Addendum to an Existing Contract

ARPA SUBRECIPIENT AGREEMENT
BOARD OF OKLAHOMA COUNTY COMMISSIONERS
And
COMMUNITY HEALTH CENTER, INC. (CHCI)

THIS CONTRACT ADDENDUM is in reference to a contract agreement dated 09/27/2023 between the Board of Oklahoma County Commissioners, herein referred to as COUNTY, and the **Community Health Center, Inc. (CHCI)**, herein referred to as SUBRECIPIENT.

THAT WHEREAS, the COUNTY and the SUBRECIPIENT have entered into an agreement for the provision of ARPA funding for projects managed by the SUBRECIPIENT.

- CHCI, with 48 years of experience in community-based health centers, started renovations in 2023 to transform the 70,000 sq. ft. former Highland Park Elementary School at 5301 S. Dimple, Oklahoma City, into the Highland Park Family Medical Center to operate as a federally qualified health center. The facility models a "community health and wellness center" by collaborating with various social service agencies to be located under one roof, in one facility and all to improve overall health and make health care more convenient for community residents. The new health campus offers the following programs under one roof: primary healthcare, geriatric healthcare, dental, behavioral health, pre and postnatal healthcare for pregnant women, low-cost pharmacy, optometry, a healthy eating demonstration kitchen, and a health and wellness education auditorium.

A copy of the original contract is made part of this Addendum;

WHEREAS, the parties hereto desire to reduce the terms of this Amendment to writing;

NOW, THEREFORE, for and in consideration of the mutual promises to each other, as hereinafter set forth, the parties hereto do mutually agree to the contract addendum as follows:

1. **Reference: The "not-to-exceed amount"**
   - The not-to-exceed amount is being increased **by $23,333.33** from **$300,000.00** to **$323,333.33**.

2. **Reference: Section 10. Reporting Requirements: Project-Specific KPIs is hereby modified to read as follows:**

   Community Health Center, Inc. (CHCI) has also elected to track the following KPIs to measure the outcomes and outputs of the project:

   i. Current Ratio
   ii. Debt to Equity Ratio
   iii. Highland Park Percentage of Completion
   iv. Completion of various maintenance and repair activities

3. **Reference ATTACHMENT B3: PROJECT MILESTONES are hereby modified to read as follows:**

Expenditure Timeline

		Expected Progress	Expected Progress Addendum Modifications	Spending ($ Amount)	Spending ($ Amount) Addendum Modifications
2023	Q3	On September 11,2023, Community Health Centers of Oklahoma will begin the bidding process for painting, flooring, demolition, and electrical work for Phase 1 of the Highland Park Family Medical Center. We will use the County ARPA funds to pay for the following: Painting $75,000; Flooring $65,000; Demolition $75,000; Electrical $85,000.00.		$300,000.00	$300,000.00
	Q4	On October 1,2023, work will begin; On December 31,2023, construction will end on Phase 1.			
2024	Q1	On January 16, 2023, Community Health Centers of Oklahoma will begin providing services.			
	Q2				
	Q3				
	Q4				
2025	Q1				
	Q2				
	Q3				
	Q4		May 2024, phase 1 was completed. The additional funds will be used assist with various maintenance and repairs in the center Funds are expected to be expensed by December 2025		$23,333.33
2026	Q1				
	Q2				
	Q3				
	Q4				

4. **Reference ATTACHMENT B4: BUDGET is hereby modified to read as follows:**

	High Level Budget			
	Category	**Description**	**Dollar Amount ($)**	**Updated Dollar Amount ($) September 2025**
	Project Name	**Community Health Centers of Oklahoma Highland Park Family Medical Center**	**$300,000.00**	**$323,333.33 (increase by $23,333.33)**
Operational Expenses	**Personnel Salaries and Wages**	*Program directors and assistant directors, teachers, support staff, career or success coaches, translators, workforce development specialists, accessibility specialists, tutors, etc.*	$-	$-
	Personnel Fringe Benefits	*Employer-paid portions of FICA; Employee insurance and retirement plans; Unemployment and workers' compensation insurance; professional development*	$-	$-
	Supplies	*Curriculum materials / kits; program supplies*	$-	$-
	Advertising and Outreach	*Print and digital advertising (e.g. fliers, yard signs, billboards, websites, radio ads, etc.)*	$-	$-
	Rent	*Cost of rent*	$-	$-
	Maintenance and Repair	*Cost of maintenance and repairs of equipment*	$300,000.00	$323,333.33 (increase by $23,333.33)
	Services for removing barries to participation	*-Transportation assistance for students (e.g. vouchers for public transportation fares)* *-Childcare assistance for students* *-Translation services*	$-	$-
	Administrative Cost	*Cost of administrative expenses limited to 10% unless Negotiated Indirect Costs Rate Agreement ("NICRA") established.*	$-	$-
Capital Expenses	**Equipment (Over $5,000)**	*General purpose equipment (e.g. motor vehicles enabling transportation assistance for program participants, printing or reproduction technology); Special purpose equipment; Equipment for hands-on learning activities (e.g. ladders, power tools, wiring lab, simulating lab, etc.)*	$-	$-
	Capital Purchases	*Facilities or Land acquisition*	$-	$-

