke \$ 719.62 Fringe Benefits and Worker's Compensation

Travel

Local Travel \$ 384.14 Traveled locally to Mobile Produce Pantries, health clinics for partnership meetings, general mileage, and for health education classes
Meetings and Conference- Mileage
Meetings and Conference- I \$ 591.34 CHW class, MH conference, and MHI conference Lodging
Meetings and Conference- I \$ 372.00 CHW class, MH conference, and MHI conference Per Diem

Other Expenses

Education materials
Office Supplies \$ 20.45 General office supplies (pens, pencils, paper, ink, staples, business cards, etc.)
Rent \$ 706.70 Office Rent/Utilities/Maintenance
Printing \$ 72.59 Printing/Copies
Postage
Communication \$ 199.69 Phone/communication to include internet

Screening Supplies			
Registrations/Subscription s/Memberships	\$	275.00	Pool Punch Cards
Incentives			
Advertising			
Indirect Costs	\$	4,318.53	19% per Indirect Cost Agreement

Program Income

Program income received
Program income spent
Prog Inc Balance



Appendix C.

Solicitation Number: RFP 6168 Z1

**10-Week Community Health Worker Course and
Living Well with Diabetes Training details**



Help **build heal** **communities** by Community Health Wc

This **FREE** online course has been designed to help you work in communities who can connect you to services. Participants will attain confidence in the communities that they serve along with knowledge on health topics, communication and other skills.

Course Time Frame:

- 5 weeks of Online Training Modules
- Online Orientation Weds. March 14, 2019
- In-Person Training Tues. April 16, 2019
- 4 weeks of Online Training Modules
- In-Person Training Tues. June 11, 2019

*In-person sessions will be held at the Holthus Center for Community Health



Health Navigation

Nebraska

Community Health Worker Course

When will I be notified of my acceptance status?

Applicants will be notified of acceptance two weeks after the registration deadline.

Will other Community Health Worker courses be available this year if I am unable to attend the current class?

There will only be one course available in 2019. The next course offered will be in the spring of 2020.

What is the fee for the course?

A portion of the training is held in conjunction with the Minority Health Conference in York, Nebraska. Some of the seminars or breakout sessions will be required for the CHW students. The Minority Health Conference registration costs are estimated at \$45 for the day.

Keep in mind that it is a two day training, the training day starts at 8:00 AM and finishes after 4:30 PM and may last up to 5:00 PM.

Where will In-Person Sessions be held?

Holthus Convention Center

Meeting Room I

3130 Holen Ave., York, NE 68467

402-363-2675

Please send your completed application by fax or email to the contact information below:

Community Health Worker Course

DHHS Women's and Men's Health Programs

PO Box 94817

Lincoln, NE 68509

Fax: 402.471.0913

Email: dhhs.chw@nebraska.gov

Phone: 402.471.6453 or 800-532-2227.

Health Navigation *Nebraska*

Course Schedule

<u>Online Orientation Webinar</u>	March 6, 2019 12:00 PM CST	
Pre-Assessment Quiz and Orientation Module	Due Date March 12, 2019	
Topics of Study	Begin	Assignment Quizzes and Forums Due Dates
Week 1: Organization	March 6, 2019	March 12, 2019
Week 2: Documentation	March 13, 2019	March 19, 2019
Week 3: Documentation	March 20, 2019	March 26, 2019
<u>Webinar: Teaching & Advocacy</u>	Webinar: March 21, 2019, 10 point survey to follow	
Week 4: Assessment	March 27, 2019	April 2, 2019
<u>E-learning: Capstone Project Instructions</u>	March 27, 2019 – Complete Evaluation	
Week 5: Service Coordination	April 3, 2019	April 9, 2019***
***IMPORTANT! All assignments, forums and quizzes should be completed by April 9, 2019 in order for the student to move on to the second half of the course.		
Week 6: 1st In –Person Session <i>Holthus Convention Center Meeting Room I 3130 Holen Ave., York, NE 68467 402-363-2675</i>	April 16, 2019	Resource Folder Due
In Person Session <i>Minority Health Conference Holthus Convention Center</i>	April 17, 2019	
Week 7: Colorectal Health & Screening	April 18, 2019	April 23, 2019
<u>E-learning: Diabetes</u>	April 18, 2019 – Complete Evaluation	
Week 8: Breast Health & Screening	April 24, 2019	April 30, 2019
<u>Webinar: Communication and Presentation</u>	April 25, 2019 – Complete Evaluation	
Week 9: Cervical Health & Screening	May 1, 2019	May 7, 2019
<u>Webinar: Women’s & Men’s health</u>	May 2, 2019 – Complete Evaluation	
Week 10: Cardiovascular Health & Screening	May 8, 2019	May 14, 2019
<u>E-learning: Infant Mortality</u>	May 9, 2019 – Complete Evaluation	
Week 11: May 15- May 21 Complete Capstone Project Plan Worksheet and submit for approval by Tues., May 21, 2019		
Week 12: May 22-June 4 Capstone Review with students by facilitators		
<ul style="list-style-type: none"> - Individual student meetings held with course facilitator via phone. - Complete and finalize remaining course tasks to include: <ul style="list-style-type: none"> o Resource Manual (<i>hand in June 11th at registration</i>) o Health Topic Presentation (<i>to present on June 12th</i>) 		
Week 13: Final In-Person Session <i>Holthus Convention Center, Meeting Room I</i>	June 11-12, 2019	Resource Folder Due

Interested in becoming a Leader for the *Living Well* or *Living Well with Diabetes* Program?



