Section

Program Overview Program Rules - FY 2022

Reporting:

- A. Reporting shall be considered a deliverable under this agreement for purposes of determining fulfillment of the Awardee's obligations. Failure to produce timely and adequate reports may jeopardize the Awardee's funding during the current award period, as well as its eligibility or consideration for funding in subsequent years, and shall result in a delay in payment as described in the compensation article below.
- B. BPHC reserves the right to withdraw an award if it determines the Awardee has failed to make substantial progress in meeting its goals and objectives or for any other breach of your contract with BPHC.
- C. The Awardee shall submit progress reports and specified data in a format and time frame to be specified by BPHC. Such reports shall address (1) progress toward achieving all goals & objectives outlined in the Scope of Service, (2) updates on program status, (3) personnel status, (4) any unanticipated problems the program has encountered, including current and/or projected underspending, as well as plan to address such, (5) any unmet service needs, and (6) a plan of action describing how the program intends to address identified problems. In addition, Awardees must specify how they are meeting their legal obligations to report specified infections to BPHC. BPHC may request additional information as needed to assess project effectiveness.
- D. Awardees who have submitted corrective action plan(s) will be required to periodically report on progress in carrying out those plans. Activities being carried out using these funds must be clearly identified.
- E. Quarterly progress reports for Major Grant recipients shall be submitted by the fifteenth (15th) day of the month following the reported quarter's end as detailed on page 4. Six and twelve-month reports for Mini Grant recipients shall, likewise, be submitted by the 15th day of the month following the period, as detailed on pg. 10. While Mini-Grant recipients are not required to submit a full progress report for each quarter, they are required to submit a one-page summary document at the end of Quarters 1 and 3 to provide a basic overview of activities conducted and issues arising between the 6 and 12 month report. This one-page summary will also be due on the 15th day of the month following the period. Details are below in the Mini-Grant reporting requirements section.

Monitoring:

Flyers, Promotional and Educational Materials:

A. BPHC encourages funded programs to publicize and promote their activities, wherever appropriate, in order to reach their target group most effectively. Any materials created using BPHC funding must include the BPHC logo and/or acknowledgement of BPHC as funding agency. Materials must be submitted to BPHC for approval prior to being disseminated. At least 2 weeks must be allowed to finalize BPHC approval. BPHC will ensure that agencies have the currently approved logo for use.

Incentives

- **B.** BPHC recognizes the effectiveness of incentives use by program staff for the purposes of recruitment and retention and they are an allowable expense under the contract with the following guidelines:
 - a. Incentives can not be in the form of cash. Gift cards are acceptable
 - **b.** Programs must adhere to all of their agency's policies regarding the tracking of incentives purchased and distributed, and BPHC must have a copy of those policies on file
 - c. For Group Level Interventions, clients may receive an incentive of no more than \$25 for signing up for and attending the initial session in a series, then receive an incentive of no more than \$10 for each subsequent session attended in the series. If a client attends all sessions in the series, they may receive an additional \$10 at the completion. Therefore, in a three-session series, the maximum amount a client may receive is \$55; for a five-session series, the maximum amount a client may receive is \$75 and for a seven-session series the maximum amount a client may receive is \$95. While clients may attend more than one series in a year, they are only allowed to receive incentives for their initial participation. No client shall receive more than \$100 in GLI incentives over the course of the fiscal year.
 - d. For Individual Level Interventions, a client may receive an incentive of no more than \$25 for the initial session. They may then receive an additional \$25 for each session for which they return for follow up testing and at ISP review sessions at the 3, 6, 9 and 12-month intervals. No client shall receive more than \$150 in ILI incentives over the course of the fiscal year.
 - **e.** For Community Level Interventions, specifically Community Events, clients may receive an incentive of no more than \$25 for attending an event. If food is provided at the event, the client may receive no more than \$10 in incentives, in addition to the cost for public transportation to and from the event. Clients may attend more than one event in a fiscal year, but shall receive no more than \$50 in CLI incentives over the course of the fiscal year. Until it is deemed safe to engage in public settings, BPHC requires Community Events to be conducted virtually whenever possible.

Data Reporting:

C. As a condition of funding, both Major and Mini grant recipients must submit data for all activities conducted as part of their contract on a monthly basis. Data are due by the 15th of the month following the month in question (e.g. April's data are due May 15th). Instructions in the Data Reporting Manual.

Standards and Requirements:

- D. All agencies must adhere to the Intervention Specific Standards, including programmatic and staffing requirements. These standards may be downloaded from the BPHC web site at: http://bphc.org/whatwedo/infectious-diseases/education-and-community-engagement/Documents/Intervention%20Specific%20Standards.pdf
- **E.** By signing the contract, agencies agree to abide by the standards included in this packet, and any additional standards which may be required.

Compliance:

- **F.** Failure to adhere to reporting and fiscal guidelines, including narrative and data reporting deadlines, may result in an agency being deemed non-compliant with contractual obligations and may jeopardize funding renewal. Awardees are responsible for their subcontractors. BPHC relationship is with the Awardee only and will not involve subcontractor(s).
- **G.** If an agency is deemed to be in non-compliance, they will receive a letter which details the issues that have placed the agency in non-compliance as well as a deadline to correct the issues in order to have the non-compliance lifted. Most deadlines will be two weeks from the date of receipt, though BPHC reserves the right to amend the deadline timeframe if deemed necessary.
- **H.** If the deadline is not met and the agency remains in non-compliance, or if the agency falls into non-compliance for a second consecutive quarter, the agency will be placed on probation, wherein they will have six months or the remainder of the fiscal year, whichever comes first, to correct the issues and bring themselves into contract compliance. Failure to do so by the deadline provided will result in the contract being suspended, or in the contract being terminated outright.

Best Practices Meetings:

I. As a condition of funding, Awardees will be required to attend periodic best practices meetings coordinated by BPHC. Awardees will be notified in advance and asked to have appropriate representation.

Conflict of Interest:

- J. As a condition of funding, Awardees are expected to adhere to their institutions' conflict of interest policies regarding accepting funding or items of significant value from companies where such a funding or items may present a potential or perceived conflict of interest.
- K. In addition, as a condition of funding, agencies may not allow staff while on BPHC funded time to attend or participate in events, activities or trainings provided by pharmaceutical companies unless such an activity is in compliance with the institution's conflict of interest policy and has been approved in advance by BPHC.