



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

November 24, 2021

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate a Sub-award of the Improving Physical and Psychosocial Functioning in Underserved Older Adults During the COVID-19 Pandemic Grant

The Regents of the University of Michigan has awarded the City of Detroit Health Department with the Improving Physical and Psychosocial Functioning in Underserved Older Adults During the COVID-19 Pandemic Grant for a total of \$55,652.00. The reimbursement grant is a sub-award from the U.S. Department of Health and Human Services. There is no match requirement. The total project cost is \$55,652.00. The grant period is September 24, 2021 through June 30, 2022.

The objective of the grant is to support a community health worker-led remote intervention among older adults (50+) in Detroit during the COVID-19 Pandemic. The funding allotted to the department will be utilized to pay for salaries/fringe, consultant wages, travel, supplies, materials, equipment, and other related cost. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 21092.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,
DocuSigned by:
Terri Daniels
4D2BEEE23C8D489...

Terri Daniels
Director of Grants, Office of Development and Grants
CC:
Sajjiah Parker, Assistant Director, Grants

DocuSigned by:
Steven Watson
42C91AA10FE84AD...

Office of Budget

DocuSigned by:
[Signature]
3925B7659A3D409...

Agreement Approved as to Form
By the Law Department

FDP Cost Reimbursement Subaward

Federal Awarding Agency: National Institutes of Health (NIH)	
Pass-Through Entity (PTE): Regents of the University of Michigan	Subrecipient: City of Detroit
PTE PI: Mary Janevic	Sub PI: Yolanda Hill-Ashford
PTE Federal Award No: 1R01NR020442-01	Subaward No: SUBK00014608
Project Title: Improving Physical and Psychosocial Functioning in Underserved Older Adults During the COVID-19 Pandemic: A Community Health Worker-Led Intervention	
Subaward Budget Period:	
Start: 09/24/2021	End: 06/30/2022
Amount Funded This Action (USD): \$ 55,652.00	
Estimated Period of Performance:	
Start: 09/24/2021	End: 06/30/2026
Incrementally Estimated Total (USD): \$ 583,156.00	

Terms and Conditions

1. PTE hereby awards a cost reimbursable subaward, (as determined by 2 CFR 200.331), to Subrecipient. The Statement of Work and budget for this Subaward are 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. Subrecipient shall submit invoices not more often than monthly and not less frequently than quarterly for allowable costs incurred. Upon the receipt of proper invoices, the PTE agrees to process payments in accordance with this Subaward and 2 CFR 200.305. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), breakdown by major cost category, 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 shall be directed to the party's Financial Contact, shown in Attachment 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 Attachment 3A, not later than 60 days after the final Budget Period end date. The final statement of costs shall constitute Subrecipient's final financial report.
4. All payments shall be considered provisional and are 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.
5. Matters concerning the technical performance of this Subaward shall be directed to the appropriate party's Principal Investigator as shown in Attachments 3A and 3B. Technical reports are required as shown in Attachment 4.
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this Subaward, and any changes requiring prior approval, shall be directed to the PTE's Authorized Official Contact and the Subrecipient's Authorized Official Contact shown in Attachments 3A and 3B. Any such change made to this Subaward requires the written approval of each party's Authorized Official as shown in Attachments 3A and 3B.
7. The PTE may issue non-substantive changes to the Budget Period(s) and Budget Bilaterally. Unilateral modification shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient when sent to Subrecipient's Authorized Official Contact, as shown in Attachment 3B.
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 30 days written notice. Notwithstanding, if the Awarding Agency terminates the Federal Award, PTE will terminate in accordance with Awarding Agency requirements. PTE notice shall be directed to the Authorized Official Contact, and Subrecipient notice shall be directed to the Principal Investigator 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, as applicable.
10. By signing this Subaward, including the attachments hereto which are hereby incorporated by reference, Subrecipient certifies that it will perform the Statement of Work in accordance with the terms and conditions of this Subaward and the applicable terms of the Federal Award, including the appropriate Research Terms and Conditions ("RTCs") of the Federal Awarding Agency, as referenced in Attachment 2. The parties further agree that they intend this subaward to comply with all applicable laws, regulations, and requirements.