When you bring the Living Well Programs to your community/agency, remember they are always facilitated by two leaders. You can pick someone who has already been trained as a leader to lead with you or we can help match you with another leader in your area. It is highly recommended to bring someone with you from your area to also be trained so you can lead together.

Who is qualified to be a Leader?

-It is recommended that leaders have a chronic condition/diabetes or have life experience living with or caring for a family member with a chronic illness/diabetes.

-Leaders can be health professionals and lay members of the community

-Read and complete the self-assessment document, "**Introduction to Leader Training from Stanford**". This will provide you more information about the training and help you decide if this training is for you. This is located on pages 4 - 7 of this document.

How do I become a Leader?

-Attend all **four** days (approximately 7 hours a day) of training

-Co-facilitate one workshop as a trainee with 1 year of completing the training. It is strongly recommended to complete this within 6 six months of completing the training.

Leaders are expected to complete the following to keep their certification current:

-Co-facilitate one workshop per year

-Leaders who have not facilitated a Living Well Workshop for one year must retake the training or attend a refresher course as applicable and available.

****If you are trained in both programs, you must lead at least one program every other year to remain certified in both.***

When is training?

May 29, 30, June 4, 5, 6* – Lincoln

August 21, 22, 27, 28, 29* – Omaha

*Optional 5th Cross-Training day will be open in Omaha and Lincoln for the Living Well with Diabetes. This will only be offered if we have enough registered to host the cross training that day.

Applications are **due at least 7 days** prior the start of training. Trainings often fill up quickly so please do not delay in submitting your application.

If you complete all 5 days of training, you will be able to lead both programs. At times we may offer just a Living Well with Diabetes Leader training. If you are interested in being trained just in Living Well with Diabetes and don't wish to wait for that specific training, you would need to attend all 5 days.

Time: 9:00 am – 4:30 pm (approximately)

Place: Nebraska (exact location will be communicated in confirmation email)

What is the cost?

At the current time this training is offered at no cost

DHHS believes in these programs and is dedicated to expanding them across Nebraska. We will support individuals to attend training with no registration cost. Each Leader will be provided with the teaching materials they need to instruct the workshop and materials to supply the participants in the workshops.

HOWEVER, by attending the training, you do agree to lead at minimum one workshop per year to remain an active leader. Please see the application form for more information.

Below is a link to the Self-Management Resource Center which will give you more information about the programs: <https://www.selfmanagementresource.com/>

To apply to attend the Leader Training, please complete the application form and return to: Julie Chytil at Julie.Chytil@nebraska.gov OR applications can be faxed to 402-471-6446 Attention: Julie Chytil

Other Languages- The training is offered in English. The Living Well with Diabetes can then be offered in any language by those who are bilingual. To offer Living Well in Spanish, an additional webinar training must take place. For all other languages, the program can just be translated. Please contact Julie for more information.

The training will only be held if there are enough applicants. The training is limited to 18 individuals.

In good health,



Julie Chytil Living Well Coordinator 402 326 2904

12/11/18

Julie.Chytil@nebraska.gov

MORE INFORMATION ON THE PROGRAMS

What are Living Well and Living Well with Diabetes? **Living Well Programs** are evidence-based, self-management programs developed by Stanford University (nationally known as the Chronic Disease (CDSMP) or Diabetes Self-Management Program (DSMP)). They are 6-session interactive workshops that help people with chronic conditions and diabetes take control of their health. People learn how to take small steps towards positive changes and healthier living. They build confidence and the ability to manage their health conditions day to day.

Who are Living Well Programs for? The workshops are for anyone with a heart condition, lung condition, diabetes, arthritis or any other ongoing chronic health problem. If a person can say **YES** to any of the following questions, then Living Well is for them.

- Would they like to feel better and healthier?
- Do they have pain or feel tired and frustrated?
- Would they like to learn how to better manage the symptoms that trouble them most?
- Would they like to be able to do more of the things they enjoy?
- Would they like to be able to communicate better with their doctor?
- Would they like to learn from others who also have on-going health problems?

Living Well Programs are powerful medicine. They are a prescription that is proven to work. Research from 30 years of offering the programs show that people who take the workshop experience:

- **Less fatigue and more energy**
- **A more active lifestyle**
- **Better communication with their doctors**
- **More confidence in their ability doctors to take care of their health**
- **Better health**
- **Less time in the hospital**

The workshops deal with the issues that everyone living with an on-going health problem faces. **They learn how to:**

- 1. Manage your medications**
- 2. Deal with depression**
- 3. Eat well**
- 4. Control pain**
- 5. Accomplish goals**
- 6. Fight fatigue and frustration**
- 7. Start an exercise program**
- 8. Manage stress and relax**
- 9. Solve problems**
- 10. Communicate better with doctors, family and friends**



Introduction to Leader Trainings

Leader Training Introduction

WHO SHOULD READ THIS?

This introduction to Leader training is intended for those who are considering attending a Leader training for any of the Self-Management Resource Center's (SMRC) self-management programs listed below or for those who are either registered or in the process of registering for training. Organizations that are licensed to offer an SMRC Self-Management workshops and trainings are responsible for distributing copies of this document to prospective training participants.