May it be known that the undersigned parties, for good consideration, do hereby agree to make the following changes and / or additions that are outlined within the addendum. These additions shall be made valid as if they are included in the original stated contract.

No other terms or conditions of the SUBRECIPIENT contract shall be negated or changed as a result of this stated addendum.

All promises, requirements, terms, conditions, provisions, representations contained and specified in the original Agreement shall survive and become part of this Addendum unless specifically provided otherwise herein, or unless superseded by applicable Federal law or State statutes.

IN WITNESS WHEREOF, the SUBRECIPIENT and the COUNTY respectively, have caused this Agreement to be executed by their duly authorized representatives.

SUBRECIPIENT

Joabelle Lawson

COMMUNITY HEALTH CENTER, INC. (CHCI)

Date: 10/1/2025

BOARD OF COUNTY COMMISSIONERS OF OKLAHOMA COUNTY

_____

CHAIRMAN

ATTESTED BY: COUNTY CLERK

_____

[COUNTY CLERK]

Attachment: Original Sub-recipient Agreement to follow

ARPA SUBRECIPIENT AGREEMENT

BOARD OF OKLAHOMA COUNTY COMMISSIONERS
And
COMMUNITY HEALTH CENTER, INC. (CHCI)

THIS AGREEMENT is made and entered into by and between the Board of Oklahoma County Commissioners, herein referred to as COUNTY, and the Community Health Center, Inc. (CHCI) herein referred to as SUBRECIPIENT, for the provision of ARPA funding for facilities managed by the SUBRECIPIENT.

WHEREAS, the American Rescue Plan Act (ARPA) was signed into law on March 11, 2021; and

WHEREAS, the American Rescue Plan Act establishes a Coronavirus State and Local Fiscal Recovery Fund (SLFRF) which allocates $350 billion for state, local, and Tribal governments; and

WHEREAS, Oklahoma County accepted $154 million American Rescue Plan Act funding from the United States Department of the Treasury; and

WHEREAS, this agreement is consistent with American Rescue Plan Act guidelines as laid out in the Final Rule which took effect on April 1, 2022; and

WHEREAS, the SUBRECIPIENT requests and the COUNTY agrees to provide funding to the SUBRECIPIENT for eligible expenditures under the American Rescue Plan Act; and

NOW, THEREFORE, in consideration of the mutual covenants, promises, and representations contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. **Term**: The period of performance for this award begins on the date hereof and ends on December 31, 2026. As set forth in Treasury's implementing regulations, Subrecipient may use award funds to cover eligible costs incurred during the period that begins on March 3, 2021, and ends on December 31, 2024.
2. **Sub-awarding**: For the purposes of this Agreement, the COUNTY serves as the pass- through entity for a Federal award and the SUBRECIPIENT serves as the recipient of a sub-award. This agreement is entered into based on the following representations:
    a. The SUBRECIPIENT represents that it is fully qualified and eligible to receive these funds per the funding requirements;

b. The COUNTY received these funds from the federal government, and the COUNTY has the authority to sub-grant these funds to the SUBRECIPIENT upon the terms and conditions outlined below; and
c. The COUNTY has authority to disburse the funds under this agreement.

The COUNTY agrees to provide financial assistance to the SUBRECIPIENT in an amount not to-exceed $300,000.00

The SUBRECIPIENT must use this financial assistance for expenses eligible under 603(c)(1) of the Social Security Act, specifically the Coronavirus State and Local Fiscal Recovery Fund (CSLFRF) to mitigate financial hardships incurred because of COVID-19 during the Term.

These funds must be spent in accordance with the guidance on the United States Treasury's website https://home.treasury.gov/policy-issues/coronavirus/assistance-forstate-local-and-tribal-governments/state-and-local-fiscal-recovery-funds.

SUBRECIPIENTS are responsible for ensuring that any procurement using CSLFRF funds, or payments under procurement contracts using such funds are consistent with the procurement standards set forth in the Uniform Guidance at 2 CFR 200.317 through 2 CFR 200.327, and Appendix II to Part 200, as applicable.

SUBRECIPIENT is required to review the United States Treasury's website for updates to ensure compliance with the most updated CSLFRF guidance.

