Health Related Social Needs (HRSN) Community Capacity Building Funding Overview

Background

1115 Waiver Overview

Every state must follow a standard set of rules determined by the federal government on how to operate their Medicaid programs. States can, however, ask the federal government for permission to change, or "waive," some aspects of their Medicaid rules outlined in Section 1115 of the Social Security Act. Section 1115 Medicaid Demonstrations give states flexibility to design and improve programs and to show how new policy approaches such as eligibility expansion, service expansion or using innovative service delivery systems can improve care, increase efficiency, and reduce costs.

Under 1115 authority, states may receive approval to test new approaches to paying for and delivering covered services and defining or limiting benefit packages. Oregon recently received 1115 waiver approval from the federal government that seeks to build on Oregon's strong history of innovation in health care and make progress toward:

- Creating a more equitable, culturally and linguistically responsive health care system
- Helping contain costs by providing quality health care
- Investing in equitable and culturally appropriate health care, and
- Ensuring everyone can get the coverage they need.

More information on Oregon's 1115 Oregon Health Plan (OHP) Medicaid waiver is available online.

What is Oregon's Health-Related Social Needs Initiative?

Where we are born, live, learn, work, play, and age, can affect our health and quality of life. Access to health care, healthy foods, and safe housing or "Health-Related Social Needs" (HRSN) are important to our health. As part of the state's 1115 Oregon Health Plan waiver approval, Oregon was authorized to design and implement an HRSN initiative within the state's Medicaid program.

The state's partners—including Coordinated Care Organizations (CCOs), providers, community organizations and others—will launch a set of non-medical services not typically offered through Medicaid as part of the HRSN Initiative. Services will include housing-related supports, nutrition services and climate devices for qualifying individuals experiencing a life transition, defined by CMS[2].
Providers of HRSN services—including community-based organizations, social service agencies, and others—will play an important role in delivering services to qualifying members.

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[2] CMS defines life transitions as belonging to one or more of the following populations: Youth with Special Health Care Needs (YSHCN) ages 19-26 as described in STC 4.6; Adults and youth discharged from an IMD; Adults and youth released from incarceration, including prisons, local correctional facilities, and tribal correctional facilities; Youth involved in the child welfare system, including youth transitioning out of foster care;. Individuals transitioning from Medicaid-only to dual eligibility status; individuals who are homeless or at risk of becoming homeless, as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5; and Individuals with a high-risk clinical need who reside in a region that is experiencing extreme weather events that place the health and safety of residents in jeopardy as declared by the federal government or the Governor of Oregon.

What is Community Capacity Building Funding?

As part of the HRSN initiative, the state has been authorized to spend up to $119 million for infrastructure funding, or what the state is calling "Community Capacity Building Funding." This funding supports investments necessary to:

      1) create robust, equitable networks of HRSN providers across the state and
      2) build the necessary capabilities and capacity of community partners.

Community Capacity Building Funding will play an important role in building the capacity of community partners to participate in the health care delivery system. Community Capacity Building Funding will play an important role in building the capacity of community partners to participate in the health care delivery system. Community Capacity Building Funding is distinct from but can be seen as complementary to other opportunities to support investments in community capacity via the SHARE Initiative (Supporting Health for All through REinvestment) and/or Health-Related Services (HRS).

Coordinated Care Organizations (CCOs) will administer community capacity building funding. A CCO is a network of all types of health care providers (physical health care, addictions and mental health care) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs are focused on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy. Today, there are 16 CCOs operating in communities around Oregon. More information on CCOs can be found online.

CCOs will be responsible for reviewing applications against minimum eligibility criteria, awarding funding to eligible entities, disbursing funding to awarded entities, and monitoring funding uses amongst eligible entities to prevent fraud, waste, and abuse. Organizations who wish to receive HRSN Community Capacity Building funding must submit this application and budget funding request to the CCO operating in the service area in which they will provide HRSN Services. Organizations may apply to more than one CCO to meet the needs of their service area. However, funding requests must be non-duplicative.

More information about CCO Service Areas and contact information for the Community Capacity Building Funds will be available online on the OHA Community Capacity Building Funds webpage.