SMRC SELF-MANAGEMENT PROGRAMS

Chronic Disease Self-Management Program (CDSMP)
Tomando Control de su Salud (Tomando)
Diabetes Self-Management Program (DSMP)
Chronic Pain Self-Management Program (CPSMP)
Programa de Manejo Personal de la Diabetes (Manejo) (Spanish Diabetes)
Positive Self-Management Program (PSMP)
Cancer Thriving and Surviving (CTS)
Building Better Caregivers (BBC)

TRAINING SITES

Leader trainings for the SMRC Self-Management Programs are provided in locations **across the United States of America and abroad.**

THE TRAIN THE TRAINER SYSTEM

- Leaders Teach / Facilitate community workshops for people with the workshop's target condition
- Master Trainers In addition to what Leaders do, Master Trainers train Leaders
- T-Trainers In addition to what Master Trainers do, T-Trainers train Master Trainers
- Certifying T-Trainers In addition to what T-Trainers do, Certifying T-Trainers train TTrainers through apprenticeships during Master Trainings

TRAINING FORMAT

- All Leader trainings are conducted by two certified Master Trainers (those who train Leaders) in good standing. Trainings include Workshop Activities and Training Activities:
- Workshop activities are identical to activities in the program taught to people with chronic diseases when the program is offered to the community. Ideally, Leader trainees are living with a chronic condition themselves or caregivers to someone with a chronic condition. During workshop activities, trainees are asked to act as themselves living with a chronic disease, and to experience the activities just as anyone would when they attend a workshop sessions in their communities. They are encouraged to ask questions as participants with chronic conditions would.
- Training activities are designed to review and discuss the workshop activities. During training activities, trainees can be themselves (trainees) and ask questions about training, implementation and administration of the program.
- Assuming this double role may be confusing for some trainees. It may take a day or two until it becomes a normal occurrence. If and when needed, trainers will remind or clarify this for the group.
- Self-Management Leader trainings are not of the “Sit and Listen” type. Trainings are interactive and dynamic. Trainees are expected to participate actively during training. Because training is intense, trainees should not plan to do any other work during the days of training. Some people may feel overwhelmed by the amount of information given to them and the participation requirements.

THEORETICAL FRAMEWORK

All SMRC Self-Management programs rest conceptually on Albert Bandura’s Social Learning Theory, most particularly in the self-efficacy construct. In addition, SMRC programs are based on or aligned with concepts of self-management, community-based health education, community health workers and an empowerment philosophy. All of the SMRC self-management programs are evidence-based meaning they have been evaluated in randomized trials, and have shown to improve health behaviors and health outcomes.



WHAT IS EXPECTED OF ME (as a potential participant) BEFORE THE TRAINING?

- To read this 4-page introduction document
- If you are becoming a Leader because you plan to coordinate workshops in your area, it is highly recommended that you also review (or read if you want) the Implementation Manual. Downloadable from the SMRC website in the Resources section: www.selfmanagementresource.com
- To ask your local sponsor or coordinator about their plans in regard to this program and expectations of you as a Leader.
- Make your own decision to attend training. If someone has asked you to attend, make sure you know about the type of training you will be attending and what is expected of you before you attend.
- It is highly recommended that you have scheduled workshops to facilitate within 2 months and no more than 12 months after the completion of your training, preferably within 6 months.

WHAT IS EXPECTED OF ME (as a trainee) DURING TRAINING?

- Leader trainings start on time. It is expected that all trainees arrive on time in the morning, after breaks and after lunches.
- Trainees are expected to attend all days and full days. Exceptions could be made only under extraordinary circumstances and at the discretion of both trainers conducting the training and the local Program Coordinator.
- All trainees are required to demonstrate their understanding of the program and their facilitation skills by participating in two Practice Teaching sessions.
- Quality of performance during those sessions is the basis for recommendation of active Leader status. In the event someone is not recommended for active Leader status, trainers will offer specific feedback and recommendations. Those that do not demonstrate skills at the level expected in key program activities and processes will not be recommended. If you do not obtain certification at training, you may decide to take the Leader training again.

WHAT IS EXPECTED OF ME AFTER THE TRAINING?

- Completion of training is only part of what is required to become an active Leader.
- After the training, you will be required to facilitate one 6-week workshop (all six sessions) within 6 months of training
- In order to maintain your active status, you will be required to facilitate one 6-week (all six sessions) workshop every year or attend a refresher course (if available locally). This applies to each program for which Leader is certified.

IS THIS TRAINING FOR ME?

- I believe that people have the right to receive information and to make their own decisions (even if they are not perfect decisions), particularly on health issues.
- I see myself as a facilitator of a process for people who want to self-manage their chronic conditions
- I am comfortable with public speaking
- I am comfortable with being evaluated in front of a group
- I welcome constructive feedback
- I am aware that training is intensive and will require physical and mental energy
- I like interactive trainings over “sit and listen” types of trainings

If you checked all of the above questions as being true for you, the chances that you would like, enjoy and do well in SMRC trainings are fairly high.

Appendix D.

Solicitation Number: RFP 6168 Z1

Staff Resumes

Tish Meyer

4511 Avenue E. | Kearney, Nebraska 68847

(308) 627-4511 | tish.meyer@yahoo.com

QUALIFICATIONS

Director of Health Services – Community Action Partnership of Mid-Nebraska

- Manages responsibilities for Health Services Programs, specifically the Immunization Program, Community Health Worker Program, and Dental Program, along with any other health projects the agency receives funding for;
- Ensures that program operations follow approved program budget(s);
- Submits required and requested reports to funding sources on time;
- Provides supervision of staff and conducts annual evaluations of staff;
- Assists in the collection and compilation of data to meet grant requirements;
- Provides requested program information to administrative staff on time to assist in the completion of grant applications to secure program funding; and
- Maintains effective working relationships with all staff members and local communities.