3. **COUNTY Responsibilities**: The COUNTY will assume the following duties and responsibilities:
    a. Follow established processes for reviewing eligibility of all projects receiving American Rescue Plan Act State and Local Fiscal Recovery Funds
    b. Transfer funding to SUBRECIPIENT upon approval by COUNTY Board of County Commissioners and Budget Board
    c. Submit reporting on SUBRECIPIENT projects to US Treasury, pending receipt of reporting information from SUBRECIPIENT
4. **SUBRECIPIENT Representatives**: Isabella Lawson
5. **SUBRECIPIENT Responsibilities**: The SUBRECIPIENT will assume the following duties and responsibilities:
    a. Submit desired projects for consideration per process established by the County Policy and Governance Committee; However, the COUNTY'S provisional determination that an expenditure is eligible does not relieve the SUBRECIPIENT of its duty to repay the COUNTY for any expenditures that are later determined by the COUNTY or the Federal government to be ineligible. further acknowledges that the CSLFRF funding may be utilized only for the uses authorized by American Rescue Plan Act. Accordingly, SUBRECIPIENT covenants that the use of the CSLFRF funding by SUBRECIPIENT pursuant to this Agreement is limited to only those uses for which the CSLFRF funding may be utilized under American Rescue Plan Act.

    b. Comply with 2 CFR 200 (Uniform Guidance) for accounting standards and cost principles

c. Comply with all STATE, COUNTY and 2 CFR 200 laws/rules related to procurement, including COUNTY and 2 CFR 200 standards relating to conflict of interest

d. Provide COUNTY with reporting information on ARPA-related projects as detailed in Reporting section below.

e. For capital expenditures, provide written justification as required by the U.S. Treasury's Final Rule.

f. For any vendors or subcontractors used by the SUBRECIPIENT, the SUBRECIPIENT must ensure that the vendor or subcontractor adhere to State, County and 2 CFR 200 procurement laws and include any contract language designated by the County.

g. COUNTY shall not be liable to any vendor, supplier or subcontractor for any expenses or liabilities incurred in connection with any Project and SUBRECIPIENT shall be solely liable for such expenses and liabilities.

6. **Enforcement:** SUBRECIPIENT certifies that the information provided is complete, accurate, and current demonstrating SUBRECIPIENT'S eligibility to receive the Funds. SUBRECIPIENT is liable for recapture of Funds if any representation made in the reimbursement requests, reporting or supporting documentation is at any time false or misleading in any respect, or if SUBRECIPIENT is found in non-compliance with laws, rules or regulations governing the use of the Funds provided pursuant to this Agreement. This Section shall survive the termination of this Agreement.

7. **Recapture of Expenses:** Funds provided by the COUNTY to the SUBRECIPIENT under this agreement are subject to recapture by the COUNTY under the following conditions:
   a. Any funds that are not expended as authorized under this agreement must be refunded to the COUNTY prior to December 31, 2026.
   b. Any funds that are not expended by December 21, 2026 are subject to recapture by the COUNTY for return to the United States Department of the Treasury
   c. The COUNTY'S determination that an expenditure is eligible does not relieve the SUBRECIPIENT of its duty to repay the COUNTY in full for any expenditures that are later determined by the COUNTY or the Federal Government, in each of its sole discretion, to be ineligible expenditures or the discovery of a duplication of benefits.
   d. The SUBRECIPIENT has responsibility for identifying and recovering grant funds that were expended in error, disallowed, or unused. The SUBRECIPIENT will also report all suspected fraud to the county.

8. **Subrecipient Monitoring:** The SUBRECIPIENT agrees to permit representatives of the COUNTY, the Federal or State government to inspect all records, papers, documents, facilities' goods and services of the SUBRECIPIENT and/or interview any clients, employees, and contractors of the SUBRECIPIENT to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the

law after giving the SUBRECIPIENT reasonable notice. SUBRECIPIENT will rectify noted deficiencies and provide COUNTY with a reasonable and acceptable justification for not correcting noted shortcomings. SUBRECIPIENT'S failure to correct or justify the deficiencies within the time specified by the COUNTY may result in termination of this agreement.

9. **Audit and Record Retention:** The SUBRECIPIENT shall maintain records, books, documents, and other materials relevant to its performance under this Agreement. These records shall be subject to inspection, review, and audit by the COUNTY or its designees, the State Auditor, and the US Treasury as outlined in 2 CFR 200. If it is determined during the course of the audit that the RECIPIENT was provided funds for unallowable costs under this Agreement or any, the RECIPIENT agrees to promptly reimburse the COUNTY for such payments upon request. The SUBRECIPIENT must maintain records and financial documents in compliance with all standards in the ARPA CSLFRF guidance and 2 CFR 200.

