

MISSISSIPPI



SHAD WHITE STATE AUDITOR

Non-Profit Spending in Mississippi

May 2025

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Executive Summary

In 2020, Mississippi State Auditor Shad White announced a nonprofit organization participated in the largest public fraud scheme in state history.¹ Since then, federal and state governments have continued to pour money into nonprofit organizations. From FY23 to present,² the federal government sent over \$270 billion—over a quarter trillion dollars—directly to nonprofits throughout the country.³ In that same period, \$1.7 billion in taxpayer money passed through Mississippi state agencies to nonprofits,⁴ adding to the \$1.2 billion nonprofits working in Mississippi received directly from the federal government.⁵

When federal taxpayer dollars are sent to nonprofits through state-administered grants, state administrators are charged with monitoring these funds.⁶ Grant monitoring is the way the government prevents fraud, waste, and abuse in grants and ultimately ensures services are delivered efficiently to Mississippians. Unfortunately, some Mississippi state agencies, and state agencies across the country, fail to conduct adequate grant monitoring.⁷ This creates an ideal situation for fraud, waste, and abuse of taxpayer money.

When the Trump administration's Department of Government Efficiency (DOGE) began identifying wasteful grants to nonprofits, the Mississippi Office of the State Auditor (OSA) began a similar project to identify wasteful nonprofit spending in state government.⁸ Our initial focus was on grants to nonprofits charged with HIV-AIDS prevention based on findings that indicated potential risk. Our most alarming findings were:

- **The Mississippi Department of Health is not properly monitoring some grants.**
- **Secondly, the nonprofits tasked with HIV-AIDS prevention and testing have failed to achieve meaningful results.** The three nonprofits examined by analysts in this report conducted a total of 35 HIV tests despite receiving \$853,575.80 over multiple years from the Health Department.
- **Finally, no one in state government could determine the total amount of taxpayer money going to nonprofits—or even produce a list of the nonprofits receiving government money.** Our office produced a comprehensive database of this spending that can be found in Appendix A to this report.

As for methodology, analysts identified federal and state resources and used advanced analytics techniques to identify at least 2,600 nonprofits receiving funds from Mississippi state agencies.⁹ Furthermore, some nonprofits are exempt from certain reporting requirements, meaning payments made to them are difficult to identify.

Mississippi's Health Department, Nonprofits, and HIV Prevention

The HIV epidemic in Mississippi is among the most severe in the US.¹⁰ According to the most recent data available, the state has the 7th highest HIV infection rate in the United States.¹¹ In 2019, the federal government prioritized seven states, including Mississippi, for “a rapid infusion of new resources, expertise, and technology” to cut HIV infections by 75% by 2025 and 90% by 2030 through an initiative called Ending the HIV Epidemic: A Plan for America (EHE).¹² Meeting the federal goal would require Mississippi to go from 402 new HIV infections a year in 2020 to 100 or fewer by 2025, and then 40 or fewer by 2030.¹³

The Role of the Mississippi Department of Health in Decreasing HIV Infections by 75% by 2025

In Mississippi, the State Department of Health (Health Department) has an Office of STD/HIV that is specifically charged with lowering the number of people who get sick or die from sexually transmitted diseases like HIV.¹⁴ In January 2021, Mississippi's Office of STD/HIV adopted its “Ending the HIV Epidemic Plan” to guide the state's HIV strategy and direct the increased federal funds toward reducing new HIV infections by 75% by 2025.¹⁵ As the prime awardee of the federal grant money, the Health Department bore the responsibility for stewarding these funds to meet the goals of the federal initiative for Mississippians.¹⁶

The Health Department Allowed Nonprofits to Shape Mississippi's HIV Plan

The federal government dispersed grant funds to the Health Department in two phases. In the first phase, the federal government gave the Health Department \$390,981 to conduct a planning process that engaged stakeholders (e.g., nonprofits, the community, HIV planning bodies, HIV prevention experts, care partners, and others) in the development of a state-specific plan for achieving the federal government's goals and objectives. The Health Department created a task force for this phase of the work that included, but was not limited to,¹⁷ the following Mississippi nonprofits:

- ACLU MS for “community engagement and legal expertise;”
- Transgender and Gender Non-Conforming Education and Advocacy Project (TEAP MS) to “ensure the Plan is informed by Transgender and gender non-conforming Mississippians and responsive to their needs throughout the state of MS;”
- Mississippi Center for Justice to “educate, empower various vulnerable populations and work to ensure that HIV decriminalization is a priority in MS and that all legislative policy needs are met;”

- Mississippi Decriminalization Network "to educate and empower community members and lawmakers about the importance of HIV De-Criminalization;"
- Mississippi Immigration Coalition to "ensure the plan is informed by Mississippians who are immigrants or of Latinx descent;"
- Immigrant Alliance for Justice and Equity to "ensure the Plan is informed by Mississippians who are immigrants;"
- LIFE, Inc. to "focus on LGBTQIA+ persons;"
- LOVE ME UNLIMITED 4 LIFE, Inc. for "Black Transgender and Gender Non-Conforming Mississippians."

The federal government issued guidance on four strategies to be included in Mississippi's Ending the HIV Epidemic plan. Those strategies were:

1. Diagnose all people with HIV as early as possible.
2. Treat people with HIV rapidly and effectively to reach sustained viral suppression.
3. Prevent new HIV transmission by using proven interventions, including pre-exposure prophylactic (PrEP) and syringe services programs (SSPs).
4. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.¹⁸

The Centers for Disease Control (CDC) allowed the Health Department to supplement these strategies with others for the purpose of tailoring programs to the specific needs of Mississippians. In collaboration with the above-mentioned task force and others, the Health Department chose to include the following strategies as part of the state-level Ending the Epidemic plan:

1. Increase access to effective and comprehensive care across the state.
2. Decrease stigma and provide life-affirming messaging and care.
3. Identify, address, and reduce health disparities.
4. Increase MSDH (Health Department) capacity to develop new, innovative partnerships that are responsive to the needs of the individuals most at risk for acquiring HIV in MS.¹⁹

Per the Health Department, these additional strategies were needed in the Mississippi plan in order to facilitate "justice-oriented" and "whole-health foundational" programming.²⁰

After eight months of planning by these nonprofits and other members of the task force, the Health Department released its "Mississippi's Ending the Epidemic Plan" in January 2021.²¹ To implement the plan, the Health Department received \$2.08 million in the second phase of federal HIV funding. These funds were

to be used to support the development and implementation of programs tailored to ending the HIV epidemic in Mississippi.

The Health Department was responsible for vetting and selecting organizations to carry out programs/interventions in service to Mississippi's HIV goals. Selected organizations—many of which were nonprofits—were awarded a portion of the federal funding as subgrantees and were obligated to submit program performance and spending documentation to the Health Department. After awarding funds, the Health Department was responsible for monitoring subgrantees' performance and spending to prevent fraud, waste, and abuse.

The Results: The Health Department Will Fail Its Mission of Cutting HIV by 75% by 2025

The Mississippi Health Department is not on track to achieve its 75% infection reduction rate of HIV infection by 2025. By 2022, the Health Department's plan produced a 0% reduction in HIV infection rates relative to 2020, rather than the roughly 50%+ reduction that would be needed by this point to meet the 2025 target. Barring a major reversal, Mississippi will not meet its 75% HIV reduction target by 2025 despite the substantial amount of public dollars allocated to this goal under the supervision of the Health Department.

Analysis of Nonprofit Spending Authorized by the Mississippi Department of Health

Of the three nonprofits examined in this report, 61 of 90 invoices (68% of invoices) lacked supporting documentation. These invoices account for \$428,083 in funds, which the Health Department reimbursed to nonprofit organizations without sufficient evidence, verification, or understanding of the costs being reimbursed. OSA has acquired all grant monitoring documentation from the Health Department for the nonprofits outlined below.

The Immigrant Alliance for Justice and Equity (IAJE) received \$334,784.71 from the Health Department from 2021-2024. During that time period, the Immigrant Alliance for Justice and Equity

- Administered zero (0) HIV tests²²
- Received \$87,804.99 in reimbursements for invoices that had no supporting documentation
- Spent over \$18,000 to host a "*Queerceanera*" described as a "Latinx pride month event [that] highlights LGBTQ Latinx and Indigenous community members"²³
- Paid \$327.26 for Bud Light and Coronita beer²⁴
- Purchased \$725 in gift cards, but from a receipt showing the card was declined²⁵

- Paid \$137.79 for five (5) Lyft rideshares in New York City between 10:12 pm and 4:08 am on 4-5 March 2023²⁶
- Claimed \$82.50 for "dinner" at a Baltimore restaurant despite the receipt address being for a tobacco/vape store²⁷

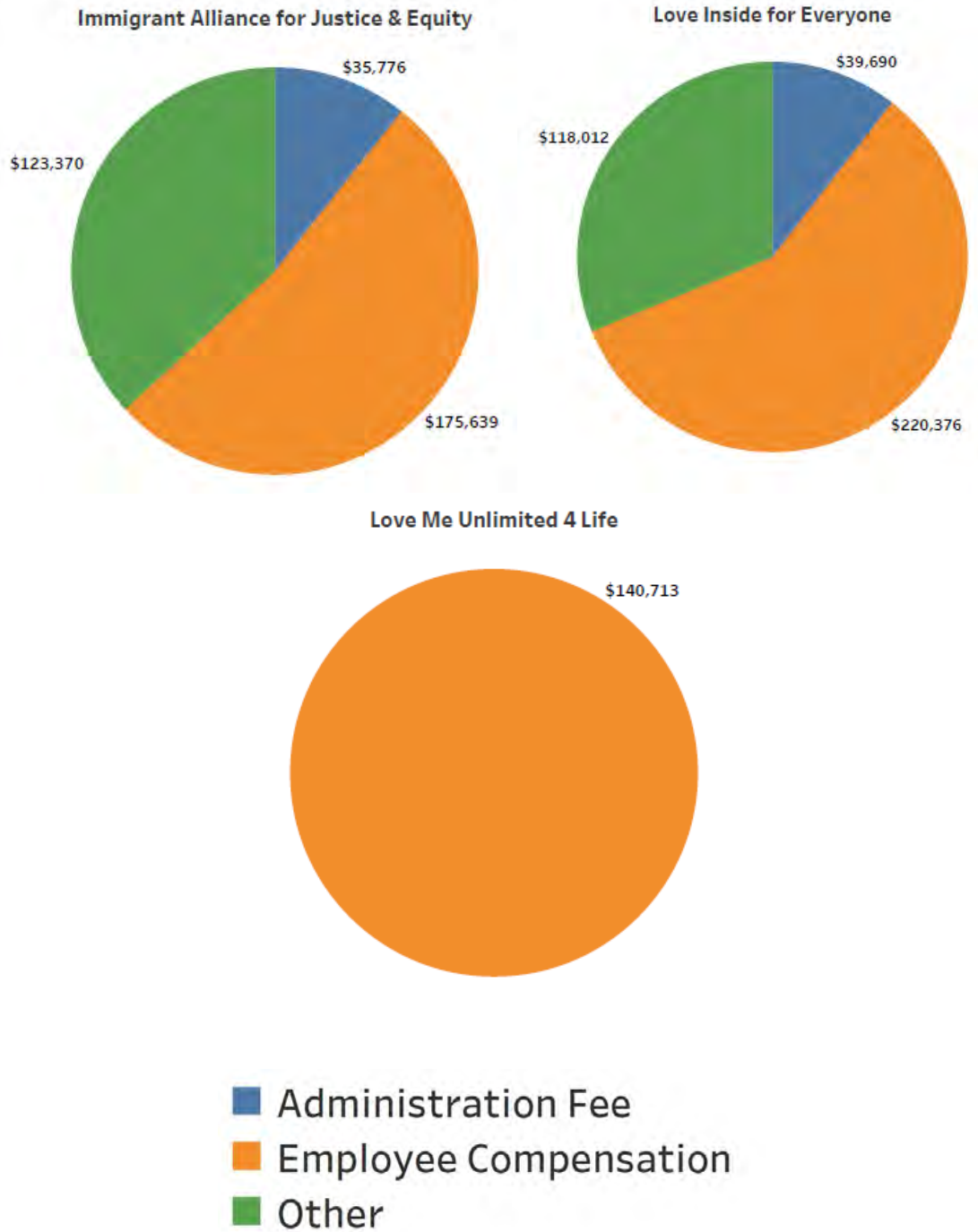
Love Inside for Everyone (L.I.F.E., Inc) received \$378,078.21 from the Health Department from 2021-2024.

- Administered 35 HIV tests between January and July of 2024, and zero tests before or after²⁸
- Received \$199,565 in reimbursements for invoices that had no supporting documentation
- Paid \$4,000 in rental fees to a nightclub run by the nonprofit's Director to host monthly "diva" brunches²⁹
- Hosted Gay Pride Weekend in Jackson, MS, in 2023 using taxpayer funds³⁰

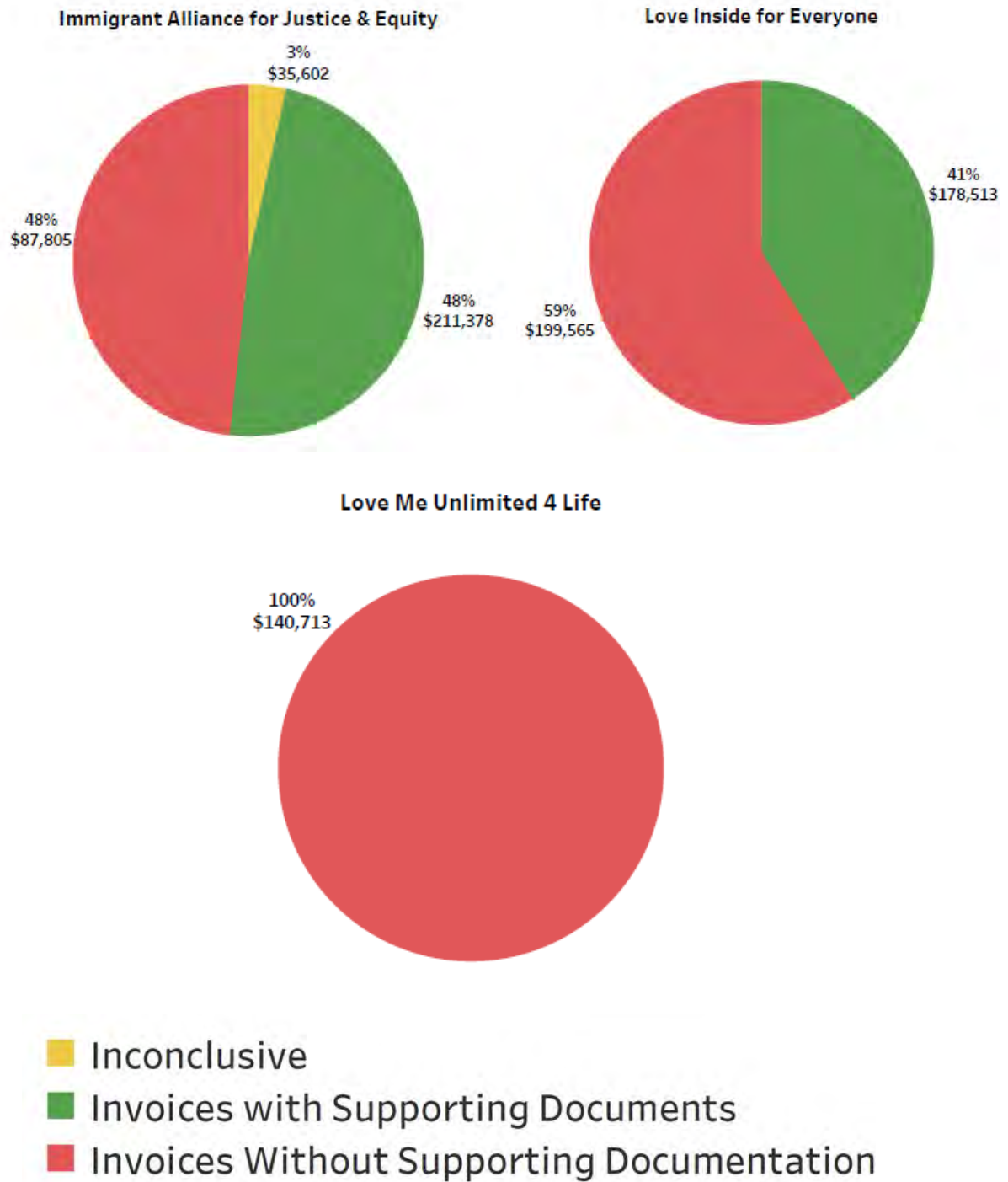
Love Me Unlimited 4 Life received \$140,712.88 from 2021-2023.