Community Health Worker – Community Action Partnership of Mid-Nebraska

- Served as a liaison between health care, social and community services organizations to assist individuals and communities in adopting health behaviors;
- Referred patients to community resources such as financial assistance, legal aid, housing, job placement, and education that promotes and improves individual and community health; and
- Facilitated access to services, decreases health disparities, and improves the quality and cultural competence of low-income, minority residents struggling with health barriers.

Translator/Interpreter – Community Action Partnership of Mid-Nebraska

- Translates and/or interprets written and/or oral texts and passages from the English language into the Spanish language, and vice versa;
- Serves as an interpreter for various State of Nebraska agencies, businesses, dental, and medical offices; and
- Follows the ethical codes that protect the confidentiality of information.

Employment Interviewer – Community Action Partnership of Mid-Nebraska

- Reviewed applicant's employment applications and evaluated work history, education, training, job skills, and other qualifications;
- Provided information and assistance by referring individuals to employment opportunities, Vocational Rehabilitation, Health and Human Services, Job Training, Unemployment Insurance, and/or community service agencies using case management for documentation;
- Assisted applicants with job searches, resume writing, and completing applications;
- Contacted employer in writing, person, or by telephone to follow-up on job listings for clientele; and
- Worked with individuals from all types of socioeconomic backgrounds.

EXPERIENCE

Community Action Partnership of Mid-Nebraska

Community Health Worker

Interpreter

Job Placement Coordinator

Central Community College

GED Examiner

Nebraska Department of Labor

Employment Specialist

Kearney, Nebraska

February 2011 – Present

February 2011 – Present

Sept. 2009 – Sept. 2010

Kearney, Nebraska

2005 – 2011

Kearney, NE

1979 - 2009

EDUCATION

Department of Health and Human Services	2013
Community Health Worker	
Pacific Institute	2012
Bridging the Gap Medical Interpreter and Trainer	
Kearney State College / University of Nebraska – Kearney	1979
Bachelor's Degree: Spanish Education, Translation/Interpretation, and Business Administration	

REFERENCES

Meredith Collins, Chief Executive Officer
Community Action Partnership of Mid-Nebraska
16 W. 11th Street
Kearney, NE 68848
(308) 865-5675

LaDonna Jackman, Assistant Fiscal Officer
Community Action Partnership of Mid-Nebraska
16 W. 11th Street
Kearney, NE 68848
(308) 865-5675

Julie Weir, President of the HelpCare Board of Directors
HelpCare Clinic
3015 Avenue A.
Kearney, NE 68847
(308) 224-2392

Daniel Peñaflor Garcia

1600 N. Erie | Lexington, NE 68850 | 308-325-3266 | Penaford2@outlook.com

Education

Masters in Curriculum and Instruction | University of Nebraska at Kearney

- Teacher Education
- Endorsement in Spanish, 7-12

Community Health Worker Certification | Nebraska DHHS

Bachelor of Science Degree | University of Nebraska at Kearney

- Criminal Justice major
- Minor in Spanish
- GPA – 3.4
- Study Abroad: Universidad Peruana de Ciencias | Lima, Peru

Work Experience

Community Health Worker | Community Action Partnership of Mid-Nebraska

- December 2016 – August 2018
- August 2019 – present
- Responsible for coordinating the Minority Health Initiative Program in Dawson County, ensuring that all clients receive proper care, instructions, and referrals. Assists with the Immunization Initiative and helps the Community Service Coordinator with assigned tasks.

Spanish Instructor | Grand Island Senior High School

- August 2018 – May 2019
- Planned, prepared, and delivered class instruction while observing and evaluating student progress. Participated in department and school meetings along with regular parent-teacher conferences.

Internship | Nebraska State Probation Office | Kearney, NE

- May 2016 – July 2016
- Completed necessary duties for pre-sentence investigations, including prior record checks, evaluating circumstances of offense, and helping conduct interviews.

Youth Program Specialist II | Youth Rehabilitation and Treatment Center | Kearney, NE

- May 2016 – December 2016
- Supervised youth in daily and evening activities while helping them with their programming. Documented their behavior and responded to crisis situations while serving as a role model. In addition to these responsibilities, I also served as an interpreter; helping families and other agencies work with the youth. I effectively and efficiently interpreted meetings from English to Spanish and vice versa. I also attended school with an individual learning English and assisted teachers in interpreting the lecture to the youth.

Special Skills

- Excellent reading, writing, and verbal skills in both English and Spanish
- CPR certified through the American Red Cross | July 2016
- Certified in Applied Physical Training in the Nonviolent Crisis Intervention Program | July 2016
- Certified in Handle with Care through the Nonviolent Crisis Intervention Programs | August 2016
- Child Passenger Safety Technician certified through Safe Kids Worldwide | 2017

Volunteer Experience

- Football Coach, Offensive/Defensive Line | Lexington High School

Honors & Awards

- Member of the National Foreign Language Honor Society, Alpha Mu Gamma
- Member of the Criminal Justice Honor Society, Alpha Phi Sigma
- Deans List: UNK Fall 2012, Spring/Fall 2014, Spring 2015, Fall 2016.

