



**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE  
Special Program Committee Meeting  
July 18, 2023  
5:30 P.M.**

*Immediately Following the Program Committee District Meeting*

In lieu of attending the meeting in person, members of the public can participate by webinar using the following Zoom link:

<https://us02web.zoom.us/j/88994867070?pwd=aGMzRWNZTDhqRFJsT2hVQzhpRWl0Zz09>

**Webinar ID: 889 9486 7070**

**Password: 295634**

Members of the public may also participate by telephone, using the following dial-in information:

**Dial in #:(669) 900-6833 or (833) 548-0276**

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<i>Page(s)</i>	<b>AGENDA</b>	<i>Item Type</i>
	<b>I. Call to Order</b> – President Evett PerezGil, Committee Chairperson	
<b>1-2</b>	<b>II. Approval of Agenda</b>	<b>Action</b>
<b>3-5</b>	<b>III. Meeting Minutes</b> 1. June 13, 2023	<b>Action</b>
	<b>IV. Public Comments</b> At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.	
<b>6-7</b>	<b>V. Old Business</b> 1. Grant Payment Schedules 2. Coachella Valley Equity Collaborative a. COVID-19 Testing and Vaccinations b. Medical Mobile Unit Operations	<b>Information</b>
<b>8-16</b>	3. Improving Access to Healthcare in Desert Highland Gateway Estates (DHGE) – April 2023 Report – Borrego Health Foundation	



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- |                        |   |               |
|------------------------|---|---------------|
| <b>17-45</b>           | <b>VI. New Business</b><br>1. Consideration to forward to the Board for approval a contract with the U.S. Administration for Community Living – US Aging: Aging and Disability Vaccination Collaborative – \$341,648              | <b>Action</b> |
| <b>46-50<br/>51-73</b> | <b>VII. Program Updates</b><br>1. Progress and Final Report Update<br>2. Grant #1046 Public Health Institute – final deliverable: <i>Policies and Strategies to Improve Air Quality and Public Health in the Coachella Valley</i> | Information   |
| <b>74-77</b>           | <b>VIII. Behavioral Health Informational Updates</b>  | Information   |
|                        | <b>IX. Adjournment</b><br>Next Scheduled Meeting September 12, 2023   |               |

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G 100, Palm Desert California at least 72 hours prior to the meeting.

If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at [ahayles@dhcd.org](mailto:ahayles@dhcd.org) or call (760) 567-0298 at least 72 hours prior to the meeting.

*Andrea S. Hayles*

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Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 13, 2023**

Directors & Community Members Present	District Staff Present via Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Conrado E. Bázquez, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, Senior Program Officer, Behavioral Health Meghan Kane, MPH, Senior Program Officer, Public Health Erica Huskey, Program and Administrative Assistant Andrea S. Hayles, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	The meeting was called to order at 5:24 p.m. by Chair PerezGil.	
<b>II. Approval of Agenda</b>	Chair PerezGil asked for a motion to approve the agenda.	<b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> 1. May 09, 2023	Chair PerezGil asked for a motion to approve the May 09, 2023, meeting minutes.	<b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the May 09, 2023, meeting minutes. Motion passed unanimously</b>
<b>IV. Public Comment</b>	There was no public comment.	
<b>V. Old Business</b>		
1. <b>Grant Payment Schedules</b>	Chair PerezGil inquired with the committee concerning any questions related to the grant payment schedules.  There were no questions or comments.	
2. <b>Coachella Valley Equity Collaborative</b>	Alejandro Espinoza, Chief of Community Engagement, updated the committee on the	

**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 13, 2023**

<p><b>a. Vaccination, Education, and Outreach</b></p> <p><b>3. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley</b></p> <p><b>a. Black and African American Healthcare scholarship program</b></p>	<p>Collaborative describing work with the Coachella Valley Housing Coalition (CVHC) and DPMG Health deploying the mobile unit to apartments serviced by CVHC throughout the Valley, further describing the most recent events.</p> <p>Donna Craig, Chief Program Officer, described the new collaborative, Resilience, Inclusion and Support for Ending Homelessness (RISE) with the Palm Springs Police Department focusing on two encampments for health and safety efforts – one at South Gene Autry Trail and Dinah Shore, east of Crossley Road.</p> <p>Donna Craig, Chief Program Officer, described the conclusion of One Future Coachella Valley's 2-year scholarship program grant and the continuing deadline for applications through August, the review of the applicants, and the scholarship recipients, who will provide an overview of the success in the program at the upcoming Board meeting.</p>	
<p><b>VI. Program Updates</b></p> <p><b>1. Progress and Final Reports Update</b></p>	<p>Chair PerezGil inquired with the committee concerning any questions about the progress and final reports.</p> <p>There were no questions or comments.</p>	

DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 13, 2023

<b>VII. Committee Member Comments</b>	There were no committee member comments.	
<b>VIII. Adjournment</b>	Chair PerezGil adjourned the meeting at 5:37 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_

Evelt PerezGil, Chair/President, Board of Directors  
Program Committee

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*

DRAFT

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
June 30, 2023							
TWELVE MONTHS ENDING JUNE 30, 2023							
Preliminary							
A/C 2190 and A/C 2186-Long term			6/30/2022	New Grants		6/30/2023	
Grant ID Nos.		Name	Open	Current Yr	Total Paid	Open	
			BALANCE	2022-2023	July-June	BALANCE	
Health Portal		Remaining Collective Funds-Mayor's Race & DHCF	\$ 67,117		\$ 65,621	\$ 1,496	HP-cvHIP
BOD - 04/24/18 & 06/28/22		Behavioral Health Initiative Collective Fund + Expansion	\$ 3,297,169		\$ 1,364,266	\$ 1,932,903	Behavioral Health
BOD - 06/26/18 BOD		Avery Trust Funds-Committed to Pulmonary services	\$ 720,282		\$ 188,039	\$ 532,243	Avery Trust
BOD - 6/25/19 BOD (#1006)		DHCD - Homelessness Initiative Collective Fund	\$ 94,057		\$ 22,500	\$ 71,557	Homelessness
BOD - 02/23/21 BOD (#1148)		OneFuture - Black and African American Healthcare Scholarship - 2 yrs	\$ 65,000		\$ 65,000	\$ -	
BOD - 07/27/21 BOD (#1288)		Borrogo Community - Improving Access to Healthcare - 3 yrs	\$ 545,000		\$ 121,030	\$ 423,971	
F&A - 6/11/19, 6/09/20, 6/22/21 Res. NO. 21-02, 22-17		Prior Year Commitments & Carry-Over Funds	\$ 1,544,156		\$ -	\$ 1,544,156	
<b>TOTAL GRANTS</b>			<b>\$ 6,332,781</b>	<b>\$ -</b>	<b>\$ 1,826,455</b>	<b>\$ 4,506,326</b>	
<b>Summary: As of 06/30/2023</b>			<b>Uncommitted &amp; Available</b>				
Health Portal (CVHIP):	\$	1,496	\$	1,496			
Behavioral Health Initiative Collective Fund	\$	1,932,903	\$	795,700			
Avery Trust - Pulmonary Services	\$	532,243	\$	485,243			
West Valley Homelessness Initiative	\$	71,557	\$	71,557			
Healthcare Needs of Black Communities	\$	423,971	\$	-			
Prior Year Commitments & Carry-Over Funds	\$	1,544,156	\$	1,544,156			
<b>Total</b>	<b>\$</b>	<b>4,506,326</b>	<b>\$</b>	<b>2,898,152</b>			
<b>Amts available/remaining for Grant/Programs - FY 2022-23:</b>			<b>FY23 Grant Budget</b>		<b>Social Services Fund #5054</b>		
<b>Amount budgeted 2022-2023</b>			\$ 530,000	\$ 500,000	Budget	\$ 60,000	
<b>Amount granted year to date</b>			\$ -	\$ 30,000	DRMC Auxiliary	\$ 14,000	Spent YTD
Mini Grants:					Eisenhower	\$ 6,000	
Net adj - Grants not used:					<b>Balance Available</b>	\$ 40,000	
Contributions / Additional Funding							
Prior Year Commitments & Carry-Over Funds		FY19-20 \$284,156; FY20-21 \$730,000; FY21-22 \$530,000	\$ 1,544,156				
<b>Balance available for Grants/Programs</b>			<b>\$ 2,074,156</b>				

**DESERT HEALTHCARE FOUNDATION**  
**OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE**  
 June 30, 2023

		FISCAL YEAR ENDING JUNE 30, 2023				6/30/2023		
		Preliminary	TOTAL	6/30/2022			Funds	
		Grant	Open	Current Yr	Total Paid/Accrued	Payable	Remaining	
Grant ID Nos.	Name	BALANCE	BALANCE	2022-2023	July-June	BALANCE	BALANCE	
<b>BOD - 11/22/22 - Resolution 22-28 Approval*</b>		<b>Covid Disparities RFP</b>						
Grant #1382	Alianza Coachella Valley - COVID-19 Clinics & Educational Outreach	\$ 84,181	-	\$ 84,181	\$ -	-	\$ 84,181	
Grant #1378	El Sol Neighborhood Educational Center - Coachella Valley Collaborative Covid19	\$ 128,184	-	\$ 128,184	\$ 13,204	\$ 15,710	\$ 99,269	
Grant #1380	Galilee Center - Distribution of PPE Bags and COVID-19 Resources Information	\$ 83,576	-	\$ 83,576	\$ 20,157	\$ 17,666	\$ 45,753	
Grant #1381	Todec Legal Center Perris - Sembrando Prevencion	\$ 99,464	-	\$ 99,464	\$ -	-	\$ 99,464	
Grant #1383	Vision Y Compromiso - Initiative to Address COVID-19 Disparities	\$ 350,000	-	\$ 350,000	\$ -	\$ 39,598	\$ 310,402	
Grant #1384	Youth Leadership Institute - Youth Voice in Covid outreach Strategies	\$ 76,691	-	\$ 76,691	\$ -	\$ 17	\$ 76,674	
<b>TOTAL GRANTS</b>		<b>\$ 822,096</b>	<b>-</b>	<b>\$ 822,096</b>	<b>\$ 33,361</b>	<b>\$ 72,991</b>	<b>\$ 715,743</b>	
<b>Contract #22-323B*</b>		<b>DHCF Staff &amp; Printing</b>						
	Fiscal Intermediary Fees	\$ 279,452	-	\$ 279,452	\$ 61,087	\$ 33,900	\$ 184,466	
<b>Total DHCF Portion</b>		<b>\$ 164,419</b>	<b>-</b>	<b>\$ 164,419</b>	<b>\$ 6,672</b>	<b>\$ 14,598</b>	<b>\$ 143,148</b>	
		<b>\$ 443,871</b>	<b>-</b>	<b>\$ 443,871</b>	<b>\$ 67,759</b>	<b>\$ 48,498</b>	<b>\$ 327,614</b>	
<b>Amts available/remaining for Grant/Programs - FY 2022-23:</b>		<b>Account 2183</b>						
<b>Amount granted year to date</b>		<b>\$ 106,353</b>						<b>\$ -</b>
<b>Foundation Administration Costs</b>		<b>\$ 116,257</b>						<b>Grant Funds</b>
<b>Contributions / Additional Funding</b>		<b>\$ (222,609)</b>						<b>RFP</b>
<b>Balance available for Grants/Programs</b>		<b>\$ -</b>	<b>Total Grant</b>		<b>\$ 1,265,967</b>			
				<b>Received to Date</b>	<b>\$ 168,256</b>			
				<b>Balance Remaining</b>	<b>\$ 1,097,711</b>			

\*Contract #22-0323B is on a reimbursement basis and will reflect expenses as they are invoiced and receivable from County of Riverside.



# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

## RFP-20201001 - Monthly REPORT

**Report Period:** 04/01/2023 – 04/30/2023  
(Monthly report due the 15<sup>th</sup> of each month)

**Report by:** Heidi Galicia, Dir. School Base Health / Mobile Services

**Program/Project Information:**

**Grant # 1288**

**Project Title:** Improving Access to Healthcare in Desert Highland Gateway Estates

**Start Date:** 07/01/2021

**End Date:** 06/30/2024

**Term:** 36 Months

**Grant Amount:** \$575,000



**Executive Summary:** Borrego Health is committed to providing and increasing access to healthcare services for those living in Desert Highland Gateway Estates and the surrounding communities. This funding will provide support for a pilot mobile services program and begin to assess the sustainability of a more permanent healthcare program within the community. It is anticipated that 2,913 medical and dental visits will be conducted with part-time mobile services in the community.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
1. Collaboration	<p>Through a multifaceted approach, Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstanding.</p>	<p>The Borrego Mobile team and leadership continue to fully engage and keep lines of communication with members of the Desert Highland Gateway Estates Wellness committee to provide updates regarding the utilization of services, activities, and challenges. Although the goal is to meet every month, due to the ongoing transition of Borrego Health into DAP Health, no meeting took place for this reporting period.</p> <p><b>Borrego Updates:</b></p> <ul style="list-style-type: none"> <li>• As part of the early transition phase of Borrego Health into DAP Health, some in-person introductions took place during this reporting period, and it is inspiring to see both organizations collaborating and building community already. This month, David Brinkman CEO for DAP Health met with Borrego Health’s Clinic managers in Palm Springs to provide a tour of DAP facilities and share the history behind their FQHC. Here are photos from the moment:</li> </ul>






# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
		 



# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

## RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
		<p>During the Manager / CEO introduction David shared that in the upcoming weeks/months:</p> <ul style="list-style-type: none"><li>➤ DAP Health will welcome four members to its board of directors who are Borrego Health's communities and patient populations. This will constitute 25% of DAP Health's board.</li><li>➤ All Borrego Health employees will be offered positions at DAP Health that are commensurate with your current title, compensation, role, and seniority.</li><li>➤ When the transition is complete, all Borrego Health employees will be officially employed by DAP Health.</li><li>➤ Estimated date of sale closure would be June 30, 2023, though it is dependent on a few factors outside of either FQHC's control, such as the regulatory approval from HRSA.</li><li>➤ DAP shares the commitment of keeping regular course of business for all clinics including Mobile.</li></ul> <p>• Borrego Health is honored to have been recognized by the Desert Healthcare District and Foundation at its "A Night of Stars" event, to be among 18 community partners in the Coachella Valley who have been integral to the District and Foundation's COVID-19 response during the past three years is greatly appreciated. This honor is a direct reflection of the dedication to our community, and we would not have received this recognition without everyone who is integral part of our Borrego Family.</p> 



# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

## RFP-20201001 - Monthly REPORT

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2. services	By June 30, 2024, a minimum of 2053 patient care medical visits and 860 dental visits will be provided.	<p>During this reporting period, available Mobile Medical services continue to be promoted thru social media and marketed thru flyer distribution at local businesses, apartment complexes, churches, local school districts, and at the James O Jessie Unity Center. Additionally, a banner was created and is currently pending approval by the city of Palm Springs to be placed at the James O Jessie Center that will help promote the services, see the final version attached.</p> <p>The table below shows the total number of patients seen since the launch of services on July 12, 2021, up to this reporting period.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="6">Year 2</th> </tr> <tr style="background-color: #800000; color: white;"> <th>Month</th> <th>Number of Patients Served</th> <th>Number of Visits</th> <th>Medical Visits</th> <th>Dental Visits</th> <th>Total Uninsured</th> </tr> </thead> <tbody> <tr><td>July</td><td>15</td><td>15</td><td>15</td><td>0</td><td>4</td></tr> <tr><td>August</td><td>38</td><td>38</td><td>38</td><td>0</td><td>9</td></tr> <tr><td>September</td><td>12</td><td>13</td><td>13</td><td>0</td><td>5</td></tr> <tr><td>October</td><td>19</td><td>19</td><td>19</td><td>0</td><td>1</td></tr> <tr><td>November</td><td>9</td><td>9</td><td>9</td><td>0</td><td>1</td></tr> <tr><td>December</td><td>17</td><td>17</td><td>17</td><td>0</td><td>2</td></tr> <tr><td>January</td><td>12</td><td>13</td><td>13</td><td>0</td><td>3</td></tr> <tr><td>February</td><td>10</td><td>10</td><td>10</td><td>0</td><td>3</td></tr> <tr><td>March</td><td>5</td><td>5</td><td>5</td><td>0</td><td>0</td></tr> <tr><td>April</td><td>6</td><td>6</td><td>6</td><td>0</td><td>3</td></tr> <tr style="background-color: #800000; color: white;"><td><b>Total</b></td><td><b>143</b></td><td><b>145</b></td><td><b>145</b></td><td><b>0</b></td><td><b>31</b></td></tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;"> <h3 style="margin: 0;">FY 2022 -2023</h3> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center; margin-top: 10px;"> <caption>Line Graph Data: FY 2022 -2023</caption> <thead> <tr> <th>Month</th> <th>Number of Patients Served</th> </tr> </thead> <tbody> <tr><td>July</td><td>15</td></tr> <tr><td>August</td><td>38</td></tr> <tr><td>September</td><td>13</td></tr> <tr><td>October</td><td>19</td></tr> <tr><td>November</td><td>9</td></tr> <tr><td>December</td><td>17</td></tr> <tr><td>January</td><td>13</td></tr> <tr><td>February</td><td>10</td></tr> <tr><td>March</td><td>5</td></tr> <tr><td>April</td><td>6</td></tr> </tbody> </table> </div>	Year 2						Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured	July	15	15	15	0	4	August	38	38	38	0	9	September	12	13	13	0	5	October	19	19	19	0	1	November	9	9	9	0	1	December	17	17	17	0	2	January	12	13	13	0	3	February	10	10	10	0	3	March	5	5	5	0	0	April	6	6	6	0	3	<b>Total</b>	<b>143</b>	<b>145</b>	<b>145</b>	<b>0</b>	<b>31</b>	Month	Number of Patients Served	July	15	August	38	September	13	October	19	November	9	December	17	January	13	February	10	March	5	April	6
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# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

## RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																																																																					
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# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

## RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
		<p>Our leadership team is currently working with the city of Palm Springs to amend the current MOU to include dental services as this was not in the original MOU and needed to be added before we begin, after several drafts a final draft was sent to the city for consideration, and it is now pending signature. It is anticipated that Borrego Health's dental team will begin providing dental services at DHG in the month of May.</p>



# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

## RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
<b>3. Community Education Event</b>	<b>Conduct community education events and activities to address health care and other wellness topics</b>	<ul style="list-style-type: none"> <li>World Health Day is a global health awareness day celebrated every year on April 7, under the sponsorship of the World Health Organization, as well as other related organizations. Borrego Health recognizes the dedication, commitment and passion in which our staff tackles the health challenges that our communities face; with their hard work and the valuable support of community partners we are making a difference in achieving Health for All.</li> </ul> <p>During this reporting period and in observation of World Health Day, Borrego health staff provided visitors of the James O Jessie Center and Desert X project visitors a “Swag Bag” filled with preventative health educational material an resources, additionally our medical team offered free health screenings such as blood pressure and glucose screenings.</p>
<b>4. Enabling Services</b>	<b>By June 30, 2024, provide 600 individuals with assistance for applications, retention, addressing issues with their healthcare coverage and/or enabling services.</b>	<p>During this reporting period, Borrego health provided services to a total of three 3 patients who stated to lack health insurance.</p> <p>As standard practice, pediatric patients who need routine physical exams and or immunizations are screened, and if they meet program requirements, are granted temporary Medi-cal thru the Child Health Disability Prevention program and referred to our Care Coordinator Specialist (CCS) for permanent insurance enrollment assistance.</p> <p>Adult and pediatric patients seeking COVID-related services such as testing and or vaccines are provided care at no cost. Adult uninsured patients are also referred to our CCS for program or insurance enrollment.</p> <p>The table below shows the total number of patients seen since the launch of services on July 12, 2021, up to this reporting period who lacked insurance coverage and were successfully enrolled in a health program or insurance.</p>



# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

## RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		<b>Year 2</b>				
<i>Month</i>	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen -Uninsured	Patients Enrolled in Health Insurance		
July	15	15	4	9		
August	38	38	9	4		
September	12	13	5	2		
October	19	19	1	0		
November	9	9	1	0		
December	17	17	2	4		
January	12	13	3	0		
February	10	10	3	1		
March	5	5	0	0		
April	6	6	3	2		
<b>Total</b>	<b>143</b>	<b>145</b>	<b>29</b>	<b>22</b>		
		<b>Year 1</b>				
<i>Month</i>	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen -Uninsured	Patients Enrolled in Health Insurance		
July	51	52	8	0		
August	59	62	19	12		
September	28	31	5	8		
October	33	36	13	11		
November	24	27	14	7		
December	91	101	31	7		
January	171	200	52	16		
February	35	43	4	14		
March	20	30	2	6		
April	28	37	6	13		
May	21	23	3	9		
June	36	41	6	11		
<b>Total</b>	<b>597</b>	<b>683</b>	<b>163</b>	<b>114</b>		



# IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

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<b>5. Teen Health</b>	<p>Include a teen health component that addresses risk behaviors. By June 30, 2024, 300 unduplicated teens will have participated in educational activities or received health care services.</p>	<p>During this reporting period, two (2) teens were served between the age of twelve (12) to nineteen (19).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="14" style="text-align: center;">Year 1 -2021-2022</th> </tr> <tr style="background-color: #800000; color: white;"> <th></th> <th>Jul</th> <th>Aug</th> <th>Se p</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>April</th> <th>May</th> <th>Jun</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td style="background-color: #800000; color: white;">Number of Visits</td> <td>38</td> <td>36</td> <td>5</td> <td>15</td> <td>6</td> <td>10</td> <td>34</td> <td>6</td> <td>1</td> <td>10</td> <td>0</td> <td>21</td> <td>148</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="14" style="text-align: center;">Year 2 – 2022-2023</th> </tr> <tr style="background-color: #800000; color: white;"> <th></th> <th>Jul</th> <th>Aug</th> <th>Se p</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>April</th> <th>May</th> <th>Jun</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td style="background-color: #800000; color: white;">Number of Visits</td> <td>6</td> <td>11</td> <td>1</td> <td>1</td> <td>3</td> <td>3</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td></td> <td></td> <td>31</td> </tr> </tbody> </table>	Year 1 -2021-2022															Jul	Aug	Se p	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun	Total	Number of Visits	38	36	5	15	6	10	34	6	1	10	0	21	148	Year 2 – 2022-2023															Jul	Aug	Se p	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun	Total	Number of Visits	6	11	1	1	3	3	1	1	2	2			31
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**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: July 18, 2023  
To: Program Committee  
Subject: U.S. Administration for Community Living – US Aging: Aging and Disability  
Vaccination Collaborative – \$341,648

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**Staff Recommendation:** Consideration to forward to the Board for approval.

**Background:**

The Desert Healthcare District and Foundation to receive \$1.2 million from the County of Riverside and \$500,00 from The Public Health Institute to support targeted community-based outreach, education, and COVID-19 testing in partnership with community- and faith-based organizations that serve vulnerable communities in Coachella Valley, with an emphasis on Eastern Coachella Valley.

The Desert Healthcare District and Foundation has established and leads The Coachella Valley Equity Collaborative (CVEC), which has brought together community-and faith-based organizations, government agencies (county and state), and local farm owners to address the COVID-19 epidemic and ensure there is a coordinated effort to maximize resources and prevent overlap in services and/or outreach. To date, the CVEC has organized more than 400 COVID-19 mobile vaccination clinics, where 48,153 doses of the vaccine have been provided to District residents.

Research data has demonstrated the need to reach vulnerable populations, specifically older adults and individuals with special needs to ensure they have the same level of access to COVID-19 and flu information and vaccines as other District residents. With this in mind, DHCD staff sought funding opportunities to target these specific populations and were awarded a grant from Us Aging.

The grant with US Aging will provide the CVEC and its two partners Vision y Compromiso and El Sol the opportunity to partner with senior-serving facilities like senior centers, retirement communities, etc... to host mobile and in-home COVID-19 and flu vaccine events. In addition, partnerships with organizations that serve individuals with special needs like Desert Arc, Angel View, and United Cerebral Palsy of the Inland Empire also host mobile and in-home vaccination clinics.

**Fiscal Impact:** \$341,648 grant award from US Aging



**SUB-GRANTEE AGREEMENT**

**Name of Grant:** COVID-19 AND INFLUENZA VACCINE UPTAKE INITIATIVE FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

**Grant Number:** 90HDRC0007-01-00

**Federal Awarding Agency:** Department of Health and Human Services, Administration for Community Living (ACL)

**CFDA Number:** 93.048

**Federal Award Date:** December 19, 2022

**Sub-grantee:** \_\_\_\_\_

**Sub-grantee DUNs Number:** \_\_\_\_\_

**Sub-grant Period of Performance:** \_\_\_\_\_-04/15/2024

THIS SUB-GRANTEE AGREEMENT (together with any attachments referred to below, the "Agreement") is dated as of \_\_\_\_\_ by and between the **USAgings**, a District of Columbia nonprofit corporation located at 1100 New Jersey Avenue, SE, Suite 350, Washington, DC 20003, and \_\_\_\_\_ ("SUB-GRANTEE"), with a place of business at \_\_\_\_\_. USAgings and sub-grantee are also referred to herein singularly as "Party" or collectively as the "Parties."

**Sub-grantee shall be further identified as follows:**

**Primary Contact:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**EIN:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_

WHEREAS, USAgings and sub-grantee desire to enter into this Agreement in order for sub-grantee to perform the services specified in **Attachment A**.

NOW, THEREFORE, IN CONSIDERATION of the promises and mutual covenants contained herein, the Parties, intending legally and equitably to be bound, agree as follows:

**1. Work.** Sub-grantee agrees to perform the work as specified in **Attachment A** (the "Work"). Sub-grantee shall furnish the personnel, materials, services, equipment, facilities, and all other items necessary to accomplish the Work, and shall provide monthly status updates to keep USAgings informed about the activities under this Agreement. Sub-grantee agrees that the work shall be performed with the resources set forth in the Project Budget specified in **Attachment B** (the "Budget") and that no revision to the Budget shall be made without the written consent of USAgings.

**2. Term.** The period for performance of the Work shall commence upon signing of the agreement through April 15, 2024 subject to availability of grant funding, unless (a) either Party sends written notice of its desire not to extend within sixty (60) days

before the end of any such period (including the initial period), or (b) this Agreement is earlier terminated pursuant to **Section 13**. Sub-grantee shall promptly inform USAging in writing of any actual or potential delay in the timely performance of the Work, and the reasons for such delay.

### **3. Compensation.**

#### **3.1. Contract Type.** *(select one)*

**Cost Reimbursement Contract.** Sub-grantee shall be reimbursed by USAging for all direct and indirect costs incurred in connection with the Work up to an amount equal to \$\_\_\_ (the "Maximum Cost Reimbursement Contract Amount" includes travel expenses), in accordance with the Budget attached hereto as **Attachment B**. USAging shall not be liable for the reimbursement of any cost incurred by Sub-grantee more than the Budget or for Match. Cost items specified in this Agreement as requiring the prior written approval of USAging will not be reimbursed without such approval. Sub-grantee will submit invoices for reimbursement on a semi-annual basis. Sub-grantee will submit semi-annual financial reports, as outlined in **Attachment C**.

Under a cost reimbursement contract, Sub-grantee must maintain books, records, documents, and other evidence of its accounting and billing procedures and practices reflecting all direct and indirect costs in connection with the Work and shall retain such records for a period of three (3) years after the expiration or termination of this Agreement. If any litigation, claim, or audit is commenced before expiration of the three (3) year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved. These records shall be subject at all reasonable times to inspection by authorized employees or agents of USAging.

**Fixed Price Contract.** This is a fixed-price contract in the amount as indicated in **Attachment F** (the "Fixed Contract Amount"). Sub-grantee will submit invoices for payment in accordance with one of the following schedules *(select one)*:

**Fixed Schedule Invoicing:** Sub-grantee will submit semi-annual financial reports, as outlined in **Attachment C**, for payment as follows:

50% shall be paid upon receipt of signed agreement and initial invoice;

40% shall be paid at the approximate midway point of the grant period in accordance with when grant activities commenced and in accordance with successful grant performance; and

10% shall be paid upon completion of the grant period in accordance with successful grant performance.

**Monthly Invoicing:** Sub-grantee will submit invoices monthly as Work is performed.

**Hourly Rate Contract:** Sub-grantee shall be compensated at a rate of \$\_\_\_.00 (the "Hourly Rate") for each hour spent performing the Work. Sub-grantee shall be limited to \_\_\_\_\_ (.) hours of work per calendar week. Sub-grantee will

submit invoices for payment on a weekly basis for work performed during the immediately preceding calendar week.

**3.2. Submission and Payment of Invoices.** Sub-grantee shall submit invoices for performance of the Work at the intervals specified in **Section 3.1**. Invoices shall be submitted to the USAging Staff Contact. To be considered properly prepared, invoices must include: (a) invoice number; (b) invoice date and billing period; and (c) total due on invoice. Invoices under *cost reimbursement contracts* must also include (i) total labor costs broken out by task; (ii) other direct costs by category; (iii) indirect costs by category; and (iv) current and cumulative amount for each line item. Invoices under *hourly rate contracts* must also include a description of tasks performed and hours spent performing such tasks broken out by day. Subject to the terms of this Agreement, USAging shall pay each properly prepared invoice no later than thirty (30) days after receipt.

**3.2.1 End of Calendar and Sub-Grant Year Invoicing.** All invoices must be properly prepared and submitted to USAging for work completed during the Agreement year within 15 days after the termination date of the Sub-grantee year. In addition, invoices for any work completed within a calendar year must be properly prepared and submitted within 15 calendar days after December 31. Invoices not properly prepared and submitted to USAging within these time periods will not be paid and will not be accepted for payment at any later date.

**3.3. Reduction or Withholding of Payment.** In addition to any other remedies available to USAging, if, in USAging's reasonable determination, Sub-grantee fails to perform in accordance with the terms of this Agreement, USAging may refuse or limit approval of any invoices for payment and may reduce or withhold payments to Sub-grantee until such time as USAging reasonably determines that Sub-grantee has met the performance terms established by this Agreement. USAging shall promptly notify Sub-grantee of any such withholding of payment.

**3.4. Non-Federal Participation (Match)**  **APPLICABLE**  **NOT APPLICABLE.** Compensation as outlined in **Section 3.1** cannot exceed 85 % of the total program costs with the remaining 15 % coming from non-federal sources. The local match coming from the Sub-grantee shall be certified and documented in writing by the Sub-grantee. Any deficit in the minimum local match at the end of the Agreement period may result in refunding to USAging of the proportionate % share of unmatched funds.

**3.5 USAging Staff Contact.** USAging's initial representative with respect to this Agreement (the "USAging Staff Contact") is Deborah Stone-Walls ([dstone-walls@usaging.org](mailto:dstone-walls@usaging.org)). The USAging Staff Contact may be changed by USAging from time to time; USAging will promptly notify Sub-grantee of any such change.

**4. Acceptance of Work.** Acceptance of the Work will be made by the USAging Staff Contact. Acceptance or rejection of all or any part of the work shall be made in

good faith in the exercise of the USAging Staff Contact's reasonable judgment and discretion.