What are the allowable uses for Community Capacity Building Funding?

Community Capacity Building Funding can only be spent on four allowable use categories. These are defined in the Infrastructure Protocol online. This protocol is currently in draft and under review with CMS. The final Infrastructure Protocol will be available on the OHA Waiver webpage once approval received.

Allowable uses for Community Capacity Building Funds are in 4 categories:
1. Technology
2. Development of Business or Operational Practices
3. Workforce development and;
4. Outreach, education and convening

Specifically, under each category funds may be used for:
3. **Technology**
    o Procuring IT infrastructure/data platforms needed to enable, for example:
        ▪ Authorization of HRSN services
        ▪ Referral to HRSN services
        ▪ HRSN service delivery

- HRSN service billing
- HRSN program oversight, monitoring and reporting
- Modifying existing systems to support HRSN
- Development of an HRSN eligibility and services screening tool
- Integration of data platforms/systems/tools
- Onboarding to new, modified or existing systems (e.g., community information exchange)
- Training for use of new, modified or existing systems (e.g., community information exchange)

4. **Development of business or operational practices**
   - Development of polices/procedures related to:
     - HRSN referral and service delivery workflows
     - Billing/invoicing
     - Data sharing/reporting
     - Program oversight/monitoring
     - Evaluation
     - Privacy and confidentiality
   - Training/technical assistance on HRSN program and roles/responsibilities
   - Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically tailored meals to qualifying members)
   - Planning needs for the implementation of HRSN program
   - Procurement of administrative supports to assist implementation of HRSN program

5. **Workforce development**
   - Cost of recruiting, hiring and training new staff
   - Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and executing HRSN responsibilities, time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once.
   - Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)
   - Privacy/confidentiality training/technical assistance related to HRSN service delivery
   - Production costs for training materials and/or experts as it pertains to the HRSN program

6. **Outreach, education and convening**
   - Production of materials necessary for promoting, outreach, training and/or education
   - Translation of materials
   - Planning for and facilitation of community-based outreach events to support awareness of HRSN services
   - Planning for and facilitation of learning collaboratives or stakeholder convenings
   - Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
   - Administrative or overhead costs associated with outreach, education or convening.

What criteria will be used to evaluate this application for funding?

Organizations applying for funding must meet the following minimum eligibility criteria:
- Apply during an application window
- Be an eligible organization type, as defined by CMS
- Commit to work with other HRSN partners
- Be financially stable (either independently or through use of a fiscal sponsor) as determined by the CCO

- Have the ability to provide HRSN services to qualifying individuals
- State intent to contract as an HRSN service provider
- Attest that requested Community Capacity Building funding will not duplicate other funds
- Funding requests detailed in the application meet the definition of allowable uses
- Submit a fully completed application and budget request

Applications will be evaluated based on the following:
- There is a strong justification for why Community Capacity Building Funds are needed to support the delivery and capacity to deliver HRSN services
- The application communicates that the organization has relevant experience providing HRSN/ similar services **OR** that the organization intends to develop new capacity to offer one or more HRSN services
- The application explicitly describes how the organization will promote health equity through the use of the Community Capacity Building Funds
- The application communicates that the organization provides services in a culturally and linguistically responsive and trauma informed manner
- Priority will be given to organizations that predominately serve the listed HRSN services covered populations and the priority populations listed below:

HRSN Services Covered Populations: (See STCs for Population Description)

- Young Adults with Special Health Care Needs (YSCHN)
- Adults and youth discharged from an Institution for Mental Disease
- Adults and youth released from incarceration
- Youth involved with child welfare
- Individuals transitioning to Dual Status
- Individuals who are homeless or at risk of homelessness
- Individuals with a high-risk clinical need in a region experiencing extreme weather

Priority Populations:
- American Indian/Alaska Native/Indigenous communities:
- Asian communities:
- Black/African American/African communities:
- Latino/a/x communities:
- Pacific Islander communities:
- Eastern European communities:
- People with disabilities:
- LGBTQIA2S+ communities:
- Immigrant and refugee communities:
- Rural communities:
- Faith communities:
- Houseless communities:
- People with behavioral health conditions:

Health Related Social Needs (HRSN) Community Capacity Building Funding Application

Community Capacity Building Application

Instructions

In order to receive funding, Organizations must complete and sign this application form in its entirety. For this form to be considered complete, all components must be filled out, a budget request must be attached and the application must be signed by the authorized representative from the entity applying for funding.