- Administered zero (0) HIV tests³¹
- 100% of funds were used for employee or contracted salaries restricted to people who identify "as Gender Non-Conformant (GNC), aged 17-34 that are People with HIV (PWH), members of the LGBTQIA community, and or at risk for acquiring HIV"³²

Nonprofit Spending Breakdown



Supported Invoices vs Unsupported Invoices



Immigrant Alliance for Justice & Equity (IAJE)

The below table outlines the "Scope of Work" that IAJE agreed to perform according to the subgrant agreement in exchange for taxpayer funding compared to grant monitoring documentation provided by the Health Department. The "Proof of Work" column indicates whether the Office of the State Auditor received any documentation from the Health Department verifying completion of the contracted scope of work.

Scope of Work	Proof of Work
Take steps to become a rapid HIV testing site with Partners with local community-based organizations.	No proof of work from Health Department
Identify a champion for the Latinx community to promote testing and education.	No proof of work from Health Department
Identify gaps in existing prevention and care services through community health needs assessment and MS specific survey of subgroups and beliefs.	No proof of work from Health Department
Design tailored interventions that address our community's specific needs.	No proof of work from Health Department
Find nearby free or low-cost testing that has interpreters.	No proof of work from Health Department
Stigma Reduction Plan.	No proof of work from Health Department
Decrease stigma and provide life-affirming messaging and care.	No proof of work from Health Department
Taming the <i>-ismos</i> – <i>machismo</i> , <i>marianismo</i> , <i>familismo</i> , <i>fatalismo</i> .	No proof of work from Health Department
Develop a MS specific campaign geared towards the Latinx community.	No proof of work from Health Department
Work with IAJE Lead <i>Promotora</i> to develop and train <i>Promotoras de Salud</i> in HIV work.	No proof of work from Health Department
Partner with Federally Qualified Health Centers in Mississippi to create and distribute.	No proof of work from Health Department
Develop a MS specific Latinx HIV campaign for ending the HIV epidemic - #tomalapruueba.	No proof of work from Health Department
Submit monthly progress reports and an invoice for reimbursement to the Health Department.	The Health Department only had invoices. Of submitted invoices, only 48% have supporting documentation.

Scope of Work	Proof of Work
HIV: Host and participate in HIV/STI events – Breaking the Taboo, transnational approach.	No proof of work from Health Department

The below table shows total grant money received and tests administered.

Grant Money FY22 – FY24	Tests Administered
\$334,784.71	0

Analysis of Health Department approved spending by the Immigrant Alliance for Justice and Equity

The Immigrant Alliance for Justice and Equity (IAJE) received \$334,784.71 from the Health Department from 2021-2024. According to an interview that OSA conducted with programmatic staff from the Health Department, the primary purpose of this grant was to provide HIV-AIDS testing along with proof that the testing had occurred via programmatic documentation.³³ However, the Health Department does not possess programmatic monitoring documents that verify that IAJE’s scope of work has been met or that any testing has occurred. In other words, analysts found no documentation that the Health Department did anything other than review paperwork such as invoices submitted by IAJE, before reimbursing them.³⁴

According to the invoices provided by the Health Department, IAJE, and Mississippi's Accountability System for Government Information and Collaboration (MAGIC), 14 of 29 invoices, (48% of invoices totaling \$87,804.99) had no supporting documentation. For example, \$55,350.24 was reimbursed for salary expenses with no supporting documentation—such as paychecks or timesheets—to confirm that these salary reimbursements actually went to employees.

Even within the 52% of IAJE’s expenses that had attached supporting documentation, the Health Department approved reimbursements for questionable charges. Most notably, the Health Department reimbursed IAJE \$18,724.20 for a “*Queerceanera*” event to celebrate a Latinx pride month event in the Fondren neighborhood of Jackson, MS. The event cost \$4,350 for the venue, \$750 for the DJ, \$1,000 for photography, \$4,275 for gift cards and other “tokens of appreciation” (with no records verifying how they were distributed or to whom), \$3,384.72 for employee travel expenses, \$1,582.22 in supplies for the venue, and \$3,382.26 in nutritional items.³⁵

Another receipt that the Health Department reimbursed showed \$725 worth of gift cards purchased at Kroger, but the transaction was declined.³⁶ Despite the denied transaction, the Health Department confirmed

that they reimbursed IAJE for the cost.³⁷ Another example of waste is a receipt for \$327.26 worth of Bud Light and Coronita beer, which was also reimbursed by the Health Department.³⁸

The Health Department also paid questionable travel expenditures. On March 4-5, 2023, IAJE employees incurred Lyft rideshare expenses in New York City at 10:12 pm, 1:02 am, 3:38 am, 3:52 am, and 4:08 am totaling \$137.79.³⁹ Another out-of-state expense is an \$82.50 charge for "dinner at this restaurant in Baltimore," but the address on the receipt is for a tobacco/vape store in Baltimore.⁴⁰

Finally, Health Department records show **zero** reported **HIV tests administered by IAJE from 2022-2024**, despite the nonprofit invoicing the Health Department \$11,412.62 for testing supplies during this period and being under contract to "take steps to become a rapid HIV testing site with Partners with local community-based organizations."⁴¹

Love Inside for Everyone (L.I.F.E. Inc.)

The below table outlines the "Scope of Work" that L.I.F.E. agreed to perform according to the subgrant agreement in exchange for taxpayer funding compared to grant monitoring documentation provided by the Health Department. The "Proof of Work" column indicates whether the Office of the State Auditor received any documentation from the Health Department verifying completion of the contracted scope of work.

Scope of Work	Proof of Work
LIFE's Community Health Workers (CHWs) will keep offering PrEP/PEP support, non-medical case management, condoms, HIV testing, education, quick care linkage, and referrals.	Numbers provided for HIV Testing numbers – 0 in 2023 and 35 in 2024.
Collaborate with other entities to provide linkage to care and early initiation of ART to HIV positive patients within the required timeline.	No proof of work from Health Department
Host several events aimed at increasing the number of individuals screened for HIV including an HIV forum, a Health Fair, Monthly Themed Brunches, and Weekly Social Hours.	The Health Department had programmatic records for hosting brunches, forums, and events from LIFE for 5 of 19 months.

Scope of Work	Proof of Work
Increase the number of community engagement activities by hosting at least four target population leadership consultations, four monthly social gatherings to discuss reform policies and practices that serve as barriers to "Ending the HIV epidemic in MS."	No proof of work from Health Department
Submit monthly progress reports, hard copies of test results, and invoice for reimbursement to the Health Department by the 10 th of each month.	The Health Department only had invoices. Of submitted invoices, only 41% have supporting documentation.
Ensure all project staff join and be active on the MS HIV Planning Council or the MS ETHE/ETE Task Force.	No proof of work from Health Department

The below table shows total grant money received and tests administered.

Grant Money FY21 – FY25	Tests Administered
\$378,078.21	35

Analysis of Health Department approved spending by Love Inside for Everyone

Love Inside for Everyone (LIFE) received over \$378,078.21 from the Mississippi Department of Health since June 2021. Despite requesting all programmatic and fiscal monitoring documents for Love Inside for Everyone and pulling from MAGIC, only 41% of invoices included supporting documentation. This means the Health Department approved 20 invoices (totaling \$199,565.04) with no supporting documentation. This is contrary to their own department's instruction in their *Subgrant Policies and Procedures, Section 7: "Subgrant Payments"*:

"Subgrantees are required to submit documentation supporting all expenditures being reimbursed and all in-kind matches claimed. A lack of proper supporting documentation could result in reimbursement claims being delayed or returned to the subgrantee unpaid."

The Health Department reimbursed \$118,011.85 to LIFE for expenses unrelated to employee compensation and administrative fees - many of which appear questionable. For example, the Health Department paid for monthly state-sponsored "themed brunches" hosted by LIFE. Reviewed documentation refers to the events as "themed lunches and social hours" and "diva brunches."⁴² Additionally, the Health Department reimbursed LIFE for "event space rental" for these events with checks totaling \$4,000 written to Metro 2.0, a nightclub

run by LIFE's Executive Director.⁴³ Based on documentation reviewed by audit staff, it is unclear if the Health Department was aware of this arrangement or if it runs counter to Section 8.2 of the subgrant agreement, which states:

"The Subgrantee will establish or maintain safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain."

Another questionable expense LIFE submitted a receipt totaling \$8,342.25 for STD testing supplies. The invoice included charges for 86 HIV self-tests at \$2,408.00; 86 gonorrhea/chlamydia specimen collection kits at \$3,225.00; and a shipping fee of \$2,709.25.⁴⁴ It is unclear why the Health Department would reimburse non-HIV tests with federal grant money specifically designated for HIV prevention. It is also unclear why LIFE or the Health Department would view this expenditure as a good use of taxpayer funds because the Health Department supplies these tests to subgrantees.⁴⁵ Regardless, LIFE chose to bypass this option, and the Health Department reimbursed the expense which resulted in an unnecessary and potentially unallowable purchase.

Finally, Health Department records show LIFE administered 35 HIV tests from January to July of 2024 and zero tests before or after that time. LIFE's subgrant agreement with the Health Department states the primary purpose for this use of taxpayer dollars is to provide HIV testing and promote testing awareness.⁴⁶ And just like with IAJE, staff from the Health Department confirmed that "the purpose of this grant is to do testing."⁴⁷

Love Me Unlimited 4 Life

The below table outlines the "Scope of Work" that Love Me Unlimited 4 Life agreed to perform according to the subgrant agreement in exchange for taxpayer funding compared to grant monitoring documentation provided by the Health Department. The "Proof of Work" column indicates whether the Office of the State Auditor received any documentation from the Health Department verifying completion of the contracted scope of work.

Scope of Work	Proof of Work
Assist the Health Department STD/HIV Office to provide rapid HIV testing, and linkage to care and early initiation of ART to HIV positive patients within the Health Dept. required timeline.	No proof of work from Health Department

Scope of Work	Proof of Work
Submit monthly progress reports and an invoice for reimbursement to the Health Department.	No proof of work from Health Department
Sign and post on organizational website and social media platforms MS ETHE/ETE Task Force Statewide Anti-Stigma Sign-On Letter.	No proof of work from Health Department
Hire at least (1) Community Health Workers that identifies as Gender Non-Conformant (GNC), Aged 17-34 that are People with HIV (PWH), members of the LGBTQIA community, and or at risk for acquiring HIV to provide agreed upon services. Will ensure that each CHW team member hired is assigned to hard-to-reach and rural areas of the state as defined by ETHE/ETE administrators. CHW will provide PrEP/PEP navigation, non-medical case management, HIV screening, education, linkage to care, and referral services. Will pay each contracted CHW a rate of at least \$20.00 an hour.	Monthly invoices for salaries listed for "CHW" which may fulfill this requirement. However, no other documentation has been provided, including contracts and/or timesheets.
Identify a PrEP/PEP Provider Champion in each of your service area(s).	No proof of work from Health Department
Document HIV Opt-out testing policy and procedures throughout the service area(s).	No proof of work from Health Department
Increase the number of individuals screened for HIV within clinical and community settings.	No proof of work from Health Department
Increase the number of community engagement activities conducted by health centers and CBOs by contracting with at least one ETHE/ETE TF preferred community engagement expert to host at least four target population leadership consultations, and four virtual town halls (a minimum of 1 of each meeting per quarter must be conducted) to reform policies and practices that serve as a barrier to Ending the HIV Epidemic in MS.	No proof of work from Health Department
Ensure that all project staff agree to become active members of the MS HIV Cluster Detection and Response Team and comply with all membership requirements.	No proof of work from Health Department

Scope of Work	Proof of Work
Purchase ETHE/ETE Marketing and Promotional items as prescribed by ETHE/ETE administrator(s).	No proof of work from Health Department

Analysis of Health Department approved spending by Love Me Unlimited 4 Life (LMU4L)

Love Me Unlimited 4 Life received \$140,712.88 between July 2021 and July 2023. The Health Department could only provide subgrant agreements for the period beginning August 1, 2021, through July 31, 2023.

During this time, the Health Department contracted with Love Me Unlimited 4 Life to “provide rapid HIV testing” to the at-risk community.⁴⁸ Despite rapid HIV testing underlying LMU4L’s contractual obligation with the state, documents from the Health Department only show that salaries were paid to LMU4L employees. The invoices provided by the Health Department and pulled from MAGIC show that \$140,712.88 were paid toward salaries but do not show if the salaries were for regular employees or contract workers, and no time sheets or other required documentation was included.⁴⁹

Additionally, the Health Department required LMU4L to hire “at least (1) Community Health Worker [CHW] that identifies as Gender Non-Conformant (GNC), aged 17-34 that are People with HIV (PWH), members of the LGBTQIA community, and or at risk for acquiring HIV to provide agreed upon services.”⁵⁰ The Health Department also specified that LMU4L “will ensure that each CHW team member hired is assigned to hard-to-reach and rural areas of the state as defined by ETHE/ETE administrators”.⁵¹

Love Me Unlimited 4 Life was required to submit monthly progress reports to the Health Department along with their invoices for reimbursement. These progress reports were either not maintained by the Health Department or never submitted. Monthly invoices were submitted for staff salaries, but Health Department files do not include timesheets or other supporting documentation. When contacted by analysts, Love Me Unlimited 4 Life stated via email that their Executive Director is “out on sick leave til further notice” and that their office had closed.⁵² When OSA inquired as to where the nonprofit’s files were stored as required by sections 5.4 and 5.5 of the subgrant agreement, LMU4L staff did not respond.

Despite this lack of documentation, the Health Department continuously reimbursed LMU4L. Taxpayers have handed out over \$140,000 with no record of any of the terms of the grant being met.

Conclusion: Mississippi Department of Health

As the prime awardee of the Ending the HIV Epidemic federal grant money, the Health Department was responsible for the management and oversight of these funds. It has two specific responsibilities. First, monitor subgrantees' performance (i.e., whether the subgrantee meets the programming goals and objectives on which its award was based). Second, monitor subgrantees' spending (i.e., whether funds were used for authorized purposes).⁵³ Monitoring subgrantee performance requires the Health Department as the prime awardee, at a minimum, to obtain and review technical and financial documents from subgrantees throughout the life of the award.

For this limited initial review, the State Auditor's Office requested documentation from the Health Department on three Mississippi "Ending the Epidemic" program subgrantees. Results of our limited review show failures in the Health Department's HIV grant monitoring performance during the period in question.

At the same time that the programming described in this report was taking place across the state, HIV infection rates in Mississippi failed to decrease. The state will fail to meet its mission of reducing the rate of HIV infection in Mississippi by 2025 barring a major reversal.

Report Conclusion

These examples show how state agencies send nonprofits taxpayer money with questionable results and minimal public scrutiny. Taxpayers in Mississippi and across the nation deserve more transparency into how their money is spent than is currently the norm when nonprofits are awarded grants.

One way to provide transparency is by requiring nonprofits receiving taxpayer money from Mississippi state agencies to submit, under penalty of perjury, documentation to the state's Department of Finance and Administration showing the amount received, the services provided, and any subgrants made to other organizations.

Also, State Auditors and other independent state-level oversight officials should replicate the work presented in this report. The federal government has no way to see how the money given to nonprofits by state agencies is spent. If citizens and state leaders are unwilling to increase oversight and accountability, then tax dollars will continue to go to nonprofits without sufficient oversight and transparency.

Mississippians should report any instances of nonprofits wasting taxpayer funds from state agencies to the Auditor's Office by emailing nonprofitwaste@osa.ms.gov or calling 601-576-2800.

¹ See [press release](#).

² Dates selected to match Mississippi's fiscal year (FY) which runs July 1st to June 30th of each year.

³ See [USAspending.gov](#). Time period: "07/01/2022-04/13/2025". Recipient Type: "Nonprofit (3 types)."

⁴ Total includes only public dollars from state agencies to nonprofits and does not include taxpayer funds from universities, counties, and municipalities to nonprofits.

⁵ *Ibid*, federal government spending sent directly to Mississippi: \$121,072,795,040.

⁶ Grant monitoring is the systematic review of grant programs by state agencies to ensure organizations receiving grant funds use these public resources appropriately and effectively. Effective monitoring verifies that expenditures are legal, allowable under the contract between the government and the nonprofit, align activities of the nonprofit with grant objectives, and desired outcomes are pursued.

⁷ See [article](#) and [resource](#).

⁸ See [press release](#).

⁹ Analysis is provided as Appendix A to this report. See appendix page 1.

¹⁰ See the Mississippi State Department of Health's "[Mississippi's Ending the HIV Epidemic Plan](#)," January 2021, page 15.

