

# Research Subaward Agreement

Institution/Organization ("Prime Recipient")		Institution/Organization ("Subrecipient")	
Name: Hidalgo County WIC Program		Name: The Texas A&M University System Health Science Center	
Prime Award No.: 2012-041053-001		Subaward No.: _____ CFDA #: _____	
Awarding Agency: Department of State Health Services (DSHS)		Amount Funded This Action: \$12,000 Est. Total (if incrementally funded): _____	
Subaward Period of Performance: Budget Period: From: 6/30/12 To: 6/29/13		Estimated Project Period (if incrementally funded): From: _____ To: _____	
Project Title: Breastfeeding Community Support in Hidalgo County			
Reporting Requirements (Check here if applicable): <input checked="" type="checkbox"/> See Attachment 4 <input type="checkbox"/> FFATA (Attachment 3B) <input type="checkbox"/> ARRA Funds (Attachment 4A)			

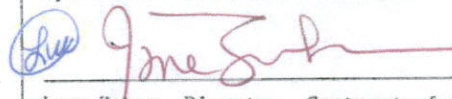
### Terms & Conditions

- 1) Prime Recipient hereby awards a cost reimbursable subaward, as described above, to Subrecipient. The statement of work and budget for this subaward are (check one):  As specified in Subrecipient's proposal dated \_\_\_\_\_; or  as shown in Attachment 5. In its performance of the subaward work, Subrecipient shall be an independent entity and not an employee or agent of Prime Recipient.
- 2) Prime Recipient shall reimburse Subrecipient not more often than quarterly for allowable costs. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), subaward number, and certification as to truth and accuracy of invoice. *Invoices that do not reference Prime Recipient's Subaward Number shall be returned to Subrecipient.* Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party's Financial Contact as shown in Attachments 3A & 3B.
- 3) A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to Prime Recipient's Financial Contact, as shown in Attachments 3A and 3B, NOT LATER THAN sixty (60) days after subaward end date. The final statement of costs shall constitute Subrecipient's final financial report.
- 4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient.
- 5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Principal Investigator, as shown in Attachments 3A and 3B. Technical reports are required as shown above, "Reporting Requirements".
- 6) Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachments 3A & 3B. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official as shown in Attachments 3A & 3B.
- 7) 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.
- 8) Either party may terminate this subaward with thirty days written notice to the appropriate party's Administrative Contact as shown in Attachments 3A & 3B. Prime Recipient shall pay Subrecipient for termination costs as allowable under OMB Circular A-21 or A-122 or 45 CFR Part 74 Appendix E, "Principles for Determining Costs Applicable to Research and Development under Grants and Contracts with Hospitals" as applicable.
- 9) No-cost extensions require the approval of the Prime Recipient. Any requests for a no-cost extension should be addressed to and received by the Financial Contact, as shown in Attachments 3A & 3B, not less than thirty (30) days prior to the desired effective date of the requested change.
- 10) The Subaward is subject to the terms and conditions of the Prime Award and other special terms and conditions, as identified in Attachment 2.
- 11) By signing below Subrecipient makes the certifications and assurances shown in Attachments 1

By an Authorized Official of Prime Recipient

By an Authorized Official of Subrecipient

Date



Jane Zuber, Director, Contracts &amp; Grants

Date

10.15.12

**Attachment 1**  
**Research Subaward Agreement**  
**Certifications and Assurances**

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

**Certification Regarding Lobbying**

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

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

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

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

**Debarment, Suspension, and Other Responsibility Matters**

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

**OMB Circular A-133 Assurance**

Subrecipient assures Prime Recipient that it complies with A-133 and that it will notify Prime Recipient of completion of required audits and of any adverse findings which impact this subaward.

