

Le Sueur County, MN

Tuesday, July 7, 2015
Board Meeting

Item 4

9:25 am Cindy Shaughnessy, Public Health Director (10 minutes)

PHEP grant certification form signature, Update on Le Sueur - Waseca CHB

Staff Contact:



LE SUEUR COUNTY PUBLIC HEALTH

88 South Park Avenue Le Center, MN 56057 Phone (507) 357-8246 Fax (507) 357-4223

Le Sueur County Board of Commissioners Meeting July 7, 2015

Cindy Shaughnessy, Public Health Director

Agenda:

- Signature from Commissioner Dave Gliszinski, Le Sueur Waseca Community Health Board Chair (in the absence of an appointed Board agent)
 - Certifies that the CHB is eligible to receive federal funds for Public Health Emergency Preparedness (PHEP) grant
 - Certifies that all information submitted on-line via SharePoint is correct including all invoices, work plans and reports for budget period three (BP3) July 1, 2014 through June 30, 2015
 - Document is attached
- 2) Update on Le Sueur Waseca Community Health Board transition plan and meeting with Minnesota Department of Health (MDH)

Please complete, print, and email a pdf version of this document to health.phep@state.mn.us.

Due Date: July 10, 2015

Click Here to Return to Checklist and Instructions

Non-Federal Sub-recipient Certification Form Public Health Emergency Preparedness (PHEP) Grant

For the Grant Period of July 1, 2014 through June 30, 2015

Sub-recipient Organization Ψ	Federal Employer ID # ♥	DUNS# ↓	SAMS Expiration Date $ullet$
Le Sueur-Waseca Community Health Board	41-6005917	835306382	8/28/2015
Fiscal Agent & Phone 🛡	SWIFT Vendor # ♥	SWIFT Contract # ♥	SWIFT PO Number Ψ
Tammy Spooner, Waseca County Auditor/Treas. 507-835- 0620	197320	64340	3000022959

Certification Section

I certify that:

- 1. The Sub-recipient/grantee is eligible to receive federal grant funds; the DUNS and SAMS information provided above is true and correct; and that the sub-recipient/grantee has maintained a current and active entity registration in the SAM throughout the grant period.
- 2. All transactions, budgets, invoices, activities, deliverables, plans, work plans, equipment inventories and reports including programmatic performance reports submitted through the MDH SharePoint portal accurately reflect the Grantee's use of grand funds received under the Public Health Emergency Preparedness Grant, CFDA # 93.069 for the grant period of July 1, 2014 through June 30, 2015 in its entirety.
- 3. I certify to be best of my knowledge that the report is true, complete, and accurate; and the expenditures, disbursements and cash receipts 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.

Authorized Certifying Official*	Name: 🗸	Title ↓	Direct Phone $lacktriangle$	
(Please Print)	David bliszinski	Lesueur- L CHB Cha		952-212-1953
Authorized Signature →		Date•	→	

^{*} The certification must be signed by the official of the Sub-Recipient Agency with the authority to legally bind the non-federal entity. (2 CFR200.415)