[CCO to insert application process here, including how entities submit their applications]

Applicant Organization Information
The purpose of this section is to collect general information about the Applicant Organization. Please complete the information requested in the table below.

Applicant Organization Name	
Point of Contact Name	
Point of Contact Title	
Point of Contact Telephone Number	
Point of Contact Email Address	
Mailing Address	

Eligibility Criteria

Organizations must meet minimum eligibility criteria to receive Community Capacity Building Funding.

Please attest to the following:

☐ The organization is capable of providing or supporting the provision of one or more HRSN services to Medicaid beneficiaries within the state of Oregon

☐ The organization intends to contract with one or more CCOs or with the Fee-for-Service Third Party Contractor (FFS TPC) to serve as an HRSN provider for at least one HRSN service

☐ The organization demonstrates a history of responsible financial administration via recent annual financial reports, an externally conducted audit, experience receiving other federal funding or other similar documentation

The following **organization types** are eligible to apply for and receive Community Capacity Building Funding. **Please select the box that most closely aligns with your organization type (select more than one, as needed):**

- ☐ Community-based organizations, including:
  - ☐ Social-services agencies
  - ☐ Housing agencies and providers
  - ☐ Food and nutrition service providers
  - ☐ Climate service providers
  - ☐ Outreach and engagement providers
- ☐ Provider organizations that include those that provide or coordinate HRSN services, including:
  - ☐ Case management providers
  - ☐ Traditional health workers
  - ☐ Organizations focused on children, women and families
- ☐ City, county and local government agencies

HRSN Community Capacity Building Funding Applicant Organization Questions

Who will be served

The purpose of this section is to collect information about the population served by your organization and to learn more about its culturally responsive and specific strategies to engage individuals.

1. **Counties served.** Please indicate with an X in what counties your organization will provide HRSN services.

☐ Baker	☐ Lake
☐ Benton	☐ Lane
☐ Clackamas	☐ Lincoln
☐ Clatsop	☐ Linn
☐ Columbia	☐ Malheur
☐ Coos	☐ Marion
☐ Crook	☐ Morrow
☐ Curry	☐ Multnomah
☐ Deschutes	☐ Polk
☐ Douglas	☐ Sherman
☐ Gilliam	☐ Tillamook
☐ Grant	☐ Umatilla
☐ Harney	☐ Union
☐ Hood River	☐ Wallowa
☐ Jackson	☐ Wasco
☐ Jefferson	☐ Washington
☐ Josephine	☐ Wheeler
☐ Klamath	☐ Yamhill

2. **For each county marked above, your organization must provide specific details** about: 1) the current working relationship and knowledge of that county 2) current or planned partnerships to support the work proposed and 3) the work being proposed in that county, including how their specific population(s) of focus in each county will benefit from the proposed work.

   If your organization does not have existing relationships in the county, you must describe how you intend to build those relationships. (300 words max)

3. **Populations to be served.** Please select the populations to be served by your organization. Select only the specific populations you will serve **from *each* list below:**

   HRSN Services Covered Populations: (See STCs for Population Description)

   ☐ Young Adults with Special Health Care Needs (YSCHN)
   ☐ Adults and youth discharged from an Institution for Mental Disease
   ☐ Adults and youth released from incarceration
   ☐ Youth involved with child welfare
   ☐ Individuals transitioning to Dual Status
   ☐ Individuals who are homeless or at risk of homelessness
   ☐ Individuals with a high-risk clinical need in a region experiencing extreme weather

   Priority Populations:
   ☐ American Indian/Alaska Native/Indigenous communities:
   ☐ Asian communities:
   ☐ Black/African American/African communities:
   ☐ Latino/a/x communities:
   ☐ Pacific Islander communities:
   ☐ Eastern European communities:
   ☐ People with disabilities:
   ☐ LGBTQIA2S+ communities:
   ☐ Immigrant and refugee communities:
   ☐ Rural communities:
   ☐ Faith communities:
   ☐ Houseless communities:
   ☐ People with behavioral health conditions:
   ☐ Other communities not listed above (please describe):

4. **Language access provided by your organization.** Please indicate your organization's capacity to speak and write in languages other than English. Also indicate whether the language capacity comes from a native or non-native speaker.

