

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	September 17, 2024	Staff Lead:	Krista Early
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of Title V Maternal Child Health (MCH) grant contract and budget		

BACKGROUND:

The Title V Maternal and Child Health Grant (MCH) is a block grant is a federal-state partnership. State allocations are determined by a formula using the number of low-income children in the state compared to the number of low-income children in the U.S. Funds are used to support, promote, and improve the health and well-being of mothers and children including those children with special health needs.

Goodhue County Health and Human Services uses our MCH grant to offer Family Home Visiting to low income and high-risk families. Family Home Visiting offers a variety of benefits. These visits can provide pregnancy and/or postpartum education and support, breastfeeding support, child development, infant weight checks, infant and child safety information, attachment and bonding, parenting information, and connecting families to resources.

The upcoming grant period is October 1, 2024 - September 30, 2025. Our funding for this fiscal year equates to \$42,967. We will utilize the grant funds for salary and benefits, travel time and supplies for nursing staff to provide home visiting services.

RECOMMENDATION: GCHHS Department recommends approval as requested.

Minnesota Department of Health

Grant Project Agreement Cover Sheet

You have received a grant project agreement from the Minnesota Department of Health (MDH). Information about the grant project agreement, including funding details, are included below. Contact your MDH Grant Manager if you have questions about this Cover Sheet.

ATTACHMENT: Grant Project Agreement

CONTACT FOR MDH: Elizabeth Taylor-Schiro, 651-201-4866, Elizabeth.Taylor-Schiro@state.mn.us

Grantee SWIFT Information	Grant Project Agreement Information	Program & Funding Information
Name of MDH Grantee: Goodhue County Health and Human Services	Grant Project Agreement Number: 256549	MDH Program Name: Title V Maternal Child Health Block Grant
Grantee SWIFT Vendor Number: 0000197327 SWIFT Vendor Location Code: 001	Effective Date: 10/1/2024, OR the date all signatures are collected, and the agreement is fully executed, whichever is later. Expiration Date: 9/30/2029	Total State Grant Funds: \$0.00 Total Federal Grant Funds Year One: \$42,967 Total Grant Funds (all funds) Year One: \$42,967

Notice to Grantee about Federal Funds

You have received a sub-award of federal financial assistance from MDH. Information about the sub-award is being shared with you per [2 CFR § 200.332](#). Please keep a copy of this cover sheet with the grant project agreement.

Grantee Unique Entity Identifier (UEI) Name and Number	UEI Name: COUNTY OF GOODHUE, UEI Number: EUJSNVR85T71.
Grantee's Approved Indirect Cost Rate for the Grant	0.10
Is this award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Project Description	To distribute federal Title V Maternal Child and Block Grant funds to Community Health Boards to support maternal and child health efforts
Name of Federal Awarding Agency	DHHS-HRSA.
Assistance Listing Name and Number (formerly <i>Catalog of Federal Domestic Assistance</i> , "CFDA")	Assistance Listing Name: Social Security Act Assistance Listing Number: 93.994
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	B0452933
Federal Award Date (Date MDH received federal grant)	5/22/2024
Total Amount of Federal Award Received by MDH	\$7,090,254.00
Amount of funding from this federal award MDH is issuing to Grantee:	Year 1: \$42,967

Minnesota Department of Health

Grant Project Agreement

This Grant Project Agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health (“MDH”) and Goodhue County Health and Human Services, an independent organization, not an employee of the State of Minnesota, address 426 West Avenue, Red Wing, MN, 55066, (“Grantee”).

Recitals

1. MDH is empowered to enter into this grant project agreement under Minn. Stat. §§ [144.05](#) and [144.0742](#) and Minnesota Statutes 1145.882 and 144.05, Sections (b) and (f)]is empowered to distribute federal Title V Maternal and Child Health Block Grant funds to Community Health Boards to support local maternal and child health activities ;
2. MDH and Grantee have entered into Master Grant Contract number [12-700-00074](#) (“Master Grant Contract”) effective January 1, 2020 or subsequent Master Grant Contracts and amendments and supplements thereto;
3. Grantee represents that it is duly qualified and willing to perform the activities described in accordance with the terms of this grant project agreement. Pursuant to [Minn. Stat. § 16B.98](#), subd 1, Grantee agrees to minimize administrative costs as a condition of this grant project agreement.