   Generally, records and financial documents must be maintained for five years after all funds have been expended or returned. The COUNTY or Treasury may request transfer of records of long-term value at the end of such period. Wherever practicable, such records should be collected, transmitted, and stored in open and machine-readable formats. SUBRECIPIENT must agree to provide or make available such records to the COUNTY upon request, to Treasury upon request, and to the Government Accountability Office ("GAO"), Treasury's Office of Inspector General ("OIG"), and their authorized representative in order to conduct audits or other investigations. The COUNTY may access the SUBRECIPIENT records and financial statements as necessary to conduct monitoring activities.

10. **Reporting**: In order to ensure compliance with the existing ARPA guidelines set forth by the US Treasury, the SUBRECIPIENT shall provide on a quarterly basis to the COUNTY a comprehensive and detailed list of all ARPA-related expenditures on an itemized invoice, and shall also provide any backup documentation to support such expenditures. The SUBRECIPIENT will additionally provide performance updates for all programs to demonstrate that the programs are meeting key performance indicators.

    Specifically, the SUBRECIPIENT will provide documentation to the County by January 1, April 1, July 1, and October 1 of each year of the award.

    This includes collection of all statistical information as required by the federal government which among other items, may include the following:
    - Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced
    - Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19
    - Does this project include a capital expenditure?
    - Total expected capital expenditure, including pre-development costs, if applicable
    - Type of capital expenditure, based on the following enumerated uses (Collection began in July 2022):
        - COVID-19 testing sites and laboratories, and acquisition of related equipment
        - COVID-19 vaccination sites
        - Medical facilities generally dedicated to COVID-19 treatment and mitigation (e.g., emergency rooms, intensive care units, telemedicine capabilities for

COVID-19 related treatment)

- Temporary medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs
- Acquisition of equipment for COVID-19 prevention and treatment, including ventilators, ambulances, and other medical or emergency services equipment
- Emergency operations centers and acquisition of emergency response equipment
- Installation and improvement of ventilation systems in congregate settings, health facilities, or other public facilities
- Public health data systems, including technology infrastructure
- Adaptations to congregate living facilities, including skilled nursing facilities, other long-term care facilities, incarceration settings, homeless shelters, residential foster care facilities, residential behavioral health treatment, and other group living facilities, as well as public facilities and schools (excluding construction of new facilities for the purpose of mitigating spread of COVID-19 in the facility)
- Mitigation measures in small businesses, nonprofits, and impacted industries
- Behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers)
- Technology and equipment to allow law enforcement to efficiently and effectively respond to the rise in gun violence resulting from the pandemic
- Affordable housing, supportive housing, or recovery housing development
- Food banks and other facilities primarily dedicated to addressing food insecurity
- Transitional shelters (e.g., temporary residences for people experiencing homelessness)
- Devices and equipment that assist households in accessing the internet (e.g., tablets, computers, or routers)
- Childcare, daycare, and early learning facilities
- Job and workforce training centers
- Improvements to existing facilities to remediate lead contaminants (e.g., removal of lead paint)
- Medical equipment and facilities designed to address disparities in public health
- outcomes (includes primary care clinics, hospitals, or integrations of health services into other settings)
- Parks, green spaces, recreational facilities, sidewalks, pedestrian safety features like crosswalks, streetlights, neighborhood cleanup, and other projects to revitalize public spaces
- Rehabilitations, renovation, remediation, cleanup, or conversions of vacant or abandoned properties
- Schools and other educational facilities or equipment to address educational disparities
- Technology and tools to effectively develop, execute, and evaluate government programs
- Technology infrastructure to adapt government operations to the pandemic (e.g., video-conferencing software, improvements to case management systems or data sharing resources), reduce government backlogs, or meet increased maintenance needs
- Number of households receiving eviction prevention services (including legal representation)
- Number of affordable housing units preserved or developed

Community Health Center, Inc. (CHCI) has also elected to track the following KPIs to measure the outcomes and outputs of the project:

- Current Ratio
- Debt to Equity Ratio
- Highland Park Percentage of Completion

11. **Single Audit Requirements.** SUBRECIPIENT agrees to comply with Single Audit Requirements. This includes ensuring expenses paid for with ERA2 monies met the requirements of Section 501 of Title V of Division N of the Consolidated Appropriations Act, 2021, supporting documentation is appropriate, proper approvals are present, and reimbursements of expenditures are not duplicated across other competing grants.