**5. Consultants, Subrecipients, and Subcontractors.** Sub-grantee shall not engage any consultant, subrecipient or subcontractor without prior knowledge and approval from USAging. USAging shall not reimburse Sub-grantee for any costs relating to consultants, sub-recipients, or subcontractors for which Sub-grantee has not received USAging prior written approval. When requesting the use of a consultant or subcontractor, Sub-grantee shall furnish information explaining the need for such services, a copy of the proposed agreement for retaining the consultant, sub-recipient or subcontractor, information concerning the consultant's, sub-recipient's or subcontractor's qualifications, skills, abilities, and proposed billing rate, and any additional information required by USAging to make a determination of acceptability. The approval or disapproval of any consultant, sub-recipient, or subcontractor shall be at the sole and absolute discretion of USAging.

**6. Changes and Modifications.** Any change to the Work or the terms of this Agreement must be set forth in a written amendment to the Agreement signed by the Parties. Sub-grantee promptly shall notify USAging in writing of any change in the Work that Sub-grantee reasonably determines is necessary. Such notice shall specify (a) the elements of the Work for which Sub-grantee is seeking a change, (b) the reason for the requested change, and (c) the impact, if any, that the requested change will have on (i) the Fixed Contract Amount, (ii) time for performance or (iii) any other terms or conditions of this Agreement. USAging shall respond in writing to a change request submitted in compliance with this **Section 6** no later than fifteen (15) days after receipt of such change request. Such response shall (a) approve the change and include an amendment to the Agreement reflecting the approved change, (b) reject the change request and state the rationale for such rejection, or (c) advise Sub-grantee as to what additional information is needed by USAging to render an informed decision on the change request. If USAging approves the change, and if such change causes a change in the Fixed Contract Amount, the time required for performance of all or any part of the Work, or any other terms or conditions of this Agreement, the Parties shall negotiate an equitable adjustment of the same and memorialize it in the written amendment to the Agreement.

**7. Reporting.** Sub-grantee shall be responsible for the timely submission of (a) ongoing service delivery entries, (b) semi-annual program report, (c) final program report, (d) final financial report, outlining the expenditures related to program costs, and (e) monthly program reports as detailed in **7.3. Grant-Specific Reporting.**

**7.1. Final Program Progress Reports.** Sub-grantee must complete and submit electronically a final progress report demonstrating the completion of site-specific work plan activities.

**7.2. Final Financial Report.** Sub-grantee must complete a final financial report that outlines all expenditures in accordance with Budget categories and tracks contract expenditures for the agreement duration. USAging will provide the electronic format (**Attachment C**) for financial reports. Reports must be submitted with proper staff

signature for period of the contract term and Awardee shall electronically submit the report to [dstone-walls@USAgings.org](mailto:dstone-walls@USAgings.org) or subsequent USAging designated administrative staff member.

**7.3. Grant-Specific Reporting.** Subgrantee must complete activity-specific reports required by ACL related to this grant. The grant-specific reports, along with due dates are noted in **Attachment A – Scope of Work.**

**8. Record Retention and Access.** Sub-grantee shall maintain books, records, documents, program and individual service records and other evidence of its accounting and billing procedures and practices which properly reflect all direct and indirect costs in connection with the Work. These records shall be subject at all reasonable times to inspection by authorized employees or agents of USAging. Sub-grantee shall retain all such records concerning this Agreement for a period of five (5) years after the expiration or earlier termination of this Agreement. If any litigation, claim, or audit is commenced before the expiration date of such five (5) year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

**9. Confidential Information.** During the term of this Agreement, Sub-grantee and its employees may receive or have access to data and information that is confidential and proprietary to USAging. All such data and information ("Confidential Information") made available to, disclosed to, or otherwise made known to Sub-grantee by USAging in connection with this Agreement shall be considered the sole property of USAging. Confidential Information may be used by Sub-grantee or its employees only for purposes of performing the obligations of Sub-grantee. To the extent permitted by law, Sub-grantee shall not disclose Confidential Information to any third party without the prior written consent of USAging. Sub-grantee shall not use or duplicate any proprietary information belonging to or supplied by USAging, except as authorized by USAging. All exceptions to use of Confidential Information as outlined under this Agreement must be approved by USAging through prior written consent. These obligations of confidentiality and non-disclosure shall remain in effect for a period of five (5) years following the expiration or earlier termination of this Agreement. Sub-grantee shall have no obligation to retain as confidential any information which (i) is, or subsequently becomes, legally and publicly available without breach of this Agreement; (ii) is legally obtained by Sub-grantee from a third-party source, excluding contacts made under this project, without any obligation of confidentiality; or (iii) is legally required to be disclosed pursuant to proper judicial order, subpoena, or records request under the State of Business.

**10. Copyrights, Trademarks, and Inventions.**

**10.1 Title to Works, Trademarks, and Inventions Produced.** The standard patent rights clause at 37 C.F.R. 401.14 is incorporated herein by reference in a form suitably modified to identify the parties. The Sub-grantee retains all rights in data and copyright as provided for under HHS Grants Policy, applicable federal regulations and the terms and conditions of the Prime award supporting this subaward. Ownership of inventions, discoveries and copyrightable works and other intellectual property that are not Subject Inventions as the term is defined herein is governed

by the District of Columbia. Sub-grantee hereby grants to USAging and the funding agencies a fully paid-up nonexclusive worldwide license to use reproduce and distribute any copyrightable works produced under this subaward and owned by Sub-grantee, subject to Sub-grantee's existing patent, copyright, and intellectual property policies for educational and research purposes, and the right to license others to do the same.

**11. Publications.** USAging recognizes that the results of the sponsored project must be publishable and agrees that researchers engaged in producing Work under a sponsored project shall be permitted to present at symposia, national, or regional professional meetings, and to publish in journals, theses or dissertations, or otherwise of their own choosing, methods and results of the Sponsored Project, provided, however, that USAging shall have been furnished copies of any proposed publication or presentation in advance of the submission of such proposed publication or presentation to a journal, editor, or other third party. USAging shall have thirty (30) days after receipt of said copies to object to such proposed presentation or proposed publication because it contains patentable subject matter that needs protection or is confidential/proprietary information of USAging. In the event that USAging makes such objection to protect against loss of intellectual property rights, Sub-Grantee shall refrain from making such publication or presentation for a maximum of sixty (60) days from the date of receipt of such objection in order for patent application(s) to be filed with the United States Patent and Trademark Office and/or foreign patent office(s) directed to the patentable subject matter contained in the proposed publication or presentation.

Sub-grantee will acknowledge the financial support of this award as follows: "This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with XX percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov."

**12. Independent Contractor Status.** The relationship of Sub-grantee to USAging is that of an independent contractor, and nothing in this Agreement shall be construed as creating any other relationship. Sub-grantee shall comply with all laws and assume all risks incident to its status as an independent contractor. Sub-grantee covenants and agrees to pay all applicable federal, state, and local income taxes, associated payroll and business taxes, licenses and fees, and such insurance as is necessary for Sub-grantee's protection in connection with Work performed under this Agreement; it being understood and agreed that no such taxes or fees shall be withheld or paid by USAging on behalf of Awardee. **Sub-grantee acknowledges and agrees that it is responsible for paying, according to applicable law, Sub-grantee's income taxes, if any. No workers' compensation insurance shall be obtained by USAging covering Sub-grantee or employees of Sub-grantee.**

**13. Disputes.** If the parties are unable to settle a dispute(s) relating to this Agreement, either Party, on written notice to the other Party, shall work to resolve

the dispute in good faith, and if both Parties consent, may submit the claim to non-binding mediation with the costs to be shared evenly between the Parties regardless of the mediation's outcome.

**14. Termination.** Either Party may terminate this Agreement at any time for any reason on thirty (30) days advance written notice to the other party. USAging may terminate this Agreement immediately if any of the following circumstances occurs: (a) Sub-grantee fails to timely deliver the goods or perform the services required by this Agreement; (b) Sub-grantee fails to perform any of the other material provisions of this Agreement or so fails to make progress with the Work as to endanger performance of this Agreement in accordance with its terms; and in either of the circumstances listed in (a) or (b), Sub-grantee does not cure such failure within a period of thirty (30) calendar days after receipt of written notice from USAging specifying such failure; (c) in the event of suspension of Sub-grantee's business, insolvency, institution of bankruptcy or liquidation proceedings by or against Sub-grantee, appointment of a trustee or receiver for Sub-grantee's property or business, or any assignment, reorganization, or arrangement by Sub-grantee for the benefit of creditors; or (d) a material conflict of interest arises pursuant to **Section 15.9**.

**15. Transfer of and Payment for Completed Deliverables and Materials.** In the event of a termination of this Agreement as provided in this **Section 14**, USAging may require Sub-grantee to transfer and deliver to USAging, in the manner directed by USAging, (a) any completed deliverables, works and research materials (collectively, "Completed Deliverables"), and (b) such partially completed deliverables, works, research materials, and information (collectively, the "Materials") as Sub-grantee has produced or acquired for the performance of this Agreement. Sub-grantee further agrees to protect and preserve property in the possession of Sub-grantee in which USAging has an interest. Payment for Completed Deliverables delivered to and accepted by USAging shall be at the price specified in this Agreement. Payment for Materials delivered to and accepted by USAging that are necessary or convenient to the protection and preservation of property shall be at a price designed to reimburse Sub-grantee for the reasonable value of the Work performed without profit. USAging may withhold monies otherwise due to Sub-grantee for Completed Deliverables and/or Materials in such amounts as USAging determines necessary to protect USAging against loss due to outstanding liens or claims against the same. The provisions of this **Section 14** shall survive the termination of this Agreement.

**16. Miscellaneous.**

**16.1 Entire Agreement.** This Agreement and all attachments hereto constitute the entire agreement between the Parties and supersede all prior agreements relating to the subject matter hereof.

**16.2 Severability.** The invalidity in whole or in part of any provision of this Agreement shall not affect the validity of other provisions.



**16.3 Amendments: Waivers.** This Agreement may only be modified in writing, signed by the Parties in interest at the time of such modification. No waiver by either Party of any provision hereof shall be deemed a waiver of any other provision hereof or of any subsequent breach by USAging or Awardee of the same or any other provision. Either Party's consent to, or approval of, any act shall not be deemed to render unnecessary the obtaining of such Party's consent to or approval of any subsequent act.

**16.4 Notices.** All notices and demands of any kind or nature which either Party may be required or desire to serve on the other in connection with this Agreement shall be in writing and may be served personally, by facsimile, by certified mail, or by commercial overnight delivery (e.g., Federal Express), with constructive receipt deemed to have occurred one (1) calendar day after the mailing, sending or transmitting of such notice, to the following addresses or facsimile numbers:

If to USAging:  
Sandy Markwood, CEO USAging  
1100 New Jersey Avenue, SE Suite 350  
Washington, DC 20003  
Fax: 202.872.0057

If to Sub-Grantee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16.5 Binding Effect.** This Agreement shall bind the Parties, their respective heirs, personal representatives, successors, and assigns.

**16.6 Multiple Parties.** If more than one person or entity is named as Sub-grantee herein, the obligations of Sub-grantee shall be the joint and several responsibilities of all persons or entities named herein as Sub-grantee. Service of a notice in accordance with Section 15.4 on one Sub-grantee shall be deemed service of notice on all Sub-grantees.

**16.7 Coordination.** In the event that the Sub-grantee is not the local Area Agency on Aging or Title VI aging program, then the Sub-grantee agrees to support the mission of USAging to build the capacity of the local AAA or Title VI aging program to help older persons.

**16.8 Choice of Law.** This Agreement shall be governed by and interpreted solely in accordance with the laws of the District of Columbia.

**16.9 Conflict of Interest.** Sub-grantee represents and warrants that it has no business, professional, personal, or other interest, including, but not limited to, the representation of other clients, that would conflict in any manner or degree with the performance of its obligations under this Agreement. If any such actual or potential conflict of interest arises under this Agreement, Sub-grantee shall immediately inform USAging in writing of such conflict. If, in the reasonable judgment of USAging, such conflict poses a material conflict to and with the performance of Sub-grantee's obligations under this Agreement, then USAging may terminate the Agreement immediately upon written notice to Sub-grantee; such termination of the Agreement shall be effective upon the receipt of such notice by Sub-grantee.

Sub-grantee certifies that it will comply with the applicable requirements of 42 CFR Part 50 Subpart F, which requires that institutions conducting PHS-funded research "Maintain an up-to-date, written, enforced policy on financial conflicts of interest." Further, "If the Institution carries out the PHS-funded research through a Subrecipient (e.g., subrecipient or consortium members), the Institution (awardee Institution) must take reasonable steps to ensure that any Subrecipient Investigator complies with this subpart by incorporating as part of a written agreement with the Subrecipient terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the Subrecipient will apply to the Subrecipient's Investigators."

**16.10 Public Relations.** This Agreement shall not be construed as granting to Sub-grantee any right to use any of USAging or its affiliates' trademarks, service marks or trade names or, otherwise refer to USAging in any marketing, promotional or advertising materials or activities. Written permission to use USAging or its affiliates' trademarks, service marks or trade names for these purposes may be granted upon request by Sub-grantee. Such consent will not be unreasonably withheld. This Agreement shall not be construed as granting to USAging any right to use any of Sub-grantee or its affiliates' trademarks, service marks or trade names or, otherwise refer to Sub-grantee in any marketing, promotional or advertising materials or activities. Written permission to use Sub-grantee or its affiliates' trademarks, service marks or trade names for these purposes may be granted upon request by USAging. Such consent will not be unreasonably withheld.

**16.11 FFATA Reporting.** Sub-grantee will furnish its Data Universal Numbering System (DUNS) number to USAging and Sub-grantee will comply with the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended, and 2 CFR part 170, "Reporting Subaward and Executive Compensation Information."

**16.12 Rights in Data.** ACL, through USAging, shall have the right to obtain, reproduce, disclose, or otherwise use data first produced by Sub-grantee under this Subaward agreement for education and research purposes only and the funding agency shall have the rights set forth in 45 CFR Sec. 74.36(c) and (d).

**16.13 Acknowledgment.** Subrecipient must acknowledge this financial support when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing this project. Subrecipient will acknowledge this financial support with language similar to the following to be communicated in final form at a later date: "This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with XX percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL, HHS, or the U.S. Government."

**16.14 Federal Grant of Contract Terms and Conditions.** The parties acknowledge that the effort under this Agreement is funded in whole or in part from a federal grant or contract, or sub-grant or subcontract awarded to USAging by the federal government. Accordingly, this award is subject to the terms and conditions set forth in **Attachment D**. In the event of a conflict between the terms of this Agreement and the terms of Attachment D, the terms of Attachment D shall control.

**IN WITNESS WHEREOF**, USAging and Sub-grantee have caused this Agreement to be executed by their duly authorized representatives as of the date first above written.

**USAGING:**

**Sub-Grantee**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: Sandy Markwood

Name: \_\_\_\_\_

Title: CEO

Title: \_\_\_\_\_



Leaders in Aging Well at Home

## **Aging and Disability Vaccination Collaboration Attachment A: Scope of Work**

The goal of USAgging and our partners in the Aging and Disability Vaccination Collaborative is to **secure two million COVID-19 and/or Influenza vaccinations** for older adults and people with disabilities during the 17-month project period. Our focus will be on reaching older adults and people with disabilities most at-risk to negative health consequences of not being adequately vaccinated. To achieve this goal, USAgging and our partners will:

- **Conduct a non-competitive but vetted application process** to engage Area Agencies on Aging, Centers for Independent Living, No Wrong Door Systems/Aging and Disability Resource Centers and other aging and disability CBOs to launch or expand efforts resulting in increased vaccinations of older adults and/or people with disabilities.
- **Expand the scope of vaccination access** in communities through sub-awardees' sponsorship of **vaccination clinics and other events** across the country focused on underserved populations and disadvantaged communities.
- **Activate, and support the AAAs, CILs, NWD systems/ADRCs along with other aging and disability organizations sub-awardees contracted through the Collaborative to provide and promote COVID-19 and Influenza vaccinations and/or supportive services** including scheduling, transportation, companion-assistance to and from vaccination sites and in-home vaccinations for those who require them.
- **Conduct a national education and outreach vaccination campaign** targeted to older adults and people with disabilities, with a specific focus on diverse and underserved populations.
- **Develop an information, education and technical assistance online resource hub** that will incorporate up-to-date credible data and information on vaccines and vaccine access, including consumer information, promising practices, lessons learned and peer-to-peer learning opportunities and exchanges to assist all aging, disability, and public health professionals.