Grant Project Agreement

NOW, THEREFORE, it is agreed:

1. Incorporation of Master Grant Contract

All terms and conditions of the Master Grant Contract are hereby incorporated by reference into this grant project agreement.

2. Term of Agreement

2.1. Effective date

[October 1, 2024](#), or the date MDH obtains all required signatures under [Minn. Stat. § 16B.98](#), subd. 5(a), whichever is later. Per [Minn. Stat. § 16B.98](#), subd. 7, no payments will be made to the Grantee until this grant project agreement is fully executed. Grantee must not begin work until this grant project agreement is fully executed and MDH’s Authorized Representative has notified Grantee that work may commence.

2.2. Expiration date

[September 30, 2029](#), or until all obligations have been fulfilled to the satisfaction of MDH, whichever occurs first, except for the requirements specified in this grant project agreement with completion dates which extend beyond the termination date specified in this sentence.

3. Activities

3.1. MDH’s Activities

MDH activities, in accordance with the Minnesota Department of Administration's Office of

Grants Management's policies and federal regulations, may include but are not limited to financial reconciliations, site visits, programmatic monitoring of activities performed, and grant activity evaluation.

3.2. *Grantee's Activities*

Grantee, who is not a state employee, shall conduct the activities specified in Exhibit A, which is attached and incorporated into this grant agreement.

4. **Award and Payment**

MDH will award funds to Grantee for all activities performed in accordance with this grant project agreement.

4.1. *Grant Award*

Reimbursement will be in accordance with the agreed-upon budget, specified in the Grantee's annual award letter.

4.2. *Budget Modifications*

Grantee may modify any line item in the most recently agreed-upon budget by up to 10 percent without prior written approval from MDH. Grantee must notify MDH of any modifications up to 10 percent in writing no later than the next invoice. Grantee must obtain prior written approval from MDH for line-item modifications greater than 10 percent. Grantee's failure to obtain MDH's prior approval may result in denial of modification request, loss of funds, or both. The total obligation of MDH for all compensation and reimbursements to Grantee shall not exceed the total obligation listed under "Total Obligation."

4.3. *Total Obligation*

The total obligation of MDH for all compensation and reimbursements to Grantee under this grant project agreement will not exceed the amount specified in the Grantee's annual award letter from the State for the time period of October 1, 2024 to September 30, 2029.

The Grantee will be required to submit a detailed budget for each succeeding year of this grant agreement on August 1, before each budget period, and once approved by the State's Authorized Representative, will be incorporated as part of this grant project agreement.

Any carryforward for Title V funds will be determined by the State's Authorized Representative.

4.4. *Terms of Payment*

4.4.1. *Invoices*

MDH will promptly pay Grantee after Grantee presents an itemized invoice for the activities actually performed and MDH's Authorized Representative accepts the invoiced activities. Invoices must be submitted at least quarterly or according to a schedule agreed upon by the Parties. The final invoice is due 30 calendar days after the expiration date of the grant agreement.

4.4.2. *Matching Requirement*

Grantee certifies that the following matching requirement, for the grant, will be met by Grantee: The Grantee will provide at least a 50 percent match for the federal funds received through the Title V, Maternal and Child Health Block Grant. Eligible funds must be used to meet match requirements. Grantee certifies that the matching requirement, for the grant, will be met by Grantee.

4.4.3. Federal Funds

Payments under this grant project agreement will be made from federal funds obtained by MDH through Title V, Assistance Listing (formerly known as CFDA) number 93.994 of the Social Security Act 1935, including public law and all amendments. The Notice of Grant Award (NGA) number is 6 B04MC52933-01-03. Grantee is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements.

