

AN ORDINANCE 2016-06-16-0475

RATIFYING THE EXECUTION OF AN AGREEMENT WITH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO WHICH WILL PROVIDE FUNDS OF UP TO \$11,756.00 TO THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT TO PARTICIPATE IN A ONE-YEAR PLANNING PERIOD FOR THE COORDINATION OF EVIDENCE-BASED TEEN PREGNANCY PREVENTION EDUCATION PROGRAMS FOR A PERIOD BEGINNING ON JULY 1, 2015 AND ENDING ON JUNE 30, 2016.

* * * * *

WHEREAS, with the San Antonio Metropolitan Health District's (Metro Health) leadership, San Antonio has seen a 22% decline in the teen birth rate since 2010; and

WHEREAS, part of the community strategy has included the implementation of evidence-based prevention education programs for adolescents (with parental/guardian consent for youth ages 17 and under); and

WHEREAS, the University of Texas Health Science Center at San Antonio was awarded an Office of Adolescent Health grant; and

WHEREAS, the Office of Adolescent Health is a division of the U.S. Department of Health and Human Services; and

WHEREAS, the grant includes building capacity for communities to select and replicate evidence-based education programs to prevent teen pregnancy; and

WHEREAS, Metro Health is requesting City Council to approve an ordinance authorizing an agreement with the University of Texas Health Science Center at San Antonio for the San Antonio Metropolitan Health District to participate in a one-year planning period for the coordination of evidence-based teen pregnancy prevention education programs under the Office of Adolescent Health grant; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The execution of an agreement with the University of Texas Health Science Center at San Antonio which will provide funds of up to \$11,756.00 to the San Antonio Metropolitan Health District to participate in a one-year planning period for the coordination of evidence-based teen pregnancy prevention education programs for a period beginning on July 1, 2015 and ending on June 30, 2016 is hereby ratified. A copy of the agreement is attached hereto and incorporated herein for all purposes as **Attachment I**.

SECTION 2. Funds generated by this ordinance shall be appropriated in SAP Fund 29836000, Internal Order 836000000XXX per the table below:

Amount	General Ledger
-\$11,756.00	4502280
\$5,358.00	5101010
\$428.00	5103005
\$6.00	5103010
\$240.00	5103035
\$4,521.00	5104030
\$603.00	5105010
\$400.00	5203060
\$200.00	5203090

SECTION 3. The financial allocations in this Ordinance are subject to approval by the Director of Finance, City of San Antonio. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

SECTION 4. This ordinance is effective immediately upon the receipt of eight affirmative votes; otherwise, it is effective ten days after passage.

PASSED AND APPROVED this 16th day of June, 2016.

M A Y O R
Ivy R. Taylor

ATTEST:

Leticia M. Vacek, City Clerk

APPROVED AS TO FORM:

for Martha G. Sepeda, Acting City Attorney

Agenda Item:	31 (in consent vote: 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18A, 20, 21, 22, 26, 28, 30, 31, 33, 34, 35, 36, 37A, 37B, 37C, 37D, 37E)						
Date:	06/16/2016						
Time:	09:35:28 AM						
Vote Type:	Motion to Approve						
Description:	An Ordinance ratifying the execution of an agreement with the University of Texas Health Science Center at San Antonio which will provide funds of up to \$11,756.00 to the San Antonio Metropolitan Health District to participate in a one-year planning period for the coordination of evidence-based teen pregnancy prevention education programs for a period beginning on July 1, 2015 and ending June 30, 2016. [Erik Walsh, Deputy City Manager; Vincent Nathan, Interim Health Director]						
Result:	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Ivy R. Taylor	Mayor		x				
Roberto C. Treviño	District 1		x				
Alan Warrick	District 2		x			x	
Rebecca Viagran	District 3		x				x
Rey Saldaña	District 4		x				
Shirley Gonzales	District 5		x				
Ray Lopez	District 6		x				
Cris Medina	District 7		x				
Ron Nirenberg	District 8		x				
Joe Krier	District 9		x				
Michael Gallagher	District 10		x				

FDP Cost Reimbursement Research Subaward Agreement

Pass-through Entity (PTE): The University of Texas Health Science Center at San Antonio		Subrecipient: City of San Antonio	
PTE Principal Investigator (PI): Kristen Plastino, M.D.		Subrecipient Principal Investigator (PI):	
PTE Federal Award No: 1TP1AH000087-01-00	FAIN: TP1AH000087	Federal Awarding Agency: DHHS - Public Health Service	
Federal Award Issue Date: Jun 29, 2015	Total Amount of Federal Award to PTE \$ \$ 2,000,000.00	CFDA No: 93.297	CFDA Title: Teenage Pregnancy Prevention Program
Project Title: Replicating EBIs to Scale in a Community with the Greatest Need, Bexar County, Texas (Tier 1B)			
Subaward Period of Performance: Start: Jul 1, 2015 End: Jun 30, 2016		Amount Funded This Action: \$ \$ 11,756.00	Subaward No. 159346/158565
Estimated Project Period (if incrementally funded): Start: End:		Incrementally Estimated Total: \$	Is this Award R & D <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
Check all that apply <input checked="" type="checkbox"/> Reporting Requirements (Attachment 4) <input checked="" type="checkbox"/> Subject to FFATA (Attachment 3B) <input type="checkbox"/> Cost Sharing (Attachment 5)			