### **Scope of Work**

*Please Note: Scope of Work activities can be accomplished by the sub-grantee directly **or** through partner agencies. Sub-grantees do NOT need to complete every bullet point under each broader activity, but activity should occur in each area.*

### **Primary Grant Activities**

- Vaccinations
- Supportive Services
- Outreach and Education

Vaccination Clinic and In-Home Vaccination Engagement:

- **Coordinate, partner and/or assist** with conducting local COVID-19 and Influenza vaccine clinics including in-home vaccinations.
- Identify people who may need help getting COVID-19 and Influenza vaccinations, including those who are unable to independently travel to a vaccination site.
- Integrate the COVID-19 and Influenza Vaccine messages and materials into any activity not currently funded by similar vaccine outreach grants and programs.
- Integrate COVID materials on hosted Resource Hub website(s).
- Report vaccination efforts as appropriate.

Supportive Services:

- Provide or arrange accessible transportation to COVID-19 and Influenza vaccination sites for those who need assistance.
- Provide or arrange personal support (e.g., peer support) to older adults and people with disabilities for those who need assistance.
- Help with scheduling COVID-19 and Influenza vaccination appointments for those who need it.
- Provide necessary referral services in support of COVID-19 and influenza vaccines.
- Report supportive services as appropriate.

General Vaccination/Booster Information and Outreach:

- Disseminate credible information about COVID-19 and Influenza vaccines and help direct older adults and those with disabilities with questions to additional sources of information.
- Conduct COVID vaccine and booster outreach, education and material dissemination utilizing generalized or targeted campaigns; community events such as health fairs: congregate meal site activities; Medicare Open Enrollment events and one-on-one in-person counseling and group counseling sessions; and one-on-one interactions with community members.
- Provide electronic copies of all written materials developed in the scope of this award.
- Report Information and Outreach activities as appropriate.

Partnership Development:

- Conduct outreach to local FQHCs, Public Health Departments, home health agencies, physician groups, etc. to determine the feasibility of partnerships that support increased population vaccination and booster rates.
- Explore partnerships that increase COVID-19 and Influenza Vaccine outreach, including educational activities and the dissemination of materials.
- Develop sub-contracts as needed to accomplish scope of work.
- Provide a copy of agreements with consultants and/or subcontractors recruited to assist with work plan activities.
- Report on partner inclusion in efforts as appropriate.

### Training and Peer-to-Peer Engagement

- Utilize the training, education and tools provided by USAging and ADVC Advisory Group partners and available on the ADVC Resource Hub.
- Participate in on-boarding education, training, and technical assistance sessions as necessary.
- Access and utilize the ADVC Resource Hub for accessing materials, participating in trainings relating to the COVID Vaccine outreach (e.g. vaccine hesitancy training, cultural competencies, etc.).
- Participate in peer-to-peer engagement opportunities as necessary to share ideas and successes.

### **Reporting Requirements**

#### Service Delivery Documentation

- Cumulus will be used by USAging and all sub-grantees for **weekly** tracking, reporting, and monitoring of activities associated with this initiative, including:
  - Tracking of events, which may include activities such as education, outreach and vaccination clinics;
  - Reporting on supportive services such as transportation services, assistance with scheduling appointments for vaccinations, personal support and referral to other services; and
  - Tracking and reporting on the administration of vaccinations.
- USAging will provide pre-paid subscriptions for Cumulus (<https://cumulus.care>) to each sub-grantee and their associated users.
- Sub-grantees are expected to use Cumulus to track and report all grant activities.
- Sub-grantees will have access to training tutorials, contextual “how to” tutorials, written user guides and other support resources, all of which will be available within the Cumulus portal.

#### Progress Reports

- Sub-grantees will provide a narrative report that will respond to items such as the following questions:
  - What are the major highlights for the reporting period?
  - What did you accomplish during this reporting period and how did these accomplishments help you reach your stated project goals and objectives(s)? Please note any significant project partners and their role in project activities.
  - What if any, challenges did you face during the reporting period and what actions did you take to address those challenges? Please note in your response changes, if any, to your project goal(s), objectives(s) or activities that were made as a result of challenges faced.
  - How have the activities conducted during this project period helped you to achieve your stated goals?
  - What was produced during the reporting period and how have these products been disseminated?

- It is anticipated that narrative reports will be due according to the following schedule:
  - First Reporting Period covering grant activities until June 30, 2023— Due to USAging on July 15, 2023;
  - Second Reporting Period covering grant activities from July 1, 2023 – December 31, 2023—Due to USAging on January 15, 2024; and
  - Final Reporting Period covering grant activities from January 1, 2024 – April 15, 2024—Due to USAging on May 15, 2024.
- Direct service document will be entered weekly to demonstrate progress towards reaching overall program goals and/or challenges in reaching those goals.
- Please note: reporting requirements may change slightly depending on requests made by ACL during the grant period.

#### Financial Reports

- Subgrantees will complete three financial reports utilizing the **Attachment C** according to the following schedule:
  - First Reporting Period covering grant activities until June 30, 2023— Due to USAging on July 15, 2023;
  - Second Reporting Period covering grant activities from July 1, 2023 – December 31, 2023—Due to USAging on January 15, 2024; and
  - Final Reporting Period covering grant activities from January 1, 2024 – April 15, 2024—Due to USAging on May 15, 2024. The final report will be a compilation of the overall impact of each sub-grantee’s project and provides both empirical and anecdotal summaries.
- Attachment C will be provided to sub-grantees in Excel format following grant award.
- Subgrantees will utilize cost code **5140-573** when submitting invoices.

**Attachment C:**

**Sub-grantee Semi-Annual Financial Report**

<b>Organization Name:</b>	<b>From</b>	<b>To</b>
<b>Reporting Period Covered</b>	2/1/2022	10/15/2022

<b>MONTHLY EXPENSES</b>														<b>Expenditures to</b>				
<b>BUDGET LINE ITEMS</b>														<b>Date</b>	<b>Total Budget</b>	<b>Remaining</b>		
Salaries	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Fringe Benefits	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Travel	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Equipment (Purchase Only)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Supplies (Office Supplies)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Contractual	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Other Direct Costs																		
a. Office Space Rental	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
b. Telephone	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
c. Photocopying/Duplication	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
d. Printing	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
e. Postage	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
f. Equipment rental and/or Maintenance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
g. Computer expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
h. Meetings/Training expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
i. Marketing/Media outreach	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
j. Sub-Contractor services	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
k. Stipends	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
List any other expense categories															\$	-		
															\$	-		
															\$	-		
															\$	-		
															\$	-		
															\$	-		
															\$	-		
Indirect Cost	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
<b>MONTHLY TOTALS</b>	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Total Remaining																	\$	-
Total Expenses															\$	-		

The financial report above is accurate and only includes expenses incurred in executing the project supported by this subcontract. None of the expenses were also applied to another subcontract, Federal or Non-federal, and all expenses are in compliance with OMB Circular A-122 to the best of our knowledge and belief.

\_\_\_\_\_  
Chief Financial Officer or Equivalent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director or CEO

\_\_\_\_\_  
Date

FOR n4a USE ONLY

APPROVED BY

\_\_\_\_\_

Date



## **Attachment D – FEDERAL SUB-GRANTEE TERMS AND CONDITIONS**

The Parties acknowledge that the effort under this Agreement is funded in whole or in part from a grant awarded to USAging by the federal government. Accordingly, this sub-grantee is subject to the terms and conditions set forth in this **Attachment D**.

1. **HHS Uniform Administrative Requirements**. This agreement shall be subject to the provisions of the Office of Management and Budget (“OMB”) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule (Uniform Guidance) (Super Circular) (2 CFR Part 200).

**Quick link:** [https://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

2. **Rights in Inventions and Technical Data**. The Sub-grantee is responsible for reporting inventions derived or reduced to practice in the practice in the performance of work under this Agreement to USAging in a timely manner sufficient to permit USAging to timely report such inventions to the federal government (see [www.iedison.gov](http://www.iedison.gov)). Sub-grantee is further responsible for reporting and providing all technical data developed by Sub-grantee in the performance of work under this Agreement to USAging within thirty (30) calendar days of completion of the work under this Agreement or as provided in the Statement of Work at **Attachment A** under this Agreement. All rights to any inventions or technical data under this Agreement vest with USAging, subject to acknowledgement of government support and, further subject to USAging’s responsibility to make unique research resources developed under this Agreement available to the scientific community.

3. **Cost Principles**. The allowability of Sub-grantee’s costs will be determined in accordance with 2 CFR 200. All payments should be considered provisional and subject to adjustment pending review and audit results. If any costs under this award are determined otherwise to be unallowable, they will be deducted from subsequent payments due to Sub-grantee or Sub-grantee will refund such amounts to USAging on demand. Any unused funds at the end of this award shall be returned to USAging.

4. **Record Retention, Inspection of Records, and Audit**. Sub-grantee agrees to preserve and retain all of its financial records, supporting documents, statistical records and all other books, documents, papers, and other records pertinent to this agreement, whether preserved or retained in paper form, electronically or otherwise, for the record retention periods specified in 22 CFR §226.53. Sub-grantee will make the aforementioned financial and other records available to USAging and any of their duly authorized representatives for the purpose of audit, examination, excerpt, copying, and transcription (copying and transcription shall be at USAging’s, PHI’s or the Government’s expense) at mutually agreed upon times during normal business hours. Sub-grantee will grant the aforementioned parties timely and reasonable access at mutually agreed upon dates and times to Sub-grantee personnel for the purpose of interview and discussion related to such financial and other records. The

rights of access in this section are not limited to the required retention period but will last as long as records are retained.

Sub-grantee shall cooperate with PHI in its efforts to comply with 2 CFR 200 which requires that USAging monitors the activities of Sub-grantee as necessary to ensure that awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreement and that performance goals are achieved.

Sub-grantee will comply with the federal audit requirements of 2 CFR 200, Subpart F, 200.501, if applicable, including providing a copy of its reporting package to USAging if required by the circular. Sub-grantee will take appropriate and timely action to follow up and correct all audit findings.

5. **Suspension or Debarment.** Sub-grantee represents that neither it, nor any of its principals or senior managers, are currently suspended or debarred or otherwise ineligible for award of a grant, contract, or cooperative agreement from the federal government, nor have they been proposed for suspension or debarment. Sub-grantee agrees to notify USAging immediately if at any point during the performance of Work under this Agreement, it is proposed for suspension or debarment by any federal agency.

6. **Incorporation of HHS Public Policy Requirements by Reference.** Sub-grantee agrees to comply will all the following public policy requirements set forth in the version of the HHS Grants Policy Statement (HHS GPS) in effect on the date of this Agreement. The following requirements are hereby incorporated by reference as if fully set forth herein to the extent applicable to the work under this agreement as indicated in the column below entitled "Applicability." Sub-grantee further agrees that to the extent it questions the applicability of any of the below requirements to this Agreement, it was required to raise all such questions with USAging prior to award of this Agreement and that it, in the event Sub-grantee failed to raise any such question, Sub-grantee shall abide by USAging's interpretation regarding the applicability of any requirement after the date of award of this Agreement. Particular areas of assurance include: Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; Animal Welfare: all Sub-grantee organizations are required to comply, as applicable, with the regulations (9CFR, Subchapter A) issued by the U.S. Department of Agriculture under the Animal Welfare Act, as amended, 7 U.S.C. 2131 et seq., and other Federal statutes and regulations relating to animals; Non-Discrimination; Clean Air and Water; Whistleblower/Enhancement of Contractor Protection from Retaliation for Disclosure of Certain Information; Lobbying Certification; Debarment Certification; Non-delinquency on Federal Debt; Protection of Human Subjects; and Compliance with Law.

A copy of the HHS GPS is available at:

<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>



**ATTACHMENT F  
COMPENSATION AND PAYMENT PROCEDURE**

Sub-grantee's total compensation for the grant agreement period will be \$341,648.

Sub-grantees will receive compensation in three payable periods:

1. 50% upon receipt of signed agreement
2. 40% at the half-way mark of sub-grantee's term of agreement, provided that the Sub-grantee's reporting is up to date, service delivery accomplishments reflect progress toward goals, and sub-grantee has completed Attachment C: Financial Report showing the nature and amount of expenditures to date.
3. Final 10% upon completion of the products listed in the associated Scope of Work (SOW) for the grant period, provided that all required grant reporting is complete and sub-grantee has completed Attachment C: Financial Report showing the nature and amount of expenditures covering the entire grant period.

Sub-grantee will submit an invoice for the approved amounts utilizing the sub-grantee's preferred invoice form.

<b>Period</b>	<b>Initial Amount</b> <i>(Payable upon execution of contract/SOW and submission of an invoice)</i>	<b>Mid-year Amount</b> <i>(Payable at the half-way point of contract/SOW upon submission of an invoice)</i>	<b>Final Amount</b> <i>(Payable at completion of contract/SOW upon submission of an invoice)</i>
<b>Upon Signing – April 15, 2024</b>	170,824.00 \$ _____	136,659.20 \$ _____	34,164.80 \$ _____

By my signature below, I agree to the total agreed upon funding levels approved by **US Aging** and the compensation & payment procedure.

ACKNOWLEDGED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



Leaders in Aging Well at Home

**OMB Sub-Recipient Information**

The following information is being provided in reference to the sub-award agreement between USAging and \_\_\_\_\_ dated \_\_\_\_\_ establishing USAging as a Pass-through Entity (PTE) and \_\_\_\_\_ as a sub-recipient of a federal grant.

**USAging Point of Contact:** Deborah Stone-Walls

**Federal Award Identification Number (FAIN):** 90HDRC0007

**Federal Award Date:** 12/16/2022

**Federal Award Period of Performance:** 12/16/2022 - 05/18/2024

**Federal Awarding Agency:** Administration for Community Living AOA  
Health Disparities among Minority Elders-Technical Assistance Center

**CFDA Number and Name:** 93.048 Special Programs for the Aging, Title IV,  
and Title II, Discretionary Projects

**Total Amount of Federal Funds Obligated Through Award:**  
\$74,999,835.00

**Total Amount of Federal Funds Awarded to USAging:** \$74,999,835.00

**Federal Award Project Description:** COVID-19 and Influenza Vaccine  
Uptake Initiative for Older Adults and People with Disabilities

**Amount of Federal Funds for** \$341,648.00 **:**

**Sub-award Period of Performance:** 12/19/2022 – 04/15/2024

Prepared By: \_\_\_\_\_

Signature

Name: Sandy Markwood

Title: CEO

Org: USAging

Date:

Received By: \_\_\_\_\_

Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Org: \_\_\_\_\_

Date: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.