5. Conditions of Payment

All activities performed by Grantee pursuant to this grant agreement must be performed in accordance with the terms of this grant agreement, as determined in the sole discretion of MDH's Authorized Representative. Furthermore, all activities performed by Grantee must be in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. MDH will not pay Grantee for work that MDH determines is noncompliant with the terms and conditions of this grant agreement or performed in violation of federal, state, or local law, ordinance, rule, or regulation.

6. Ownership of Equipment and Supplies

6.1. **Equipment.** "Equipment" is defined as tangible personal property having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000. MDH shall have the right to require transfer of all Equipment purchased with grant funds (including title) to MDH or to an eligible non-State party named by MDH. MDH may require the transfer of Equipment if the grant program is transferred to another grantee. At the end of this grant agreement, grantee must contact MDH's Authorized Representative for further instruction regarding the disposition of Equipment.

6.2. **Supplies.** "Supplies" is defined as all tangible personal property other than those described in the definition of Equipment. Grantee must notify MDH's Authorized Representative regarding any remaining Supplies with an aggregate market value of \$5,000 or more for further instruction regarding the disposition of those Supplies. For the purpose of this section, Supplies includes but is not limited to computers and incentives.

7. Authorized Representatives

7.1. MDH's Authorized Representative

MDH's Authorized Representative for purposes of administering this grant project agreement is Elizabeth Taylor-Schiro, Title V Maternal & Child Health Block Grant Coordinator, 625 North Robert St. St. Paul, MN, 55164, 651-201-4866, Elizabeth.taylor-schiro@state.mn.us, or their successor, and has the responsibility to monitor Grantee's performance and the final authority to accept the activities performed under this grant project agreement. If the activities performed are satisfactory, MDH's Authorized Representative will certify acceptance on each invoice submitted for payment.

7.2. Grantee's Authorized Representative

Grantee's Authorized Representative is Nina Arneson, CHS Administrator, 426 West Avenue, Red Wing, MN, 55066, 651-385-6115, and nina.arneson@co.goodhue.mn.us, or their successor. Grantee's Authorized Representative has full authority to represent Grantee in fulfillment of the terms, conditions, and requirements of this agreement. If Grantee selects a

new Authorized Representative at any time during this grant project agreement, Grantee must immediately notify MDH's Authorized Representative.

8. Termination

8.1. *Termination by the MDH or Grantee*

MDH or Grantee may terminate this grant agreement without cause, with at least 21 calendar days' written notice (i.e., by mail, email, or both) to the other party. Upon termination, Grantee will be entitled to payment, determined on a pro rata basis, for activities satisfactorily performed.

8.2. *Termination for Cause*

MDH may immediately terminate this grant agreement if MDH finds there has been a failure to comply with the provisions of this grant agreement, that timely progress has not been made, or that the purposes for which the funds were granted have not been or will not be fulfilled. MDH may take action to protect the interests of the State of Minnesota, including the refusal to disburse additional funds and requiring the return of all or part of the funds already disbursed.

8.3. *Termination for Insufficient Funding*

MDH may immediately terminate this grant project agreement if it does not obtain funding from the Minnesota Legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant project agreement. Termination must be by written notice to Grantee; i.e., mail, email, or both. MDH is not obligated to pay for any work performed after notice and effective date of the termination. However, Grantee will be entitled to payment, determined on a pro rata basis, for activities satisfactorily performed to the extent that funds are available. MDH will not be assessed any penalty if this grant project agreement is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. MDH must provide the Grantee notice of the lack of funding within a reasonable time of MDH receiving notice of the same.

8.4. *Termination by Commissioner of Administration*

The Commissioner of Administration may immediately and unilaterally cancel this grant agreement if further performance under the agreement would not serve MDH's purposes or is not in the best interests of the State of Minnesota.

9. Publicity

Any publicity given to the program, publications, or activities performed resulting from this grant agreement, including but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Grantee or its employees individually or jointly with others, or any subgrantees, must identify MDH as the sponsoring agency. If publicity is not specifically authorized under this grant agreement, Grantee must obtain prior written approval from MDH's Authorized Representative. As federal funding is being used for this grant project agreement, the federal program must also be recognized.