Language 1: _____

☐ Spoken fluently by native speaker(s)

☐ Spoken fluently by nonnative speaker(s) or access to an interpretation service

☐ Written by native speaker(s)

☐ Written by nonnative speaker(s) or access to translation service

Language 2: _____

☐ Spoken fluently by native speaker(s)

☐ Spoken fluently by nonnative speaker(s) or access to an interpretation service

☐ Written by native speaker(s)

☐ Written by nonnative speakers or access to translation service

Language 3: _____

☐ Spoken fluently by native speaker(s)

☐ Spoken fluently by nonnative speaker(s) or access to an interpretation service

☐ Written by native speaker(s)

☐ Written by nonnative speakers or access to translation service

Language 4: _____

☐ Spoken fluently by native speaker(s)

☐ Spoken fluently by nonnative speaker(s) or access to an interpretation service

☐ Written by native speaker(s)

☐ Written by nonnative speakers or access to translation service

(Optional) Other language access offered by your organization not already listed above:

HRSN Community Capacity Building Funding Request and Justification
Organizational Background Information

5. **Describe how your organization will use Community Capacity Building Funding to build capacity to provide HRSN services to populations of focus. Ensure the response includes a description of how the Organization will promote health equity through the delivery of HRSN service.** *(250 words max)*

6. **Describe how your organization provides culturally and linguistically responsive and trauma informed services to the populations served.** *(250 words max)*

[text box]

7. **Please check below which <u>HRSN services initiative (Climate Support, Housing, Nutrition Supports, Outreach and Education)</u> your organization has experience with.** For each answer marked, 1) describe below your experience providing these services and 2) describe how your organization intends to provide this service as an HRSN service provider. **Check all that apply.**

☐ A. Climate Services:
Describe your organization's experience providing climate services. Please also explain how you intend to provide climate services as an HRSN provider. (200 words max)

[text box]

☐ B. Housing Supports:
Describe your organization's experience providing housing support services. Please also explain how you intend to provide housing support services as an HRSN provider. (200 words)

[text box]

☐ C. Nutrition supports:
Describe your organization's experience providing housing support services. Please also explain how you intend to provide housing support services as an HRSN provider. (200 words)

[text box]

☐ D. Outreach and Education:
   Describe your organization's experience providing outreach and education services. Please also explain how you intend to provide outreach and education services as an HRSN provider. (200 words)

<div style="border:1px solid #000; background:#dce6f1; height:150px;"></div>

Allowable Funding Uses[3]

The purpose of this section is to collect information about:
- the purpose of your funding request;
- funding need and justification; and
- how funding will be utilized.

Eligible entities may request Community Capacity Building Funding to support the development and implementation of HRSN services across four categories:
   1) Technology
   2) Development of Business or Operational Practices
   3) Workforce Development and
   4) Outreach, Education and Partner Convening

8. **Check the box for each category** in which you are seeking funding. You must also provide a short description of 1) why funding is needed and 2) how it will be used to build capacity to participate in the HRSN program 3) your organizations experience in this category. Check all that apply.

☐ **A) Technology:**
   ☐ Procuring IT infrastructure/data platforms to support HRSN. For example:
         Authorization of HRSN services
         Referral to HRSN services
         HRSN service delivery
         HRSN service billing
         HRSN program oversight, monitoring and reporting
   ☐ Modifying existing systems to support HRSN
   ☐ Development of an HRSN eligibility/services screening tool
   ☐ Integration of data platforms/systems/tools
   ☐ Onboarding to new, modified, or existing systems (e.g. community information exchange)
   ☐ Training for use of new, modified, or existing systems

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[3] Please note that the Infrastructure Protocol which outlines the allowable funding uses is pending CMS approval. Once approved, the final CMS approved Infrastructure Protocol will be updated and available on the OHA Waiver webpage.