References

Jorge Vera Chavez | Spanish Instructor | (308) 730-1985

Lincoln Public Schools
5905 O St.
Lincoln, NE 68510

Patricia Luck | UNL Extension Associate | (308) 325-0566

UNL Extension Office
211 Agriculture Hall
Lincoln, NE 68586

Martha Draskovic | Community Services Coordinator | (308) 746-0689

Community Action Partnership of Mid-Nebraska
931 W. 7th St.
Lexington, NE 68850

Jessica Fagot

1708 Hampton St. | Lexington, Nebraska 68850

(308) 325-0309 | jrodas10@yahoo.com

PROFESSIONAL SUMMARY

I would be a positive addition to your company. My experience working with Lexington Family Medicine, and Johnson jewelry have given me the skills in customer service. I provided exceptional customer service with assisting customers in a positive and friendly manner at Johnson jewelry. Working at Family Medicine, I handled important paperwork daily in each of my tasks. All paperwork was then submitted to different insurance companies for determination upon coverage. I have a solid idea on what is required so that I can perform the customer service representative position. I am eager to contribute my enthusiasm and up-to-date skills to the team.

SKILLS

Computers and Electronics

Foreign Language (Spanish)

English Language

Book Keeping

Reading Comprehension

Multitasking

Dependability

Writing, Typing

Prioritizing

Organization

Initiative and Problem-solving abilities

Interpersonal Skills

EMPLOYMENT HISTORY

Community Health Worker | Community Action Partnership of Mid-Nebraska | Lexington, NE

October 2018 - Present

- Serves as a liaison between health care, social, and community service organizations to assist individuals and communities in adopting health behaviors;
- Refers patients to community resources such as financial assistance, legal aid, housing, job placement, and education that promotes and improves individual and community health;
- Facilitates access to services, decreasing health disparities and improving the quality and cultural competence;
- Assists program participants with enrolling in health education and community programs; and
- Oversees and participates in the Community Health Worker Healthy Living Program.

Admission Clerk / Office Assistant | Family Medicine | Lexington, NE

February 2014 – October 2018

- Checked in patients;
- Answered patient's questions about insurance;
- Received payments and record receipts for services;
- Operated telephone switchboard to answer, screen, or forward calls, providing information, taking messages, or scheduling appointments;
- Greeted persons entering establishment, determining the nature and purpose of their visit, and directing or escorting them to their specific destination;
- Transmitted information or documents to customers, using computer, mail, or facsimile machine;
- Heard and resolved complaints from customers or the public;
- Scheduled appointments and maintained and updated appointment calendar;
- Performed administrative support tasks, such as proofreading, transcribing handwritten information, or operating calculators or computers to work with pay records, invoices, balance sheets, or other documents;
- Provided information about establishment, such as location of departments or offices, employees within the organization, or services provided; and
- Analyzed data to determine answers to questions from customers or members of the public.

Sales Representative | Johnson Jewelry | Lexington, NE

May 2008 – October 2013

- Managed store when needed;
- Made work schedules for other employees;
- Assisted customers with purchases or any warranties jewelry may have had;
- Handled payments; and
- Assisted with jewelry showings to choose new merchandise for the store.

EDUCATION

General Education Diploma | May 2004

Lexington High School

Real Estate Courses | February 2017

Lincoln, NE

COMMUNITY EXPERIENCE

Chamber Board Member | Lexington, NE

October 2012 – May 2017

REFERENCES

Chris Roemmich | Lexington Family Medicine | (308) 324-5651 | Lexington, NE

Director of Patient Finance

Dave Doss | Johnson Jewelry | (308) 325-3506 | Lexington, NE

Owner

Amber Ackerson | Lexington Family Medicine | (308) 324-8308 | Lexington, NE

Administrative Manager

Meredith Collins
Community Action Partnership of Mid-Nebraska
16 West 11th Street, P.O. Box 2288, Kearney, NE 68848 - (308) 865-5675

Education:

Bachelor of Science Degree – Social Work
College of Natural Social Science - University of Nebraska at Kearney
GPA: 3.87/4.00 Graduated: December 1997

Work Experience:

August 2017 – Present

Community Action Partnership of Mid-Nebraska – Chief Executive Officer

May 2014 – August 2017

Community Action Partnership of Mid-Nebraska – Executive Director

- Keep the Board informed of all Agency operations, accomplishments, issues, trends and new program potential.
- Plan and consult with staff leaders, Board members, local, state, and federal agency administrators, and the general public relative to various aspects of community action involvement.
- Responsible for feasibility, research, development, and implementation of creative and meaningful programs that fall with agency's services trends.
- Responsible for interpreting and enforcing Board Policies on behalf of the Agency.
- Responsible for evaluation of all Agency operations and presenting timely reports to the Board.
- Serves as official agent and/or representative for the agency.
- Responsible for keeping abreast of program and funding opportunities of all existing federal, state, and local programs and resources and the development of new sources.
- Serves on committees and councils with other community leaders, etc. which are pertinent to overall coordination and operations of community efforts.