**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Leaders in Aging Well at Home

## ELECTRONIC PAYMENT AUTHORIZATION FORM

**USAgging** encourages the use of electronic payment (i.e., direct deposit) by our vendors as an alternative to mailed paper checks for payment of services and/or products. If you are interested in receiving your future payments by direct deposit, please complete and return this form to:

**USAgging**  
**1100 New Jersey Avenue, SE, Suite 350**  
**Washington, DC 20003**  
 Or Email to [gmartiny@usaging.org](mailto:gmartiny@usaging.org)

### ACH CREDIT AUTHORIZATION

**Please type or print neatly**

<b>BANK NAME</b>	
<b>BANK ADDRESS</b>	
<b>ACCOUNT NAME</b>	
<b>ACCOUNT ADDRESS</b>	
<b>FBR ROUTING NUMBER (9 Digits)</b>	
<b>CHECKING ACCOUNT NUMBER</b>	
<b>TAX ID # (E.I.N. or S.S.)</b>	

This authorization is to remain in full force and effect until **USAgging** has received written notification from the Company and Authorized Person below of its termination, in such time and in such manner as to afford **USAgging** a reasonable opportunity to act on it.

<b>COMPANY NAME</b>	
<b>COMPANY ADDRESS</b>	
<b>COMPANY CONTACT</b>	
<b>COMPANY CONTACT E-MAIL</b>	
<b>COMPANY PHONE</b>	

By my signature below, I hereby authorize **USAgging** to initiate Automated Clearinghouse (ACH) CREDIT entries to the account indicated above at the depository financial institution, hereinafter called "RDFI." The authorization also allows **USAgging** and/or RDFI to make any necessary corrections and/or adjustments to the entries, including debits to the account.

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Budget Line Items	Total Budget (Funded)	Total Budget (In-Kind/Match, not required)	Total Budget (Overall)
Salaries	\$ 18,680.00		\$ 18,680.00
Fringe Benefits	\$ 3,808.00		\$ 3,808.00
Travel	\$ 1,560.00		\$ 1,560.00
Equipment (Purchase Only)			\$ -
Supplies (Office Supplies)	\$ 200.00		\$ 200.00
Contractual			\$ -
Other Direct Costs			
a. Office Space Rental			\$ -
b. Telephone			\$ -
c. Photocopying/Duplication	\$ 400.00		\$ 400.00
d. Printing			\$ -
e. Postage			\$ -
f. Equipment rental and/or Maintenance			\$ -
g. Computer expenses			\$ -
h. Meetings/Training expenses			\$ -
i. Marketing/Media outreach			\$ -
j. Sub-Contractor services	\$ 295,000.00		\$ 295,000.00
k. Stipends			\$ -
List any other expense categories			
incentives gift cards	\$ 10,000.00		\$ 10,000.00
lease for vehicle that carries equipment	\$ 12,000.00		\$ 12,000.00
			\$ -
			\$ -
			\$ -
Indirect Cost (Rate of % )			\$ -
<b>TOTALS</b>	\$ 341,648.00	\$ -	\$ 341,648.00

<b>Comments</b>
salaries for Desert Health Care staff to oversee project
fringe for Desert Health Care staff to oversee project
cost of travel to and from senior centers
supplies to implement project
photocopies needed to execute project
funding for CBOS and partners to execute project
gift cards to incentivize people to take vaccines
cost of lease for vehicle that moves supplies and equipment to and from sites to execute project



**Date:** July 18, 2023

**To:** Program Committee – Foundation

**Subject:** Progress and Final Grant Reports 6/1/2023 – 6/30/2023

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**The following progress and final grant reports are included in this staff report:**

**Riverside County Latino Commission # 1318**

Grant term: 1/1/2023 – 6/30/2024

Original Approved Amount: \$605,507

**Progress Report** covering the time period from: 1/1/2023 – 3/31/2023

## **Grant Progress Report**

**Riverside County Latino Commission on Alcohol and Drug Abuse, Inc.,  
Grant#: 1318**

**Healthy Minds, Healthy Lives; Mentas Sanas, Vidas Sanas**

### **Strategic Plan**

**Goal:** 1. Proactively expand community access to behavioral/mental health services in the Coachella Valley within the geographical areas identified by this project.

**Strategic Plan Strategy:** Five strategies will be addressed: 3.1, 3.3, 3.4, 3.6, and 3.7

**Reporting Period:** 01/01/2023 to 03/31/2023

Lucero Fabela  
Tel: (760) 398-9000  
lfabela@latinocommission.com

### **Grant Information**

**Grant Amount:** \$605,507

**Paid to date:** \$90,825

**Balance:** \$514,682

**Due Date:** 5/1/2023

### **Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (6/30/2024):

#### **Progress Outcomes:**

Our "Healthy Minds Healthy Lives, Mentas Sanas Vidas Sanas," project has accomplished securing physical space as well as staff in which we will be working in the Community-Based Program, serving ages 0-65 with mental health and community resources. The focus of the program and the goal is for the therapist to serve underserved community members due to socioeconomic status or immigration status, and staff working directly with the population we will be serving, occupational strains appear to contribute to other familial problems. The staff has been hired and trained as stipulated for our first three months of the project. We have started Social Services in Mecca and DHS and secured therapy space in Mecca Family Resources Center.

**Goal #1:**

*By June 30, 2024, RCLC will provide direct services to at least 200 community members served by RCLC's mental health service providers (in a region yet to be determined such as Thermal, Indio, North Shore, Palm Springs, or Desert Hot Springs).*

*In addition to telehealth options, promotores will be serving as case managers in assistance to access these services, ongoing telephone and in-person follow up as needed, and referrals to other community resources in response to individual and family needs (Addressing strategy 3.3 and 3.4).*

**Progress of Goal #1:**

RCLC has Hired the following Staff: Associate Clinical Therapist, Social Worker, Program Supervisor, and Clinical Supervisor. Our Partners VyC have identified the staff to fill the promotor position. RCLC will start the first direct service (therapy session, 1st client) as of May 8th, 2023, in the Mecca Family & Farmworker's Service Center, in which we have secured ongoing space for services to be provided to the eastern communities. In addition to space in DHS Family & Farmworker's Service Center, at which families will be linked to telehealth and social services.

**Goal #2:**

*By June 2024, RCLC will improve community awareness of mental health/substance services available to community members in the eastern Coachella Valley. This goal will be accomplished through the delivery of at least 4 community awareness activities that will provide education surrounding mental health services/resources. At least one community awareness activity will be provided each quarter, with the intended goal of having 75 individuals in attendance (Addressing strategy 3.6).*

**Progress of Goal #2:**

The first mental health awareness community event is planned and in progress for May 6th, 2023. This community event will encompass the distribution of resources surrounding mental health and substance abuse. Sign-up lists as well as relevant information will be used to track the number of attendees receiving linkage to direct and indirect services.

**Goal #3:**

*By June 30, 2024, RCLC in partnership with VyC will train promotoras to conduct outreach and education to reduce stigma and increase awareness among community residents (in a region yet to be determined but within the geographic areas identified in this project) about mental and behavioral health topics such as depression, anxiety, trauma, substance use, suicidal ideation, etc., how to access resources and navigate the health system; each promotor/a will reach at least 20 individuals per week: 20 people/promotor/week x 52 weeks x 3 promotoras = a minimum of 3,120 people reached to reduce stigma and raise awareness about mental health resources (Addressing Strategy 3.7).*



**Progress of Goal #3:**

Promotors are being identified and trained to service the identified areas. Program updates have been implemented to help promotors track referrals and referral outcomes to better capture our service's impact with this project. We will be implementing Connect IE platform, as well as paper files and Excel documents, to track and capture statistical data on services and community resource linkage.

**Goal #4:**

Every 6 months, 4 part-time employees who are current graduate students, in the behavioral mental health field, who are deemed "trainees/interns," by the Board of Behavioral Health Sciences will be hired by RCLC. Per the California Board of Behavioral Health Sciences, these trainees/interns will need to complete clinical hours to graduate from their programs and enter the workforce as clinical therapists. This approach will create a pathway for these graduate students to begin their careers as clinical therapists and will also equip our local workforce with competent, trained, clinicians. Upon completion of their graduate work, these interns/trainees will be hired as full-time employees, working in one of RCLC's contract-funded programs to obtain hours toward licensure. (Addressing strategy 3.1)

**Progress of Goal #4:**

We have secured a partnership with California State University San Bernardino, CSUSB for the school year 2023-2024 for which we have identified one Trainee that is starting on June 2023, and interviews are going on for CSUSB and UMASS have also referred students we are in the process of interviewing in May 2023.

**Progress on the Number and Location of District Residents Served**

**Proposed number of District residents to be *directly* served:**

Total: At least 200

**Progress on the number of District residents *directly* served:**

Total: N/A

**Proposed number of District residents to be *indirectly* served:**

Total: At least 3,120

**Progress on the number of District residents *indirectly* served:**

Total: 30+

**Geographic area(s) served during this reporting period:**

- Cathedral City
- Coachella
- Desert Hot Springs
- Indio
- Mecca
- North Shore

Oasis  
Palm Springs  
Thermal

### **Project Tracking:**

- **Is the project on track? Yes**
- **Please describe any specific issues/barriers in meeting the desired outcomes:**  
A barrier in meeting project goals has been the hiring of staff for the project to provide indirect services, our partnership with VyC will provide this trained staff and the project is on track as identified in our goals.
- **If the project is not on track, what is the course correction?**  
Project is on Track
- **Describe any unexpected successes during this reporting period other than those originally planned:**  
We have identified that the community has been very involved in spreading the opening of these services. We have referred over 30 families to resources with our social worker position, in the initial weeks of preparing to provide services, our therapist has completed training, such as Opioid Crisis and the Hispanic Latino Community, Substance Abuse and LGBT Cultural Competence, Family Violence, and many more to help better understand and relate to the community we will service.



# **Policies and Strategies to Improve Air Quality and Public Health in the Coachella Valley**

**Report to the Desert Healthcare District and Foundation**  
**June 2023**

# Policies and Strategies to Improve Air Quality and Public Health in the Coachella Valley

Report to the Desert Healthcare District and Foundation  
June 2023

## Report Authored by Tracking California

Paul English, Principal Investigator  
Max Richardson, Director of Policy

### About Tracking California

Tracking California is a program of the Public Health Institute, in partnership with the California Department of Public Health and the Centers for Disease Control's (CDC) National Environmental Public Health Tracking Program. Tracking California works to make environmental health data and information accessible through the development of a web-based data query system, state-of-the-art data displays, and innovative web tools and services.



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Richmond, CA 94804

Tel: (510) 620-3038

[www.trackingcalifornia.org](http://www.trackingcalifornia.org)

# Acknowledgements

This report was funded by the Desert Healthcare Foundation, and authored by Tracking California. We would also like to acknowledge the contributions of the Berkeley Air Group and staff from Comité Cívico Del Valle who conducted the sample survey.

Tracking California staff who contributed to this analysis include Catherine Carpenter, Paul English, Catalina Garzón-Galvis, Sophia Horiuchi, Max Richardson, and Jackie Valle.

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# Executive Summary

Over 90 percent of Californians breathe unhealthy air, causing thousands of preventable illnesses and deaths each year. Toxic air pollutants contribute to stroke, cardiovascular disease, lung cancer, respiratory illnesses, neurological disease, adverse birth outcomes, and other health conditions. The impacts from polluted air are not experienced equally, with steep disparities by race and socioeconomic status. Reducing air pollution emissions is critical for protecting public health.

The goals of this contract were to document the extent of air quality hazards in the Coachella Valley region, ascertain baseline respiratory and cardiovascular health rates and disparities of its residents, and identify policy actions the Foundation can pursue to improve air quality and the public's health throughout the Valley.

This report is the final in a series of deliverables aimed to help the Desert Healthcare Foundation gauge community health needs with respect to air quality and health in the Coachella Valley region. Previous deliverables presented data on air pollution and air pollution sources in the Coachella Valley, administrative data for respiratory and cardiovascular health conditions in the Valley, and health survey results from socioeconomically vulnerable households in the community.

## **Our findings show that:**

- > Coachella Valley residents face high rates of ozone and particulate matter air pollution. High rates of air pollution negatively impact public health.
- > Particulate matter pollution comes from varied and complex sources. High impact air pollution sources include dust from the Salton Sea and agricultural activities, emissions from petroleum combustion, and biomass burning.
- > High-poverty communities experience health disparities in cardiovascular and respiratory disease compared to low-poverty communities. Residents from the most vulnerable communities may be more likely to be living with undiagnosed respiratory health conditions.
- > Health risks in high-poverty communities are impacted by multiple overlapping social and economic conditions.
- > Ambitious air pollution reduction plans aim to reduce both particulate matter and ozone in the Coachella Valley and the entire South Coast Air Quality Management District. These reductions will benefit the public health of all residents.

We identified six areas for policy action and strategy to support current resident needs, reduce organizational air pollution emissions, and advance existing air pollution reduction plans for the Coachella Valley and the South Coast Air District. These strategies leverage the Desert Healthcare Foundation's position as a health leader and community convener, and would contribute to improvements in air quality and public health in the Coachella Valley.

## Policy Actions and Strategies

### **Identify and Address Resident Needs for Healthcare Access and Clinical Services**

The Desert Healthcare Foundation can continue its work to expand access to health services and preventative care in the Valley. This process may include continued growth in community relationships and trust, the identification of barriers to health insurance and healthcare services, and deeper reach into high-risk communities to identify the most vulnerable and clinically underserved households.

The Foundation can also continue to improve the diagnosis and management of existing air quality-related health conditions, including respiratory and cardiovascular disease risks and outcomes, especially among the most vulnerable patients.

### **Continue to Advance Health Equity Throughout All Policy Arenas**

As the Air District and Coachella Valley pursue sharp reductions in air pollution emissions, DHCF can advocate for the development of equitable policies that positively impact the health of vulnerable and low-income households. Leveraging air quality planning and policy to benefit the social and economic well-being of low-income communities will provide more impactful public health benefits than reducing pollution alone.

### **Accelerate Organizational Emission Reductions**

Ozone reduction plans in the South Coast Air District will require stringent reductions in emissions across all sectors. The Desert Healthcare Foundation can lead in the community by advancing its own internal emissions reductions, including an audit of existing emissions and the acceleration of zero and low emissions technologies throughout its operations.

### **Develop Collaborative Relationships to Advance Emission Controls in the Coachella Valley**

The Desert Healthcare Foundation is uniquely positioned to collaborate and engage with community residents, community-based organizations, air regulators, governmental entities, and the private sector in air quality improvement planning and implementation. DHCF can participate in identifying community needs, monitoring and achieving air quality goals established in emission reduction plans, and leveraging emission reduction interventions to benefit community health.

Growing collaborative, long-term relationships with parties engaged in air pollution control will support the Foundation's efforts to improve air quality and public health in the Coachella Valley.

### **Support Emission Control Efforts Put Forth in the AQMD Air Quality Management Plan (AQMP) and the AB 617 Community Emissions Reduction Plan (CERP)**

The AQMP and CERP serve as bold blueprints for the monitoring, control, and reduction of air pollution emissions in the South Coast Air District and the Coachella Valley. The Desert Healthcare Foundation can support and advocate for air pollution reductions put forth in these plans, with a unique perspective on ensuring healthy and equitable outcomes in the community. DHCF can position itself as a trusted collaborator and facilitator in processes to advance public health in the Coachella Valley.





# Introduction

## Air Pollution in California

Air pollution is a critical public health concern in California. According to the California Air Resources Board (CARB) – California’s agency charged with protecting the public from air pollution – over 90 percent of Californians breathe unhealthy air each year.<sup>1</sup> CARB has identified more than 200 pollutants as toxic air contaminants.<sup>2</sup> A toxic air contaminant is defined by the California Health and Safety Code (Section 39655) as any “air pollutant which may cause or contribute to an increase in mortality or in serious illness, or which may pose a present or potential hazard to human health.” These toxic pollutants result in a wide variety of health concerns, including stroke, cardiovascular disease, lung cancer, respiratory illnesses, neurological disease, poor birth outcomes, and more.