*If seeking funding for **Technology**,* please describe the following: 1) why funding is needed 2) how it will be used to build capacity to participate in the HRSN program and 3) your organizations experience in this category. (250 words max)

☐ **B) Development of Business or Operational Practices:**

☐ Development of policies/procedures related to:
  i. HRSN referral and service delivery workflows
  ii. Billing/invoicing
  iii. Data sharing/reporting
  iv. Program oversight/monitoring
  v. Evaluation
  vi. Privacy and confidentiality

☐ Training/technical assistance on HRSN program roles/responsibilities

☐ Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically tailored meals to qualifying members)

☐ Planning needs for the implementation of the HRSN program

☐ Procurement of administrative supports to assist with the implementation of the HRSN program

*If seeking funding for **Development of Operational or Business Practices**,* please describe the following: 1) why funding is needed and 2) how it will be used to build capacity to participate in the HRSN program 3) Organizations experience in this category. (250 words max)

☐ **C) Workforce Development:**

☐ Cost of hiring and training new staff

☐ Salary and fringe for staff that will have a direct role in overseeing, designing, implementing, and/or executing HRSN responsibilities, time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once

☐ Necessary certifications, training, technical assistance, and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)

☐ Privacy/confidentiality training/technical assistance related to HRSN service delivery

☐ Production costs for training materials and/or experts as it pertains to the HRSN program

If seeking funding for Workforce Development, please describe the following: 1) why funding is needed and 2) how it will be used to build capacity to participate in the HRSN program 3) Organizations experience in this category. (250 words max)

☐ **D) Outreach, Education, and Partner Convening:**
☐ Production of materials necessary for marketing, outreach, training, and/or education
☐ Translation of materials
☐ Planning for and facilitation of community-based outreach events to support awareness of HRSN services
☐ Planning for and facilitation of learning collaboratives or partner convenings
☐ Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
☐ Administrative or overhead costs associated with outreach, education, or convening.

If seeking funding for Outreach, Education and Partner Convening, please describe the following: 1) why funding is needed and 2) how it will be used to build capacity to participate in the HRSN program 3) Organizations experience in this category. (250 words max)

9. **Has your organization applied to or been awarded funds from other CCOs for the Community Capacity Building Funding?** If yes, please provide detail as to which CCOs and for what activities (200 words max).
☐ Yes   ☐ No

Attestations and Certification

As an authorized representative of the Organization, the Organization attests as follows and agrees to the following conditions:

1. The funding received through the HRSN Community Capacity Building Funding initiative will not duplicate or supplant reimbursement received through other federal, state and local funds.
2. Funding received for the HRSN Community Capacity Building Funding initiative will only be spent on allowable uses as stated above.
3. The Organization will submit progress reports on HRSN Community Capacity Building Funding in a manner and on a timeframe specified by the CCO.
4. The Organization understands that the CCO may suspend, terminate or recoup HRSN Community Capacity Building Funding in instances of underperformance and/or fraud, waste and abuse.
5. The Organization will alert the CCO if circumstances prevent it from carrying out activities described in the program application. In such cases, the Organization may be required to return unused funds contingent upon the circumstances.
6. As the authorized representative of the Organization, I attest that all information provided in this application is true and accurate to the best of my knowledge.