¹¹ The most recent Centers for Disease Control data is through the end of 2022. See [Table 20, Diagnosis of HIV Infection, 2022](#), Mississippi, page 166.

¹² See [What is 'Ending the HIV Epidemic: A Plan for America'?](#)

¹³ See [Table 20, Diagnosis of HIV Infection, 2020](#), Mississippi, page 132.

¹⁴ See [STD/HIV Prevention and Testing](#), Mississippi State Department of Health.

¹⁵ See "Mississippi's Ending the HIV Epidemic Plan," January 2021.

¹⁶ Its specific responsibilities are outlined in The Office of Management and Budget's (OMB) [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#), the authoritative set of rules for federal grant awards.

¹⁷ A full list of task force member organizations can be found on pages 10-11 of "Mississippi's Ending the HIV Epidemic Plan."

¹⁸ *Ibid*, page 3.

¹⁹ *Ibid*, page 3.

²⁰ *Ibid*, page 3.

²¹ *Ibid*, page 1.

²² See Appendix pages 73-81.

²³ See appendix pages 36-49.

²⁴ See appendix page 63.

²⁵ See appendix pages 58-59 and page 62.

²⁶ See appendix pages 64-68.

²⁷ See appendix pages 58-61.

²⁸ See appendix pages 130-138.

²⁹ See appendix pages 124-126.

³⁰ See appendix page 122.

³¹ The Health Department was unable to provide any evidence of HIV tests administered by Love Me Unlimited 4 Life despite the fact that testing was included in its scope of work. See appendix page 148.

³² See appendix page 148.

³³ Interview with Health Department employees, April 3, 2025.

³⁴ The Health Department is required by Section 6.2 of its [Subgrant Policies and Procedures](#) to monitor grants by reviewing all programmatic and financial reports and to take appropriate action when any deficiencies in the documentation are detected.

³⁵ See appendix pages 36-49.

³⁶ See appendix pages 58-59 and page 62.

³⁷ Interview with Health Department employees, April 3, 2025.

³⁸ See appendix page 63.

³⁹ See appendix pages 64-68.

⁴⁰ See appendix pages 58-61.

⁴¹ See appendix pages 50-53 and 73-81.

⁴² See appendix pages 118-121 and page 123.

⁴³ See appendix pages 124-126.

⁴⁴ See appendix pages 127-129.

⁴⁵ Health Department, email communication, April 18, 2025.

⁴⁶ See appendix pages 130-138.

⁴⁷ Interview with Health Department employees, April 3, 2025.

⁴⁸ See appendix page 148.

⁴⁹ See Appendix A, appendix page 1.

⁵⁰ See appendix page 148

⁵¹ See appendix page 148.

⁵² Love Me Unlimited 4 Life, email communication, April 18, 2025.

⁵³ As described in OMB's [*Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Award*](#).

Appendix A:
<https://www.osa.ms.gov/non-profit-spending>

Appendix B: Documentation for Immigrant Alliance for Justice & Equity (IAJE)

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
SUBGRANT AGREEMENT**

AGREEMENT NUMBER SG-2111-R2

SECTION 1.0 Parties to the Agreement

This agreement is made this the 1st, day of September, 20 21, by and between the Mississippi State Department of Health, hereinafter referred to as MSDH, and, Immigrant Alliance for Justice and Equity, hereinafter referred to as Subgrantee.

SECTION 2.0 Period of Performance

This agreement shall be in effect from August 1st, 2021, through July 31, 2022.

SECTION 3.0 Purpose

This agreement is established for the purpose of defining the rights and duties of the parties regarding the Subgrant known as HIV Prevention - Ending the HIV Epidemic.

SECTION 4.0 Responsibilities of MSDH and Subgrantee

4.1 MSDH Responsibilities:

- 4.1.1** MSDH is responsible for the review and approval of invoices and periodic reports.
- 4.1.2** MSDH is responsible for the review of progress reports on the ongoing activities regarding the Subgrant.
- 4.1.3** MSDH is responsible for oversight of work and services provided by Subgrantee.
- 4.1.4** MSDH is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

4.2 Subgrantee Responsibilities:

- 4.2.1** The Subgrantee is responsible for implementing the work and services as set forth in the Scope of Work, hereby incorporated and attached hereto.
- 4.2.2** The costs incurred must be in accordance with the approved Budget, hereby incorporated and attached hereto, and shall not exceed \$ 166,635 unless properly modified and approved. Prior written approval shall be required before deviating from the approved budget.
- 4.2.3** The Subgrantee is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

SECTION 5.0 Budget and Finance

- 5.1 Subgrant Value.** Absent a modification in the form required by this agreement, the total amount to be paid by MSDH to Subgrantee under the terms of this agreement shall not exceed the amount previously stipulated in Section 4.2.2 of this agreement. All payments made under this agreement shall represent services rendered or actual costs incurred. Subgrantee is responsible for any commitments or expenditures in excess of the amounts authorized by MSDH.
- 5.2 Invoices.** The Subgrantee shall submit invoices, as required and in accordance with the grant associated with this agreement or as instructed by MSDH and attached hereto.
- 5.3 Reimbursement.** The Subgrantee assumes sole responsibility for reimbursement to the granting or funding agency of a sum of money equivalent to the amount of any expenditures disallowed should the granting agency, funding agency, or any other authorized agency rule through an audit exception or some other appropriate means, that expenditures from funds allocated to the Subgrantee for direct and/or indirect costs were not made in compliance with the regulations of the granting or funding agency or the provisions of the agreement.
- 5.4 Record Maintenance.** The Subgrantee agrees to maintain books, records, and documents and other evidence pertaining to all costs and expenses incurred and revenues acquired under this agreement for three (3) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.4.1** The Subgrantee agrees to maintain books, records, and documents and other evidence containing or associated with protected health information (PHI) and pertaining to all costs and expenses incurred and revenues acquired under this agreement for six (6) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.5 Record Inspection and Audit.** MSDH, any sponsor or funding source, the State of Mississippi, and regulatory body of the United States overseeing the grant associated with this agreement, and/or any other authorized representative of any of the foregoing, shall have access to and the right to examine all records, books, papers, or documents which are directly pertinent to, or related to the Subgrant award for the purpose of audit, examination, excerpts, and/or transcripts.
- 5.6 Purchase Equipment.** Equipment should not be purchased unless itemized in the approved budget or in accordance with the grant associated with this agreement. The use

and disposition of any equipment purchased by the Subgrantee shall be in accordance with the grant associated with this agreement.

- 5.7 Compensation.** This is a subgrant agreement using the cost reimbursement method of payment. The invoices submitted by the Subgrantee will state the period for which reimbursement is being requested, and will itemize the cost and budget category per the budget in Attachment B. All deliverables and reports defined in Attachment A: Scope of Work and Attachment B: Budget and Justification are to be submitted to MSDH for the compensation defined herein.

SECTION 6.0 Modification

- 6.1** This agreement may need to be modified, changed, or altered due to changing circumstances. Therefore, it is agreed that MSDH or the Subgrantee may request modification and that this modification will be prepared in writing and presented to the other party for approval or rejection. Work or purchases relating to any items not specifically outlined by this agreement, the Subgrantee's proposal, or the grant associated with this agreement may not be paid for unless both parties agree to and execute a written amendment to this agreement.

SECTION 7.0 Assignment

- 7.1** Obligations under this agreement may not be assigned by the Subgrantee without prior written approval of MSDH, or in accordance with the grant associated with this agreement.

SECTION 8.0 Standard Terms and Conditions

The Subgrantee Certifies and Agrees to the Following:

- 8.1 Authority to Accept Award.** The Subgrantee certifies that it has legal authority to apply for the Subgrant and has the institutional, managerial, and financial capability (including where applicable, funds sufficient or in-kind match to pay the Subgrantee's share of the project cost) to ensure proper planning, management, and completion of the project described in this proposal. The Subgrantee further certifies (a) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind, and (b) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings, either voluntary, or otherwise, which may adversely affect its ability to perform its obligations under this agreement.
- 8.2 Conflict of Interest.** The Subgrantee will establish or maintain safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 8.3 Applicable Laws.** This Subgrant Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflict of law provisions, and any litigation with respect thereto shall be brought in the courts of the state.

- 8.4 Compliance with Laws.** The Subgrantee shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, and any others as required by the grant that is the subject of this agreement, as now exist and as they may be amended or modified.
- 8.4.1 Equal Opportunity.** The Subgrantee understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Subgrantee agrees during the term of the agreement that the Subgrantee will strictly adhere to this policy in its employment practices and provisions of services.
- 8.4.2 Employment Verification.** The Subgrantee will ensure its compliance with the Mississippi Employment Protection Act, §71-11-1, et seq., of the Mississippi Code Annotated, as Amended, and will register and participate in the status verification system for all newly hired employees as required.
- 8.4.3 Federal Law.** Subgrantee will comply with all federal statutes relating to non-discrimination. These include, but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; and the requirements of any non-discrimination statute(s) which may apply to the proposal.
- 8.4.4 Program Specific Law.** The Subgrantee will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this grant or program.
- 8.5 Subgrantee Status.** Subgrantee agrees that no act performed, or representation made, whether oral or written, by the Subgrantee with respect to third parties shall be binding on MSDH. The Subgrantee shall, at no time act as an agent for MSDH. Nothing herein shall be deemed or construed by MSDH, the Subgrantee, or any third party as creating the relationship of principal and agent, partners, joint ventures, or any similar such relationship between MSDH and the Subgrantee.
- 8.6 Representation Regarding Contingent Fees and Gratuities.** Subgrantee represents that it has not offered, given, or agreed to give or accepted a solicitation or demand for gratuity or offer of employment in connection with any decision or preparation regarding the award of this Subgrant, nor has it retained a person to solicit or secure a Subgrant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Subgrantee's bid or proposal.

- 8.7 Public Records Clause.** MSDH has the responsibility to oversee and monitor all phases of this Subgrant Agreement. Therefore, MSDH shall be responsible for responding to any public records requests pursuant to the Mississippi Public Records Act, §25-61-1 et seq., Mississippi Code Annotated. Documents and records associated with this agreement, including but not limited to, this agreement, proposal, communications, payment requests, etc., may be deemed public records. MSDH shall respond to requests addressed to either of the parties herein. The Subgrantee shall notify and provide a copy of any public information request addressed to the Subgrantee within one (1) working day. Upon receipt of said request, MSDH shall respond to the request for public information as required by the Mississippi Public Records Act. No party to this agreement shall be liable to the other party for disclosure of information required by court order or required by law.
- 8.8 Release of Information.** MSDH, as the State management, regulatory, and enforcement agency, shall have the exclusive right to release data and information acquired as a result of this agreement to the press and public. The Subgrantee may release information obtained from this agreement only after obtaining written permission from MSDH.
- 8.9 Return of Reports, Data, Etc.** Upon conclusion of this agreement, MSDH may request the return of any reports, data, and other information related to this agreement. The Subgrantee retains the right to materials used in the performance of the agreement, which were developed by the Subgrantee with non-MSDH funds. The MSDH is granted non-exclusive license to copy the materials for use within the State of Mississippi.
- 8.10 Confidentiality.** Confidential or proprietary information under this agreement shall not be disclosed by either party. The Subgrantee and MSDH agree to treat as confidential and not disclose to any third party without prior written consent from both parties information or data which is identified as confidential under this agreement and/or protected from disclosure under law or agency policy. Notwithstanding the above, the parties acknowledge that the Mississippi Public Records Act governs the disclosure of public records.
- 8.11 HIPAA Compliance.** Subgrantee agrees to comply with the “Administrative Simplification” provisions of the Health Insurance Portability and Accountability Act of 1996, and any amendments thereto, including electronic data interchange, data retention, code sets, identifiers, security, and privacy provisions, as may be applicable to the services under this agreement.
- 8.12 Indemnification.** Subgrantee shall indemnify, defend, save and hold harmless, protect, and exonerate the MSDH, its board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including without limitation, court costs, investigative fees and expenses, and attorney’s fees, arising out of or caused by Subgrantee and/or its partners, principles, agents, employees, and/or subcontractors in performance of or failure to perform this agreement. In the MSDH sole discretion, Subgrantee may be allowed to control the defense of any such claim, suit, etc. In the event Subgrantee defends said claim, suit, etc., Subgrantee shall use legal counsel acceptable to MSDH. Subgrantee shall be solely responsible for all costs and/or expenses associated with such defense. Subgrantee shall not settle any claim,

suit, etc., without the MSDH concurrence which the MSDH shall not unreasonably withhold.

Subgrantee shall not be obligated to indemnify MSDH for liabilities which arise due to the negligence of MSDH or its employees. MSDH's liability, as an entity of the State of Mississippi, shall be determined pursuant to and subject to the limitations of the Mississippi Tort Claims Act, Mississippi Code Annotated § 11-4-1 et seq., including all defenses and exceptions contained therein. Nothing in this agreement shall have the effect of changing or altering the liability or of eliminating any defense available to the MSDH or State under statute.

8.13 Use of MSDH Network and/or IT Equipment. As deemed necessary by MSDH to the performance of this Subgrant Agreement, MSDH agrees to provide hardware, software, and/or devices, as well as access to the MSDH network, to designated authorized personnel of Subgrantee. MSDH agrees to provide IT support related to the use of the MSDH network and/or software, hardware, and/or devices provided by MSDH, unless an exception is granted by the MSDH IT Security Officer.

8.13.1 Adherence to IT Policies. Subgrantee agrees to adhere to all applicable MSDH IT security policies [MSDH utilizes the NIST SP 800-53 rev 4 as its authoritative Policy Framework.] Subgrantee agrees and affirms that any equipment or software issued to the Subgrantee from MSDH remain the property of MSDH. The Subgrantee agrees to obtain approval from MSDH before modifying this hardware or software in any way, shape, or form and to maintain the same using industry standard best practices. The Subgrantee also will adhere to all applicable MSDH IT security and property policies as well as procedures related to the utilization of the MSDH Enterprise network, whether accessed through hardware, software, and/or devices provided by MSDH, the Subgrantee, or another entity. Agency policies are available upon request from MSDH.

8.13.2 IT Training. Subgrantee agrees to ensure that all of its personnel who will have access to MSDH hardware, software, devices and/or the MSDH network will complete all IT security and/or other training required by MSDH before the Subgrantee personnel begin work.

8.13.3 IT Personnel. Subgrantee agrees to only allow designated personnel from MSDH to provide IT support services, as needed, in regards to the Subgrantee's use of hardware, software, and/or devices provided by MSDH or the utilization of the MSDH network.

8.14 Conflict of Interest. Subgrantee represents, to the best of its knowledge and belief, that this contract does not present the Subgrantee with a conflict of interest with respect to any past, current, or potential contract or employment such that the Subgrantee would be unable to perform impartially and without bias. Subgrantee agrees that should this condition change during the period of this contract, Subgrantee shall notify MSDH within 30 days.

8.15 Debarment and Suspension. Subgrantee certifies to the best of its knowledge and belief, that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or

voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi.

SECTION 9.0 Termination and Notice

- 9.1 Right to Terminate.** Either party to this agreement may terminate this agreement by written notice (via U.S. certified mail, return receipt requested) of termination to the other party in accordance with the Notices section of this agreement. Except as provided below, all obligations under this agreement shall cease at the expiration of thirty (30) calendar days from receipt of written notice by the non-terminating party of the notice of termination.
- 9.2 Costs.** Subgrantee shall be paid for costs incurred at the time of termination, if any, and shall deliver to MSDH an invoice for costs incurred. It is expressly understood payment is subject to the "Availability of Funds" as stated in this agreement.
- 9.3 Availability of Funds.** It is expressly understood and agreed that the obligation of MSDH to proceed under this agreement is conditioned upon the availability of funds from the responsible party and/or the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, this agreement between the MSDH and Subgrantee shall be terminated upon notice by MSDH to Subgrantee of the same. Termination of this agreement due to lack of funding will be immediate, following notice of such termination by MSDH to Subgrantee. The effective date of termination shall be as specified on the notice of termination.
- 9.4 Notices.** Notices of termination and any other notices required to be given under this agreement by each party shall be mailed to the following addresses:

For Grantor:

NAME: Jim Craig, MPH
TITLE: Senior Deputy and Director of Health Protection
ADDRESS: [REDACTED]
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

For Subgrantee:

NAME: Lorena Quiroz-Lewis
TITLE: Chief Executive Officer
ADDRESS: [REDACTED] Jackson, MS 39211
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]


SECTION 10.0 Enforceability

10.1 THIS AGREEMENT IS NOT FULLY EXECUTED OR LEGALLY BINDING UNTIL SIGNED BY THE MSDH STATE HEALTH OFFICER OR LEGAL DESIGNEE. Any work performed prior to the full execution of this agreement may not be reimbursed.