10. Clerical Error

Notwithstanding Clause "Assignment, Amendments, Waiver, and Grant Agreement Complete" of this grant agreement, MDH reserves the right to unilaterally fix clerical errors, defined as misspellings, minor grammatical or typographical mistakes or omissions, that do not have a substantive impact on the terms of the Grant Agreement without executing an amendment. MDH

must inform Grantee of clerical errors that have been fixed pursuant to this paragraph within a reasonable period of time.

11. Telecommunications Certification

By signing this agreement, Grantee certifies that, consistent with Section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, [Pub. L. 115-232](#) (Aug. 13, 2018), and [2 CFR § 200.216](#), Grantee will not use any funding covered by this grant agreement to procure or obtain, or to extend, renew, or enter into any contract to procure or obtain, any equipment, system, or service that uses “covered telecommunications equipment or services” (as that term is defined in Section 889 of the Act) as a substantial or essential component of any system or as critical technology as part of any system. Grantee will include this certification as a flow down clause in any contract related to this grant agreement.

12. Voter Registration Services Requirement

If this grant agreement will disburse any state funds (as indicated on the Award Cover Sheet); AND Grantee is a local unit of government, city, county, township, or non-profit organization, then Grantee is required to comply with [Minn. Stat. § 201.162](#) by providing voter registration services for its employees and for the public served by the grantee.

13. Incentives

When included in the approved Work Plan and or Budget, the following language applies.

13.1. *Handling of Incentives.*

Grantee is required to have policies and procedures in place addressing the purchasing, security, distribution, and asset tracking of incentives. All grantee staff involved in the purchase, distribution, security, and reconciling of incentives must be trained on the grantee’s policies and procedures prior to the grantee placing any order for incentives. Those policies and procedures must, at a minimum, include the following:

13.2. *Separation of duties*

- a) More than one Grantee staff person must be involved in the management and handling of the incentives.
- b) The Grantee staff who authorizes the purchase of incentives must not have sole physical access to the incentives.
- c) The Grantee staff who will have physical access to the incentives cannot have sole access to modify the incentives records.
- d) Handoff of incentive from one person to another must be documented.

13.3. *Distribution of Incentives (incentives may only be used for approved purposes by MDH)*

- a) Only one incentive can be given to an individual per occurrence/event.
- b) Undistributed incentives must always be kept in a secure location. Incentive instruments must never be stored in any personal homes, they must always be securely stored in the grantee’s business space.
- c) Grantee will purchase and have on hand no more than three months’ worth of incentives at any given time. The three months’ worth must be based off the most currently approved workplan. All incentives must be distributed prior to grantee purchasing additional incentives.
- d) Grantee will be responsible for the costs of any incentives that remain undistributed at the end of the grant agreement.

- e) If MDH provided the grantee with the incentives, the return of undistributed incentives to MDH must occur in person with the State's Authorized Representative within 30 calendar days of the grant expiration date. If in-person return is not possible, the grantee must return undistributed incentives via courier or via US Mail that requires signatures and a tracking number within 30 calendar days of the grant expiration date.
- f) The tracking log must be returned separately from the physical cards. Electronic return is the preferred method for the tracking log.

13.4. *Incentive tracking documentation.*

The tracking documentation the Grantee must maintain must not contain any private data.

The tracking system must record the following:

- a) Number of incentives on hand, including starting balance and any additional incentives purchased.
- b) Description of the incentives
- c) Quantity of incentive(s) distributed to each participant.
- d) The last four digits of any pre-paid card number
- e) Value/amount
- f) A unique non-identifiable data point for each participant (e.g. case number, file number),
- g) Date participant received incentive(s), and
- h) Signature of Grantee staff member providing incentive(s) to participant(s)

13.5. *Reconciliation.*

At least two different Grantee staff must reconcile the incentives at least quarterly. The Grantee staff conducting the reconciliation must not also be the handlers of the incentives. The reconciliation must include the dates and signature of the two people who perform the reconciliation. Grantee must submit the reconciliation documentation to the State's Authorized Representative no less than two weeks after each reconciliation.