**Attachment 2**  
**Research Subaward Agreement**  
**Prime Award Terms and Conditions**  
**Department of State Health Services**

This Research Subaward Agreement is subject to the Department of State Health Services Prime Award Number 2012-041053 Fiscal Year 2012 General Provisions (Core/Subrecipient) located at:

<http://www.dshs.state.tx.us/grants/gen-prov.shtm>

Attachment 3A  
Research Subaward Agreement

Subaward Number:

**Prime Recipient Contacts**

Institution/Organization ("Prime Recipient")

Name: Hidalgo County WIC Program  
Address: Administrative Office - 1200  
3105 W. University Drive  
City: Edinburg State: TX ZipCode: 78539

Administrative Contact

Name: Norma L. Longoria, WIC Director  
Address: Hidalgo County WIC Program  
3105 W. University Drive  
City: Edinburg State: TX ZipCode: 78539  
Telephone: 956-381-4646 x 4046 Fax: 956-381-4056  
Email: norma.longoria@wic.co.hidalgo.tx.us

Project Manager

Name: Diana Cardona  
Address: Hidalgo County WIC Program  
3105 W. University Drive  
City: Edinburg State: TX ZipCode: 78539  
Telephone: 956-381-4646 Fax: 956-381-0297  
Email: diana.cardona@wic.co.hidalgo.tx.us

Financial Contact

Name: Norma Longoria, MS, LD  
Address: Administrative Office - 1200  
3105 W. University Drive  
City: Edinburg State: TX ZipCode: 78539-6243  
Telephone: 956-381-4646 Fax: 956-380-4056  
Email: norma.longoria@wic.co.hidalgo.tx.us

Authorized Official

Name: Norma Longoria, MS, LD  
Address: Administrative Office - 1200  
3105 W. University Drive  
City: Edinburg State: TX ZipCode: 78539-6243  
Telephone: 956-381-4646 Fax: 956-380-4056  
Email: norma.longoria@wic.co.hidalgo.tx.us

Attachment 3B - Research Subaward Agreement  
Subrecipient Contacts

Subaward Number:  
\_\_\_\_\_

Institution/Organization ("Subrecipient")

Name: The Texas A&M University System Health Science Center  
Address: 400 Harvey Mitchell Parkway South, Suite 300  
City: College Station State: TX ZipCode + 4: 77845-4321  
EIN No.: 74-2907553 Institution Type: Public/State Controlled Inst. of Higher Education

Did the subrecipient's gross income, from all sources, in the previous tax year exceed \$300,000? Yes  No

If no, FFATA reporting of this subaward is not required.

Is the Performance Site the Same Address as Above?  Yes  No  
Currently registered in CCR?  Yes  No  
If no, is the Performance Site the same as PI address below?  Yes  No  
If no to both questions, please complete 3B page 2 (if ARRA funding use Attachment 4A).  
DUNS No.: 83-560-7441 Parent DUNS No.: \_\_\_\_\_  
Is Subrecipient exempt from reporting compensation?  Yes  No  
Congressional District: 17th Congressional District: \_\_\_\_\_  
If no, please complete 3B page 2 (if ARRA funding use Attachment 4A).

Administrative Contact

Name: Lisa Whitten, Senior Negotiator II  
Address: The Texas A&M University System  
Office of Sponsored Research Services, 400 Harvey Mitchell Parkway South, Suite 300  
City: College Station State: TX ZipCode: 77845  
Telephone: 979-862-8465 Fax: 979-862-3250  
Email: lwhitten@tamus.edu

Principal Investigator

Name: Ann V. Millard  
Address: Texas A&M Health Science Center School of Rural Public Health  
2101 S. McColl Rd.  
City: McAllen State: TX ZipCode: 78503  
Telephone: 956-668-6320 Fax: 956-668-6302  
Email: avmillard@tamhsc.edu

Financial Contact

Name: Sara Lauter, Project Administrator II  
Address: The Texas A&M University System  
Office of Sponsored Research Services, 400 Harvey Mitchell Parkway South, Suite 300  
City: College Station State: TX ZipCode: 77845  
Telephone: 979-845-6149 Fax: 979-862-3250  
Email: slauter@tamus.edu