10.2 This Agreement, including all attachments listed in the Addenda, contains the sole and entire agreement and understanding of the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, this agreement is duly executed.

For the Mississippi State Department of Health:

DocuSigned by:

A5250T6E91BF427...
State Health Officer or Designee
Agreement **EXECUTED** with this signature.

1/27/2022 | 6:40 AM CST

Date

For the Subgrantee:

DocuSigned by:

9A76E8481EA444A...
Subgrantee Authorized Signature
Chief Executive Officer
Title

1/26/2022 | 7:17 PM CST

Date

ADDENDA

Attachment A: Scope of Work

Attachment B: Budget

Attachment C: Required Information for Federally Funded Subgrants

Immigrants Alliance for Justice & Equity
HIV Prevention – Ending the HIV Epidemic
Scope of Work
August 1, 2021 – July 31, 2022

1. Assist the MSDH STD/HIV Office to provide rapid HIV testing, and linkage to care and early initiation of ART to HIV positive patients within MSDH required timeline.
2. Submit monthly progress reports and an invoice for reimbursement to MSDH.
3. Sign and post on organizational website and social media platforms MS ETHE/ETE Task Force Statewide Anti-Stigma Sign-On Letter.
4. Hire at least (2) Community Health Workers that are Same Gender Loving Men, Women of Color, Gender Non-Conformant (GNC), Latinx Individuals, Aged 17-34 that are People with HIV (PWH), members of the LGBTQIA community, and or at risk for acquiring HIV to provide agreed upon services. Will ensure that each CHW team member hired is assigned to hard to reach and rural areas of the state as defined by ETHE/ETE administrators. CHW will provide PrEP/PEP navigation, non-medical case management, HIV screening, education, linkage to care and referral services. Will pay each contracted CHW a rate of at least \$30.00 an hour.
5. Identify a PrEP/PEP Provider Champion in each of your service area(s).
6. Ensure all project staff join and be active on the MS HIV Planning Council (MHPC) or the MS ETHE/ETE Task Force.
7. Document HIV Opt-out testing policy and procedures throughout service area(s).
8. Increase the number of individuals screened for HIV within clinical and community settings.
9. Increase the number of community engagement activities conducted by health centers and CBOs by contracting with at least one ETHE/ETE TF preferred community engagement expert to host at least four target population leadership consultations, and four virtual town halls (a minimum of 1 of each meeting per quarter must be conducted) to reform policies and practices that serve as a barrier to Ending the HIV Epidemic in MS.
10. Ensure that all project staff agree to become an active member of the MS HIV Cluster Detection and Response Team and comply with all membership requirements.
11. Purchase ETHE/ETE Marketing and Promotional items as prescribed by ETHE/ETE administrator(s).

Immigrants Alliance for Justice & Equity
HIV Prevention – Ending the HIV Epidemic
Budget Justification
August 1, 2021 – July 31, 2022

Personnel: \$81,200

Community Health Worker - CHW (1) - \$50,000

This position will be responsible for the overall direction and management of the program. CHWs will ensure that all aspects of the described program will be executed effectively and that all goals and objectives are met under his/her leadership, and guidance in accordance with the organization's mission. The CHW will work to increase employment and capacity building opportunities for members of various vulnerable populations to provide STD/HIV, COVID-19 related education, testing, counseling, referrals, and other health services throughout MS to End Stigma and HIV in MS.

Effort: 100% of salary (\$50,000)

Community Health Worker - CHW (2) - \$31,200

The CHW will work to increase employment and capacity building opportunities for members of various vulnerable populations to provide STD/HIV, COVID-19 related education, testing, counseling, referrals, and other health services throughout MS to End Stigma and HIV in MS.

Total Personnel = \$50,000 + \$31,200 = \$81,200

Fringe Benefits: \$16,240

Funds (\$10,000) is requested to cover standard MS employee benefit costs such as health insurance and life insurance for CHW 1. Fringe benefit is also requested for CHW 2.

\$50,000 @ 20% of salary for CHW 1 = \$10,000

\$31,200 220% of salary for CHW 2 = \$6,240

Total fringe benefits = \$16,240 (\$10,000 + \$6,240)

Travel: \$13,096

In – state travel

This cost is requested to pay for mileage reimbursement for two CHWs who travel throughout the state to carry out activities of this partnership.

5,000 miles @ \$0.56 per mile = \$2,800

Meals and lodging: \$7,296

Employees will travel throughout the state and may have to spend the night at least twice a month.

Meals per day @ \$56 x 24 days per year = \$1,344

Lodging per day @ \$96 x 24 days per year = \$2,304

Total meals and lodging = \$7,296 (\$1,344 + \$2,304 x 2)

Out – state travel

Fund is requested for employees to travel out of state to obtain training or attend crucial event for the growth of program activities.

Airfare = \$3,000 for both CHW 1 & 2

Total Airfare = \$3,000 (\$1,500 x 2)

Total travel = \$13,096 (\$2,800 + \$7,296 + \$3,000)

Supplies: \$21,600

Office Supplies: \$5,000

Funds are requested to purchase office supplies for CHWs and partnership office. Supplies includes pens, paper, folders, binders, staples, paper clips, printer cartridges, etc.

Medical Supplies: \$5,000

Funds are requested to purchase PPE, vinyl non-powdered gloves, alcohol pads, biohazard bags, and cotton balls, facial masks, disinfectant wipes, paper towels, face shields, hand sanitizer.

Testing Supplies:

Rapid HIV Testing Kits: \$11,600

INSTI™ HIV-1/HIV-2 Rapid Antibody Test

Funds are requested to purchase INSTI (™) HIV-1/HIV-2 rapid antibody test from Biolytical laboratories. The test is a minute rapid in vitro qualitative test for the detection of antibodies to HIV Type 1 and Type 2 in human whole blood, fingerstick blood, or plasma. The INST rapid HIV tests will enable healthcare providers and community-based organizations to offer rapid HIV testing to clients at a reduced waiting period.

20 INSTI HIV Kit (50 tests/kit) @ \$550.00 = \$11,000

20 kits x 50 = 1,000 tests

15 controls @ \$30/box = \$450

Shipping and handling = \$150

Total INSTI (™) Rapid Testing kits/control requested = \$11,600

Total Supplies: \$21,600 (5,000 + 5,000 + \$11,600)

Contractual: \$14,350

Contractual: \$3,500

Community Engagement Contractor: \$1,500

Funds will be used to contract a culturally and linguistically appropriate Community Engagement Expert/Specialist who has lived life experience to conduct effective community engagement for the respective target population served as outlined. This allotment should ensure that contractors provide culturally and linguistically appropriate servicing. Expenses for meeting space for listening sessions, town halls, nutritional items, speaking fees associated with town halls, listening sessions.

Speaking Fee: \$1,000 - 2 Speakers @ \$500.00 each
Nutritional items: \$1,000
= \$2,000.00 (\$1,000 + \$1,000)
Total community engagement = \$3,500 (\$1,500 + \$2,000)

EVENT: Partners Estrella-Li Ann Transgender activist Positively yours
“We are not going to abandon latinos that are HIV positive” event at Westin for 150
outreach to Immigrant communities in the deep south. Event will raise awareness of HIV
epidemic among latinos in the deep south.

Venue - \$2,500
Nutritional items - \$5,500
Audio visual \$2,000
Total event = \$10,000

Marketing and Promotion: \$850.00
Ending the Epidemic Advertising, Marketing Promotional
Funds are requested to advertise community engagement events and program activities via
print, digital media, radio, etc.

Total Contractual: \$14,350 (\$3,500 + \$10,000 + \$850)

Other: \$5,000

Funds is requested (\$5,000) to purchase token of appreciation for clients participating in testing
and interventions.

Total direct cost = \$151,486 (\$81,200 + \$16,240 + \$13,096 + \$21,600 + \$14,350 + \$5,000)

Administrative fees: \$15,149

IAJE is requesting for administrative fee to cover the administration, management, and
implementation of EHE activities itemized in the partnership. The administrative fee is
calculated at 10% of the total direct cost (\$151,486).

@ 10% of total direct cost: \$15,149 (\$151,486 x 10%)

Total amount requested: \$166,635 (\$151,486 + \$15,149)

Attachment: C Required Information for Federally Funded Subgrants

I. Subgrantee Information

a. Subgrantee Unique Identifying Number: 11-788-2216

II. Prime Award Information

a. Federal Awarding Agency: CDC

b. CFDA Number: 93.940

c. Program Name: HIV Prevention - Ending the HIV Epidemic

d. Federal Award Identification Number ("FAIN"): NU62PS924624

e. Federal Award Date: 7-20-2021

f. Federal Award Amount: \$2,083,699

g. Federal Award Project Description:

Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States.

III. Subgrant Information

Type of Award: ☐ Program or ☐ Research

Certificate Of Completion

Envelope Id: 91C1196B962B4BDBA640C0553BF16E12
 Subject: SG-2111(2) Immigrants Alliance for Justice and Equity (EHE)
 Source Envelope:
 Document Pages: 13
 Certificate Pages: 3
 AutoNav: Enabled
 Envelope Stamping: Disabled
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:
 Rand, Larika

Record Tracking

Status: Original
 12/13/2021 11:41:59 AM

Holder: Rand, Larika

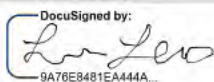
Location: DocuSign

Signer Events

Lorena Lewis

Security Level: Email, Account Authentication
 (None)

Signature

DocuSigned by:

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Signature Adoption: Drawn on Device
 Using IP Address: [REDACTED]
 Signed using mobile

Timestamp

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 Resent: 12/21/2021 1:12:35 PM
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 Resent: 1/6/2022 10:41:33 AM
 Resent: 1/26/2022 9:11:36 AM
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 Signed: 1/26/2022 7:17:12 PM

Electronic Record and Signature Disclosure:

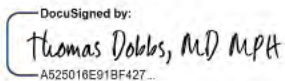
Accepted: 12/13/2021 12:49:23 PM
 ID: d4bde371-e225-455e-b0e2-46636bd58893
 Company Name: MS State Department of Health

Thomas Dobbs, MD MPH

State Health Officer

Mississippi State Department of Health

Security Level: Email, Account Authentication
 (None)

DocuSigned by:

 A525010E91BF427...

Signature Adoption: Pre-selected Style
 Using IP Address: [REDACTED]

Sent: 1/26/2022 7:17:13 PM
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 Signed: 1/27/2022 6:40:46 AM

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**

Oluade, O.J.

State Health Officer

Mississippi State Department of Health

Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:**COPIED**

Sent: 1/27/2022 6:40:47 AM

Carbon Copy Events	Status	Timestamp
Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	1/27/2022 6:40:41 AM
Signing Complete	Security Checked	1/27/2022 6:40:46 AM
Completed	Security Checked	1/27/2022 6:40:47 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

From time to time, MSDH may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document. At any time, you may request from us a paper copy of any record provided or made available electronically to you. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send paper copies of any such documents from our office to you, you may request delivery of such paper copies from us by sending an email request to MSDHDocusignAdmin@msdh.ms.gov. If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. You must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically by submitting the requests in writing to: MS State Department of Health DocuSign Administration, 570 East Woodrow Wilson Avenue, Jackson, MS 39216. If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us. Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
SUBGRANT AGREEMENT**

AGREEMENT NUMBER SG-2111 - R3

SECTION 1.0 Parties to the Agreement

This agreement is made this the 1st, day of Septemeber, 20 22, by and between the Mississippi State Department of Health, hereinafter referred to as MSDH, and, Immigrant Alliance for Justice and Equity, hereinafter referred to as Subgrantee.

SECTION 2.0 Period of Performance

This agreement shall be in effect from August 1, 2022, through July 31, 2023.

SECTION 3.0 Purpose

This agreement is established for the purpose of defining the rights and duties of the parties regarding the Subgrant known as HIV Prevention - Ending the HIV Epidemic.

SECTION 4.0 Responsibilities of MSDH and Subgrantee

4.1 MSDH Responsibilities:

- 4.1.1** MSDH is responsible for the review and approval of invoices and periodic reports.
- 4.1.2** MSDH is responsible for the review of progress reports on the ongoing activities regarding the Subgrant.
- 4.1.3** MSDH is responsible for oversight of work and services provided by Subgrantee.
- 4.1.4** MSDH is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

4.2 Subgrantee Responsibilities:

- 4.2.1** The Subgrantee is responsible for implementing the work and services as set forth in the Scope of Work, hereby incorporated and attached hereto.
- 4.2.2** The costs incurred must be in accordance with the approved Budget, hereby incorporated and attached hereto, and shall not exceed \$ 163,844.60 unless properly modified and approved. Prior written approval shall be required before deviating from the approved budget.
- 4.2.3** The Subgrantee is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

SECTION 5.0 Budget and Finance

- 5.1 Subgrant Value.** Absent a modification in the form required by this agreement, the total amount to be paid by MSDH to Subgrantee under the terms of this agreement shall not exceed the amount previously stipulated in Section 4.2.2 of this agreement. All payments made under this agreement shall represent services rendered or actual costs incurred. Subgrantee is responsible for any commitments or expenditures in excess of the amounts authorized by MSDH.
- 5.2 Invoices.** The Subgrantee shall submit invoices, as required and in accordance with the grant associated with this agreement or as instructed by MSDH and attached hereto.
- 5.3 Reimbursement.** The Subgrantee assumes sole responsibility for reimbursement to the granting or funding agency of a sum of money equivalent to the amount of any expenditures disallowed should the granting agency, funding agency, or any other authorized agency rule through an audit exception or some other appropriate means, that expenditures from funds allocated to the Subgrantee for direct and/or indirect costs were not made in compliance with the regulations of the granting or funding agency or the provisions of the agreement.
- 5.4 Record Maintenance.** The Subgrantee agrees to maintain books, records, and documents and other evidence pertaining to all costs and expenses incurred and revenues acquired under this agreement for three (3) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.4.1** The Subgrantee agrees to maintain books, records, and documents and other evidence containing or associated with protected health information (PHI) and pertaining to all costs and expenses incurred and revenues acquired under this agreement for six (6) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.5 Record Inspection and Audit.** MSDH, any sponsor or funding source, the State of Mississippi, and regulatory body of the United States overseeing the grant associated with this agreement, and/or any other authorized representative of any of the foregoing, shall have access to and the right to examine all records, books, papers, or documents which are directly pertinent to, or related to the Subgrant award for the purpose of audit, examination, excerpts, and/or transcripts.
- 5.6 Purchase Equipment.** Equipment should not be purchased unless itemized in the approved budget or in accordance with the grant associated with this agreement. The use

and disposition of any equipment purchased by the Subgrantee shall be in accordance with the grant associated with this agreement.

- 5.7 Compensation.** This is a subgrant agreement using the cost reimbursement method of payment. The invoices submitted by the Subgrantee will state the period for which reimbursement is being requested, and will itemize the cost and budget category per the budget in Attachment B. All deliverables and reports defined in Attachment A: Scope of Work and Attachment B: Budget and Justification are to be submitted to MSDH for the compensation defined herein.

SECTION 6.0 Modification

- 6.1** This agreement may need to be modified, changed, or altered due to changing circumstances. Therefore, it is agreed that MSDH or the Subgrantee may request modification and that this modification will be prepared in writing and presented to the other party for approval or rejection. Work or purchases relating to any items not specifically outlined by this agreement, the Subgrantee's proposal, or the grant associated with this agreement may not be paid for unless both parties agree to and execute a written amendment to this agreement.

SECTION 7.0 Assignment

- 7.1** Obligations under this agreement may not be assigned by the Subgrantee without prior written approval of MSDH, or in accordance with the grant associated with this agreement.

SECTION 8.0 Standard Terms and Conditions

The Subgrantee Certifies and Agrees to the Following:

- 8.1 Authority to Accept Award.** The Subgrantee certifies that it has legal authority to apply for the Subgrant and has the institutional, managerial, and financial capability (including where applicable, funds sufficient or in-kind match to pay the Subgrantee's share of the project cost) to ensure proper planning, management, and completion of the project described in this proposal. The Subgrantee further certifies (a) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind, and (b) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings, either voluntary, or otherwise, which may adversely affect its ability to perform its obligations under this agreement.
- 8.2 Conflict of Interest.** The Subgrantee will establish or maintain safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 8.3 Applicable Laws.** This Subgrant Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflict of law provisions, and any litigation with respect thereto shall be brought in the courts of the state.

8.4 Compliance with Laws. The Subgrantee shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, and any others as required by the grant that is the subject of this agreement, as now exist and as they may be amended or modified.