Particulate matter and ozone are two pollutants that substantially impact public health in California. CARB estimates that excess PM<sub>2.5</sub> pollution causes 7,200 premature deaths, 1,900 hospitalizations, and 5,200 emergency room visits each year. Recent research from the University of California, Los Angeles has estimated that PM<sub>2.5</sub>-associated mortality in California ranges from 12,700 – 26,700 persons per year, and over 50% of this mortality is attributable to human-caused emissions occurring in California. That same study estimates ozone may be associated with up to 13,700 deaths each year, and that distant out-of-state emissions cause over 75% of ambient ozone in California.<sup>3</sup>

The negative health effects from air pollution are not distributed equally throughout California. Those with the highest risks from air pollution include low-income residents, people of color, persons living with chronic health conditions, pregnant people, the elderly, children, and people experiencing homelessness.

Air pollution inequities are deeply entrenched through decades of policies that encouraged racial and economic segregation. Communities of color and low-income households, for example, were subjected to redlining, limiting their access to financial lending and other services. Redlining forced many residents to live in neighborhoods closer to polluting freeways and industrial areas, leading to greater air pollution exposures – this legacy continues to impact many low-income and communities of color today. In addition, low-income households and people experiencing homelessness may have fewer protections against pervasive outdoor air pollution – such as homes with tight sealing windows and doors, or in-home air filters. Many lower-income workers are also more likely to experience bad air quality at their jobs, such as farmers, vehicle operators, and industrial workers. Occupational air quality concerns are increasing as outdoor laborers in California contend with smoke from more frequent and intense wildfires.

Other risks from air pollution are biologically driven – children and fetuses may be more susceptible to air pollution, as they breathe more pollutants on a pound-for-pound basis compared to adults. The elderly are less able to compensate for and recover from the negative health effects of environmental pollutants. For many Californians, they face overlapping social, economic, and biological risks that increase the overall impact of air pollution on their health. For example, a lack of health insurance or healthcare access can further perpetuate health inequities experienced in at-risk communities already burdened by air pollution.

The complexity and scale of air pollution risks means that regulators and policymakers must navigate difficult decisions to reduce air pollution emissions, improve public health, and promote equity among Californians. They must also be careful to avoid policies with negative unintended consequences that could exacerbate existing economic and public health inequities. Effective policy interventions will reduce air pollution while also actively promoting health and economic equity (see Box 1).

**Box 1. More Equitable Environmental Policies**

‘Congestion pricing’ is the practice of charging additional fees for drivers to enter a specified area (often a downtown area) with the goal to reduce vehicle trips, emissions, and noise, while simultaneously incentivizing transit, walking, or biking. Congestion pricing effectively reduces vehicular pollution in these areas, but the monetary fees may cause an additional hardship on low-income motorists. Small tweaks, such as carving out fee exemptions for lower-income commuters, or devoting program fees to be reinvested in targeted communities (such as transit improvements or affordable housing) can make the policy more equitable and effective, while simultaneously meeting pollution reduction goals. Considering equity as a core goal of any environmental policy can open new opportunities to benefit social, economic, and health conditions of a community.



## California Ambient Air Quality Standards

California law has established a process for the development of California ambient air quality standards (CAAQS) that is allowed to be more stringent than national regulatory standards. This is in response to California’s unique history with air pollution shaped by its varied geography, relatively warm and sunny climate, rapid population growth, and recurring episodes of toxic smog. CAAQS are established based on expert review of scientific literature and a public review process. California-specific standards are shown in Table 1. These pollutants are predominantly caused by human activities.<sup>4</sup>

California law does not require that CAAQS attainment is met by a specified date, but instead seeks incremental progress to achieve these air quality goals. Areas of California that have been designated as ‘Nonattainment’ for failing to meet National Air Quality Ambient Standards (NAAQS) are required by federal law to set forth detailed plans to meet specific air quality requirements.

**Table 1. Pollutants for which a California Ambient Air Quality Standard has been established and the pollutants' most common emission sources**

<b>Pollutant</b>	<b>Common Sources</b>
Particulate Matter (PM <sub>10</sub> and PM <sub>2.5</sub> )	PM <sub>2.5</sub> – emissions from the combustion of gasoline, oil, diesel and wood  PM <sub>10</sub> – emissions from the combustion of fuels, as well as dust from construction sites, landfills, agriculture, wildfires, industrial sources, and pollen
Ozone (O <sub>3</sub> )	Ozone is formed in the atmosphere via chemical reactions between pollutants from vehicles, industrial sources, consumer products, evaporative paints, and other sources. Hydrocarbons and nitrogen oxide gases react in sunlight to form ozone.
Nitrogen Dioxide (NO <sub>2</sub> )	Most often formed in the atmosphere through reactions between nitric oxide (NO) and other pollutants in the presence of sunlight. Can also be emitted directly from combustion sources.
Sulfate	A common component of fine particulate matter (PM <sub>2.5</sub> ).
Carbon Monoxide	Pollutant that results from the incomplete combustion of carbon-containing fuels (such as gasoline, natural gas, or wood). Carbon monoxide is most commonly emitted from motor vehicles, power plants, wildfires, and incinerators.
Sulfur Dioxide (SO <sub>2</sub> )	Emitted from sulfur-containing fuels used in motor vehicles, trains, ships, off-road diesel equipment, and industrial processes such as petroleum extraction, oil refining, and metal processing.
Visibility Reducing Particles	Caused by particulate matter pollution, gaseous pollutants, and windblown dust.
Lead	Lead emissions were largely due to motor vehicle exhaust before lead was banned from gasoline – fallout is still present, especially in urban soils. Today lead is emitted from ore and metal processors, waste incinerators, utilities, and lead-acid battery manufacturers.
Hydrogen Sulfide (H <sub>2</sub> S)	Emissions from oil and natural gas extraction and processing, natural emissions from geothermal activity, and sewage treatment facilities and landfills.
Vinyl Chloride	Emitted from industrial processes, landfills, sewage treatment sites, and other hazardous waste sites.

Each community in California has its own unique air pollution risks – these may include near-roadway pollution, proximity to industrial sites, or agricultural-related pollution and dust, amongst many other potential hazards. To regulate and enforce region-specific air quality needs, California is divided into 35 Air Districts that are responsible for regional air planning, monitoring, and stationary source and facility permitting. CARB regulates air pollution, establishes statewide air quality standards, and works as a partner with the Air Districts. Both CARB and the Air Districts have the authority to enforce air quality rules and regulations.

The South Coast Air Quality Management District (South Coast AQMD) oversees the South Coast Air Basin (including Orange County and non-desert regions of Los Angeles, Riverside, and San Bernardino Counties) and the Coachella Valley.

## Air Pollution and Health in the Coachella Valley

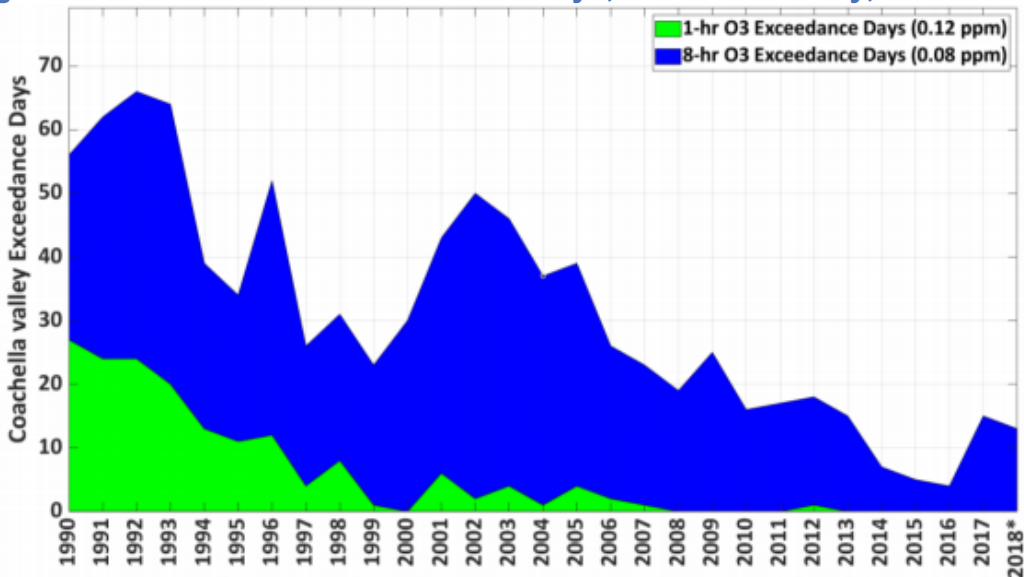
The Coachella Valley extends 45 miles from the San Gorgonio Pass to the Salton Sea and is approximately 15 miles wide. The primary pollutants of concern in the Valley are ozone, respirable particulate matter (PM<sub>10</sub> or particulate matter with diameter of 10 microns or less), and fine particulate matter (PM<sub>2.5</sub> or particulate matter with diameter of 2.5 microns or less). The Coachella Valley is designated a nonattainment area for both 8-hour ozone and PM<sub>10</sub>.<sup>5</sup>

We previously assessed data on ozone, PM<sub>10</sub>, and PM<sub>2.5</sub> from the U.S. EPA and CARB for 2017-2019. Data indicate that ozone and PM<sub>10</sub> are the pollutants of most concern for residents living in the Desert Healthcare District. Ozone is widespread throughout the South Coast AQMD, and its reduction is a primary focus of its 2022 “Air Quality Management Plan.”<sup>6</sup> PM<sub>10</sub> is of particular concern in Eastern Coachella Valley communities and is a focus of the “Community Emissions Reduction Plan” adopted in 2021.<sup>7</sup>

### Ozone

The Coachella Valley’s ozone pollution continues to exceed the 2015 federal standard of 0.070 ppm and is classified as “severe-15” (ongoing petitions aim to reclassify nonattainment as “extreme”).<sup>8</sup> While there has been a decrease in the overall number of days exceeding the ozone standards (Figure 1), ozone pollution remains very high. Ozone levels peak in the summer, and the most recent data shows that **ozone exceeds the CAAQS 8-hr standard about 20 days per year** in the Coachella Valley.

Figure 1. Trends in Ozone exceedance days, Coachella Valley, 1990-2018



Ozone is transported to the Coachella Valley from the metro areas of the South Coast Air Basin via the San Gorgonio Pass. Ozone is also formed in the Valley from volatile organic compound precursors, such as transportation emissions and consumer products (which, again, primarily migrate from the South Coast metro areas) that combine with oxides of nitrogen on sunny days to produce ozone. According to the South Coast Air Quality Management District, local emission sources in the Valley have limited impact on ozone levels. The Coachella Valley will benefit from local emissions control efforts, but additional upwind emission control efforts by state and federal regulators will be required to meet federal standards for ozone.

### ***Particulate Matter***

Respirable particulate matter (PM<sub>10</sub>) pollution is a persistent public health concern in the Coachella Valley. **PM<sub>10</sub> exceeds the CAAQS 24-hour standard of 50 µg/m<sup>3</sup> approximately one-third of each year.** PM<sub>10</sub> generally begins to peak in the spring and continues into the summer. Community PM<sub>10</sub> concerns include windblown dust from the Salton Sea, agricultural-related emissions (including agricultural burning and pesticides), transportation-related pollution, and fugitive road dust and off-roading. PM<sub>2.5</sub> exceeded the NAAQS 24-hour standard of 35 µg/m<sup>3</sup> two times from 2017-2019 (California has not established its own AAQS for PM<sub>2.5</sub> 24-hour average). PM<sub>2.5</sub> tends to peak in the summer months, though large peaks can occur during other times of the year as well. Diesel particulate matter, more than 90% of which is a much smaller form of particulate matter and can be inhaled deeply into the lungs, is an important community concern in the Coachella Valley (diesel particulate matter is a portion of measured PM<sub>2.5</sub> and PM<sub>10</sub>).<sup>9</sup>

For this contract with DHCF, we partnered with Berkeley Air for a source apportionment analysis of particulate matter. Berkeley Air used a *Positive Matrix Factorization (PMF) Model*<sup>10</sup> to characterize samples of particulate matter pollution and estimate the sources of PM pollution in Coachella Valley. The results from this analysis reiterated the complexity of causes and sources of particulate matter air pollution in the Coachella Valley, and the need for a multipronged approach to reduce PM pollution. Crustal and soil sources were found to be a substantial contributor to PM air pollution, with the Salton Sea and agricultural activities as likely contributors. Pollutants resulting from petroleum combustion, cooking, and biomass burning were also important contributors to overall levels of PM.

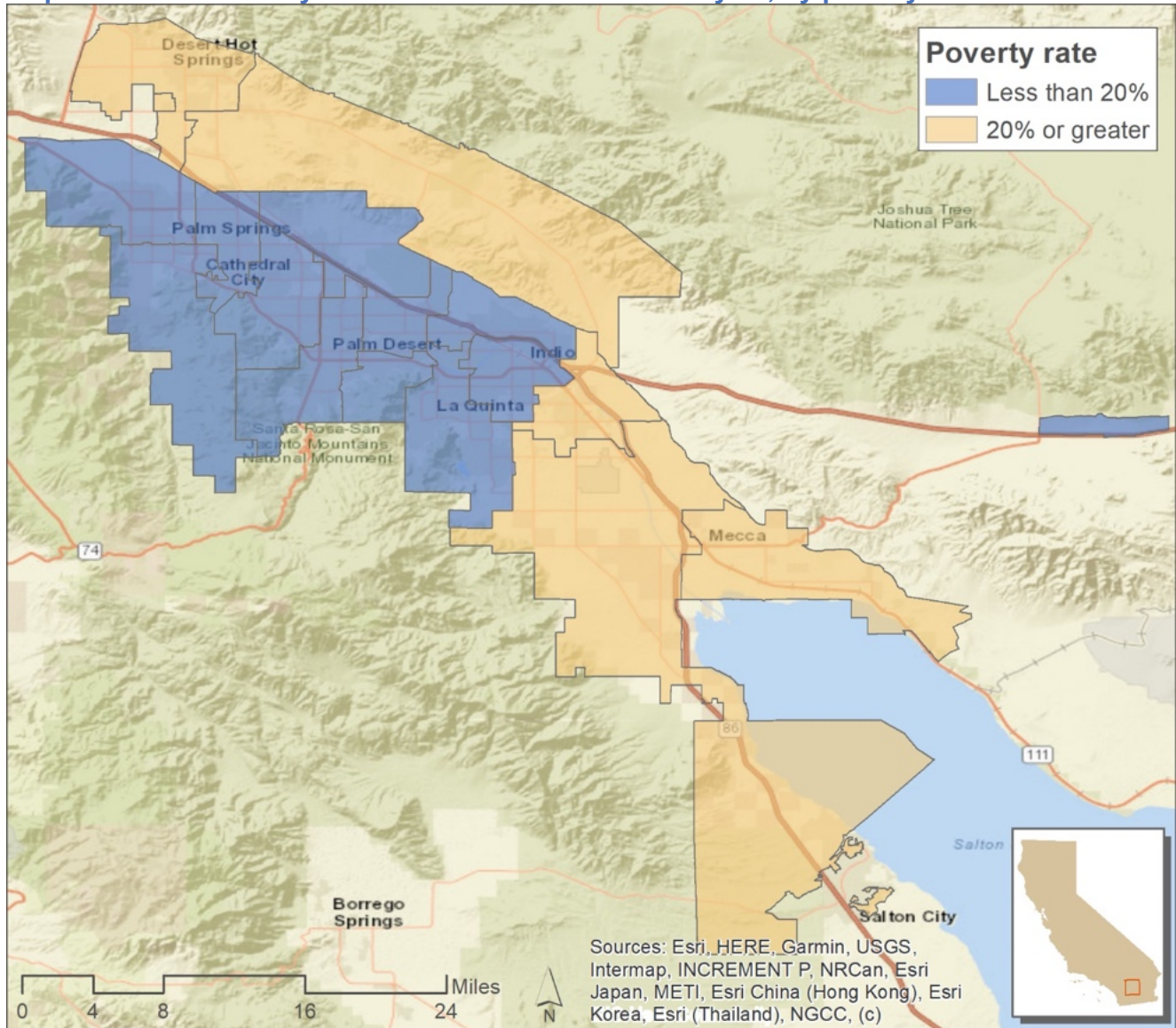
### ***Respiratory and Cardiovascular Health in the Coachella Valley***

We previously examined data for air pollution-related health conditions in the Coachella Valley, specifically respiratory and cardiovascular conditions. We found that rates of air pollution-related health conditions in the Coachella Valley – measured using administrative data for emergency department (ED) visits and hospitalizations – were similar to the average rates for all of California. However, this overall average disease rate hides substantial disparities in illness rates between lower-poverty and higher-poverty ZIP codes in the Coachella Valley (Map 1).