By an Authorized Official of the PTE:		By an Authorized Official of the Subrecipient:	
Name: Michael Kohn, J.D. Title: Contract Administrator Intermediate	Name: _____ Title: _____	Date: _____	Date: _____

Attachment 2

Federal Award Terms and Conditions

Subaward Number

SUBK00014608

Required Data Elements

The data elements required by Uniform
Guidance are incorporated as entered.

Awarding Agency Institute (If Applicable)

National Institute of Nursing Research

Federal Award Issue Date FAIN Assistance Listing No.

09/24/21

R01NR020442

93.361

Assistance Listing Program Title (ALPT)

Nursing Research

Key Personnel Per NOA

Refer to the attached Notice of Award

This Subaward Is:
☒ Research & Development
 ☒ Subject to FFATA
General Terms and Conditions

By signing this Subaward, Subrecipient agrees to the following:

- To abide by the conditions on activities and restrictions on expenditure of federal funds in appropriations acts that are applicable to this Subaward to the extent those restrictions are pertinent. This includes any recent legislation noted on the Federal Awarding Agency's website:

<http://grants.nih.gov/policy/notices.htm>

- 2 CFR 200 and 45 CFR Part 75.

- The Federal Awarding Agency's grants policy guidance, including addenda in effect as of the beginning date of the period of performance or as amended found at:

<http://grants.nih.gov/grants/policy/nihgps/nihgps.pdf>

- Research Terms and Conditions, including any Federal Awarding Agency's Specific Requirements found at:

<https://www.nsf.gov/awards/managing/rtc.jsp>

except for the following:

- No-cost extensions require the written approval of the PTE. Any requests for a no-cost extension shall be directed to the Administrative Contact shown in Attachment 3A, not less than 30 days prior to the desired effective date of the requested change.
- Any payment mechanisms and financial reporting requirements described in the applicable Federal Awarding Agency Terms and Conditions and Agency-Specific Requirements are replaced with Terms and Conditions (1) through (4) of this Subaward; and
- Any prior approvals are to be sought from the PTE and not the Federal Awarding Agency.
- Title to equipment as defined in 2 CFR 200.1 that is purchased or fabricated with research funds or Subrecipient cost sharing funds, as direct costs of the project or program, shall vest in the Subrecipient subject to the conditions specified in 2 CFR 200.313.
- Prior approval must be sought for a change in Subrecipient PI or change in Key Personnel (defined as listed on the NOA).

- Treatment of program income: Additive

Special Terms and Conditions:**Data Sharing and Access:**

Subrecipient agrees to comply with the Federal Awarding Agency's data sharing and/or access requirements as reflected in the NOA or the Federal Awarding Agency's standard terms and conditions as referenced in General Terms and Conditions 1-4 above.

No additional requirements
Data Rights:

Subrecipient grants to PTE the right to use data created in the performance of this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Copyrights:

Subrecipient Grants to PTE 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 solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Subrecipient grants to PTE the right to use any written progress reports and deliverables created under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its Federal Award.

Promoting Objectivity in Research (COI):

Subrecipient must designate herein which entity's Financial Conflicts of Interest policy (COI) will apply: Subrecipient

If applying its own COI policy, by execution of this Subaward, Subrecipient certifies that its policy complies with the requirements of the relevant Federal Awarding Agency as identified herein: NIH - 42 CFR Part 50 Subpart F

Subrecipient shall report any financial conflict of interest to PTE's Administrative Representative or COI contact, as designated on Attachment 3A. Any financial conflicts of interest identified shall, when applicable, subsequently be reported to Federal Awarding Agency. Such report shall be made before expenditure of funds authorized in this Subaward and within 45 days of any subsequently identified COI.

Attachment 3A

Pass-Through Entity (PTE) Contacts

Subaward Number:
SUBK00014608

PTE Information

Entity Name: Regents of the University of Michigan

Legal Address: 3003 S. State Street
Ann Arbor, MI 48109-1287

Website: www.umich.edu

PTE Contacts

Central Email: subcontracts@umich.edu

Principal Investigator Name: Mary Janevic

Email: mjanevic@umich.edu Telephone Number: 734-647-3194

Administrative Contact Name: Michael Kohn

Email: kohnmich@umich.edu Telephone Number: 734-936-4807

COI Contact email (if different to above):

Financial Contact Name: Contract Administration Accounting Team

Email: subcontracts.accounting@umich.edu Telephone Number: subcontract.invoices@umich.edu