8.4.1 Equal Opportunity. The Subgrantee understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Subgrantee agrees during the term of the agreement that the Subgrantee will strictly adhere to this policy in its employment practices and provisions of services.

8.4.2 Employment Verification. The Subgrantee will ensure its compliance with the Mississippi Employment Protection Act, §71-11-1, et seq., of the Mississippi Code Annotated, as Amended, and will register and participate in the status verification system for all newly hired employees as required.

8.4.3 Federal Law. Subgrantee will comply with all federal statutes relating to non-discrimination. These include, but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; and the requirements of any non-discrimination statute(s) which may apply to the proposal.

8.4.4 Program Specific Law. The Subgrantee will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this grant or program.

8.5 Subgrantee Status. Subgrantee agrees that no act performed, or representation made, whether oral or written, by the Subgrantee with respect to third parties shall be binding on MSDH. The Subgrantee shall, at no time act as an agent for MSDH. Nothing herein shall be deemed or construed by MSDH, the Subgrantee, or any third party as creating the relationship of principal and agent, partners, joint ventures, or any similar such relationship between MSDH and the Subgrantee.

8.6 Representation Regarding Contingent Fees and Gratuities. Subgrantee represents that it has not offered, given, or agreed to give or accepted a solicitation or demand for gratuity or offer of employment in connection with any decision or preparation regarding the award of this Subgrant, nor has it retained a person to solicit or secure a Subgrant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Subgrantee's bid or proposal.

- 8.7 Public Records Clause.** MSDH has the responsibility to oversee and monitor all phases of this Subgrant Agreement. Therefore, MSDH shall be responsible for responding to any public records requests pursuant to the Mississippi Public Records Act, §25-61-1 et seq., Mississippi Code Annotated. Documents and records associated with this agreement, including but not limited to, this agreement, proposal, communications, payment requests, etc., may be deemed public records. MSDH shall respond to requests addressed to either of the parties herein. The Subgrantee shall notify and provide a copy of any public information request addressed to the Subgrantee within one (1) working day. Upon receipt of said request, MSDH shall respond to the request for public information as required by the Mississippi Public Records Act. No party to this agreement shall be liable to the other party for disclosure of information required by court order or required by law.
- 8.8 Release of Information.** MSDH, as the State management, regulatory, and enforcement agency, shall have the exclusive right to release data and information acquired as a result of this agreement to the press and public. The Subgrantee may release information obtained from this agreement only after obtaining written permission from MSDH.
- 8.9 Return of Reports, Data, Etc.** Upon conclusion of this agreement, MSDH may request the return of any reports, data, and other information related to this agreement. The Subgrantee retains the right to materials used in the performance of the agreement, which were developed by the Subgrantee with non-MSDH funds. The MSDH is granted non-exclusive license to copy the materials for use within the State of Mississippi.
- 8.10 Confidentiality.** Confidential or proprietary information under this agreement shall not be disclosed by either party. The Subgrantee and MSDH agree to treat as confidential and not disclose to any third party without prior written consent from both parties information or data which is identified as confidential under this agreement and/or protected from disclosure under law or agency policy. Notwithstanding the above, the parties acknowledge that the Mississippi Public Records Act governs the disclosure of public records.
- 8.11 HIPAA Compliance.** Subgrantee agrees to comply with the “Administrative Simplification” provisions of the Health Insurance Portability and Accountability Act of 1996, and any amendments thereto, including electronic data interchange, data retention, code sets, identifiers, security, and privacy provisions, as may be applicable to the services under this agreement.
- 8.12 Indemnification.** Subgrantee shall indemnify, defend, save and hold harmless, protect, and exonerate the MSDH, its board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including without limitation, court costs, investigative fees and expenses, and attorney’s fees, arising out of or caused by Subgrantee and/or its partners, principles, agents, employees, and/or subcontractors in performance of or failure to perform this agreement. In the MSDH sole discretion, Subgrantee may be allowed to control the defense of any such claim, suit, etc. In the event Subgrantee defends said claim, suit, etc., Subgrantee shall use legal counsel acceptable to MSDH. Subgrantee shall be solely responsible for all costs and/or expenses associated with such defense. Subgrantee shall not settle any claim,

suit, etc., without the MSDH concurrence which the MSDH shall not unreasonably withhold.

Subgrantee shall not be obligated to indemnify MSDH for liabilities which arise due to the negligence of MSDH or its employees. MSDH's liability, as an entity of the State of Mississippi, shall be determined pursuant to and subject to the limitations of the Mississippi Tort Claims Act, Mississippi Code Annotated § 11-4-1 et seq., including all defenses and exceptions contained therein. Nothing in this agreement shall have the effect of changing or altering the liability or of eliminating any defense available to the MSDH or State under statute.

8.13 Use of MSDH Network and/or IT Equipment. As deemed necessary by MSDH to the performance of this Subgrant Agreement, MSDH agrees to provide hardware, software, and/or devices, as well as access to the MSDH network, to designated authorized personnel of Subgrantee. MSDH agrees to provide IT support related to the use of the MSDH network and/or software, hardware, and/or devices provided by MSDH, unless an exception is granted by the MSDH IT Security Officer.

8.13.1 Adherence to IT Policies. Subgrantee agrees to adhere to all applicable MSDH IT security policies [MSDH utilizes the NIST SP 800-53 rev 4 as its authoritative Policy Framework.] Subgrantee agrees and affirms that any equipment or software issued to the Subgrantee from MSDH remain the property of MSDH. The Subgrantee agrees to obtain approval from MSDH before modifying this hardware or software in any way, shape, or form and to maintain the same using industry standard best practices. The Subgrantee also will adhere to all applicable MSDH IT security and property policies as well as procedures related to the utilization of the MSDH Enterprise network, whether accessed through hardware, software, and/or devices provided by MSDH, the Subgrantee, or another entity. Agency policies are available upon request from MSDH.

8.13.2 IT Training. Subgrantee agrees to ensure that all of its personnel who will have access to MSDH hardware, software, devices and/or the MSDH network will complete all IT security and/or other training required by MSDH before the Subgrantee personnel begin work.

8.13.3 IT Personnel. Subgrantee agrees to only allow designated personnel from MSDH to provide IT support services, as needed, in regards to the Subgrantee's use of hardware, software, and/or devices provided by MSDH or the utilization of the MSDH network.

8.14 Conflict of Interest. Subgrantee represents, to the best of its knowledge and belief, that this contract does not present the Subgrantee with a conflict of interest with respect to any past, current, or potential contract or employment such that the Subgrantee would be unable to perform impartially and without bias. Subgrantee agrees that should this condition change during the period of this contract, Subgrantee shall notify MSDH within 30 days.

8.15 Debarment and Suspension. Subgrantee certifies to the best of its knowledge and belief, that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or

voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi.

SECTION 9.0 Termination and Notice

- 9.1 Right to Terminate.** Either party to this agreement may terminate this agreement by written notice (via U.S. certified mail, return receipt requested) of termination to the other party in accordance with the Notices section of this agreement. Except as provided below, all obligations under this agreement shall cease at the expiration of thirty (30) calendar days from receipt of written notice by the non-terminating party of the notice of termination.
- 9.2 Costs.** Subgrantee shall be paid for costs incurred at the time of termination, if any, and shall deliver to MSDH an invoice for costs incurred. It is expressly understood payment is subject to the "Availability of Funds" as stated in this agreement.
- 9.3 Availability of Funds.** It is expressly understood and agreed that the obligation of MSDH to proceed under this agreement is conditioned upon the availability of funds from the responsible party and/or the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, this agreement between the MSDH and Subgrantee shall be terminated upon notice by MSDH to Subgrantee of the same. Termination of this agreement due to lack of funding will be immediate, following notice of such termination by MSDH to Subgrantee. The effective date of termination shall be as specified on the notice of termination.
- 9.4 Notices.** Notices of termination and any other notices required to be given under this agreement by each party shall be mailed to the following addresses:

For Grantor:

NAME: Jim Craig, MPH
TITLE: Senior Deputy and Director of Health Protection
ADDRESS: [REDACTED] Jackson, MS 39215
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

For Subgrantee:

NAME: Lerano Quiroz-Lewis
TITLE: Chief Executive Officer
ADDRESS: [REDACTED], MS 39211
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

SECTION 10.0 Enforceability

10.1 THIS AGREEMENT IS NOT FULLY EXECUTED OR LEGALLY BINDING UNTIL SIGNED BY THE MSDH STATE HEALTH OFFICER OR LEGAL DESIGNEE. Any work performed prior to the full execution of this agreement may not be reimbursed.

10.2 This Agreement, including all attachments listed in the Addenda, contains the sole and entire agreement and understanding of the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, this agreement is duly executed.

For the Mississippi State Department of Health:

Daniel Edney, MD

State Health Officer or Designee
Agreement **EXECUTED** with this signature.

5/11/2023 | 7:55 AM CDT

Date

For the Subgrantee:

Loree R. Long

Subgrantee Authorized Signature

Chief Executive Officer

Title

5/10/2023 | 5:48 PM CDT

Date

ADDENDA

Attachment A: Scope of Work

Attachment B: Budget

Attachment C: Required Information for Federally Funded Subgrants

**Scope of Work Proposal for Immigrant Alliance for Equity and Justice
August 1, 2022 – July 31, 2023**

- **Diagnose**
 - Take steps to become a rapid HIV testing site with Partners with local community-based organizations
 - Identify a champion for the LATINX community to promote testing and education
- **Respond**
 - Identify gaps in existing prevention and care services- through community health needs assessment, and MS specific survey of subgroups and beliefs
- **Cultural Sensitivity**
 - Design tailored interventions that address our community's specific needs
- **Prevent**
 - Find nearby free or low-cost testing that have interpreters
 - Stigma Reduction Plan
 - Decrease stigma and provide life-affirming messaging and care
- **Cultural Sensitivity**
 - Taming the -ismos - machismo, marianismo, familismo, fatalismo
 - Develop a MS specific campaign geared towards LATINX community
- **Spanish resources**
 - Work with IAJE Lead Promotora to develop and train Promotoras de Salud in HIV work
 - Partner with Federally Qualified Health Centers in Mississippi to create and distribute
 - Develop a MS specific Latinx HIV campaign for ending the HIV epidemic - #tomalapruueba
- **Reporting**
 - Submit monthly progress reports and an invoice for reimbursement to MSDH

Town Hall:

1. HIV: Host and participate in HIV/STI events - Breaking the Taboo, transnational approach

Personnel: \$100,000**Lead Community Health Worker - CHW (1) - \$60,000**

This position will be responsible for the overall direction and management of the program. CHWs will ensure that all aspects of the described program will be executed effectively and that all goals and objectives are met under his/her leadership, and guidance in accordance with the organization's mission. The CHW will work to increase employment and capacity building opportunities for members of various vulnerable populations to provide STD/HIV, COVID-19 related education, testing, counseling, referrals, and other health services throughout MS to End Stigma and HIV in MS.

Effort: 100% of salary (**\$60,000**)

Community Health Worker - CHW (2) - \$40,000

The CHW will work to increase employment and capacity building opportunities for members of various vulnerable populations to provide STD/HIV, COVID-19 related education, testing, counseling, referrals, and other health services throughout MS to End Stigma and HIV in MS.

Total Personnel = \$60,000 + \$40,000 = \$100,000

Fringe Benefits: \$20,000

Funds are requested to cover standard MS employee benefit costs such as health insurance and life insurance for CHW 1. Fringe benefit is also requested for CHW 2 and CHW 3. The fringe total amount will be split in twelve and health insurance stipends will be paid to them on day 15 of every month.

\$60,000 @ 20% of salary for CHW 1 = \$12,000

\$40,000 @ 20% X 1 of salary for CHW 2 = \$8,000

Total fringe benefits = \$20,000 (\$12,000 + \$8,000)

Travel: \$11,636

Travel: \$9,636

This cost is requested to pay for mileage reimbursement for two CHWs who travel throughout the state to carry out activities of this partnership.

4,000 miles @ \$0.585 per mile = \$2,340

Meals and lodging: \$7,296

Employees will travel throughout the state and may have to spend the night at least six times a month.

Meals per day @ \$56 x 24 days per year = **\$1,344**

Lodging per day @ \$96 x 24 days per year = **\$2,304**

Total meals and lodging and mileage = **\$7,296 (\$1344 + \$2304 x 2) + 2,340**

Air travel: \$1,500

Fund is requested for employees to travel out of state to obtain training or attend crucial events for the growth of program activities.

Airfare = **\$750** for CHW 1 & 2

Total Airfare = **\$1,500 (\$750 x 2)**

Rideshare Application Fees

Fund is requested for employees in the case that there is no rental or personal vehicle available while traveling.

Ride Share = **\$500** for CHW 1 & 2

Total travel = \$11,636 (\$9,636 + \$1,500 + \$500)

Supplies: \$2,000**Office Supplies: \$500**

Funds are requested to purchase office supplies for CHWs and partnership offices.

Supplies include pens, paper, folders, binders, staples, paper clips, printer cartridges, etc.

Medical Supplies: \$1,500

Funds are requested to purchase PPE, vinyl non-powdered gloves, alcohol pads, biohazard bags, and cotton balls, facial masks, disinfectant wipes, paper towels, face shields, hand sanitizer.

Total Supplies: \$2,500 (\$500 + \$1,500)

Contractual: \$6,000**Community Engagement Contractor: \$1,500**

Funds will be used to contract a culturally and linguistically appropriate Community

Engagement Expert/Specialist who has lived life experience to conduct effective community engagement for the respective target population served as outlined. This allotment should ensure that contractors provide culturally and linguistically appropriate servicing. Expenses for meeting space for listening sessions, town halls, nutritional items, speaking fees associated with town halls, listening sessions.

Speaking Fee: **\$1,000** - 2 Speakers @ **\$500.00** each

Nutritional items: **\$1,000**

Total community engagement = **\$3,500 (\$1,500 + \$1,000 + \$1,000)**

Interpretation Services: **\$2,500**

Funds will be used to contract social justice trained interpreters.

\$25.00/hour x 100 hours = \$2,500

Total Contractual: \$6,000 (\$1,500 + \$1,000 + \$1,000 + \$2,500)

EVENT: \$7,500

Queerceanera - Latinx pride month event highlights LGBTQ Latinx and Indigenous community members and features education on HIV for 150 people including outreach to Immigrant communities in the deep south. Event will raise awareness of HIV among Latinx and Indigenous populations.

Nutritional items and supplies- **\$5,500**

Audio visual- **\$2,000**

Total event = \$7,500

Marketing and Promotion: \$850

Ending the Epidemic Advertising, Marketing Promotional

Funds are requested to advertise community engagement events and program activities via print, digital media, radio, etc.

Other: \$1,000

Funds are requested to purchase tokens of appreciation for clients participating in testing and interventions. Funds are also requested for HIV testing readiness related training such as phlebotomy, etc.

Total direct cost = \$148,986 (\$100,000 + \$20,000 + \$11,636 + \$2,000 + \$6,000 + \$7,500 + \$850 + \$1,000)

Administrative fees: \$15,148.60

IAJE is requesting an administrative fee to cover the administration, management, and implementation of EHE activities itemized in the partnership. The administrative fee is calculated at 10% of the total direct cost (**\$148,986**).

@ 10% of total direct cost: **\$14,898.60** (**\$148,986** x 10%)

Total amount requested: \$163,884.60 (**\$148,986** + **\$14,898.60**)

Attachment: C Required Information for Federally Funded Subgrants

I. Subgrant Information

- a. Subgrantee Unique Identifying Number: DUSJELJZBQK7
- b. Amount of Federal funding related to the identified Federal award obligated through the subgrant agreement: \$163,844.60
- c. Type of Award: ☒ Program or ☐ Research

II. Prime Award Information

- a. Federal Awarding Agency: Immigrant Alliance for Justice and Equity
- b. CFDA/Assistance Listing Number: 93.940
- c. Assistance Listing Title: HIV Prevention - Ending the HIV Epidemic
- d. Federal Award Identification Number ("FAIN"): NU62PS924624
- e. Federal Award Date: 08/01/2022 - 07/31/2023
- f. Federal Award Project Description:
Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States.