12. **Closeout:** SUBRECIPIENT will comply will all closeout procedures of the awards, to include full compliance with the agreement terms and conditions, ARPA, SLFRF rule and guidance, and 2 CFR 200. Key tasks will be closeout communications, confirmation for maintenance of records and financial documents, receipt of all final reimbursement requests or payment requests, receipt of all financial reports and performance reports, fulfillment of any requests to reconcile reports and payment requests. The retention period per SLFRF compliance and reporting is 5 years.

13. **Termination:** The COUNTY may terminate this Agreement, for convenience or otherwise and for no consideration or damages, upon prior notice to the SUBRECIPIENT.

14. **Denial of Disbarment.** SUBRECIPIENT agrees and herein attests to the fact that neither it nor any of its agents or agencies are currently or have previously been subject to a federal disbarment, suspension or exclusion from federal contracts.

15. **Anti-Lobbying.** SUBRECIPIENT agrees that it or any agent or agency thereof, will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352.

16. **Indemnification:** The SUBRECIPIENT agrees to defend, indemnify, and hold the COUNTY, its officers, officials, employees, agents, and volunteers harmless from and against any and all claims, injuries, damages, losses or expenses, including without limitation personal injury, bodily injury, sickness, disease, or death, or damage to or destruction of property, which are alleged or proven to be caused in whole or in part by an act or omission of the SUBRECIPIENT, its officers, directors, employees, and/or agents relating to the SUBRECIPIENT's performance or failure to perform under this Agreement. This section shall survive the expiration or termination of this Agreement.

17. **Remedies:** The COUNTY may exercise any other rights or remedies, which may be available under law. If the COUNTY waives any right or remedy in this Agreement or fails to insist on strict performance by the SUBRECIPIENT, it will not affect, extend or waive any other right or remedy of the COUNTY, or affect the later exercise of the same right or remedy by the COUNTY for any other default by the SUBRECIPIENT.

18. **Equal Opportunity**: SUBRECIPIENT shall comply with the requirements of all applicable federal, state and local laws, rules, regulations, ordinances and executive orders prohibiting

and/or relating to discrimination, as amended and supplemented. All of the aforementioned laws, rules, regulations, and executive orders are incorporated herein by reference.

19. **Survivability:** Any term, condition, covenant or obligation which requires performance by either party subsequent to termination of this Agreement shall remain enforceable against such party subsequent to such termination.

20. **Modifications:** This writing embodies the entire agreement and understanding between the parties hereto and there are no other agreements and/or understandings, oral or written, with respect to the subject matter hereof, that are not merged herein and superseded hereby. This Agreement may only be amended or extended by a written instrument executed by the COUNTY.

21. **Entire Agreement:** It is understood and agreed that the entire agreement of the Parties is contained in this Agreement, which supersedes all oral agreements, negotiations, and previous agreements between the Parties relating to the subject matter of this Agreement. Any alterations, amendments, deletions, or waivers of the provisions of this Agreement will be valid only when expressed in writing and duly signed by the Parties, except as otherwise specifically provided in this Agreement.

IN WITNESS WHEREOF, the SUBRECIPIENT and the COUNTY respectively, have caused this Agreement to be executed by their duly authorized representatives.

SUBRECIPIENT

Isabelle Larson

Community Health Center, Inc. (CHCI)

Date: 09-27-2023

BOARD OF COUNTY COMMISSIONERS OF OKLAHOMA COUNTY

Brian Maughan

CHAIRMAN

ATTESTED BY: COUNTY CLERK

Marilyn Wiatt

[COUNTY CLERK]

PO 22402305

ATTACHMENT A: RISK-BASED SUBRECIPIENT MONITORING

This recipient is **Low RISK**

i. All standard processes, as outlined in the Final Rule, are permitted.

ii. Random sampling of expenditures for supporting documentation/detail should be conducted at least once per year.

iii. County must send reminders to the entity of federal single audit requirements.

1. If the County subaward to the entity is $750,000 or more, subrecipient must complete a federal single audit and County is responsible for confirming the entity completes a federal single audit. If the entity does not complete the federal single audit, they are in violation of federal compliance requirements and corrective action must be taken.

2. If County subaward to the entity is less than $750,000, County should still notify the entity of the requirement as the $750,000 threshold is a cumulative of all federal funds an entity receives during the entity's fiscal year. County must verify if an entity is required to perform a federal single audit by checking the total of federal awards made to an entity through www.usaspending.gov. Corrective action is needed if the federal single audit threshold is met but the entity has not completed a federal single audit.