Email invoices? ☒ Yes ☐ No Invoice email (if different): subcontract.invoices@umich.edu

Authorized Official Name: Peter J. Gerard, SP Contract Administration Assistant Director

Email: subcontracts@umich.edu Telephone Number: 734-763-3193

PI Address:

Health Behavior/Health Education
2815 SPH 1
Ann Arbor MI 48109-2029

Administrative Address:

Sponsored Programs - Office of Contract Administration
5071 Wolverine Tower, 3003 S. State St.
Ann Arbor, MI 48109-1287

Invoice Address:

Email Only: subcontract.invoices@umich.edu

Attachment 3B-2
Highest Compensated Officers

Subaward Number:

SUBK00014608

Subrecipient:

Institution Name: City of Detroit

PI Name: Yolanda Hill-Ashford

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:

Subaward Number:

SUBK00014608

Attachment 5
Statement of Work, Cost Sharing, Indirects & Budget**Statement of Work**☐ Below ☒ Attached, pagesIf award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description***Budget Information****Indirect Information** Indirect Cost Rate (IDC) Applied %**Cost Sharing**

Rate Type:

If Yes, include Amount: \$

Budget Details☐ Below ☒ Attached, pages

Subrecipient agrees to using the 10% de minimis rate.

Budget TotalsDirect Costs \$ Indirect Costs \$ Total Costs \$ *All amounts are in United States Dollars*

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET - COST DETAIL**

Attachment B.2
Page 2 of 2

- Use WHOLE DOLLARS Only

Program Improving Physical and Psychosocial Functioning in Underserved Older Adults Du		BUDGET PERIOD From: 07/01/22 To: 06/30/23		Date Prepared 11/13/2020
Local Agency Southeastern Michigan Health Association		ORIGINAL BUDGET Year 2	AMENDED BUDGET	AMENDMENT NUMBER
1. SALARIES & WAGES: POSITION DESCRIPTION - EMPLOYEE	POSITIONS REQUIRED (FTEs)	ANNUAL SALARY	MONTHS ON BUDGET	BUDGET SALARY
CHW Supervisor	0.50	45,000	6	11,250
Community Health Worker	1.00	40,000	12	40,000
Community Health Worker	1.00	40,000	12	40,000
TOTAL FTEs	2.50	1. TOTAL SALARIES	91,250.00	
2. FRINGE BENEFITS: (Specify)			Composite Rate 41.00%	
<input checked="" type="checkbox"/> FICA	<input checked="" type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> VISION	<input checked="" type="checkbox"/> WORKERS	
<input type="checkbox"/> UNEMPLOYMENT	<input checked="" type="checkbox"/> TERM LIFE	<input type="checkbox"/> HEARING	<input type="checkbox"/> OTHER	
<input checked="" type="checkbox"/> RETIREMENT	<input checked="" type="checkbox"/> DENTAL	2. TOTAL FRINGE BENEFITS:		37,412.50
3. TRAVEL: (Specify if any item exceeds 10% of Total Expenditures)			Amount	
Mileage-(recruitment and meetings)			1,800	
Conferences (training/continuing education)			1,720	
3. TOTAL TRAVEL:		3,520		
4. SUPPLIES & MATERIALS: (Specify if any item exceeds 10% of Total Expenditures)			Amount	
Office Supplies			100	
Printing/Copying			500	
4. TOTAL SUPPLIES & MATERIALS:		600		
5. CONTRACTUAL: (Subcontracts)			Amount	
Name	Address			
5. TOTAL CONTRACTUAL:		0		
6. EQUIPMENT: (Specify)			Amount	
6. TOTAL EQUIPMENT:		0		
7. OTHER EXPENSES: (Specify if any item exceeds 10% of Total Expenditures)			Amount	
Others (explain):				
Cell phones (FTE's *\$50.00)*12			1200.00	
Meeting Supplies			300.00	
7. TOTAL OTHER EXPENSES:		1,500		
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		134,283		
9. INDIRECT COSTS			Amount	
Rate #1	F & A	134,283	x rate	10.00%
				13,428.25
9. TOTAL INDIRECT EXPENDITURES:		13,428		
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		147,711		
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal		
COMPLETION: Is Voluntary, but is required as a condition of funding.		opportunity employer, services and programs provider.		
DCH-0386(E) (Rev. 9-04) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed		