Certificate Of Completion

Envelope Id: FACEABF0558C4A1CBAC310D13FDF7833

Status: Completed

Subject: SG-2111(R3) Immigrants Alliance for Justice and Equity (EHE)

Source Envelope:

Document Pages: 14

Signatures: 2

Envelope Originator:

Certificate Pages: 3

Initials: 0

Marilyn McCarthy

AutoNav: Enabled

Envelope Stamping: Disabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Record Tracking

Status: Original

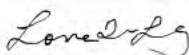
Holder: Marilyn McCarthy

Location: DocuSign

5/10/2023 4:05:20 PM

Signer Events**Signature****Timestamp**

Lorena Quiroz Lewis



Sent: 5/10/2023 4:16:47 PM

Viewed: 5/10/2023 4:18:22 PM

Security Level: Email, Account Authentication
(None)

Signed: 5/10/2023 5:48:01 PM

Signature Adoption: Drawn on Device

Using IP Address: [REDACTED]

Electronic Record and Signature Disclosure:

Accepted: 5/10/2023 4:18:22 PM

ID: 64355256-2ce8-4e38-aa1a-135047c18a76

Company Name: MS State Department of Health

Daniel Edney, MD



Sent: 5/10/2023 5:48:05 PM

Viewed: 5/11/2023 7:55:25 AM

State Health Officer

Signed: 5/11/2023 7:55:34 AM

Mississippi State Department of Health

Signature Adoption: Pre-selected Style

Security Level: Email, Account Authentication
(None)

Using IP Address: [REDACTED]

Signed using mobile

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**

Williams, Pablo

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Sent: 5/11/2023 7:55:38 AM

STD/HIV Deputy Director

MSDH

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/10/2023 4:16:47 PM
Certified Delivered	Security Checked	5/11/2023 7:55:25 AM
Signing Complete	Security Checked	5/11/2023 7:55:34 AM
Completed	Security Checked	5/11/2023 7:55:38 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

From time to time, MSDH may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document. At any time, you may request from us a paper copy of any record provided or made available electronically to you. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send paper copies of any such documents from our office to you, you may request delivery of such paper copies from us by sending an email request to MSDHDocusignAdmin@msdh.ms.gov. If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. You must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically by submitting the requests in writing to: MS State Department of Health DocuSign Administration, 570 East Woodrow Wilson Avenue, Jackson, MS 39216. If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us. Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system.

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Immigrants Alliance for Justice & Equity Date of Voucher: 03/16/2023 Fiscal Year 2023

Authorized By: Melody Winston

Jackson MS,39202

Name of Unit: IAFJAE-June

Date	Description	Amount
08/31/2022	Invoice for June 2022	\$32,926.65

Total: \$32,926.65

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

03/16/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000033451

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

03/23/2023

(Date)

(Treasury Fund)	(GL Code)

Additional Signatures/Split Amt: 1301050367 13010103000000AD 3000033451 \$0.00

sara ragus

Invoice

INVOICE No: 31010

DATE: 7/25/22

INVOICE DUE DATE: 8/31/22

Immigrant Alliance for Justice and Equity

Address: 510 George St.

City, State: Jackson, MS

Postal: 39202

BILL TO: Mississippi State Department of Health

Address: STD/HIV Office, Room O350

570 East Woodrow Wilson Blvd. – P.O. 1700

City, State: Jackson, MS

Postal: 39216

Amount: \$32,926.65

ITEMS	DESCRIPTION OF WORK DONE	QUANTITY	PRICE	TAX	AMOUNT	X
1	Personnel	2	\$2083.33		\$4,166.66	
2	Travel Expense - mileage	1	\$994.70		\$994.70	
3	Travel Expense - food	1	\$545.56		\$545.56	
4	Travel Expense - Delta Nutrition Travel mileage	1	519.65		519.65	
5	Travel Expense - Rental and gas	1	1745.91		1745.91	
5	Queerceanera Supplies for venue	1	1582.22		1582.22	
6	Queerceanera Event - Venue payment	1	3350.00		3350.00	
7	Queerceanera Event - DJ Audio Payment	1	750.00		750.00	
8	Queerceanera Event - Photography	1	1000.00		1000.00	
9	Nutritional Items	1	3387.26		3387.26	
10	Travel expense -Queerceanera Event - hotel	1	3384.72		3384.72	
11	Token of Appreciation	1	2500.00		2500.00	

12	Child Nutrition LEO	1	\$0.00	\$0.00
13	Marketing and promotion - Jensen Custom Prints	1	\$943.30	\$943.30
14	Employee Health Insurance	1	\$492.25	\$492.25
15	Principal - vision/dental insurance	1	62.00	62.00
16	Administrative Fee	1	\$1,262.42	\$1,262.42

NOTE: June 2022

Tax: \$0000.000

Total: \$32,926.65

Fondren Hall

Rental Agreement

Date of Event: June 25, 2022 Type of Event: Queer cinema
Time of Event (Include set up/clean up): Start time 6:00 am/pm End time: 11:00 am/pm
Number of Guests: 100 Will there be alcoholic beverages given at event? yes
(Bring their own)

Contact Information

Primary Renter Name: Jessica Martinez Phone: [REDACTED]
Email Address: [REDACTED]
Address: [REDACTED] Jackson State: MS Zip: 39202

Secondary Renter Name (If applicable): Leslie Bastus Phone: [REDACTED]

JJB (Initial) As the Renter(s), I hereby agree to be personally responsible on behalf of
Myself / my organization and guests for any damage sustained at the Fondren Hall
during my event. The agreement is not valid until signed by both parties. All changes to
this agreement must be in writing.

Security

JJB (Initial) Fondren Hall, at its discretion, requires an off-duty officer or deputy sheriff to ensure
orderly conduct and the safety of participants if alcohol is being served and if you are having an
evening event. There is an additional fee for off-duty officers.

Liability

JJB (Initial) The work, services, or activity to be performed in the Fondren Hall under this
agreement will be performed entirely at the risk of the Renter and assumes all responsibility for
the condition of facility and all equipment used in conjunction of this agreement. Furthermore,
Renter shall protect, maintain, save and hold harmless the Fondren Hall Owner and its officers,
agents, servants, and employees from and against any and all claims, demands, expense and
liabilities arising out of injury or death to any person, or the damage, loss or destruction of any
property which may occur in or about the Fondren Hall. This agreement is not binding upon the
Fondren Hall unless the Renter has signed it, deposits have been paid, and the Facility Manager
has signed it.

Rental Fees

Day of Event Fee-Please check the day of the week that you desire to rent the building:
(This fee includes rental of venue, tables and chairs.)

☐ Sunday (\$3,000) ☐ Monday (\$2,000) ☐ Tuesday (\$2,000) ☐ Wednesday (\$2,000)
☐ Thursday (\$2,000) ☐ Friday (\$3,500) ☒ Saturday (\$4,000) 3000

Decoration Fees-Please check by your selection:

☒ 100 ppl (\$2,000) 1000 ☐ 150 ppl (\$2,500) ☐ 200 ppl (\$3,000) ☐ 250 ppl (\$3,500)
☐ 300 ppl (\$4,000) ☐ 350 ppl (\$4,500)

☐ Add King/Queen Chairs, Love table, and Lighting (additional \$500)

Catering Fees-Please check by your selection:

- Finger foods (include meatballs, rotel, smoked drumettes, deviled eggs, fruit tray, and beverage)

☐ 50 ppl (\$750) ☐ 100 ppl (\$1,500) ☐ 150 ppl (\$2,250) ☐ 200 ppl (\$3,000)
☐ 250 ppl (\$3,750) ☐ 300 ppl (\$4,500) ☐ 350 ppl (\$5,250)

- Basic Menu (includes smoked chicken (all parts), 1 vegetable, 1 starch, green salad, rolls, and beverage)

☐ 50 ppl (\$950) ☐ 100 ppl (\$1,900) ☐ 150 ppl (\$2,850) ☐ 200 ppl (\$3,800)
☐ 250 ppl (\$4,750) ☐ 300 ppl (\$5,700) ☐ 350 ppl (\$6,650)

Other menu items available upon request.

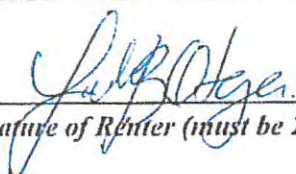
JMD (Initial) Please fill out rental agreement and return it with you \$500 deposit. Paying this deposit will secure your reservation. All payments are due 30 days prior to your scheduled event.
Make check payable to DKHA Properties sent to: 4330 North State St, Jackson, MS 39206

Renter's Signature

JMD

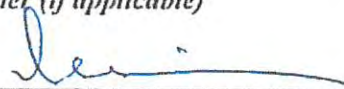
Date 5/10/22

Agreement Fee Item	Amount
Day of Event Fee: <u>✓ June 25/22</u>	3000.-
Decoration Fee: <u>100</u> # of ppl	1000.-
Catering Fee: _____ # of ppl	
Menu type: _____	
Elec. Pak.	
All Decor + Setup	
light Effect	
Color is rose gold	
Cleaning pink + purple	350.-
If applicable: Outside Catering: \$500.00	
Agreement Total:	4350.-
Deposit Amount:	1000.-
Remaining Balance::	3350.-


 Signature of Renter (must be 21 years or older)

5/10/22
 Date Signed

Secondary Renter (if applicable)


 Signature of Facility Hall Manager

Date Signed

5/10/22
 Date Signed

DJ Service Contract IAJE

Open with CloudConvert

DJ Service AGREEMENT (Wedding)

Send contract and Retainer fee to:

Supreme DJ Services - 1480 Bishop Lane, Forest, MS 39074

Date of Event: June 25th Start Time: 5 PM End Time:Event Location: Fondren Hall, 4330 N State St., Inc.Name: Immigrant Alliance for Justice an

Address:

Phone:

Email:

INSTRUCTIONS FOR RESERVING OUR SERVICE

Sign the Agreement and return with your retainer fee to secure your event. Due to HIGH DEMAND limited.

Method of Payment: Cash ☐ Check ☒

Choose your service and add up the total:

DJ Service \$750.00: Yes ☒ No ☐Custom Uplighting \$300.00: Yes ☐ No ☒Custom Monogram \$200.00: Yes ☐ No ☒Ceremony Coverage \$200.00: Yes ☐ No ☒

Travel fee if applicable \$1/mile (first 50 miles free) _____

Total balance: \$ 750.00Retainer fee (non-refundable) paid: \$ 750.00Balance due the night of event: \$ 0.00Or book our "Dream Wedding Package" for ONLY \$1000.00 (\$1450 value) Yes ☐

Package includes: DJ Service, Ceremony coverage (different location add \$150.00) and Custom Monogram.

** Subject to availability. Please inquire about package availability before booking

X [Signature]

D:

received
 paid deposit
 Check # 322 = \$100
 Check # 340 = \$650



INVOICE



Invoice No#: 0001
Invoice Date: Jun 10, 2022

\$1,000.00
AMOUNT DUE

BILL TO
Immigrant Alliance for Justice and Equity

ITEMS & DESCRIPTION

1 Event Photography

PRICE	AMOUNT(\$)
\$1,000.00	\$1,000.00
Subtotal	\$1,000.00
Shipping	\$0.00
TOTAL	\$1,000.00 USD

*Paid
Check # 342*

INVOICE
#0006

BILL TO:

Immigrant Alliance for Justice & Equity
406 W. Fortification St
Jackson, Ms 39203
info@iajems.org

Gregoria Medina Castillo
[REDACTED]
Canton, MS 39046
[REDACTED]

DATE 6/25/2022

Balance Due: \$1,600.00

Item Description	Quantity	Rate	Amount
Comida para Queerceanera			\$1, 600
Total			\$1600

paid check # 343



sam's club

CLUB MANAGER CHRISTOPHER ROBBINS
(601) 939 - 4161
06/23/22 16:56 6003 04790 001 1921

Leah

E	980124690	DS 100% 2X9F	7.48	T
E	980124690	DS 100% 2X9F	7.48	T
E	743318	OZARKA 200ZF	7.32	T
	980307829	CUTLERY PAC	22.98	T
	988335	33GAL PG	17.78	T
	980251983	NAPKINS	9.98	T
	847188	24OZ CS VARF	9.22	T
	847188	24OZ CS VARF	9.22	T
	990006730	SOCTSNCKTMMF	19.48	T
	43112	COKE35PKCANF	13.67	T
	43112	COKE35PKCANF	13.67	T
	56372	SPRITECANS F	13.67	T
	56372	SPRITECANS F	13.67	T
	980094558	FOLGERS51 F	12.98	T
	980050600	MM 9 OZ CUP	13.38	T
	980334452	2PK CHARGER	34.98	T
	980383031	VISA VL AC	4.88	N

→ 273639 CARD 500.00 N
SUBTOTAL 731.44

TAX 1 7.000 % 15.86
TOTAL 747.30
VISA TEND 747.30

US DEBIT **** * 3874 I 1

APPROVAL # 078067
ATN A0000000980840
AAC 390F1A6CE23E9E43
TERMINAL # SC162851

CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
600.00 DEBIT LOAD

Visit samsclub.com to see your savings

8 ITEMS SOLD 18

Your Gift Card has been activated.
For customer service, please call the
number on the back of the package or
card. Prepaid cards may not be
refundable. Please keep this receipt
for your records.

TC# 7132 3047 4264 4046 1237 7



*** MEMBER COPY ***

INVOICE
#0003

BILL TO: Immigrant Alliance for Justice and Equity
510 George Street
Suite 100
Jackson, MS 39202
info@iajems.org

Angeles Pulido

City, State: Ridgeland MS
Postal: 39157

DATE 6/15/2022

Balance Due: \$.00

Item Description	Quantity	Rate	Amount
Cake for Queerceanera			\$370
Total			\$370

[illegible]

EFT DEBIT PAY FROM PRIMARY
7,000.00 TOTAL PURCHASE
US DEBIT **** * 5920 I 1
REF # 218000296188
NETWORK ID. 0056 APPR CODE 002788
US DEBIT
ATD A0000000980840
TC DB5908CB87DE947D
*Pin Verified
TERMINAL # HX671012
06/28/22 21:04:59

Appendix page: 47

SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580105****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580104****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580103****	
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ACCOUNT 619634580099****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580122****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580121****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580120****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580119****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580142****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580141****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580140****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580139****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580078****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634580076****	
SHOP CARD ACTIVATION	25.00
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SHOP CARD ACTIVATION	25.00
ACCOUNT 619634579355****	
SHOP CARD ACTIVATION	25.00
ACCOUNT 619634579354****	

TC# 8642 0075 2145 0494 6441



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06/28/22

21:05:06

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Thank you! ID #:7R90D43VRNH

Walmart*

601-939-0281 Mar:TD
5520 HIGHWAY 80 E
PEARL MS 39208

STN 00365	OPR 000436	TEB 00	TBN 07209
GIFT CARD	007450604370		50.00 0
GIFT CARD	007450604370		50.00 0
WM FALL GC	007450605236		50.00 0
WM FALL GC	007450605236		50.00 0
GIFT CARD	007450604370		50.00 0
WM FALL GC	007450605236		50.00 0
WM FALL GC	007450605236		50.00 0
GIFT CARD	007450604370		50.00 0
GIFT CARD	007450604370		50.00 0
WALMART CON	007450604794		50.00 0
WALMART CON	007450604794		50.00 0
WALMART CON	007450604794		50.00 0
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GIFT CARD	007450604370		50.00 0
GIFT CARD	007450604370		50.00 0
GIFT CARD	007450604370		50.00 0
GIFT CARD	007450604370		50.00 0

SUBTOTAL 1.000.00

TOTAL 1.000.00

DEBIT TEND 1.000.00

CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
1.000.00 TOTAL PURCHASE
US DEBIT **** * 5920 I 1
REF # 217600139910
NETWORK ID. 0056 APPR CODE 139172
US DEBIT
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IC 30007FD5766467F6
*Pin Verified
TERMINAL # NK777166

06/25/22 15:09:49

SHOP.CARD ACTIVATION	50.00
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SHOP.CARD ACTIVATION	50.00
ACCOUNT 619500653011***	
SHOP.CARD ACTIVATION	50.00
ACCOUNT 620755480947***	
SHOP.CARD ACTIVATION	50.00
ACCOUNT 620755480949***	
SHOP.CARD ACTIVATION	50.00
ACCOUNT 619500653793***	
SHOP.CARD ACTIVATION	50.00
ACCOUNT 20405604057***	
SHOP.CARD ACTIVATION	50.00
ACCOUNT 620405604049***	
SHOP.CARD ACTIVATION	50.00
ACCOUNT 613500653779***	
SHOP.CARD ACTIVATION	50.00
ACCOUNT 619500653778***	

TC# 2804 3063 1607 3080 4005



Walmart!

Token of appreciation

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Immigrants Alliance for Justice & Equity Date of Voucher: 03/16/2023 Fiscal Year 2023

510 George St

Authorized By: **Melody Winston**

Jackson MS,39202

Name of Unit: IAFJAE-July

Date	Description	Amount
08/31/2022	Invoice for July 2022	\$35,601.62

Total: \$35,601.62

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

03/16/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000033451

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

03/23/2023

(Date)

(Treasury Fund)	(GL Code)

Additional Signatures/Split Amt: 1301050367 13010103000000AD 3000033451 \$0.00

sara ragus

July

Invoice

INVOICE No: 31011

DATE: 7/25/22

INVOICE DUE DATE: 8/31/22

Immigrant Alliance for Justice and Equity

Address: 510 George St.