ATTACHMENT B1: 20139 PROJECT DETAILS

Project: Community Health Centers of Oklahoma Highland Park Family Medical Center

Description:

Introduction

The CHCI has allocated $300,000.00 to renovate a 70,000 square foot former school building (Highland Park Elementary) at 5301 S. Dimple, in Oklahoma City that will be converted into a new FQHC owned and operated by CHCI. The new facility will need alterations and renovations to operate as a health center. The new facility will need alterations and renovations to operate as a health center. The new health campus will offer the following programs under one roof: primary healthcare, geriatric healthcare, dental, behavioral health, pre and postnatal healthcare for pregnant women, low-cost pharmacy, optometry, a healthy eating demonstration kitchen, and a health and wellness education auditorium. The facility will model a "community health and wellness center" by collaborating with various social service agencies to be located under one roof, in one facility and all to improve overall health and make health care more convenient for community residents.

CHCI has over 48 years of experience developing health centers based on community needs. While patients from all parts of Oklahoma County and beyond continue to seek health care services at a CHCI site, a location in the southeast Oklahoma City area has the potential for turning current negative health outcomes into positive ones.

On September 10,2023, Community Health Centers of Oklahoma will begin the bidding process for painting, flooring, demolition, and electrical for work Phase 1 of the Highland Park Family Medical Center. We will use the County ARPA funds to pay for the following: Painting $75,000; Flooring $65,000; Demolition $75,000; Electrical $85,000.00.

Expense Type: Capital expenditure for ongoing infrastructure project

Amount: $300,000.00

ATTACHMENT B2: REQUIRED PERFORMANCE METRICS

As part of reporting, recipients should describe how performance management is incorporated into their SLFRF program, including how they are tracking their overarching jurisdictional goals for these funds as well as measuring results for individual projects.

Performance indicators should include both output and outcome measures. Output measures provide valuable information about the early implementation stages of a project. Outcome measures provide information about whether a project is achieving its overall goals.

B2.1: MANDATORY PERFORMANCE REPORTING

Below is a list of required data for Project 20139 Community Health Centers of Oklahoma Highland Park Family Medical Center:

- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced: ***Community Health Centers, Inc., doing business as Community Health Centers of Oklahoma (CHCO), is a 501 (c)(3) nonprofit corporation based in Oklahoma City. CHCO operates six (6) Federally Qualified Health Centers (FQHCs) offering high-quality, accessible, and affordable primary health care services in Oklahoma, Lincoln, Logan and Pottawatomie Counties in Oklahoma. In 2021, CHCO's health, dental, and behavioral health care programs recorded more than 10,831 unduplicated patients and 42,336 visits.***
  A Holistic Approach to Healthcare: The importance of primary healthcare as an effective way to keep people healthy cannot be overstated. Primary healthcare addresses the health needs of all patients at the community level, integrating care, prevention, promotion and health education. Primary health care improves the performance of health systems by lowering the overall health care expenditure while improving population health and access
  Community Collaborations: The new center will offer more extensive diagnostic and treatment options for certain health issues that are predominant in the 73135 zip code. Through a collaboration with other providers within the community, patients will have onsite access to a FQHC that has not been offered in the past. CHCO has over 48 years of experience developing health centers based on community needs. During the COVID pandemic CHCO did not cease services for patients but provided telehealth visits, installed a drive thru pharmacy, offered drive thru COVID testing and vaccinations. Community Health Centers of Oklahoma has a long history of providing primary healthcare services in central Oklahoma. While patients from all parts of Oklahoma County and beyond continue to seek health care services at a CHCO site, a location in the southeast Oklahoma City area has the potential for turning current negative health outcomes into positive ones.
  Community Benefits: CHCO purchased the building with a goal of expanding comprehensive healthcare services for citizens in the SE OKC and Mid-Del area where health outcomes are particularly poor for many Oklahomans. When completed, the new health campus will offer the following programs under one roof: primary healthcare, dental, behavioral health, pre and postnatal healthcare for pregnant women, low-cost pharmacy, optometry, a healthy eating demonstration kitchen, and a health and wellness education auditorium.

- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19: ***This will allow for CHCI to operate a Medical Facility in SE OKC for Disproportionately Impacted Communities. In addition, CHCI would be***

able to continue testing of vaccinations to the public as well as health education on COVID-19.'