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET - COST DETAIL**

Attachment B.2
Page 2 of 2

- Use WHOLE DOLLARS Only

Program Improving Physical and Psychosocial Functioning in Underserved Older Adults Du		BUDGET PERIOD		Date Prepared			
		From:	To:				
		07/01/24	06/30/25	11/13/2020			
		ORIGINAL BUDGET Year 4	AMENDED BUDGET	AMENDMENT NUMBER			
Local Agency Southeastern Michigan Health Association							
1. SALARIES & WAGES:	POSITIONS REQUIRED (FTEs)	ANNUAL SALARY	MONTHS ON BUDGET	BUDGET SALARY			
POSITION DESCRIPTION - EMPLOYEE							
CHW Supervisor	0.50	45,000	6	11,250			
Community Health Worker	1.00	40,000	12	40,000			
Community Health Worker	1.00	40,000	12	40,000			
TOTAL FTEs		2.50	1. TOTAL SALARIES				
			91,250.00				
2. FRINGE BENEFITS: (Specify)							
<input checked="" type="checkbox"/> FICA	<input checked="" type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> VISION	<input checked="" type="checkbox"/> WORKERS	Composite Rate			
<input type="checkbox"/> UNEMPLOYMENT	<input checked="" type="checkbox"/> TERM LIFE	<input type="checkbox"/> HEARING	<input type="checkbox"/> OTHER	41.00%			
<input checked="" type="checkbox"/> RETIREMENT	<input checked="" type="checkbox"/> DENTAL						
2. TOTAL FRINGE BENEFITS:				37,412.50			
3. TRAVEL: (Specify if any item exceeds 10% of Total Expenditures)							
		Amount					
Mileage-(recruitment and meetings)		1,800					
Conferences (training/continuing education)		1,720					
3. TOTAL TRAVEL:				3,520			
4. SUPPLIES & MATERIALS: (Specify if any item exceeds 10% of Total Expenditures)							
		Amount					
Office Supplies		100					
Printing/Copying		500					
4. TOTAL SUPPLIES & MATERIALS:				600			
5. CONTRACTUAL: (Subcontracts)							
Name	Address	Amount					
5. TOTAL CONTRACTUAL:				0			
6. EQUIPMENT: (Specify)							
		Amount					
6. TOTAL EQUIPMENT:				0			
7. OTHER EXPENSES: (Specify if any item exceeds 10% of Total Expenditures)							
Others (explain):		Amount					
Cell phones \$250.00 start up & (2 FTE's *\$50.00)*12		1200.00					
Meeting Supplies		300.00					
7. TOTAL OTHER EXPENSES:					1,500		
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)					134,283		
9. INDIRECT COSTS							
		Amount					
Rate #1	F & A	134,283	x rate	10.00%			
				13,428.25			
Rate #2			x rate	0.00			
				0.00			
Rate #3			x rate	0.00			
				0.00			
9. TOTAL INDIRECT EXPENDITURES:				13,428			
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				147,711			
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal					
COMPLETION: Is Voluntary, but is required as a condition of funding.		opportunity employer, services and programs provider.					
DCH-0386(E) (Rev. 9-04) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed					

Attachment 6

Notice of Award (NOA) and any additional documents



The following pages include the NOA and if applicable any additional documentation referenced throughout this Subaward.



Not incorporating the NOA or any additional documentation to this Subaward.



RESEARCH
Department of Health and Human Services
National Institutes of Health



NATIONAL INSTITUTE OF NURSING RESEARCH

SECTION I – AWARD DATA – 1R01NR020442-01

Principal Investigator(s):

Mary Rose Janevic, PHD

Award e-mailed to: creynolds-gov@umich.edu

Dear Authorized Official:

The National Institutes of Health hereby awards a grant in the amount of \$712,535 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to The Regents of the University of Michigan in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the National Institute Of Nursing Research of the National Institutes of Health under Award Number R01NR020442. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please direct questions to the Federal Agency contacts.