13.6. *Subcontracting/Subgranting.*

The Grantee must communicate and verify that their subcontracts/subgrants will only use incentives for MDH approved purposes. The Grantee will be responsible for monitoring, oversight, and reconciliation of any incentives that its subcontractors or subgrantees purchase and distribute and will include this same language in any of its subgrants or subcontracts that it enters as part of its work for MDH.

13.7. *Lost or stolen incentives.*

The Grantee bears all financial responsibility for any unaccounted for, lost, or stolen incentives.

13.8. *Invoicing.*

If the Grantee purchased the incentives themselves, the Grantee must only invoice MDH for the incentives after they've been distributed.

13.9. *Failure to Comply.*

For grantees who do not have effective written policies and procedures in place before purchasing incentives, MDH reserves the right to withhold payment and or request reimbursement in the amount equal to the unallowable costs. Withheld payments will be released when the grantee provides documentation to MDH that it has written effective policies and procedures in place. Grantees who do not comply with this requirement may be

subject to increased monitoring and will be offered technical assistance. MDH also reserves the right to terminate a grant agreement for failure to comply with these requirements.

[Signatures on following page]

APPROVED:

1. State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: Rachel LeBlanc Digitally signed by Rachel LeBlanc
Date: 2024.09.04 13:52:29 -05'00'

SWIFT Contract & Initial PO: 256549/3000117532/REQ 332_20

2. Grantee

Grantee certifies that the appropriate persons(s) have executed the grant agreement on behalf of Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

Signature: _____ Signature: _____

Title: HHS Director Title: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Title: _____ Title: _____

Date: _____ Date: _____

3. Minnesota Department of Health

Grant agreement approval and certification that State funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: _____
(with delegated authority)

Title: _____

Date: _____

Distribution:

All parties on the DocuSign envelope will receive a copy of the fully executed grant agreement.

Exhibit A – Grantee’s Activities/ Scope of Work

Funds must be used as outlined in Minnesota Statutes 145.882, Subd. 7 Use of block grant money. Maternal and Child health block grant money allocated to a community health board under this section must be used for qualified programs for high risk and low-income individuals. Block grant money must be used for programs that:

1. Specifically address the highest risk populations, particularly low-income and minority groups with a high rate of infant mortality and children with low birth weight, by providing services, including pre-pregnancy family planning services, calculated to produce measurable decreases in infant mortality rates, instances of children with low birth weight, and medical complications associated with pregnancy and childbirth, including infant mortality, low birth rates, and medical complications arising from chemical abuse by a mother during pregnancy.
2. Target pregnant women whose age, medical condition, maternal history, or chemical abuse substantially increases the likelihood of complications associated with pregnancy and childbirth or the birth of a child with an illness, disability, or special medical needs;
3. Address the health needs of young children who have or are likely to have a chronic disease or disability or special medical needs, including physical, neurological, emotional, and developmental problems that arise from chemical abuse by a mother during pregnancy;
4. Provide family planning and preventive medical care for identified target populations, such as minority and low-income teenagers, in a manner calculated to decrease the occurrence of inappropriate pregnancy and minimize the risk of complications associated with pregnancy and childbirth;
5. Address the frequency and severity of childhood and adolescent health issues, including injuries in high-risk target populations by providing services calculated to produce measurable decreases in mortality and morbidity;
6. Address preventing child abuse and neglect, reducing juvenile delinquency, promoting positive parenting and resiliency in children, and promoting family health and economic sufficiency through public health nurse home visits under section 145A.17; or,
7. Address nutritional issues of women, infants, and young children through WIC clinic services.
8. Report all programmatic and financial data requested by the state into Red Cap or a method prescribed by the state.