City, State: Jackson, MS

Postal: 39202

BILL TO: Mississippi State Department of Health

Address: STD/HIV Office, Room Q350

570 East Woodrow Wilson Blvd. - P.O. 1700

City, State: Jackson, MS

Postal: 39216

Amount: \$35,601.62

ITEMS	DESCRIPTION OF WORK DONE	QUANTITY	PRICE	TAX	AMOUNT	X
1	Personnel	2	\$2083.33		\$4,166.66	
2	Travel Expense - mileage	1	\$398.29		\$398.29	
3	Travel Expense - food	1	\$442.60		\$442.60	
3	Engagement Contractural and membership	1	\$950.00		\$950.00	
4	Travel Expense - Rental, transportation	1	\$488.00		\$488.00	
5	Nutritional Items	1	\$399.03		\$399.03	
6	Office Supplies	1	\$845.01		\$845.01	
7	Audio Equipment	1	425.99		425.99	
8	Travel Expense- Hotel	1	1219.75		1219.75	
9	Medical Supplies	1	5000.00		5000.00	
10	HIV Medical Testing Supplies	1	11,412.62		11,412.62	
11	Token of Appreciation	1	1775.00		1775.00	

12	Self Insurance	1	\$0.00	\$0.00
14	Marketing	1	\$22.00	\$22.00
14	Employee Health Insurance	1	\$492.25	\$492.25
15	Principal - vision/dental insurance	1	\$62.00	\$62.00
16	Administrative Fee	1	\$1,262.42	\$1,262.42

NOTE: July 2022

Tax: \$0000.000

Total:
\$35,601.62



Quote

Quote Number QT19415
Created Date 29/07/2022

Account Name The immigrant alliance for justice and equity
Billing Address 406 W Fortification
Jackson, Mississippi 39203
United States

Ship Address IAJE Building
Isela Gonzalez
406 W Fortification
Jackson, MS, 39203
US
Hours: M- F 9AM- 5PM CST

Contact Name Leslye Ortega
Phone [REDACTED]
Email [REDACTED]

Line Items

Product Code	Product	Quantity	List Price	Sales Price	Discount (%)	Total Price
90-1031	INSTI Control Test Kit, HIV-1/HIV-2, US	8.00	USD 76.99	USD 76.99		USD 461.94
90-1019-001	INSTI HIV-1/HIV-2, ONE TEST KIT, US, 50	500.00	USD 21.99	USD 12.62	43	USD 6,310.00
10-1050	Pipette, Transfer, 50uL	450.00	USD 0.00	USD 0.00		USD 0.00

Totals

Subtotal USD 6,771.94

Shipping & Handling USD 0.00

Total USD 6,771.94

Please let us know if you have additional questions.

All shipping quotes are subject to change.

Thank you for your business.

Sales tax not included.

Applicable state sales tax will be added to invoice.

Prepared By Sarah Bulla
Company Address 406 - 13251 Delf Place
Richmond British Columbia V6V 2A2
Canada

Email [REDACTED]
Phone [REDACTED]
Incoterms Exworks

bioLytical shall not accept or permit the return of Product after shipment to the Customer. Notwithstanding the foregoing, bioLytical will accept a return of Product and will provide the Customer with a replacement, refund or credit, as determined by bioLytical, if (i) bioLytical ships Product that was not ordered by the Customer under this Agreement or (ii) inadvertently or erroneously ships a different quantity of Product than the Customer ordered under this quotation. In the event the Customer receives Product damaged in shipment, please contact 1-604-204-6784 or your account representative

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Immigrants Alliance for Justice & Equity Date of Voucher: 04/25/2023 Fiscal Year 2023

510 George St

Authorized By: jennifer fulcher

Jackson MS,39202

Name of Unit: IAFJAE-May 2022

Date	Description	Amount
07/05/2022	Personnel	\$4,166.66
07/05/2022	Travel	\$2,377.30
07/05/2022	Supplies	\$1,549.30
07/05/2022	Venue	\$2,599.96
07/05/2022	Delta Nutrition LLC	\$6,240.00
07/05/2022	Employee Health Insurance	\$492.25
07/05/2022	Principal - vision/dental insurance	\$62.00
07/05/2022	Administrative Fee	\$1,262.42
		Total: \$18,749.89

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

04/25/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

05/02/2023

(Date)

(Treasury Fund)	(GL Code)

Additional Signatures/Split Amt: 301050367 13010103000000AD 3000030633 \$0.00

Sara Ragus

Invoice

INVOICE No: 31009

DATE: 7/5/22

INVOICE DUE DATE: 7/31/22

Immigrant Alliance for Justice and Equity

Address: 510 George St.

City, State: Jackson, MS

Postal: 39202

BILL TO: Mississippi State Department of Health

Address: **STD/HIV Office, Room O350**

570 East Woodrow Wilson Blvd. – P.O. 1700

City, State: **Jackson, MS**

Postal: **39216**

Amount: \$18,749.89

ITEMS	DESCRIPTION OF WORK DONE	QUANTITY	PRICE	TAX	AMOUNT	XX
1	Personnel	2	\$2083.33		\$4,166.66	
2	Travel Expense - mileage	1	\$420.04		\$420.04	
3	Travel Expense - food	1	\$212.91		\$212.91	
4	Travel Expense - hotel	1	\$802.10		\$802.10	
5	Travel Expense - fuel for rental	1	\$40.02		\$40.02	
6	Office and Cultural Supplies	1	\$988.09		\$988.09	
7	Medical and Testing Supplies	1	\$561.21		\$561.21	
7	Queerceanera Event - Venue deposit	1	\$1000.00		\$1000.00	
8	Travel Expense - Delta Nutrition LLC - mileage	1	\$902.23		\$902.23	
9	Delta Nutrition LLC	2	\$3120.00		\$6240.00	
10	Delta Nutrition Venue Space	1	\$1599.96		\$1599.96	
11	Employee Health Insurance	1	\$492.25		\$492.25	

12	Principal - vision/dental insurance	1	\$62.00	\$62.00
13	Administrative Fee	1	\$1,262.42	\$1,262.42

NOTE: May 2022

Tax: \$00000.00

**Total:
\$18,749.89**

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Immigrants Alliance for Justice & Equity Date of Voucher: 03/16/2023 Fiscal Year 2023

510 George St

Authorized By: Melody Winston

Jackson MS,39202

Name of Unit: IAFJAE-April 2022

Date	Description	Amount
08/31/2022	Personnel	\$4,166.66
08/31/2022	Travel	\$9,945.84
08/31/2022	Supplies	\$298.72
08/31/2022	Token of Appreciation	\$725.00
08/31/2022	Employee Health Insurance	\$492.25
08/31/2022	Principal	\$62.00
08/31/2022	Administrative Fee	\$1,262.42

Total: \$16,952.89

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

03/16/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000033451

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

03/23/2023

(Date)

(Treasury Fund)	(GL Code)

Additional Signatures/Split Amt: 1301050367 13010103000000AD 3000033451 \$0.00

sara ragus

April

Invoice

INVOICE No: 31008

DATE: 5/12/22

INVOICE DUE DATE: 6/30/22

Immigrant Alliance for Justice and Equity

Address: 510 George St.

City, State: Jackson, MS

Postal: 39202

BILL TO: Mississippi State Department of Health

Address: STD/HIV Office, Room O350

570 East Woodrow Wilson Blvd. - P.O. 1700

City, State: Jackson, MS

Postal: 39216

Amount: \$16,952.90

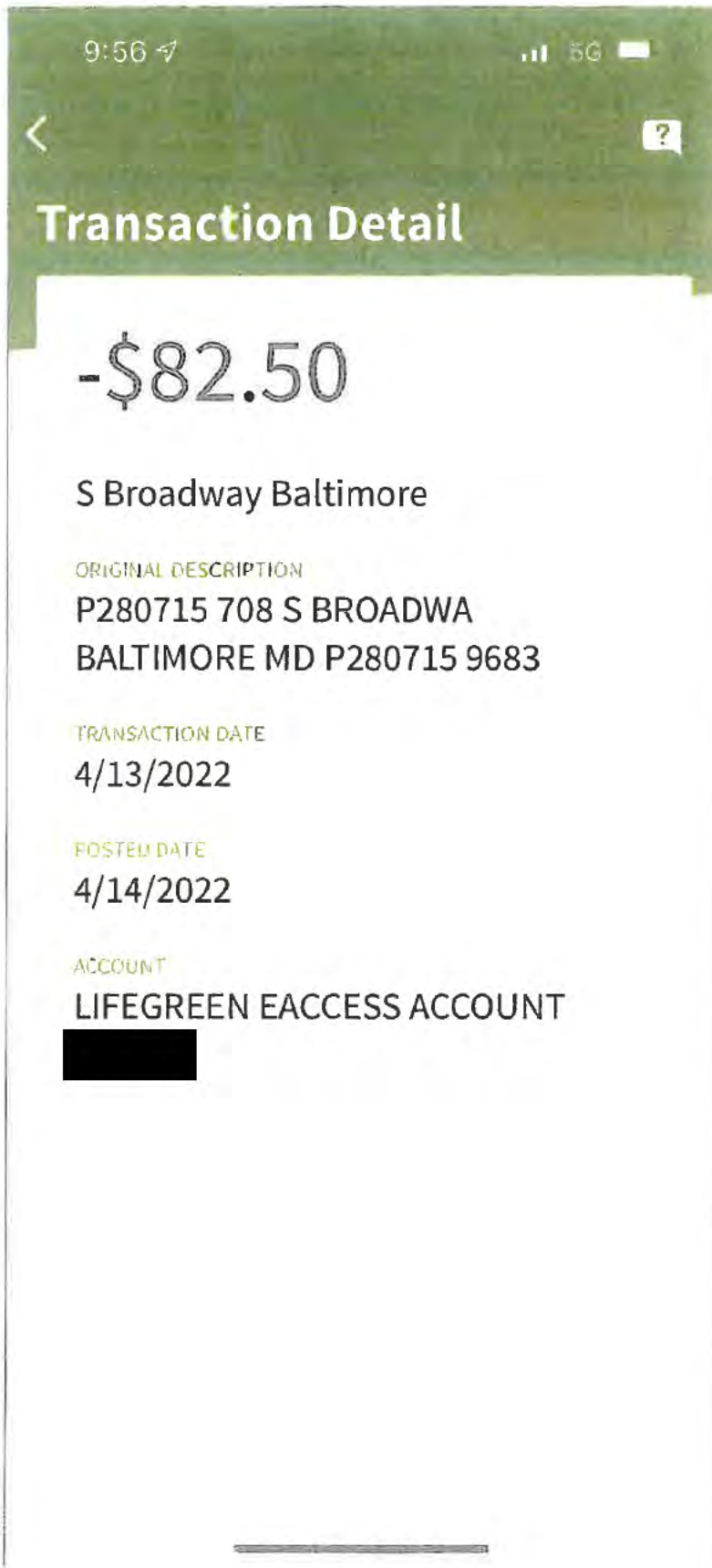
ITEMS	DESCRIPTION OF WORK DONE	QUANTITY	PRICE	TAX	AMOUNT
1	Personnel	2	\$2083.33		\$4,166.66
2	Travel Expense - mileage	1	\$141.93		141.93
3	Travel Expense - food	1	\$707.99		\$707.99
4	Delta Nutrition LLC	2	\$3120.00		\$6240.00
5	Travel Expense - hotel	1	\$453.01		\$453.01
6	Travel Expense - Delta Nutrition LLC - mileage	1	\$514.17		\$514.17
7	Travel Expense - rental car, gas for rental, parking, and Lyft	1	\$1,888.74		\$1,888.74
8	Office Supplies	1	\$298.72		\$298.72
9	Token of Appreciation	1	\$725.00		\$725.00
10	Employee Health Insurance	1	\$492.25		\$492.25 492.25
11	Principal - vision/dental insurance	1	62.00		62.00
12	Administrative Fee	1	\$1,262.42		\$1,262.42

Tax: \$0000.000

Total:
\$16,952.90

IAJE EXPENSE REIMBURSEMENT				Send completed form to FINANCE@PROJECTSOUTH.ORG For inquiries and payment information, please call (404) 622-0692	
Part A: VENDOR INFORMATION					
Last Name:	GONZALEZ	First Name	MAXIMILIANO	max@iajems.org	
Address	1007 third avenue cleveland, ms	Phone	[REDACTED]		
Part B: EXPENSES- Receipts MUST be attached to verify ALL claims					
DATE	EXPENSE CATEGORY	DESCRIPTION	TOTAL	GRANT/SOURCE FUNDING	
04.06.22	foof dinr	Dinner for panera	54.62		
4.16.22	food	dinner los toros	48.72		
04.15.22	food lunch	Food at airport	27.72		
04.15.22	food dinner	american airport food	22.88		
04.13.22	snack	none alcaholic drink in baltimore boba tea	6.14		
04.14.22	food	it was a snack in philadelphia gas station	5.00		
04.13.22	food dinner	dinner at this restaurant in baltimore	82.50		
		TOTAL	247.58		
NAME OF BANK		ROUTING NUMBER [REDACTED]			
ACCOUNT NAME		ACCOUNT NUMBER [REDACTED]			
<i>I acknowledge I have read the instructions relating to reimbursements and that the above costs were incurred by me in accordance with ANU Policies and I have attached relevant supporting documents</i>					
Signature			Date	04.05.22	

Paid check # 384



A



1811 W. GOVERNMENT
(601) 8253696
Your cashier was CHEC 513

MR	BP \$25	25.00
GB	*****3611	25.00 B1nc
	KROGER PLUS CUSTOMER	*****9654
MR	BP \$25	25.00
GB	*****3629	25.00 B1nc
MR	BP \$25	25.00
GB	*****3637	25.00 B1nc
MR	BP \$25	25.00
GB	*****3645	25.00 B1nc
MR	BP \$25	25.00
GB	*****3652	25.00 B1nc
MR	BP \$25	25.00
GB	*****3660	25.00 B1nc
MR	BP \$25	25.00
GB	*****3678	25.00 B1nc
MR	BP \$25	25.00
GB	*****3686	25.00 B1nc
MR	BP \$25	25.00
GB	*****3694	25.00 B1nc
MR	BP \$25	25.00
GB	*****2683	25.00 B1nc
MR	BP \$25	25.00
GB	*****2675	25.00 B1nc
MR	BP \$25	25.00
GB	*****0701	25.00 B1nc
MR	BP \$25	25.00
GB	*****2639	25.00 B1nc
MR	BP \$25	25.00
GB	*****4097	25.00 B1nc
MR	SHELL GC	25.00
GB	*****16405	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6493	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6519	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6501	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6535	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6527	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6543	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6550	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6568	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6576	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6584	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6592	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6600	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6626	25.00 B1nc
MR	SHELL GC	25.00
GB	*****6618	25.00 B1nc
GB	Can 034REASTER3	
GB	Can 034REASTER0	
	TAX	0.00
	*** DEC. INF ***	725.00

VISA Purchase
*****2881 - F
TOTAL: 725.00

*** DEC. INF ***
VISA Purchase
*****2881 - F
TOTAL: 725.00

*Token of
appreciation for
community members*



sam's club

CLUB MANAGER JACK MAYS

(601) 977 - 0139

06/23/23 15:34 1871 08271 002 4205

V MEMBER 101-*****8971

THANK YOU,

18068	BUD LIGHT	19.96	T
18068	BUD LIGHT	19.96	T
18068	BUD LIGHT	19.96	T
18068	BUD LIGHT	19.96	T
18068	BUD LIGHT	19.96	T
18068	BUD LIGHT	19.96	T
18068	BUD LIGHT	19.96	T
18068	BUD LIGHT	19.96	T
18068	BUD LIGHT	19.96	T
980333088	COFFEE MINI 3F	14.98	T
	MINI 3F	14.98	T
	WATER F	8.98	T
	ITA 2	20.96	T
980220073	CORONITA 2	20.96	T
980220073	CORONITA 2	20.96	T
980220073	CORONITA 2	20.96	T
980220073	CORONITA 2	20.96	T
980220073	CORONITA 2	20.96	T
980220073	CORONITA 2	20.96	T
980220073	CORONITA 2	20.96	T
E 980393105	SPRITE MINIF	14.98	T
E 980393105	SPRITE MINIF	14.98	T
980050600	MM 9 OZ CUP	12.98	T
	SUBTOTAL	408.74	