- Does this project include a capital expenditure? *Yes*

- Total expected capital expenditure, including pre-development costs, if applicable: *$,7,587,200*

- Type of capital expenditure, based on the following enumerated uses (Collection began in July 2022):
    - COVID-19 testing sites and laboratories, and acquisition of related equipment
    - COVID-19 vaccination sites
    - Medical facilities generally dedicated to COVID-19 treatment and mitigation (e.g., emergency rooms, intensive care units, telemedicine capabilities for COVID-19 related treatment)
    - Temporary medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs
    - Acquisition of equipment for COVID-19 prevention and treatment, including ventilators, ambulances, and other medical or emergency services equipment
    Emergency operations centers and acquisition of emergency response equipment (e.g., emergency response radio systems)
    - Installation and improvement of ventilation systems in congregate settings, health facilities, or other public facilities
    - Public health data systems, including technology infrastructure
    - Adaptations to congregate living facilities, including skilled nursing facilities, other long-term care facilities, incarceration settings, homeless shelters, residential foster care facilities, residential behavioral health treatment, and other group living facilities, as well as public facilities and schools (excluding construction of new facilities for the purpose of mitigating spread of COVID-19 in the facility)
    - Mitigation measures in small businesses, nonprofits, and impacted industries (e.g., developing outdoor spaces)
    - Behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers)
    - Technology and equipment to allow law enforcement to efficiently and effectively respond to the rise in gun violence resulting from the pandemic
    - Affordable housing, supportive housing, or recovery housing development
    - Food banks and other facilities primarily dedicated to addressing food insecurity
    - Transitional shelters (e.g., temporary residences for people experiencing homelessness)
    - Devices and equipment that assist households in accessing the internet (e.g., tablets, computers, or routers)
    - Childcare, daycare, and early learning facilities
    - Job and workforce training centers
    - Improvements to existing facilities to remediate lead contaminants (e.g., removal of lead paint)
    - Medical equipment and facilities designed to address disparities in public health outcomes (includes primary care clinics, hospitals, or integrations of health services into other settings)
    - Parks, green spaces, recreational facilities, sidewalks, pedestrian safety features like crosswalks, streetlights, neighborhood cleanup, and other projects to revitalize

public spaces
• Rehabilitations, renovation, remediation, cleanup, or conversions of vacant or abandoned properties
• Schools and other educational facilities or equipment to address educational disparities
• Technology and tools to effectively develop, execute, and evaluate government programs
• Technology infrastructure to adapt government operations to the pandemic (e.g., video-conferencing software, improvements to case management systems or data sharing resources), reduce government backlogs, or meet increased maintenance needs
• Other (please specify)
Medical equipment and facilities designed to address disparities in public health• Rehabilitations, renovation, remediation, cleanup, or conversions of vacant or abandoned properties• COVID-19 testing sites and laboratories, and acquisition of related equipment• Medical facilities generally dedicated to COVID-19 treatment and mitigation (e.g., emergency rooms, intensive care units, telemedicine capabilities for COVID-19 related treatment) Negative Economic Impacts - Assistance to Households - Medical Facilities for Disproportionately Impacted Communities

B2.2: OUTCOME AND OUTPUT MEASURES

KPIs provided by the subrecipient that are required to be tracked are as follows:

- Current Ratio: ***1.48***
- Debt to Equity Ratio: ***.5944***
- Highland Park Percentage of Completion: ***5%***

B2.3: COMPLIANCE WITH TITLE VI

It is the policy of Community Health Centers, Inc. (CHCI) to take every available opportunity to assure that each applicant who is offered a position with the agency shall have been selected on the basis of qualification, merit and professional capability alone, without regard to race, religion, color, gender, age, disability or national origin, in accordance with Title VII of the Civil Rights Act of 1964 and Title VI, the Americans with Disabilities Act of 1990 (ADA) and the Age Discrimination in Employment Act of 1967 (ADEA). CHCI will not discriminate against any person because of their race, color, creed, gender, gender identity, ancestry, national origin, citizenship, religion, age, sexual orientation, marital status, veteran status, medical condition, physical or mental ability, source of payment, or ability to pay. (CHCI Personnel Policies and Procedures (Section 1.1.1)) In addition, ALL staff members are required to take Cultural Diversity training annually.

ATTACHMENT B3: PROJECT MILESTONES

Expenditure Timeline

			Expected Progress	Spending ($ Amount)
2023	Q1	Please add identified milestones and achievements related to expenditure and related spending in $ amount		
	Q2			
	Q3		On September 11,2023, Community Health Centers of Oklahoma will begin the bidding process for painting, flooring, demolition, and electrical work for Phase 1 of the Highland Park Family Medical Center. We will use the County ARPA funds to pay for the following: Painting $75,000; Flooring $65,000; Demolition $75,000; Electrical $85,000.00.	$ 300,000
	Q4		On October 1,2023, work will begin; On December 31,2023, construction will end on Phase 1.	
2024	Q1		On January 16, 2023, Community Health Centers of Oklahoma will begin providing services.	
	Q2			
	Q3			
	Q4			
2025	Q1			
	Q2			
	Q3			
	Q4			
2026	Q1			
	Q2			
	Q3			
	Q4			