Terms and Conditions

- 1) PTE hereby awards a cost reimbursable subaward, as described above, to Subrecipient. The statement of work and budget for this subaward are (check one) ☐ as specified in Subrecipient's proposal dated _____ or ☒ as shown in Attachment 5. In its performance of subaward work, Subrecipient shall be an independent entity and not an employee or agent of PTE.
- 2) PTE shall reimburse Subrecipient not more often than monthly for allowable costs. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), subaward number, and certification, as required in 2 CFR 200.415 (a). Invoices that do not reference PTE Subaward number shall be returned to Subrecipient. Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party's Financial Contact, as shown in Attachments 3A.
- 3) A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to PTE's Financial Contact, as shown in Attachments 3A, NOT LATER THAN 60 days after subaward end date. The final statement of costs shall constitute Subrecipient's final financial report.
- 4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient. PTE reserves the right to reject an invoice, in accordance with 2 CFR 200.305.
- 5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Principal Investigator as shown in Attachments 3A and 3B. Technical reports are required as shown above, "Reporting Requirements."
- 6) Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachments 3A and 3B. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official, as shown in Attachments 3A and 3B.
- 7) Substantive changes made to this subaward agreement require the written approval of each party's Authorized Official as shown in Attachments 3A and 3B. The PTE may issue non-substantive changes to the Period of Performance (check one) ☐ Bilaterally, or ☒ Unilaterally. Unilateral modifications shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient.
- 8) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
- 9) Either party may terminate this subaward with thirty days written notice to the appropriate party's Authorized Official Contact, as shown in Attachments 3A and 3B. PTE shall pay Subrecipient for termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR Part 75 Appendix IX, "Principles for Determining Costs Applicable to Research & Development under Grants and Contracts with Hospitals, as applicable.
- 10) No-cost extensions require the approval of the PTE. Any requests for a no-cost extension should be addressed to and received by the Financial Contact, as shown in Attachments 3A, not less than 30 days prior to the desired effective date of the requested change.
- 11) The Subaward is subject to the terms and conditions of the PTE Award and other special terms and conditions, as identified in Attachment 2.
- 12) By signing this Research Subaward Agreement Subrecipient makes the certifications and assurances shown in Attachments 1 and 2.
- 13) Research Terms & Conditions – RESERVED

By an Authorized Official of Pass-through Entity:		By an Authorized Official of Subrecipient:	
Name: Rachel E. Schofield	Date	Name: Vincent R. Nathan	Date
Title: Manager, Contracts & Agreements		Title: Interim Health Director	6-7-16

Attachment 1
Research Subaward Agreement
Certifications and Assurances

By signing the Subaward Agreement, the Authorized Official of Subrecipient certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the Pass-through Entity.

3) The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters

Subrecipient certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

Audit and Access to Records

Subrecipient certifies by signing this Subaward Agreement that it complies with the Uniform Guidance, will provide notice of the completion of required audits and any adverse findings which impact this subaward as required by parts 200.501-200.521, and will provide access to records as required by parts 200.336, 200.337, and 200.201 as applicable.

Attachment 2
Research Subaward Agreement
Copy of Prime Award Terms and Conditions

Copy of Award Notice (attached 12 pages)

Special terms and conditions:

1. ***Copyrights***
Subrecipient ☒ grants / ☐ shall grant (check one) to Prime Recipient an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward Agreement solely for the purpose of and only to the extent required to meet Prime Recipient's obligations to the Federal Government under its Prime Award.
2. ***Data Rights***
Subrecipient grants to Prime Recipient the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet Prime Recipient's obligations to the Federal Government under its Prime Award.
3. ***Automatic Carry Forward:*** ☐ Yes ☒ No
(If No, Carry Forward requests must be sent to Prime Recipient's Authorized Official contact, as shown in Attachment 3).