Authorized Official

Name: Jane Zuber, Director, Contracts and Grants  
Address: The Texas A&M University System  
Office of Sponsored Research Services, 400 Harvey Mitchell Parkway South, Suite 300  
City: College Station State: TX ZipCode: 77845  
Telephone: 979-862-8465 Fax: 979-862-3250  
Email: awards@tamus.edu

**Attachment 4**  
**Research Subaward Agreement**  
**Reporting Requirements**

Final Technical Report Due on or before 06-29-2013

**Attachment 5**  
**Research Subaward Agreement**  
**Scope of Work and Budget**

Breastfeeding Community Support of Hidalgo County  
Hidalgo County WIC  
June 30, 2012-June 29, 2013

Norma Longoria, Project Director  
Diana Cardona, Project Manager  
Ann Millard, Project Evaluator

Abstract

This project will aid efforts to reduce childhood obesity through community support of breastfeeding in Hidalgo County. We will open an additional Baby Café and ensure that at least 30 pregnant or breastfeeding mothers attend by June 30, 2013. Additional activities will include establishing a sustainability plan for the project, disseminating information about it on a quarterly basis, and developing a referral system for it with healthcare providers in pregnancy. At Baby Café, a breastfeeding class will be provided to WIC mothers, who will thus meet their WIC nutrition education requirement and be able to access expedited WIC benefits. In addition, we will establish at least one Mother-Friendly Worksite and increase the number of Breastfeeding Friendly Establishments in Hidalgo County.

**Budget Worksheet**  
**OSRS Proposal #: 1310142**  
**Cumulative Budget Request**  
**Project Dates: 6/30/2012 to 6/29/2013**

**Category**

	<u>Salary</u>	<u>% Effort</u>	<u>Cal Mo</u>	<u>Aca Mo</u>	<u>Sum Mo</u>	<u>Year 1</u>	<u>TOTAL</u>
<b>A. Sr Personnel</b>							
PI:	\$ 7,469.69	8.50%	1.0	0.8	0.3	7,848	7,848
Fringe Benefits		9%	1.0	0.8	0.3	1,919	1,919
<b>Subtotal Salaries Senior Personnel</b>						7,848	7,848
<b>Subtotal Benefits Senior Personnel</b>						1,919	1,919
<b>Subtotal Senior Personnel</b>						9,767	9,767
<b>Subtotal Salaries Other Personnel</b>						-	-
<b>Subtotal Benefits Other Personnel</b>						-	-
<b>Subtotal Other Personnel</b>						-	-
<b>Total Salaries</b>						7,848	7,848
<b>Total Benefits</b>						1,919	1,919
<b>Total Personnel Costs</b>						9,767	9,767

**DIRECT COSTS**

**Travel: Domestic**

	<u>Item</u>	<u>\$Amount</u>	<u># of People</u>	<u># of Days</u>	<u># of Trips</u>			
City:	Per diem	\$ -	1	3	1	-	-	
	Lodging	\$ -	1	2	1	-	-	
Purpose/Name of Conference	Transportaion	\$ -	1		1	-	-	
	Rental Car	\$ -		3	1	-	-	
	Mileage	\$ -			1	-	-	
Note: put conference registration under Other Direct Costs	Other	\$ 800				800	800	
	<i>Total Trip</i>						800	800
	<i>Total Domestic Travel</i>						800	800

**Materials & Supplies**

Supplies	342	342
<i>Total Supplies</i>	342	342

***Modified Total Direct Costs (MTDC)***

**10,909      10,909**

**EXEMPT COSTS**

***Total Direct Costs (TDC)***

**10,909      10,909**

**INDIRECT COSTS**

Indirect Costs      10.0%      of      MTDC      1,091      1,091

**TOTAL PROJECT COSTS (TPC)**

**12,000      12,000**