ATTACHMENT B4: BUDGET

	High Level Budget			
	Category	Description	Dollar Amount ($)	Notes
Project Identification Information	Treasury Portal ID	*Treasury portal ID of the project*		20139
	Organization	*Name of the organization*		Community Health Center, Inc. (CHCI)
	UEI Number	*UEI number of the project*		
	Project Name	*Name of the project which has received funding*		Community Health Centers of Oklahoma Highland Park Family Medical Center
Operational Expenses	Personnel Salaries and Wages	*Program directors and assistant directors, teachers, support staff, career or success coaches, translators, workforce development specialists, accessibility specialists, tutors, etc.*	$ -	
	Personnel Fringe Benefits	*Employer-paid portions of FICA; Employee insurance and retirement plans; Unemployment and workers' compensation insurance; professional development*	$ -	
	Supplies	*Curriculum materials / kits; program supplies*	$ -	
	Advertising and Outreach	*Print and digital advertising (e.g. fliers, yard signs, billboards, websites, radio ads, etc.)*	$ -	
	Rent	*Cost of rent*	$ -	

	and Repairs	*Cost of maintenance and repairs of equipment*	$ 300,000.00	
	Services for removing barriers to participation	*-Transportation assistance for students (e.g. vouchers for public transportation fares) -Childcare assistance for students -Transiation services*	$ -	
	Assistance to Nonprofits	*Nonprofits eligible for assistance are those that experienced negative economic impacts or disproportionate impacts of the pandemic and meet the definition of "nonprofit"—specifically those that are 501(c)(3) or 501(c)(19) tax exempt organizations*	$ -	
	Administrative Cost	*Cost of administrative expenses limited to 10% unless Negotiated Indirect Costs Rate Agreement ("NICRA") established.*	$ -	
Capital Expenses	Equipment (Over $5,000)	*General purpose equipment (e.g. motor vehicles enabling transportation assistance for program participants, printing or reproduction technology); Special purpose equipment; Equipment for hands-on learning activities (e.g. ladders, power tools, wiring lab, simulating lab, etc.)*		
	Capital Purchases	*Facilities or Land acquisition*	$ -	

Bill To

Requisition 12402462-00 FY 2024

Acct No:
1415-00-365-000-000-000-54363 -
Review:
Buyer: 6065bbkeltho
Status: Allocated

Vendor
COMMUNITY HEALTH CENTERS INC
12716 NE 36TH ST
PO BOX 30589

MIDWEST CITY, OK 73140

Tel#405-769-3301 EXT 128

Ship To
OKLAHOMA COUNTY COMMISSIONERS
320 ROBERT S KERR
ROOM 101
OKLAHOMA CITY, OK 73102

Deliver To
OKLAHOMA COUNTY COMMISSIONERS
320 ROBERT S KERR
ROOM 101
OKLAHOMA CITY, OK 73102

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
09/25/23	004664				Coronavirus Recovery Funds

LN	Description / Account	Qty	Unit Price	Net Price
001	Sub Recipient Agreement for ARPA 20139	300000.00 EACH	1.00000	300000.00
1	1415-00-365-000-000-000-54363 -			300000.00

Ship To
OKLAHOMA COUNTY COMMISSIONERS
320 ROBERT S KERR
ROOM 101
OKLAHOMA CITY, OK 73102

Deliver To
OKLAHOMA COUNTY COMMISSIONERS
320 ROBERT S KERR
ROOM 101
OKLAHOMA CITY, OK 73102

Requisition Link

Requisition Total 300000.00

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
1415-00-365-000-000-000-54363 - American Rescue Plan 2021	300000.00 ARPA-Subrecipient Agreement	6334348.18

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
Approved	09/25/23	Kelly Thomas	Auto approved by orig/apprvr:
Rejected	09/25/23	Deborah McDonald	Reject - Kelly's request

County Request No. 841

REQUEST FOR LEGAL SERVICES

This form is used to provide legal opinions and contract approval by the District Attorney's Office. Only that advice that is related to a pending or potential claim against the County or its officers and employees is protected by the attorney-client priviledge. Opinions that are privileged should not be disclosed to anyone or the priviledge may be waived.

All legal opinions and approvals rendered are based only on the documentation and information stated below or attached to this form and, thus, it is important that all relevant facts and information be provided at the time of review. Please advise the District Attorney's Office of new or additional information, as it may cause the opinion to change. In all cases, the opinions of the District Attorney's Office are not binding on the County, its officers or employees and may be followed or disregarded in the discretion of the elected official.

Date of Request: 09/15/2023 Department: District 2

State the nature of the legal request:

Review as to form and legality: ARPA Subrecipient Agreement Community Health Center, Inc. (CHCI)

Donna Clayton

County Officer or Department Director

Reply of District Attorney's Office:

Date of Reply:

Assistant District Attorney