

AMENDMENT 1

This is an amendment to the sub-recipient agreement #21SC091531 between Brookings County, 520 3rd Street, Suite 100, Brookings. SD 57006 and the South Dakota Department of Health.

A. REQUIRED AUDIT PROVISIONS FOR GRANT AWARDS

1. FEDERAL AWARD IDENTIFICATION

Information for the Federal Award Identification, as described in 2 CFR 200.331 is inserted below. In the event of a change in the award of funding source, the information inserted below may change. Sub-Recipient's consent shall not be required for the change in award or funding source and the change shall not be subject to the requirements for an amendment to this Agreement. In the event of a change, the State will provide updated information at least annually.

1.2

- a. Sub-recipient's name, City, State, and Zip +4: Brookings County, Brookings, SD 57006-3894
- b. Sub-Recipient's DUNS number /unique entity identifier: 028749724
- c. Federal Award Identification Number (FAIN): 213SD708W1003
- d. Federal Award Date: 10/01/2020
- e. Sub-award Period of Performance: 06/01/2020 to 5/31/2021
- f. Amount of Federal Funds Obligated to Sub-recipient in this action for this period of performance: \$544.00
- g. Total Amount of Funds Obligated to Sub-recipient prior to this action for this period of performance: \$20,108.00
- h. Total Amount of Federal Award to the Sub-recipient for this period of performance: \$20,652.00
- i. The federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA), is as follows: This agreement is made for the purpose of providing clerical services for the Woman, Infants and Children (WIC) Program in Brookings County and for providing rent for Central Office WIC Nutrition Coordinator. The purpose of the WIC Program is to provide supplemental foods and nutrition education, including breastfeeding promotion and support, through payment of cash grants to State agencies which administer the Program through local agencies at no cost to eligible persons.
- j. Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity: USDA Food and Nutrition Services, South Dakota Department of Health, and Emily Paulsen- Emily.Paulsen@state.sd.us
- k. CFDA No(s) and Name(s): 10.557 Special Supplemental Nutrition Programs for Women, Infants and Children
- l. Is the grant award for research and development (R&D)? YES _____ NO X
- m. Department of Health Indirect Cost Rate for federal award:
07/01/2019 to 06/30/2020 = 6.3%
07/01/2020 to 06/30/2021 = 6.10%

3. SCOPE OF WORK AND PERFORMANCE PROVISIONS:

e.

xvii. Use state funds exclusively for:

a. WIC Clerical Services

- Funding is based on number of WIC participants receiving WIC benefits each month. Budget is based on the participation rates from January 2019 to December 2019.
- Per participant rate is set by the Central Office (FY2021 rate: June 2020- \$5.56; July 2020 to May 2021 - \$5.67). This rate is reviewed annually with yearly budget determination.
- The Central Office will generate payment and send to the Sub-Recipient based on WIC issued benefits per month.

b. WIC Clerical Training/Travel

- Funding for training time and travel time to training is based on State average clerical rate, including benefits (FY2021: June 2020 - \$18.29; July 2020 to May 2021- \$18.66). This rate is reviewed annually with yearly budget determination.
- Per diem, mileage and lodging for clerical staff attending WIC training, according to county policy, but not exceeding State rates.
- The Central Office will generate payment based on completed Monthly Expenditure Reports submitted by the Sub-Recipient.

c. WIC Other Expenses

- Office rent in amount of \$95.00 per month
- The Central Office will generate payment based on completed Monthly Expenditure Reports submitted by the Sub-Recipient.
- Monthly Expenditure Reports submitted by the Sub-Recipient.

f. If the State will undertake or complete any work or performance under this Agreement, it is described as follows:

- i. State will pay, upon State's satisfaction that the payments are in accordance with all terms of the contract, up to \$30,706.00. Expenditure claims are required prior to the initiation of any, and all payments. Expenditure claim documentation may include invoices for reimbursement; receipts of any goods or services purchased; purchase orders for supplies, equipment, etc.; and/or itemized budget details indicating how and the timeframe in which the funds will be used.

- ii. State will not pay Sub-recipient expenses as a separate item.
- iii. Travel expenses will be reimbursed up to state rates.
- iv. TOTAL CONTRACT AMOUNT (Not to Exceed) \$30,706.00. Payment will be made consistent with SDCL Ch. 5-26.

4. BASIS FOR SUBAWARD AMOUNTS:

This grant is made for the purpose of providing clerical services for the Woman, Infants and Children (WIC) Program in Brookings County and for providing rent for Central Office WIC Nutrition Coordinator. The purpose of the WIC Program is to provide supplemental foods and nutrition education, including breastfeeding promotion and support, through payment of cash grants to State agencies which administer the Program through local agencies at no cost to eligible persons.

Amount provided by State/Grantor is	\$30,706.00
Amount matched by Sub-Recipient	\$0
Total Grant Amount	\$30,706.00

Dollars provided by State consist of the following:

Non-Federal State dollars	\$0.00
Federal dollars	\$30,706.00

E. AUTHORIZED SIGNATURES:

In witness hereto, the parties signify their agreement by signing below.

Colleen Winter, Director Division of Family and Community Health Department of Health	Date	Sub-recipient Signature	Date
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Print or Type Sub-recipient Name

Kari J. Williams Administrator, Financial Management Department of Health	Date
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State Agency Coding:

CFDA#	10.557
Company	2018
Account	5206570
Program	0904004
Fund Src-subfund	113WC
Dollar Total	\$30,706.00

State Program Contact Person	Emily Paulsen
Phone	605-773-4988
State Fiscal Contact Person	Contract Accountant
Phone	605 773-3361

Sub-Recipient Program Contact Person	_____
Phone	_____
Sub-Recipient Program Email Address	_____

Sub-Recipient Fiscal Contact Person	_____
Phone	_____
Sub-Recipient Fiscal Email Address	_____

Auditor Approval _____