January 2013 – May 2014

Community Action Partnership of Mid-Nebraska – Deputy Director

- Maintain ongoing interaction and awareness with staff on program development, goals, and objectives, along with agency monitoring and reporting.
- Keep informed about pertinent business matters related to the agency corporate structure along with program and funding opportunities.
- Research and development of applicable grant sources for agency programs and implementation of programs that fall within agency standards.
- Serve as a public representative for Mid and serve on committees and councils which are pertinent to the agency's overall vision and mission.
- Ongoing evaluation of Community Needs Assessments and Strategic Planning for the agency.
- Plan and consult with staff leaders, board members, local, state, and federal agency administrators, and the general public relative to various aspects of community action involvement.
- Administrative oversight of Community Services, Senior Services

October 2010 – December 2012

Community Action Partnership of Mid-Nebraska – Planning Director

- Administrative oversight of Agency Senior Centers/Nutrition Programs and staff
- Information Technology Management and Planning
- Public Relations/Marketing Materials
- Evaluation of Community Needs Assessment and Agency Planning Response
- Management and oversight of the Community Services and Grant Departments and personnel
- Represent Agency programs and Agency point of view to community partners/general public

June 1999 - October 2010

Community Action Partnership of Mid-Nebraska - Grants and Technology Director

- Research and write federal, state, and local grant proposals
- Coordinate rural outreach and community advocacy
- Public relations work involving brochures, presentations, reports, and graphic design

- Network administration duties including setting up PC's, troubleshooting, web page design and maintenance, database development, and installing software

January 1998 – May 1999

Bryant Elementary: Media Associate

- Coordinated media time for students and teachers
- Installed and worked with systems on a Macintosh platform
- Assisted teachers with design and computer based projects

August 1997 – December 1997

St. John's Center, Social Work Assistant/Intern

- Enhanced written skills through documentation and assessment
- Conducted interviews with families regarding nursing home placement
- Assisted with admissions, discharges, and transfers

October 1995 – January 1995

Safe Center

- Completed 18 hour training course dealing with domestic abuse
- Provided information and support for the 24 hour crisis line
- Coordinated emergency assistance and shelter if needed

Honors & Awards

- Graduated Magna Cum Laude
- Phi Alpha National Honor Society
- National Dean's List
- Phi Eta Sigma Honor Society

Community Action Related Certifications/Trainings:

- 2000 – Department of Economic Development Community Development Block Grant Administrator Certification
- 2001 - Department of Economic Development Community Development Environmental Training
- 2002 – ROMA Executive Institute – Leadership Development
- 2004 - Statistical Package for the Social Sciences Training
- 2006 - HUD Supportive Housing Training
- 2007 – Pathways to Excellence Team Training
- 2008 – Pathways to Excellence Certified Reviewer
- 2012 – Certified Community Action Professional
- 2013 – OMB Super Circular Training
- 2014 – Organizational Standards
- 2018 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- 2018 - Data Analysis Training for ROMA/National Performance Indicators

Local, State, and National Activities:

- Kearney Works Board of Directors: 2017 - Present
- University of Nebraska at Kearney Advisory Member for Family Science Department: 2015-Present
- University of Nebraska at Kearney MBA Advisory Board Member: 2015 - Present
- President of Community Action of Nebraska State Association Board of Directors: 2015-2017
- Vice-President of Community Action of Nebraska State Association Board of Directors: 2013 - 2015
- Secretary of Region VII (Missouri, Iowa, Nebraska, Kansas) Board of Directors: 2010 - 2016
- Leadership Kearney Graduate 2011
- Poverty Task Force/America's Best Communities Advisory member

References:

Judi Sickler – Executive Director
Kearney Area Community Foundation
412 W. 48th St. Suite #12
Kearney NE 68845
(308) 237-3114

Elizabeth Roetman – Executive Director
Kearney Works
PO Box 2288
Kearney Ne
(308) 865-1354

Rhonda Guthard
Lexington United Way
118 E 6th St #4a
Lexington, NE 68850
(308) 324-5774

KRISTINA K. WRIGHT

3314 20th Avenue
Kearney, NE 68845
(308) 293-2235

EXPERIENCE

1992 - present

Community Action Partnership of Mid-Nebraska. - Kearney, NE

Chief Financial Officer

- Accounting and financial reporting for federal, state, and local contracts
- Oversight of a multi-fund accounting system, including: payroll, accounts payable, accounts receivable, general ledger, and audit functions
- Hiring, training, and supervision of accounting staff
- Budget forecasting and analysis for 12 million-dollar annual agency budget
- Responsible for agency cash flow and cash management
- Advising senior management and board of directors regarding financial status of agency and programs
- Participation in long-range strategic planning
- Update and maintenance of agency accounting software system

1989 - 1992

First National Bank and Trust Company (now Wells Fargo) - Kearney, NE

Assistant Credit Analyst

- Spread and analyzed commercial, agricultural, and personal financial statements and tax returns
- Implemented and maintained computerized collateral protection monitoring system
- Reviewed loan files for documentation and compliance

Assistant Controller

- Payment and distribution of accounts payable
- Maintained fixed asset system and prepaid expenses
- Prepared weekly interest margin and overdraft reports
- Audited internal accounts

MEMBERSHIPS AND ACTIVITIES

- Community Action Fiscal Alliance Chairperson, 2005-2014
- Fiscal Peer Reviewer

EDUCATION

May, 1991

UNIVERSITY OF NEBRASKA AT KEARNEY, NE

Bachelor of Science, Magna Cum Laude

Major: Business Administration

Emphasis: Finance

Business Internship: Documented training procedures for the First National Bank of Kearney

PROFESSIONAL REFERENCES

Meredith Collins
Chief Executive Officer, CCAP
Community Action Partnership of Mid-Nebraska
16 West 11th Street
Kearney, NE 68847
(308) 865-5675

Lisa Giboney
Head Start Director
Community Action Partnership of Mid-Nebraska
114 E. 11th Street
Kearney, NE 68847
(308) 865-5690