- > ED visits and hospitalizations for **chronic obstructive pulmonary disease (COPD)** were 70% and 85% higher, respectively, in higher-poverty ZIP codes compared to lower-poverty ZIP codes.
- > ED visits and hospitalizations for **asthma** were 18% and 27% higher, respectively, in higher-poverty ZIP codes compared to lower-poverty ZIP codes.
- > ED visits and hospitalizations for **heart disease** were both 26% higher in higher-poverty ZIP codes compared to lower-poverty ZIP codes.
- > ED visits and hospitalizations for **myocardial infarctions** were 41% and 44% higher, respectively, in higher-poverty ZIP codes compared to lower-poverty ZIP codes.

We defined higher-poverty ZIP codes as those with a poverty rate  $\geq 20\%$ . The average household in these areas have a lower median income, lower rates of insurance, and lower rates of educational attainment (Table 2). These residents are facing multiple social, economic, and environmental challenges that will impact their overall health.

**Map 1. Coachella Valley ZIP codes included in the analysis, by poverty rate**



**Table 2. Social and economic indicators for lower-poverty (<20%) and higher-poverty (≥20%) ZIP codes in the Coachella Valley**

<b>Indicator</b>	<b>Higher-poverty ZIP codes</b>	<b>Lower-poverty ZIP codes</b>
Median household income	\$33,000	\$59,000
Proportion Hispanic residents	78%	39%
Proportion White residents	48%	75%
Health insurance rate	83%	91%
Proportion of residents with a high school degree	59%	86%

We also partnered with Comite Civico del Valle, a community organization in the Imperial Valley, to perform a health survey of 158 individuals in 7 low-income communities to supplement administrative ED and hospitalization data. Surveys are an important tool for understanding the full scope of disease burden, particularly in lower-income communities where administrative data may be less able to accurately capture the full scope of a community’s disease burden because of lower insurance rates, reduced healthcare access, greater distrust in healthcare setting, and other possible reasons. We found that 11% of respondents reported having been diagnosed or treated for asthma,

but 20% of respondents *who had never been diagnosed with asthma* reported symptoms consistent with asthma. This suggests that asthma in these communities may be a greater public health burden than is shown in administrative hospital data. Improving access to care and providing more preventive care for these communities may improve the population's respiratory health.

Our findings are consistent with previous research demonstrating higher rates of morbidity in poorer communities across multiple health conditions. There are many social, economic, health, and environmental factors that contribute to higher rates of illness in these communities, such as lower rates of health insurance; fewer health promoting resources; reduced economic opportunities; higher stress levels resulting from more frequent racial discrimination and economic depravity; lower educational attainment; higher risk for environmental hazards at home, school, and work; and many other potential contributing factors.

No single intervention will eliminate persistent and pervasive health inequities. Rather, policies will need to address multiple contributing factors across social, economic, and environmental arenas. This report's focus is on policies to improve air quality and reduce air pollution-related diseases, and offers policy actions that can be taken by Desert Healthcare Foundation to support improved air quality and public health.



# Achieving Air Pollution Reductions in the Coachella Valley

Air pollution in the South Coast AQMD and the Coachella Valley is emitted from a variety of sources regulated by overlapping federal, state, and local authorities. The primary goal of enforcement activities is to enforce existing air control regulations and protect public health.

Two recent air pollution control plans are the blueprint for future emission reductions in the Coachella Valley. The *Eastern Coachella Valley (ECV) Communities Emission Reduction Plan (CERP)* emerged from a community-driven process, mandated by Assembly Bill (AB) 617 to reduce air pollution in environmental justice communities. The ECV CERP, published in July 2021, “outlines goals and actions by the Community Steering Committee (CSC), the South Coast AQMD, and the California Air Resources Board (CARB) to reduce air pollution in the ECV community and improve public health.” The central focus of the CERP is on reducing particulate matter pollution, including diesel particulate matter, in highly impacted communities.

The 2022 *South Coast AQMD Air Quality Management Plan (AQMP)* provides a long-term plan for meeting Federal air quality guidelines in the Air District. The 2022 AQMP builds upon existing air quality control measures and provides further policy guidance for bringing air pollution into federal attainment. The focus of the 2022 AQMP is on attaining the NAAQS ozone standard throughout the South Coast AQMD.

Together, these documents outline actionable practices and policies to reduce ozone and particulate matter in the Coachella Valley. The plans are ambitious in scope and will require substantial emissions reductions above and beyond existing control measures.

## Eastern Coachella Valley Community Emissions Reduction Plan – AB 617

Assembly Bill (AB) 617 was passed in 2017 to address disproportionate air pollution impacts in environmental justice communities.<sup>11</sup> As part of this legislation, local air districts must develop and adopt a Community Emissions Reduction Plan (CERP) within a year after an area is designated as an AB 617 community. The CERP must be developed in consultation with CARB, community-based organizations, affected sources, and local governmental bodies. A draft Eastern Coachella Valley (ECV) CERP was presented to AQMD’s governing board in December of 2020, and the plan was finalized in July 2021.

The ECV CERP seeks to address air pollution priorities identified through a collaborative and community-engaged process. The CERP process recognized that air pollution issues in the Coachella Valley are unique from those in the rest of the South Coast AQMD, including higher levels of PM<sub>10</sub>, and tailored solutions accordingly. Identified air pollution priorities included the Salton Sea, pesticides, open burning and illegal dumping, fugitive road dust and off-roading, diesel mobile sources, and the Greenleaf Desert View Power Plant. Diesel particulate matter (DPM) was identified as the “main air toxic pollutant in the community”.



The CERP identified 15 goals and numerous specific actions to reduce air pollution in the ECV community (Table 3). These actions are in addition to or reaffirming of ongoing efforts and regulations by South Coast AQMD, CARB, United States Environmental Protection Agency (EPA), and Tribal EPA. ECV CERP goals and actions are summarized below. Additional details on goal activities and timelines are available in the final CEPR.

The common focus of CERP goals and actions are:

- > Improved information sharing and community engagement in air pollution regulations, enforcement, and planning;
- > Greater collaboration between responsible local, regional, and state agencies;
- > Increased air pollution monitoring, data, and community education;
- > Reductions of air pollution emissions; and
- > Interventions to mitigate air pollution exposures.

**Table 3. Eastern Coachella Valley (ECV) Community Emissions Reduction Plan (CERP) goals and actions identified to reduce air pollution and air pollution impacts.**

<b>Land Use Planning</b>
<p><b>Goal: Coordinate with relevant agencies to implement community plans and develop strategies to lessen cumulative impacts from land use and reduce emissions and exposures.</b></p> <p><i>Actions:</i> Improved outreach and communications on California Environmental Quality Act–Intergovernmental Review program, tree planting, incentive low-emission mobile source projects, funding for home weatherization and other initiatives, and improved cross-agency collaboration.</p>
<b>Salton Sea</b>
<p><b>Goal: Expand air monitoring networks and improve notification systems related to the Salton Sea.</b></p> <p><i>Actions:</i> Expand hydrogen sulfide and PM<sub>10</sub> monitoring, greater research on air quality baseline and Salton Sea soil composition, and increased collaboration in the community.</p>
<p><b>Goal: Reduce emissions from the Salton Sea.</b></p> <p><i>Actions:</i> Partner with other agencies to improve air pollution and dust data, implement dust suppression projects, and mitigate pesticide runoff into the Salton Sea. Perform outreach on dust regulations and best practices to reduce dust emissions, and partner with communities to outreach regarding Salton Sea impacts and dust complaints.</p>
<p><b>Goal: Reduce air pollution exposures from the Salton Sea.</b></p> <p><i>Actions:</i> Identify and secure funding for air filtration systems and weatherization projects, partner with community organization to conduct community outreach on air quality data, conduct educational outreach on air pollution mitigation, and identify tree planting opportunities.</p>
<b>Pesticides</b>
<p><b>Goal: Gather Information and conduct air monitoring for pesticides.</b></p> <p><i>Actions:</i> Identify pesticides used in the Coachella Valley; support pesticide air monitoring, data analysis, and interpretation; support and coordinate pesticide sampling and analysis; share information on statewide efforts for pesticide notification systems.</p>
<p><b>Goal: Pursue pesticides emissions and exposure reductions.</b></p> <p><i>Actions:</i> Evaluate community health risks, increase outreach regarding and seek to improve pesticide regulations, identify funding for pesticide exposure reduction projects, and establish partnerships to reduce pesticide emissions and exposures.</p>
<b>Fugitive Road Dust and Off-Road</b>
<p><b>Goal: Expand monitoring networks for PM<sub>10</sub>.</b></p> <p><i>Actions:</i> Identify opportunities to expand existing PM<sub>10</sub> monitoring, provide real-time data, and implement data calibration protocols.</p>

<p><b>Goal: Reduce emissions from fugitive road dust and off-roading.</b>  <i>Actions:</i> Pursue partnerships needed to implement paving projects, identify funding to reduce road dust emissions, partner with community to address road-dust concerns, and evaluate the need for additional regulations and/or outreach efforts.</p>
<p><b>Goal: Reduce exposure from fugitive road dust and off-roading.</b>  <i>Actions:</i> Outreach to the community regarding air quality alerts and identify funds for air filtration systems and home weatherization projects.</p>
<p><b>Open Burning and Illegal Dumping</b></p>
<p><b>Goal: Improve Monitoring Network.</b>  <i>Actions:</i> Work with the CSC to establish a PM<sub>2.5</sub> air quality sensor network, quantify air quality impacts, and provide better air quality information to the community.</p>
<p><b>Goal: Reduce Emissions from Open Burning.</b>  <i>Actions:</i> Leverage collaborative partnerships to reduce open burning through enforcement, outreach, and additional regulations; pursue funds for equipment or service alternatives to agricultural burning; conduct outreach to encourage best burn practices and to report suspected illegal burning.</p>
<p><b>Goal: Reduce Exposure to Open Burning.</b>  <i>Actions:</i> Partner with other agencies and community organizations for community outreach and education, pursue opportunities to develop a notification system for permitted burnings, and identify funding sources for weatherization projects near frequent burn sites.</p>
<p><b>Goal: Reduce Illegal Dumping.</b>  <i>Actions:</i> Pursue collaboration to reduce illegal dumping, perform community outreach on reporting of illegal dumping, and pursue funds for mitigations to reduce illegal dumping.</p>
<p><b>Diesel Mobile Sources</b></p>
<p><b>Goal: Reduce Emissions and Exposure from Diesel Mobile Sources.</b>  <i>Actions:</i> Prioritize diesel emission reductions based on community input, identify incentives to replace high-pollution diesel sources, identify funds to replace school buses with zero/near-zero emission vehicles, and identify funds to install zero emission charging infrastructure.</p>
<p><b>Greenleaf Desert View Power Plant</b></p>
<p><b>Goal: Reduce Emissions from Greenleaf Desert View Power Plant.</b>  <i>Actions:</i> Work with partners to identify and mitigate community concerns regarding the power plant, and consider requiring all future funds from the power plant be committed to reduce air pollution in ECV.</p>

## South Coast AQMD 2022 Air Quality Management Plan

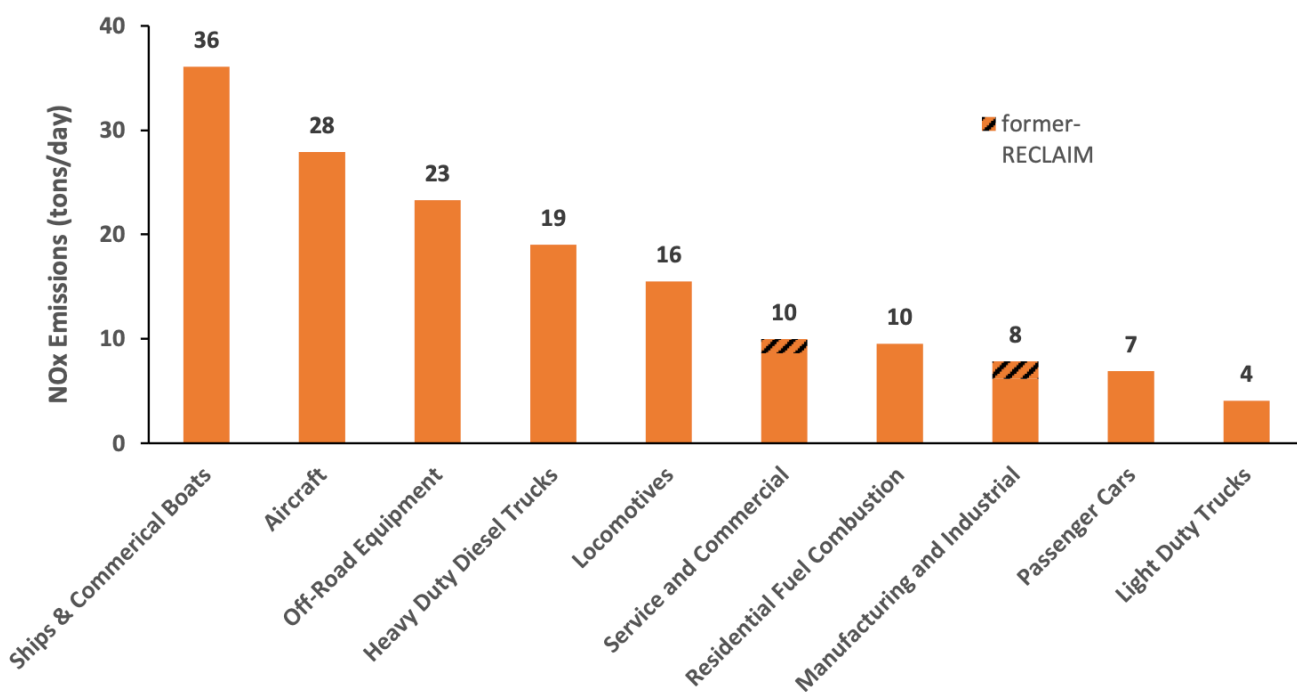
Any area that does not meet NAAQS must submit a State Implementation Plan (SIP) to the U.S. EPA to show how the area will meet federal air standards. The U.S. EPA has designated the South Coast Air Basin as “extreme” nonattainment and the Coachella Valley as “severe-15” nonattainment for the 2015 8-hour ozone standard.

In 2022, South Coast AQMD submitted their Air Quality Management Plan (AQMP) and federally required SIPs. The AQMP provides a framework for attaining the 2015 8-hour ozone standard of 70 parts per billion (ppb) by the year 2037. The plan was developed through a multi-agency effort that included South Coast AQMD, CARB, the Southern California Association of Governments, and the U.S. EPA, and the process incorporated public feedback from private, academic, nongovernmental, and community groups.