Sincerely yours,

Kelli Oster
Grants Management Officer
NATIONAL INSTITUTE OF NURSING RESEARCH

Additional information follows

Cumulative Award Calculations for this Budget Period (U.S. Dollars)

- DocuSign Envelope ID: B0E0E320-D9C2-428F-8C1D-7C6B36D6369C
- d. National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
 - e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
 - f. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VII Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R01NR020442. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

This award provides support for one or more clinical trials. By law (Title VIII, Section 801 of [Public Law 110-85](#)), the "responsible party" must register "applicable clinical trials" on the [ClinicalTrials.gov Protocol Registration System Information Website](#). NIH encourages registration of all trials whether required under the law or not. For more information, see http://grants.nih.gov/ClinicalTrials_fdaaa/

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and

DocuSign Envelope ID: B0C0E320-9902-420F-B01D-70B900000000. Nursing Research's (NINR) implementation of the National Institutes of Health core principles for FY 2021 funding decisions, NINR staff have determined that critical program objectives can be met with the funding of this grant at 100% of the adjusted requested level in yr 1, and 90% in years 2-5.* Future year committed levels have been adjusted accordingly.

Future year total cost commitments appearing on the award notice under "Recommended Future Year Total Cost Support" have been calculated by applying the negotiated facilities and administrative cost rate(s) in effect at the time of this FY 2021 award to the committed total direct cost level for each future year.

***adjusted requested level:** Summary Statement recommended level of support with arithmetic errors corrected, with adjustments made in accordance with the budget narrative in the summary statement, applicable grant policies as appropriate, and direct salaries and associated fringe benefits adjusted to comply with the salary cap to calculate the level of support recommended for any future year budget.

**** committed level:** The level of support calculated by applying the NINR funding plan to the adjusted requested level of each approved future year and applying the negotiated facilities and administrative cost rate (s) in effect at the time of this FY 2021 award to the committed total direct cost level for each future year.

INFORMATION: NINR ADJUSTMENTS FOR SALARY BASED AWARDS:

Salary funds provided on NINR research grants may be adjusted if investigators receive career-type salary based awards. In the event that such an award is made for an investigator receiving salary support from an NINR grant, the National Institute of Nursing Research must be informed in writing within 30 days from the start date of the award. The proposed salary compensation will be reviewed and adjusted, if applicable, in accordance with NOT-OD-17-094.

INFORMATION: HUMAN SUBJECTS EDUCATION CERTIFICATION

This award reflects the National Institute of Nursing Research acceptance of the certification that all key personnel as defined in the February 29, 2008 NIH Guide announcement (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-054.html>) have completed education on the protection of human subjects, in accordance with NIH policy requirements. Any key personnel, as defined in that announcement, must satisfy this requirement prior to participating in the project. Failure to comply can result in suspension and/or termination of this award or withholding of support of the continuation award.

REQUIREMENT: COMMITMENT OVERLAP

A review of Other Support information provided in the application for this project indicates that with the award of this project, the effort commitment of Drs. Janevic and Hassett may exceed twelve person months of effort. If applicable, the grantee is responsible both for eliminating this over-commitment (and any other over-commitment of effort) and for obtaining appropriate prior approval(s) in accordance with NIH and institutional policy requirements.

INFORMATION: BUDGET/PROJECT PERIOD ADJUSTMENT

This grant has been selected under the NINR plan to redistribute grant workloads more evenly throughout the year. Consequently, the initial budget period reflects a 6.30.22 end date. Subsequent budget periods will begin on July 1 and will be for twelve months. Although this grant will have a slightly shorter budget period this year, it is awarded a full twelve months of funds for the budget period. Additional time may be requested at the end of the project period if needed. Allowable preaward costs may be charged in accordance with the conditions outlined in the NIH Grants Policy Statement (revised 4/2021) and with institutional requirements for prior approval

SPREADSHEET SUMMARY

AWARD NUMBER: 1R01NR020442-01

INSTITUTION: The Regents of the University of Michigan

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$259,307	\$206,509	\$203,136	\$202,452	\$228,143
Fringe Benefits	\$69,288	\$60,304	\$60,046	\$59,994	\$61,959

DHHS Grant or Award No.

through

date of termination

NAME OF INVENTOR	TITLE OF INVENTION	DATE REPORTED TO DHHS
(Use continuation sheet if necessary)		

C. Signature — This block *must* be signed by an official authorized to sign on behalf of the institution.

Title		Name and Mailing Address of Institution
Typed Name		
Signature	Date	