Judy Schultz
WIC Director
Community Action Partnership of Mid-Nebraska
1023 Ave F
Kearney, NE 68847
(402) 865-5356

LaDonna Jackman

14375 West Denman | Kenesaw, NE 68956

(308) 224-9010 | ljackman@mnca.net

QUALIFICATIONS

Assistant Fiscal Director – Community Action Partnership of Mid-Nebraska

- Prepares and submits the required agency financial reports;
- Maintains accurate agency accounting records in compliance with agency accounting policies;
- Processes employee benefits;
- Prepares agency cash receipts;
- Maintains a high degree of communication and coordination with the CFO, Administration staff, and other Agency staff, always working toward the best interest of the Agency and clients;
- Performs the necessary fiscal duties in absence of the CFO;
- Maintains accurate agency accounting records;
- Reconciles agency accounts receivable monthly;
- Prepares and submits agency financial reports as required;
- Assists with agency audit and program monitoring;
- Reviews agency program budgets for accuracy and funding requirements;
- Reconciles agency credit card accounts monthly;
- Maintains agency equipment records;
- Prepares agency cash receipts daily;
- Cross trains and performs other accounting duties as necessary; and
- Performs other duties as assigned by the CFO or his/her designee.

EXPERIENCE

Community Action Partnership of Mid-Nebraska

Assistant Fiscal Director

Kearney, Nebraska

August 1998 – Present

EDUCATION

University of Nebraska – Kearney

Bachelor's Degree: Accounting

1998

REFERENCES

Charles McGraw, Transportation Director
Community Action Partnership of Mid-Nebraska
715 E. 11th Street
Kearney, NE 68847
(308) 865-5675

Tish Meyer, Director of Health Services
Community Action Partnership of Mid-Nebraska
16 W. 11th Street
Kearney, NE 68848
(308) 865-5675

Kris Wright, Chief Fiscal Officer
Community Action Partnership of Mid-Nebraska
16 W. 11th Street
Kearney, NE 68848
(308) 865-5675

Kristin Holl

18 ½ W. 25th St. #4 | Kearney, Nebraska 68847

(308) 380-8165 | kholl@mnca.net

EDUCATION

Bachelor of Arts in Sociology | May 2016

Hastings College | Hastings, NE

- Minor in English
- GPA – 3.75
- High Distinction in Sociology
- Member of Alpha Kappa Delta

EXPERIENCE

Community Action Partnership of Mid-Nebraska | Kearney, NE

May 2016 – present

- Currently employed as the Planning Director at Community Action Partnership of Mid-Nebraska. Job duties include grant writing, grant research, and statistical analysis of the community, organization, its staff, and programs.
- Safety Committee Chair
- Community Health Worker Program Evaluator

Adams County Emergency Management Agency | Hastings, NE

December 2015 – May 2016

- Interned at the Adams County Emergency Management Agency under the direction of Emergency Management Director Chip Volcek. Job duties included assisting in budgeting, billing, severe weather press releases, policy revisions, updates to the Local Emergency Operations Plan (LEOP) and the Hazardous Mitigation Plan.

Learning Center | Hastings, NE

August 2014 – May 2016

- Employed as a writing tutor at Hastings College. Main duties included assisting students with writing tasks and other homework assignments.
- Served as the Hastings College football team tutor one night every other week. Tasks included study hall supervision, tutoring for any subject, and providing informational presentations on study habits, job search techniques, how to write a resume, and job interview strategies.

Global Industries INC. | Grand Island, NE

June 2015 – August 2015

- Interned at the MFS/York/Stormor division of Global Industries Inc. Assisted Safety Coordinator Jamie Lemburg in conducting Job Safety Analysis', employee training on health and safety, development of industrial safety educational materials, and plant audits in accordance with OSHA standards.

SKILLS AND QUALIFICATIONS

Excellent time management and organizational skills

Proficient in Microsoft Word, PowerPoint, Excel, and statistical analysis software

Well-oriented to the community resources, services, and agencies in and around Kearney, NE

Exceptional reading, writing, and verbal communication skills

Skillful in research methods and survey data analysis

Exceptional interpersonal skills, group dynamic facilitation, and one-on-one assistance