Grantee must send the State the following information on any subcontracts it intends to enter into prior to entering into the subcontracts: services to be provided, the time period of the subcontract, the amount to be subcontracted, the name of the subcontractor, if known.

All requested information related to federal Title V Maternal and Child Health Block Grant budget, expenditures, and activities must be completed by the dates requested. A work plan and budget are required to be submitted annually.

Title V Maternal and Child Health Block Grant funds may not be used for reimbursement for travel and subsistence expenses incurred outside the state unless Grantee has received prior written approval from the STATE's Authorized Representative.

Individuals whose income is at or below 100 percent of Federal Poverty Guidelines and receiving Title V funded services cannot be charged a fee for services provided. Services shall not be denied based on inability to pay. Sliding fees imposed on families above 100 percent of Federal Poverty Guidelines and receiving Title V services must be adjusted to reflect the income, resources, and family size of the individual who receives the services.

No residency requirements for services other than state residence can be imposed. Non-Community Health Board residents must be served or referred to the appropriate local public health department.

Funds can be used for payment of services only after third-party payments are utilized.

Cash payments cannot be made to intended recipients of health services. Title V Maternal and Child Health Block Grant funding cannot be used for inpatient services except for high-risk pregnancy women and infants or to children with special health care needs.

Arrangements shall be made for communications to take place in a language understood by the maternal and child health service recipient. All written materials developed to determine client eligibility and to describe services provided under this funding will be understandable to the eligible population.

Services will be provided in keeping with program guidelines of the Minnesota Department of Health and guidelines of accepted professional groups such as the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and the American Public Health Association.

Title V Maternal and Child Health Block Grant funds cannot be used to provide and/or arrange sterilizations without the prior written approval of the Minnesota Department of Health. Agencies approved to use federal funds to provide and/or arrange for sterilization are required to follow federal procedures and to provide written documentation in this regard on a quarterly basis. (This is not applicable to provision of information only concerning sterilizations.)

The Community Health Board will not use Title V Maternal and Child Health Block Grant funds for any item or service (other than an emergency item or service) furnished by an individual or entity convicted of a criminal offense under the Medicare or any other state health care program (i.e., Medicaid,- Maternal and Child Health, or Social Services Block Grant Programs).

Title V Maternal and Child Health Block Grant funds may not be used for purchase of equipment costing more than \$5,000 per unit and with a useful life exceeding one year, or to purchase or make land or facilities improvements.

Certificate Of Completion

Envelope Id: 871634AC7DAA416DB3EC09188217920D	Status: Sent
Subject: DocuSign: Grant agreement btw MDH and Goodhue CHB for Title V MCH Block 2024-2029	
Source Envelope:	
Document Pages: 11	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Lavendah Okwoyo
Time Zone: (UTC-06:00) Central Time (US & Canada)	625 Robert St. N
	PO Box 64975
	St. Paul, MN 55164
	lavendah.okwoyo@state.mn.us
	IP Address: 156.98.136.30

Record Tracking

Status: Original	Holder: Lavendah Okwoyo	Location: DocuSign
9/5/2024 3:42:32 PM	lavendah.okwoyo@state.mn.us	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Department of Health	Location: DocuSign

Signer Events

Signature	Timestamp
Nina Arneson	Sent: 9/6/2024 1:09:57 AM
nina.arneson@co.goodhue.mn.us	Viewed: 9/6/2024 3:04:52 PM
HHS Director	
Security Level: Email, Account Authentication (None)	
Electronic Record and Signature Disclosure:	
Not Offered via DocuSign	

MDH Delegated Authority
health.delegated_signature@state.mn.us
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

CFH Operations
health.cfhoperations@state.mn.us
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Elizabeth Taylor-Schiro
Elizabeth.Taylor-Schiro@state.mn.us
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:

Carbon Copy Events	Status	Timestamp
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Not Offered via DocuSign

MDH Encumbrance

health.encumbrance@state.mn.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent

Hashed/Encrypted

9/6/2024 1:09:57 AM

Payment Events	Status	Timestamps
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