Additional Special Terms:

Attachment 3A
Research Subaward Agreement

Subaward Number:
159346/158565

Pass-through Entity Contacts

Pass-through Entity

Name: The University of Texas Health Science Center at San Antonio
Address: Office of Sponsored Programs
7703 Floyd Curl Drive, MSC 7828
City: San Antonio State: TX Zip Code: 782293906

Pass-through Entity's Administrative Contact

Name: Post Award Accountant: Jennifer Garcia
Address: The University of Texas Health Science Center at San Antonio
Office of Sponsored Programs
7703 Floyd Curl Drive, MSC 7828
City: San Antonio State: TX Zip Code: 78229
Telephone: (210) 567-2340 Fax: (210) 567-8107
E-mail: grants@uthscsa.edu

Pass-through Entity's Principal Investigator

Name: Kristen Plastino, M.D.
Address: The University of Texas Health Science Center at San Antonio
Department of Obstetrics and Gynecology
7703 Floyd Curl Drive, MSC 7836
City: San Antonio State: Texas Zip Code: 78229
Telephone: (210) 567-7036 Fax: (210) 567-7042
E-mail: plastino@uthscsa.edu

Pass-through Entity's Financial Contact

Name: Jennifer Garcia
Address: The University of Texas Health Science at San Antonio
Office of Sponsored Programs
7703 Floyd Curl Drives, MSC 7828
City: San Antonio State: TX Zip Code: 78229
Telephone: (210) 567-2340 Fax: (210) 567-8107
E-mail: subaward-invoices@uthscsa.edu

Pass-through Entity's Authorized Official

Name: Chris G. Green, CPA
Address: The University of Texas Health Science Center at San Antonio
Office of Sponsored Programs
7703 Floyd Curl Drive, MSC 7828
City: San Antonio State: TX Zip Code: 78229
Telephone: (210) 567-2340 Fax: (210) 567-8107
E-mail: grants@uthscsa.edu

Attachment 3B
Research Subaward Agreement
Subrecipient Contacts

Subaward Number:
159346/158565

Subrecipient Place of Performance

Name: **San Antonio Metropolitan Health District**
Address: **332 W. Commerce**

City: **San Antonio**

State: **TX**

Zip Code + 4: **78205-2409**
(Look up)

EIN No.:

Institution Type:

Is Subrecipient currently registered in SAM? ☒ Yes ☐ No

Is Subrecipient exempt from reporting compensation? ☒ Yes ☐ No

If no, please complete 3B page 2

DUNS No.:

Parent DUNS No.:

Congressional District:

Congressional District:

066842400

Subrecipient Administrative Contact

Name: **Mario Martinez**
Address: **Benavides Center, 515 Castroville Road, Ste. 101**

City: **San Antonio**

State: **TX**

Zip Code: **78237-3131**

Telephone: **(210) 207-4749**

Fax: **(210) 207-4288**

E-mail: **mario.martinez@sanantonio.gov**

Subrecipient Principal Investigator (PI)

Name: **Vincent R. Nathan**
Address: **332 W. Commerce Street**

City: **San Antonio**

State: **TX**

Zip Code + 4: **78205-2409**

Telephone: **(210) 207-8757**

Fax:

E-mail: **vincent.nathan@sanantonio.gov**

Subrecipient Financial Contact

Name: **Julie Sandoval**
Address: **332 W. Commerce**

City: **San Antonio**

State: **TX**

Zip Code: **78205-2409**

Telephone: **(210) 207-5738**

Fax: **(210) 207-6359**

E-mail: **julie.sandoval@sanantonio.gov**

Subrecipient Authorized Official

Name: **Linda Costley**
Address: **332 W. Commerce**

City: **San Antonio**

State: **TX**

Zip Code: **78205-2409**

Telephone: **(210) 207-7823**

Fax:

E-mail: **linda.costley@sanantonio.gov**

Attachment 3B Page 2
Research Subaward Agreement
Highest Compensated Officers

Subaward Number:

Subrecipient

Name:

PI:

Highest Compensated Officers

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

Officer 1 Name

Officer 1 Compensation

Officer 2 Name

Officer 2 Compensation

Officer 3 Name

Officer 3 Compensation

Officer 4 Name

Officer 4 Compensation

Officer 5 Name

Officer 5 Compensation

Attachment 4
Research Subaward Agreement
Reporting Requirements

Pass-through Entity will check all that apply that the Subrecipient will agree to:

- ☒ A Final technical/progress report will be submitted to the Pass-through Entity's Principal Investigator identified in Attachment 3 within 60 days after the end of the period of performance.
- ☐ Monthly technical/progress reports will be submitted to the Pass-through Entity's Financial Contact identified in Attachment 3, within 90 days of the end of the month.
- ☐ Quarterly technical/progress reports will be submitted within thirty (30) days after the end of each project quarter to the Pass-through Entity's Administrative Contact identified in Attachment 3.
- ☒ Technical/progress reports on the project as may be required by Pass-through Entity's Principal Investigator in order that Pass-through Entity may be able to satisfy its reporting obligations to the Federal Awarding Agency.
- ☒ Annual technical /progress reports will be submitted within 90 days prior to the end of each project period to the Pass-through Entity's Administrative Contact identified in Attachment 3. Such report shall also include a detailed budget for the next budget period, updated Other Support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.
- ☐ In accordance with 37 CFR 401.14, Subrecipient agrees to notify PTE's Financial Contact identified in Attachment 3A within 90 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Awarding Agency specific forms to the PTE's Principal Investigator identified in Attachment 3A within 60 days of the end of the period of performance so that it may be included with the PTE's final invention report to the Awarding Agency. A negative report ☐ is ☐ is not required.
- ☐ A Certification of Completion, in accordance with 2 CFR 200.201(b)(3), will be submitted within 90 days after the end of the project period to the Pass Through Entity's Administrative Contact identified in Attachment 3 (for Fixed Price subawards only.)
- ☐ Property Inventory Report; frequency, type, and submission instructions listed here and only to be used when required by PTE Federal Award

Attachment 5

Cost Reimbursement Research Subaward Agreement

Statement of Work(SOW)

Cost Sharing

Budget

Statement of Work

Below ☒ or ☐ Attached pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*. As the lead agency, UTHSCSA UT Teen Health will oversee all project activities and have overall responsibility for achievement of project goals and objectives. UTHSCSA UT Teen Health will work with City of San Antonio to ensure that they are provided with the necessary training and technical assistance that will enable them to maximize their contribution to the replicating initiative. Specifically UTHSCSA UT Teen Health will provide the following: (1) the evidence-based curriculum chosen by your organization, (2) training and technical assistance to your staff on the implementation of the evidence-based curriculum and (3) provide data for the evidence-based program outcome evaluation.

In collaboration with the UTHSCSA UT Teen Health, the City of San Antonio will:

- 1) Assist with necessary logistics, access, administrative time and classroom space to accomplish goals during the school year.
- 2) Coordinate with UT Teen Health to conduct a Community Needs and Resource Assessment.
- 3) Participate in the Getting to Outcomes® approach for choosing and assessing an evidence-based program.
- 4) Participate in Continuous Quality Improvement process to ensure appropriate fit of evidence-based program.
- 5) Participate in regular community advisory group meetings
- 6) Participate in training and technical assistance meetings and events.
- 7) A close-out report to be provided to UT Teen Health upon completion of the project.

UT Health Science Center UT Teen Health will issue a payment in the amount of up to \$11,756 upon completion of milestones with submitted invoice.

Cost Sharing:

☐ Yes, Amount \$

☐ No

Budget Information

Below ☒ or ☐ Attached pages

Getting to Outcomes® Training \$5,000.00

Community Advisory Group Meetings: \$100.00/meeting

December 2015

February 2016

April 2016

June 2016

Submit Needs Assessment findings for EISD \$3,177

Submit board approval confirmation for EBP for EISD \$3,179

Total: \$11,756.00

Indirect Cost Rate (IDC) Applied 0.00% on ☐ DC, ☐ MTDC, or ☐ other

☐

Check here if using other IDC rate of 00.0 %

Direct Costs
Indirect Costs
Total Costs

\$ _____
\$ _____
\$ _____



Vendor # _____
 Prenote date _____
 Approved _____

PAYEE DIRECT DEPOSIT AUTHORIZATION FORM

A. PAYEE INFORMATION

Federal Employer Identification Number (FEIN) Or Social Security Number (SSN):	
Payee Name:	
Mailing Address:	
City/State:	Zip Code:
Email Address (to be used for remit advice):	Phone Number: ()

B. FINANCIAL INSTITUTION INFORMATION

Name of your Financial Institution: _____

Type of account to wish your funds to be directly deposited (check one):

☐ **CHECKING.** Account #: _____ Transit Routing #: _____

☐ **SAVINGS.** Account #: _____ Transit Routing #: _____

C. TRANSACTION INFORMATION

☐ **AUTHORIZATION.** Pursuant to section 403.016, Texas Government Code, I authorize UTHSCSA to deposit payments owed to me by the University to my financial institution electronically. I understand that the University will, if necessary, reverse and/or make adjustments for any payments deposited in error. I further understand that the University will comply, at all times, with the National Clearing House Association Rules and Regulations governing ACH payments.

☐ **CANCELLATION.** I hereby cancel the authorization for payment by electronic transfer.

☐ **CHANGE.** I hereby request a change of the authorization for payment by electronic transfer.

☐ Change in account number (same bank) from # _____

☐ Change in financial institution.

☐ Change account type (from savings to checking or checking to savings).

I understand that UTHSCSA will send me an e-mail notification prior to the payment posting to my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.

Authorized Signature _____ Date _____

Contact Name/Title _____