VOLUNTEER INVOLVEMENT AND LEADERSHIP ROLES

Safety Committee Chair | Community Action Partnership of Mid-Nebraska

Kearney, NE | May 2016 - present

Junior Achievement Volunteer | Junior Achievement

Kearney, NE | August 2017 – present

Children and Women's Ministry Volunteer | Cornerstone Berean Church

Kearney, NE | March 2018 – August 2019

Mosaic Volunteer | Mosaic

Axtell, NE | March 2017 – March 2018

CASA Volunteer Committee Member | Buffalo County CASA

Kearney, NE | June 2016 – December 2017

REFERENCES

Kelly Larsen | Lead Pastor | (308) 237-3628

Cornerstone Berean Church
1004 30th Ave.
Kearney, NE 68845

Meredith Collins | Chief Executive Officer | (308) 865-5675

Community Action Partnership of Mid-Nebraska
16 W. 11th Street
Kearney, NE 68848

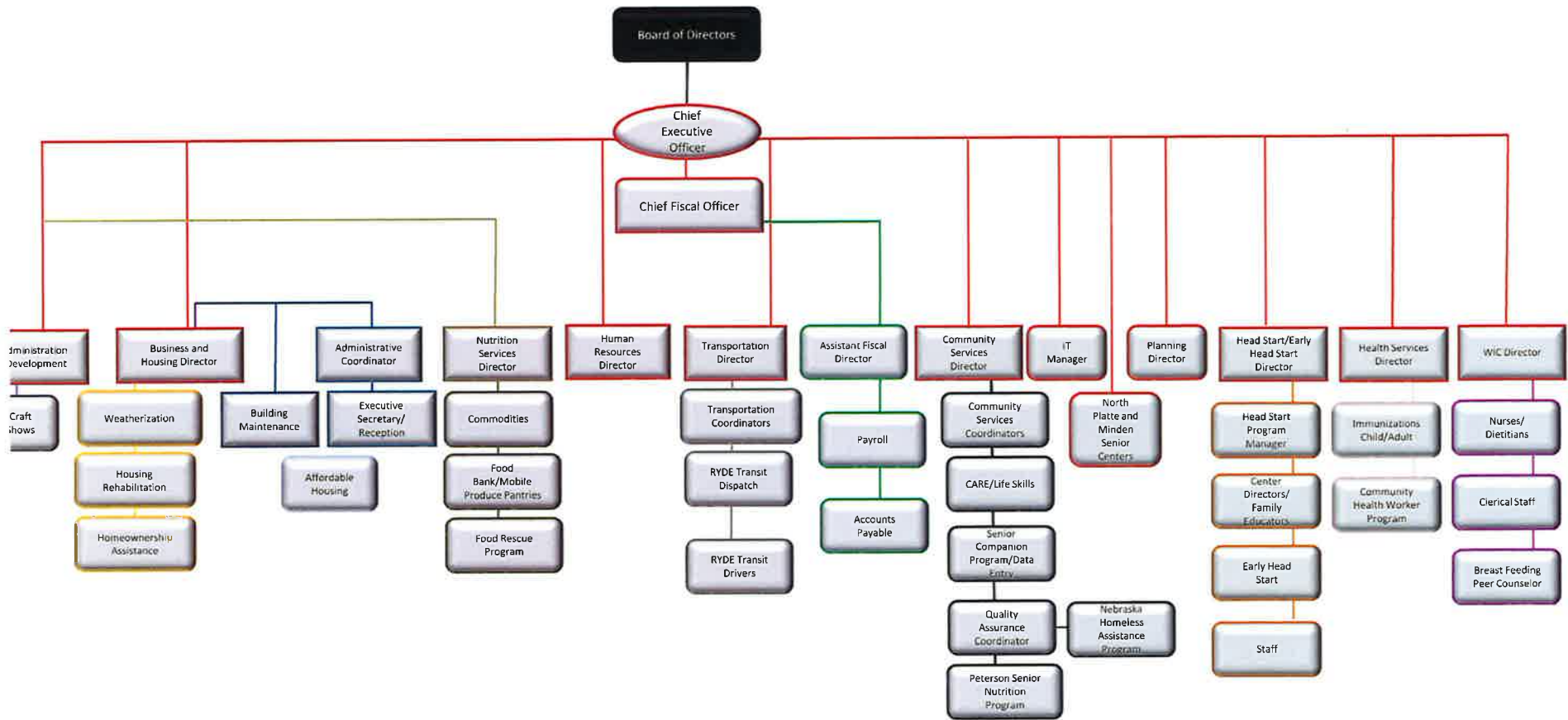
Jamie Lemburg | Safety Coordinator | (308) 384-9320

AGI-MFS/York/Stormor/Brownie
2928 US-30
Grand Island, NE 68801

Appendix E.

Solicitation Number: RFP 6168 Z1

Organizational Flow Chart



The agency employs 246 staff members. In 2017, volunteers contributed over 160,000 hours to Mid Programs.

Organizational Chart

Appendix F.

Solicitation Number: RFP 6168 Z1

Letters of Commitment

November 18, 2019

Office of Disparities and Health Equity
Nebraska Department of Health and Human Services

RE: Letter of Commitment to the Minority Health Initiative Project in Buffalo and Kearney counties

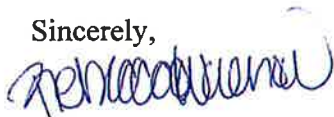
I am writing to express my support for Community Action Partnership of Mid-Nebraska's grant application to develop the Community Health Worker Program in Buffalo and Kearney counties. I recognize and support their goal to increase partnerships between health systems and community resources for minorities in the promotion of healthier lifestyles.

HelpCare Clinic is committed to providing a healthy community for all. Our mission is to improve the health and wellbeing of uninsured residents of Buffalo and Kearney counties by providing medical and behavioral healthcare in a compassionate and respectful environment. HelpCare Clinic will provide the following services in conjunction with the proposal submitted by Community Action Partnership of Mid-Nebraska.

- Provide/receive bidirectional referrals between HelpCare and the Community Health Worker Program;
- Participate in clinical team meetings regarding clients that both HelpCare and the Community Health Worker Program are serving;
- Serve patients with chronic disease by providing laboratory monitoring and access to necessary medicinal treatments;
- Provide diagnostic testing for those at risk for developing chronic diseases and disorders.

HelpCare Clinic is excited to support this proposal by Community Action Partnership of Mid-Nebraska in serving minorities who are obese and may have cardiovascular disease and/or diabetes. We will work collaboratively with Community Action Partnership of Mid-Nebraska to ensure the success of the Community Health Worker Program and we look forward to creating a healthier community for all.

Sincerely,



Becky Kraenow
Executive Director