

GRANT SUBRECIPIENT AGREEMENT

This Grant Subrecipient Agreement is made between Tulsa City-County Health Department (“TCCHD”), a local governmental entity and a political subdivision of the State of Oklahoma, with its primary office located at 5051 S. 129th East Avenue, Tulsa, OK 74134 and Crossover Community Impact, Inc. (“CCI”), a not-for-profit corporation with its office at 940 E. 36th St. North, Tulsa OK 74106.

Effective Date and Contract Period

The effective date of this contract is from January 1, 2022 through May 31, 2022.

Contacts

The following individuals will act as Contacts for this Agreement. Should there be a change in personnel, each party agrees to notify the other of the corrected contact information as soon as possible.

Contact for TCCHD:

Shauna Meador
Project Manager
(918) 594-4747
slmeador@tulsa-health.org

Contact for CCI:

Justin Pickard
Executive Director
(918) 856-5377
justin@crossoverimpact.org

Scope of Work

TCCHD will support CCI with the daily operations of the primary health clinic being established at the TCCHD North Regional Health and Wellness Center. This facility will have x-ray technology, physicians, and nurses able to diagnose COVID and provide follow-up care after an infection. A second priority will be addressing the underlying chronic health conditions (heart disease, Type 2 diabetes, COPD) that have been associated with the mortality rates of those affected by COVID.

This Agreement is subject to review and possible renewal, for an additional year, at the conclusion of the current term.

Funding

CCI is a subrecipient of TCCHD funds from the CDC Health Equity grant (org 6760). TCCHD will reimburse CCI up to \$100,000.00 for the work described above. CCI will submit invoices to apvendor@tulsa-health.org for payments, with copies sent to TCCHD’s Project Manager.

Requirements

CCI is only eligible for subaward funding if the following terms are met. CCI must:

1. Maintain good standing with the Oklahoma Secretary of State and the Internal Revenue Service;
2. Administer funds using a temporarily restricted fund accounting system capable of providing itemized income and expense reports—these financial reports need to be available for inspection at any time;
3. Hold regular board meetings;

4. Make progress on grant objectives;
5. Have approval of the grant Project Manager;
6. Send monthly reports of progress to TCCHD's Project Manager;
7. Keep records, reports, and other such documents available for periodic audits by TCCHD's Project Manager.

Parties and Relationships

It is the express intention of TCCHD and CCI that this Agreement shall not be construed as, nor given the effect of creating a joint venture, partnership, affiliation or association, which would otherwise render the parties liable as partners, agents, or employer-employee, or otherwise create any joint or several liability.

Termination

This Agreement may be terminated by either party, in the event of misconduct or change in project scope, by written notice to the other party. All unspent funds must be returned by CCI to TCCHD within thirty (30) days of termination of this Agreement.

Law, Venue

This Agreement is entered into in the state of Oklahoma and shall be construed according to the laws of the state of Oklahoma. Any litigation ensuing or related to this Agreement shall be adjudicated in the District Court of Tulsa County, Oklahoma or the United States District Court for the Northern District of Oklahoma.

WHEREFORE, the parties have entered into this Grant Subrecipient Agreement at Tulsa, Oklahoma, effective as of the day and year indicated above.

TULSA CITY-COUNTY HEALTH DEPARTMENT CROSSOVER COMMUNITY IMPACT, INC.

Bruce Dart 2022.01.18
14:41:34 -06'00'
Bruce Dart, Executive Director

Justin Pickard
Justin Pickard, Exec. Dir.
Print Name, Title

Date: _____

Date: 2/1/22

Approved as to Form:

Chanteau Orr
Digitally signed by
Chanteau Orr
Date 2022.01.18
14:28:31 -06'00'

Date: _____

Chanteau Orr, Legal Counsel, Tulsa City-County Health Department

STATEMENT OF COMPLIANCE

I, _____ hereby declare that I am a duly authorized purchasing agent for the **Tulsa City-County Health Department** and I certify the attached Agreement(s) between TCCHD and _____ being submitted to the Tulsa County Board of County Commissioners to accept and file has been vetted, approved and is in compliance with Okla. Stat. Title 19 §1501 *et seq.* and/or the Public Competitive Bidding Act of 1974 at Okla. Stat. Title 61 §101 *et seq.*



Purchasing Agent

Printed Name

Date