To meet the 2015 8-hour ozone standard, emissions of nitrogen oxide (NOx) – the primary pollutant that creates ozone – must be cut by 67%, to 60 tons per day of NOx. South Coast AQMD has determined that there is “no viable pathway” other than widespread adoption of zero-emission technologies for all stationary and mobile sources throughout the region in order to meet target ozone reductions.

Approximately 20% of projected future NOx emissions fall under the jurisdiction of South Coast AQMD, primarily from stationary sources. Most NOx emissions are under the jurisdiction of State (34%) or federal regulators (46%) and include emissions from heavy trucks, ships, and other mobile sources (Figure 2). Therefore, significant action on the part of the U.S. EPA is needed to meet ozone attainment. Furthermore, transitioning to widespread zero and low-emission technologies will require “black box” measures – these may be new or advanced technologies or further regulated emissions reductions that are not yet identifiable. These advanced technologies will require significant public and private investments.

**Figure 2. Largest NOx emission sources projected for 2037 in tons per day. Source: AQMD.**



Federal, state, and regional entities will need to pursue multiple approaches and control measures for NOx and targeted VOC emission reductions to attain the federal ozone standard by 2037 (Table 4).

**Table 4. Summary NOx and VOC emissions reductions needed to reach attainment by 2037 under the Air Quality Management Plan, by emission source (tons per day). Source: AQMD.**

	<b>NOx Emissions</b>	<b>VOC Emissions</b>
<b>Year 2037 Projected Baseline</b>	184	339
<b>Emission Source Reductions</b>		
South Coast AQMD Stationary Sources	19	1
South Coast Stationary Sources – further clean technologies needed	3	0
South Coast AQMD Mobile Sources	7	0
CARB’s Zero Emissions Standard for Space and Water Heaters	3	0
Sources under CARB Authority (except residential and commercial space and water heaters)	30	17.5
Primarily Federally and Internationally Regulated Sources (CARB Measures)	11	0.5
Primarily Federally and Internationally Regulated Sources (Federal action needed)	51	3
<b>Total Reductions (all measures)</b>	125	22

Stationary and area-wide emission reductions include:

- > NOx control measures, including zero emission technologies across large and small stationary and mobile sources, achieved through rulemaking processes and incentive programs. South Coast AQMD will prioritize incentive funding in EJ communities.
- > Co-benefits gained from climate and energy efficiency programs.
- > Limited and strategic reductions in volatile organic compounds (VOC).

Mobile source control measures include:

- > Emission growth management to reduce emissions from development projects by working with land use planners, developers, and other agencies.
- > Reductions from facility-based mobile sources, such as ports and railyards.
- > Emission reductions from on-road and off-road mobile sources.
- > Incentive funding to encourage the early deployment of cleaner sources.

AQMD control measures include “black box” NOx reductions of 3 tons per day for stationary sources and 7 tons per day for mobile source incentives. AQMD notes that black box reductions for U.S. EPA regulated sources – including aircrafts, ships, and international trucks – will need to be much larger at 58 tons per day. This is because the U.S. EPA has not yet adopted aggressive NOx control measures for these sources.



## Policy Actions and Strategies

We found that average rates of certain respiratory and cardiovascular health conditions in the Coachella Valley are similar to Statewide averages. However, this population-wide average disease rate hides substantial disparities in illness rates in higher-poverty ZIP codes. In addition, rates of some respiratory illnesses may be higher than expected based on state administrative data alone, as 20% of residents surveyed in high-poverty communities reported experiencing respiratory symptoms, despite never receiving a clinical diagnosis.

Coachella Valley’s higher-poverty communities are at an increased risk of being uninsured and have lower rates of educational attainment. This was reiterated by a 2023 market analysis for Desert Healthcare Foundation that identified “High Risk” communities in the Coachella Valley.<sup>12</sup> The communities in the market analysis defined as High Risk were inclusive of all the high-poverty ZIP codes demarcated in this air pollution and health report. Their analysis also found higher overall rates of illness in these High Risk areas and noted a higher risk for transportation challenges and housing insecurity in these communities. These data underline the multiple health, social, and economic challenges faced by lower-income communities in the Coachella Valley.

Socioeconomic challenges are compounded by environmental risks. The Coachella Valley is designated a nonattainment area for both 8-hour ozone and PM<sub>10</sub>, and residents face elevated risks from these pollutants. Sources of particulate matter pollution are varied and include (but are not limited to) dust from the Salton Sea and agricultural activities, emissions from petroleum combustion, and biomass burning.

Air pollution risks will be the highest for households living near pollution sources, residents living in substandard or poorly ventilated housing, and for individuals also impacted at work (such as outdoor laborers and industrial workers). Ambitious plans exist for reducing both particulate matter and ozone, and reductions in air pollution will positively impact public health for all Valley residents. Additional social, economic, and public health support systems would benefit residents living in the most impacted communities.

Overall, core findings indicate that:

- > Coachella Valley residents face high rates of ozone and particulate matter air pollution. High rates of air pollution negatively impact public health.
- > Particulate matter pollution comes from varied and complex sources. Sources of concern include dust from the Salton Sea and agricultural activities, emissions from petroleum combustion, and biomass burning.
- > Residents living in high-poverty communities experience health disparities in cardiovascular and respiratory disease compared to low-poverty communities. Residents from the most vulnerable communities may be more likely to be living with undiagnosed respiratory health conditions.
- > Multiple overlapping social and economic challenges are likely to also impact overall health risks in high-poverty communities.
- > Ambitious air pollution reduction plans aim to reduce both particulate matter and ozone in the Coachella Valley and the entire South Coast Air Quality Management District. These reductions will benefit the public health of all residents.

Policy recommendations are presented here as near-term, medium-term, and long-term actions and strategies. These recommendations aim to benefit environmental health conditions experienced in the community and support lasting and sustainable air pollution reductions throughout the region.

## Near-Term Actions and Strategies

### Identify and Address Resident Needs for Healthcare Access and Clinical Services

Coachella Valley residents currently experience high levels of air pollution. Air pollution contributes to many poor health outcomes. We found that there are large disparities in respiratory and cardiovascular health conditions between low- and high-poverty communities in the Coachella Valley. Furthermore, there is evidence that some of the most vulnerable residents in the Coachella Valley may be living with undiagnosed and unmanaged respiratory symptoms.

- > The Desert Healthcare Foundation can continue its work to expand access to health services and preventative care in the Valley. This process may include continued growth in community relationships and trust, the identification of barriers to health insurance and healthcare services, and deeper reach into high-risk communities to identify the most vulnerable and clinically underserved households.
- > The Foundation can also continue to improve the diagnosis and management of existing air quality-related health conditions, including respiratory and cardiovascular disease risks and outcomes, especially among the most vulnerable patients.

### Continue to Advance Health Equity Throughout All Policy Arenas

Leveraging air quality planning and policy to benefit the social and economic well-being of low-income communities will provide more impactful public health benefits than reducing pollution alone. The pursuit of equitable policies will rely on the developing and sustaining long-term relationships and collaborations with local residents, community organizations, businesses, and governmental entities throughout the Coachella Valley.

- > As the Air District and Coachella Valley pursue sharp reductions in air pollution emissions, DHCF can advocate for the development of equitable policies that positively impact vulnerable and low-income households. This work may open up new policy arenas for engagement and advocacy, based on community needs and policy opportunities.

## Medium-Term Actions and Strategies

### Accelerate Organizational Emission Reductions

Ozone reduction plans in the South Coast Air District will require stringent reductions in emissions across all sectors. The South Coast Air Management District notes that there is “no viable pathway” to achieve ozone attainment by 2037 other than widespread adoption of zero-emission technologies for all stationary and mobile sources throughout the region.

- > The Desert Healthcare Foundation can lead in the community by advancing its own internal emissions reductions, including an audit of existing emissions and the acceleration of zero and low emissions technologies throughout its operations.

### Develop Collaborative Relationships to Advance Emission Controls in the Coachella Valley

The Desert Healthcare Foundation is uniquely positioned to collaborate and engage with community residents, community-based organizations, air regulators, governmental entities, and the private sector in air quality improvement planning and implementation efforts.

- > DHCF can participate in identifying community needs, pursuing and monitoring air quality goals established in emission reduction plans, and leveraging emission reduction interventions to benefit community health. Growing collaborative, long-term relationships with parties engaged in air pollution control will support the Foundation's efforts to improve air quality and public health in the Coachella Valley.
- > Specific strategies may include prioritizing and targeting high-poverty communities for emission reduction initiatives – such as home weatherization, electric vehicle/transit access and infrastructure, and appliance upgrades.

## Long-Term Actions and Strategies

### **Support Emission Control Efforts Put Forth in the AQMD Air Quality Management Plan (AQMP) and the AB 617 Community Emissions Reduction Plan (CERP)**

The AQMP and CERP are bold blueprints for the monitoring, control, and reduction of air pollution emissions in the South Coast Air District and the Coachella Valley. The AQMP is focused on ozone attainment by 2037 and requires the aggressive and widespread adoption of low and zero emissions technologies. The AB 617 CERP for the Eastern Coachella Valley is focused on reductions in particulate matter pollution and will necessitate close collaboration between regulatory agencies at multiple levels of government, community residents, and community organizations.

- > The Desert Healthcare Foundation can support and advocate for air pollution reductions put forth in these plans, with a unique perspective on ensuring healthy and equitable outcomes in the community. DHCF can position itself as a trusted collaborator and facilitator in processes to advance public health in the Coachella Valley.

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**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: July 18, 2023  
To: PROGRAM COMMITTEE  
Subject: Behavioral Health Informational Update

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**Staff Recommendation:** Information only

**History/Background:**

- The District Fentanyl Harm Reduction Awareness Project, in partnership with Riverside University Health System/Public Health, was highlighted in an article in the Desert Sun on July 11, 2023 (See Attached). The article focused on the harm reduction approach of this project, how the education/awareness process is being carried out and which community members are the primary focus for this support. As a result of the article being published, the District is hearing from community members who have direct experience with the loss of a loved one related to Fentanyl. These testimonials continue to highlight the state of urgency to address this crisis. Harm reduction awareness remains a helpful intervention option which is the focus of this project. Testimonial content will be included in the final report at the end of this project period on August 31, 2023.
- The Coachella Valley Behavioral Health Collective (CVBHC) convened on July 12, 2023 and continued the focus on workforce expansion through the lens of the role of Community Health Workers and Promotores (CHW/P). Presentations to the CVBHC membership highlighted the various means by which CHW/P are being integrated into Community Based Organizations; how CHW/P are being prepared for employment in a variety of workplace settings (primary and clinical settings); and State level advocacy related to the use of CHW/P as a viable and valuable addition to service teams with the need to increase the reimbursement rate representative of a livable wage.
- Next steps related to this developing option will include a review of all of the contributions made during this meeting to determine what specific support opportunities exist as this process continues on its path toward a State formalized, clarified function in the workforce that can be fully integrated into service organizations. It will also be important to maintain a culturally competent equity and inclusion focus as these roles transition into the workforce in higher numbers.
- **Fiscal Impact:** None

# Desert Healthcare District launches fentanyl education campaign, survey in Indio



**Ema Sasic**

Palm Springs Desert Sun

The Desert Healthcare District, in partnership with Riverside County Public Health, has launched a fentanyl education campaign and survey in the City of Indio to raise awareness of the deadly synthetic opioid and find ways to better address the drug crisis locally.

Fentanyl is 50 to 100 times more potent than morphine, and has been found in a number of drugs, such as methamphetamines, cocaine, pills and, in some cases, marijuana. Oftentimes, users don't know they're consuming it, District Attorney Mike Hestrin said previously, and it has become "rampant" in local communities.

Indio was selected as an area to survey due to increasing rates of fentanyl overdoses in recent years, Jana Trew, the Desert Healthcare District and Foundation's senior program officer for behavioral health, explained. In 2020, there were six fentanyl-related overdose deaths reported in the city, according to Riverside County's overdose dashboard. Those numbers grew to 22 and 27 in 2021 and 2022, respectively. So far in 2023, with data available for January and February, there have been four fentanyl-related overdose deaths reported.

In 2021, the Coachella Valley reported 183 overdose deaths, and the following year that number increased to 202, the county reported. Last year, 127 overdoses were caused by methamphetamines and 117 were due to fentanyl (the dataset states the drug categories are not mutually exclusive, meaning more than one drug could have led to an overdose death). Riverside County reported 505 fentanyl overdose deaths in 2022.

The most vulnerable population for fentanyl overdoses is Latino males ages 25-44, Trew added.

The main goal of the partnership with Riverside County Public Health is harm reduction and bringing as many community partners together in the process, Desert Healthcare District and Foundation CEO Dr. Conrado Bárzaga said. As a result, between April and the end of August, district teams have been focusing on reaching at-risk communities and educating the public via two methods.

One has been through community events with Indio-based recovery organization ABC Recovery. Attendees are asked about their knowledge of fentanyl, while staffers discuss the dangers of the drug, how lethal it is and lifesaving measures they can take if they encounter someone experiencing an overdose, such as administering the nasal overdose reversing spray Narcan. These events have been geared toward College of the Desert students and homeless service organizations Martha's Village and Kitchen and Coachella Valley Rescue Mission.

For more information on upcoming community events, email Trew at [jtrew@dhcd.org](mailto:jtrew@dhcd.org).

The second aspect of the project is focused on individualized community outreach. The district is partnering with Volunteers in Medicine's Street Medicine program with the hopes of reaching 500 people, mainly those who are unhoused.

"We recognize that some of our most vulnerable community members may not be likely to attend a scheduled event specific to this education process," Trew said.

With both aspects of the project, the Desert Healthcare District and Foundation team is collecting data through a survey questionnaire. Participants that attend an event or are contacted by community outreach are asked to share demographic information, if they live in Indio or are transients, their awareness about fentanyl, if they know someone who uses or if they use the synthetic opioid.

"The key is really not having someone feel like we're invading their privacy, not having someone feel like they're in trouble by participating in this," Trew said. "It really is just a no-judgement education process to heighten awareness."

A report will be published in September highlighting data and trends the district has learned through its outreach efforts in Indio. Once those results are available, Bárzaga said the district will be focused on having a role in coordinating harm reduction efforts throughout the valley. Ideally, he said, grantees who already work under the behavioral health sphere will come together to discuss programs and strategies they can implement to bring more awareness and resources to the area.

Similar efforts have already been seen in the region. Palm Springs-based health care provider DAP Health is one of three state-certified Syringe Services Programs in Riverside County, among more than 60 across the state. In October, Riverside County launched the Faces of Fentanyl awareness campaign that aims to teach the public, especially young people, about the dangers of the drug.

Harm reduction programs have been growing across the country, but some critics say they "enable" or encourage drug use by providing people with clean needles and other drug tools, and that they don't do enough to get people in drug treatment programs. When asked about his thoughts on harm reduction programs, Bárzaga said, "As a physician, my number one goal is to keep people alive. As a public health person, I'm not here to pass judgment on people's behaviors."

"I think we need to provide the tools, we need to support treatment centers, we need to increase prevention and educational messages to ensure that people understand the risks of using illegal drugs, of establishing a pattern of addiction," he continued. "But also as public health, we have a responsibility to support prevention. Someone educated on the risks or someone who has had the tools to develop a healthier behavior is less likely to be engaged in addictive behaviors using illicit drugs that often times can destroy their lives."

The most valuable aspect of the project for Trew has been providing timely, accurate information to community members and debunking some myths associated with harm reduction, such as letting people know that using Narcan is not harmful.

"I think there's a power to that and I think that's helpful, even if in the moment that someone's receiving the information they may not need it in the sense that they need to implement it right now," Trew said. "But we've actually had reports where people told us that they actually had to implement a harm reduction process with a friend or a family member."

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