Signature _____

Name and Title_____

Date _____

Appendix C
Community Capacity Building Funding Budget Template

Instructions		
Purpose of This File	The state has been authorized to spend up to $119 million on Community Capacity Building Funding investments necessary to support the development and implementation of the Health-Related Social Needs (HRSN) program. Organizations who wish to receive HRSN Community Capacity Building Funding must submit this funding request and an application to the Coordinated Care Organization (CCO) operating in their service area indicating how they intent to use this funding. - To submit your budget request, you must complete Tab 3 (Budget Request) - Once that tab has been completed, certify the documents by typing the name of the person submitting the budget application and date	

Tab	Instructions	Tab Completion Checklist
Instructions (this tab)	This budget request outlines the expenses CBOs expect to incur to build capacity to participate in the HRSN program. Budget requests and applications are due to [insert CCO] by [insert date].	On the tab "Budget Request" complete all the boxes in **yellow**.
Budget Request	To begin, please complete the following at the top of this budget request: • Your organization's name in [insert cell]. • Name of the person to contact about the Community Capacity Building Funds application in [insert cell] • Email and phone number for the contact above in [insert cell]. • The date the report is sent to [insert CCO] in [insert cell].	1. Ensure that you have completed all pieces of information listed at the top of the form in yellow
Section A	<u>Section A:</u> • This section contains the funding amount requested based on the appropriate four domain areas: (i) Technology; (ii) Development of business or operational practices; (iii) Workforce development; and (iv) outreach, education and stakeholder convening.	1. In Column C describe the proposed use of the requested funds. Ensure that you have listed only allowable uses of the fund as defined on Tab "CCBF Allowable Uses" 2. In Column D list out the total amount of funds that coincide with the same line in Column C. You may add more lines under a category if needed.
Section B	<u>Section B:</u> • This section certifies the accuracy of the amounts requested above.	1. Ensure the report has the name and title of the person who prepared the budget [insert cell] and date [insert cell].

Allowable Uses of the Community Capacity Building Funds

Allowable uses for Community Capacity Building Funds are in 4 categories:

1. Technology
2. Development of Business or Operational Practices
3. Workforce development and;
4. Outreach, education and convening

Technology

o Procuring IT infrastructure/data platforms needed to enable, for example:
   o Authorization of HRSN services
   o Referral to HRSN services
   o HRSN service delivery
   o HRSN service billing
   o HRSN program oversight, monitoring and reporting
o Modifying existing systems to support HRSN
o Development of an HRSN eligibility and services screening tool
o Integration of data platforms/systems/tools
o Onboarding to new, modified or existing systems (e.g., community information exchange)
o Training for use of new, modified or existing systems (e.g., community information exchange)

Development of business or operational practices

o Development of polices/procedures related to:
   o HRSN referral and service delivery workflows
   o Billing/invoicing
   o Data sharing/reporting
   o Program oversight/monitoring
   o Evaluation
   o Privacy and confidentiality
o Training/technical assistance on HRSN program and roles/responsibilities
o Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically-tailored meals to qualifying members)
o Planning needs for the implementation of HRSN program
o Procurement of administrative supports to assist implementation of HRSN program

Workforce development

o Cost of recruiting, hiring and training new staff
o Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and executing HRSN responsibilities, time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once.
o Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)
o Privacy/confidentiality training/technical assistance related to HRSN service delivery
o Production costs for training materials and/or experts as it pertains to the HRSN program

Outreach, education and convening

o Production of materials necessary for promoting, outreach, training and/or education
o Translation of materials
o Planning for and facilitation of community-based outreach events to support awareness of HRSN services
o Planning for and facilitation of learning collaboratives or stakeholder convenings
o Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
o Administrative or overhead costs associated with outreach, education or convening.

	Applicant Organization Name		DATE SENT:
	Applicant Contact Name		
	Applicant Email Address		
	Applicant Phone Number		

	BREAKDOWN BY HRSN Allowable Funding Domain		
A	**BUDGET REQUEST**		
	Description of Item/Activity Requested, by Allowable Use Category	**Budget Request**	**FOR CCO USE ONLY** **Approved Budget**
1.	**Technology (subtotal)**	$ -	$ -
2.	**Development of Operational and Business Practices (subtotal)**	$ -	$ -
3.	**Workforce Development (subtotal)**	$ -	$ -
4.	**Outreach, Engagement and Partner Convening (subtotal)**	$ -	$ -
5	**Total Budget Request**	$ -	$ -

B	**CERTIFICATE**

I certify to the best of my knowledge and belief that the budget outlined above is true, complete and accurate, and the funding items listed above are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

PREPARED BY (Type Name and Title)	**DATE**