TAX 1 7.000 % 28.61

TOTAL 437.35

VISA TEND 437.35

***** 5920 T 1

US DEBIT

APPROVAL # 124085

AID A0000060980840

AAC 8C869DE8A1FC9D5F

TERMINAL # SC120167

SIGNATURE REQUIRED

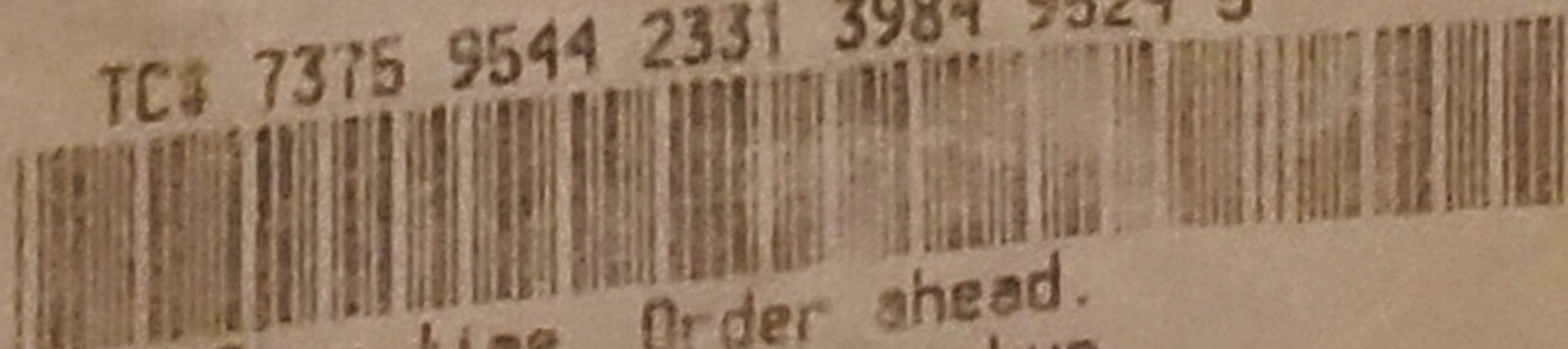
06/23/23 15:37:02

CHANGE DUE 0.00

Apply for Plus members.
samclub.com/freeshipping
club.com to see your savings

ITEMS SOLD 22

TC# 7375 9544 2331 3984 9524 5



Save time. Order ahead.
samclub.com/clubpickup

15:37:03

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Immigrants Alliance for Justice & Equity Date of Voucher: 11/09/2023 Fiscal Year 24

510 George St

Authorized By: sara ragus

Jackson MS,39202

Name of Unit: STD /HIV

Date	Description	Amount
11/01/2023	Immigrant Alliance for Justice and Equity for March 2023	\$11,476.67

Total: \$11,476.67

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

Alexis Davis

(Signature)

11/09/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000035624

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

11/14/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD 3000035624 \$11,476.67
Additional Signatures/Split Amt: 1301050367 13010103000000AD 3000035624 \$0.00

Kendra Johnson

Invoice

INVOICE No: 41007

DATE: 4/1/23

INVOICE DUE DATE: 11/1/23

Immigrant Alliance for Justice and Equity

Address: 406 West Fort Jackson Street

City, State: Jackson, MS

Postal : 39203

BILL TO: Mississippi State Department of Health

Address: STD/HIV Office, Room O350

570 East Woodrow Wilson Blvd. – P.O. 1700

City, State: **Jackson, MS**

Postal : **39216**

Amount: \$11,476.67

ITEMS	DESCRIPTION OF WORK DONE	QUANTITY	PRICE	TAX	AMOUNT
1	Personnel Lead CHW	2	2,708.330		5,416.660
2	Personnel CHW	2	1,399.28		2,798.56
3	Employee Health Insurance Monthly Stipend - CHW 1	1	1,000.00		1000.00
4	Employee Health Insurance Monthly Stipend - CHW 2	1	492.25		492.25
5	Employee Health Insurance Monthly vision + dental	1	62.00		62.00
6	Office Supplies	1	12.20		12.20
6	Travel - Transportation	1	432.62		432.62
7	Administration Fee	1	1,262.38		1,262.38

NOTE: March 2023

Tax: \$0000.000

Total:\$11,476.67



Business travel report

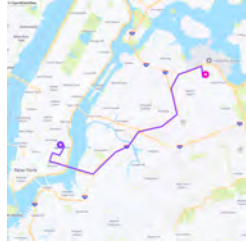
March 4 -
March 5 2023

8 selected rides

Jess Manriquez

\$191.57

Total amount



March 4, 5:55PM

\$44.79

● 339 E 10th St, New York

● 94-22 24th Ave, East Elmhurst

Ride purpose:

Expense code:



March 4, 10:12PM

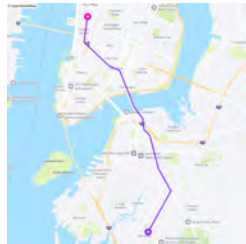
\$39.95

● 94-22 24th Ave, East Elmhurst

● 359 5th Ave, New York

Ride purpose:

Expense code:



March 5, 1:02AM

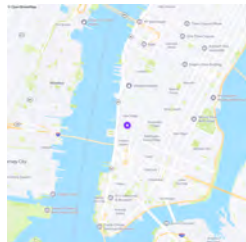
\$26.15

● 365 5th Ave, Brooklyn, NY 11215, United States

● 438 Hudson St, New York

Ride purpose:

Expense code:



March 5, 3:32AM

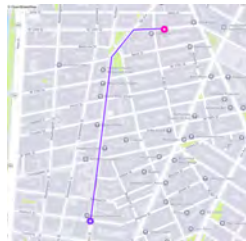
\$0.00

● None

● None

Ride purpose:

Expense code:



March 5, 3:38AM

\$10.99

● 438 Hudson St, New York

● 271 W 12th St, New York

Ride purpose:

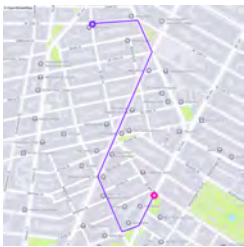
Expense code:



Business travel report

March 4 -
March 5 2023

8 selected rides

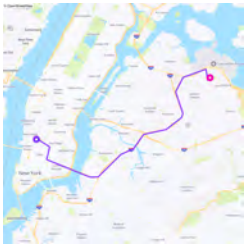


March 5, 3:52AM

\$10.99

- 321 W 4th St, New York
- 333 6th Ave, New York

Ride purpose:
Expense code:



March 5, 4:08AM

\$49.71

Lyft

- 2 Cornelia St, New York
- 94-22 24th Ave, East Elmhurst

Ride purpose:
Expense code:



March 5, 2:01PM

\$8.99

- 24-01 95th St, East Elmhurst
- New York

Ride purpose:
Expense code:

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Immigrants Alliance for Justice & Equity Date of Voucher: 11/07/2023 Fiscal Year 2024

510 George St

Authorized By: sara ragus

Jackson MS,39202

Name of Unit: STD

Date	Description	Amount
11/07/2023	Immigrant Alliance Invoice 41000 for Sept. 2022	\$14,101.58

Total: \$14,101.58

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

Alexis Davis

(Signature)

11/07/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000035624

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

11/08/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD 3000035624 \$14,101.58
Additional Signatures/Split Amt: 1301050367 13010103000000AD 3000035624 \$0.00

Kendra Johnson

Invoice

INVOICE No: 41000

DATE: 9/1/22

INVOICE DUE DATE: 11/1/23

Immigrant Alliance for Justice and Equity

Address: 406 West Fortification Street

City, State: Jackson, MS

Postal: 39203

BILL TO: Mississippi State Department of Health

Address: STD/HIV Office, Room O350

570 East Woodrow Wilson Blvd. – P.O. 1700

City, State: Jackson, MS

Postal: 39216

Amount: \$14,101.58

ITEMS	DESCRIPTION OF WORK DONE	QUANTITY	PRICE	TAX	AMOUNT
1	Personnel Lead CHW	2	2500.00		5,000.00
2	Employee Health Insurance Monthly Stipend - CHW 1	1	1000.00		1000.00
3	Employee Health Insurance Monthly Stipend - CHW 2	1	492.25		492.25
4	Employee Health Insurance Monthly vision + dental	1	62.00		62.00
5	Della Nutrition LLC	2	3120.00		6240.00
6	Travel- Transportation	1	44.95		44.95
7	Administration Fee	1	1262.38		1262.38

NOTE: August 2022

Tax: \$0000.000

Total:\$14,101.58

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Immigrants Alliance for Justice & Equity Date of Voucher: 11/08/2023 Fiscal Year 24

510 George St

Authorized By: sara ragus

Jackson MS,39202

Name of Unit: STD/HIV

Date	Description	Amount
11/01/2023	Immigrant Alliance for Justice and Equity Sept. 2022 Invoice	\$10,929.27

Total: \$10,929.27

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

Alexis Davis

(Signature)

11/08/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000035624

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

11/14/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050366 13010103000000AD 3000035624 \$10,929.27
Additional Signatures/Split Amt: 1301050367 13010103000000AD 3000035624 \$0.00

Kendra Johnson

Invoice

INVOICE No: 41001

DATE: 9/1/22

INVOICE DUE DATE: 11/1/23

Immigrant Alliance for Justice and Equity

Address: 406 West Fortification Street

City, State: Jackson, MS

Postal: 39203

BILL TO: Mississippi State Department of Health

Address: STD/HIV Office, Room O350

570 East Woodrow Wilson Blvd. – P.O. 1700

City, State: Jackson, MS

Postal: 39216

Amount: \$10,929.27

ITEMS	DESCRIPTION OF WORK DONE	QUANTITY	PRICE	TAX	AMOUNT
1	Personnel Lead CHW	2	2500.00		5,000.00
1	Personnel CHW	1	\$1,399.28		1,399.28
2	Employee Health Insurance Monthly Stipend - CHW 1	1	1000.00		1000.00
3	Employee Health Insurance Monthly Stipend - CHW 2	1	492.25		492.25
4	Employee Health Insurance Monthly vision + dental	1	62.00		62.00
5	Delta Nutrition LLC	1	1,458.33		1,458.33
6	Travel- Transportation	1	255.03		255.03
7	Administration Fee	1	1262.38		1262.38

NOTE: September 2022

Tax: \$0000.000

Total: \$10,929.27

PS20-2010 HIV Testing Data Quality Assurance Report

Recipient	Mississippi - Immigrants Alliance for Justice & Equity
Data Type	PS20-2010 HIV Testing Requirements
Report Period	01/01/2022 - 12/31/2022
Report Generated By	Neal, Casondra
Date and time of Report Generated	2025-4-7 16:31:2

Please insert comments if data do not accurately reflect local data.

Verification of Calculated Key Variables under PS20-2010 Requirements

Total Number of HIV Tests	Numerator	Denominator	%	Comments
Valid	0	0	0%	
Invalid	0	0	0%	
Missing	0	0	0%	
All Valid Tests	Numerator	Denominator	%	Comments
HIV-Positive	0	0	0%	
HIV-Negative	0	0	0%	
New HIV-Positive Tests	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
New HIV- Positive Persons Linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	
New HIV- Positive Persons Linked to Care Within 30 Days	Numerator	Denominator	%	Comments

Yes	0	0	0%
No	0	0	0%
Missing/don't know	0	0	0%

	Numerator	Denominator	%	Comments
New HIV- Positive Persons Linked to Care Within 7 Days				
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

	Numerator	Denominator	%	Comments
New HIV- Positive Persons Interviewed for Partner Services				
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

	Numerator	Denominator	%	Comments
Previous HIV- Positive Tests				
Yes	0	0	0%	
No	0	0	0%	

	Numerator	Denominator	%	Comments
Previous HIV- Positive Persons in Care				
Yes	0	0	0%	
No	0	0	0%	
Decline	0	0	0%	
Don't Know	0	0	0%	
Missing	0	0	0%	

	Numerator	Denominator	%	Comments
Among previous HIV-positive Persons not known to be in Care, linked to Care				
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 30 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 7 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

PS20-2010 HIV Testing Data Quality Assurance Report

Recipient	Mississippi - Immigrants Alliance for Justice & Equity
Data Type	PS20-2010 HIV Testing Requirements
Report Period	01/01/2023 - 12/31/2023
Report Generated By	Neal, Casondra
Date and time of Report Generated	2025-4-7 16:33:2

Please insert comments if data do not accurately reflect local data.

Verification of Calculated Key Variables under PS20-2010 Requirements

Total Number of HIV Tests	Numerator	Denominator	%	Comments
Valid	0	0	0%	
Invalid	0	0	0%	
Missing	0	0	0%	
All Valid Tests	Numerator	Denominator	%	Comments
HIV-Positive	0	0	0%	
HIV-Negative	0	0	0%	
New HIV-Positive Tests	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
New HIV- Positive Persons Linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	
New HIV- Positive Persons Linked to Care Within 30 Days	Numerator	Denominator	%	Comments

Yes	0	0	0%
No	0	0	0%
Missing/don't know	0	0	0%

New HIV- Positive Persons Linked to Care Within 7 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

New HIV- Positive Persons Interviewed for Partner Services	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Previous HIV- Positive Tests	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	

Previous HIV- Positive Persons in Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Decline	0	0	0%	
Don't Know	0	0	0%	
Missing	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 30 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 7 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

PS20-2010 HIV Testing Data Quality Assurance Report

Recipient	Mississippi - Immigrants Alliance for Justice & Equity
Data Type	PS20-2010 HIV Testing Requirements
Report Period	01/01/2024 - 12/31/2024
Report Generated By	Neal, Casondra
Date and time of Report Generated	2025-4-8 16:55:22

Please insert comments if data do not accurately reflect local data.

Verification of Calculated Key Variables under PS20-2010 Requirements

Total Number of HIV Tests	Numerator	Denominator	%	Comments
Valid	0	0	0%	
Invalid	0	0	0%	
Missing	0	0	0%	
All Valid Tests	Numerator	Denominator	%	Comments
HIV-Positive	0	0	0%	
HIV-Negative	0	0	0%	
New HIV-Positive Tests	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
New HIV- Positive Persons Linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	
New HIV- Positive Persons Linked to Care Within 30 Days	Numerator	Denominator	%	Comments

Yes	0	0	0%
No	0	0	0%
Missing/don't know	0	0	0%

	Numerator	Denominator	%	Comments
New HIV- Positive Persons Linked to Care Within 7 Days				
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

	Numerator	Denominator	%	Comments
New HIV- Positive Persons Interviewed for Partner Services				
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

	Numerator	Denominator	%	Comments
Previous HIV- Positive Tests				
Yes	0	0	0%	
No	0	0	0%	

	Numerator	Denominator	%	Comments
Previous HIV- Positive Persons in Care				
Yes	0	0	0%	
No	0	0	0%	
Decline	0	0	0%	
Don't Know	0	0	0%	
Missing	0	0	0%	

	Numerator	Denominator	%	Comments
Among previous HIV-positive Persons not known to be in Care, linked to Care				
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 30 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 7 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Appendix C: Documentation for Love Inside for Everyone (L.I.F.E., Inc)

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
SUBGRANT AGREEMENT**

AGREEMENT NUMBER SG-2105-R2

SECTION 1.0 Parties to the Agreement

This agreement is made this the 1st, day of June, 20 22, by and between the Mississippi State Department of Health, hereinafter referred to as MSDH, and, Love Inside for Everyone, Inc. dba LIFE, Inc., hereinafter referred to as Subgrantee.

SECTION 2.0 Period of Performance

This agreement shall be in effect from August 1, 2022, through July 31, 2023.

SECTION 3.0 Purpose

This agreement is established for the purpose of defining the rights and duties of the parties regarding the Subgrant known as HIV Prevention - Ending HIV Epidemic.

SECTION 4.0 Responsibilities of MSDH and Subgrantee

4.1 MSDH Responsibilities:

- 4.1.1** MSDH is responsible for the review and approval of invoices and periodic reports.
- 4.1.2** MSDH is responsible for the review of progress reports on the ongoing activities regarding the Subgrant.
- 4.1.3** MSDH is responsible for oversight of work and services provided by Subgrantee.
- 4.1.4** MSDH is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

4.2 Subgrantee Responsibilities:

- 4.2.1** The Subgrantee is responsible for implementing the work and services as set forth in the Scope of Work, hereby incorporated and attached hereto.
- 4.2.2** The costs incurred must be in accordance with the approved Budget, hereby incorporated and attached hereto, and shall not exceed \$ 139,590.00 unless properly modified and approved. Prior written approval shall be required before deviating from the approved budget.
- 4.2.3** The Subgrantee is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

SECTION 5.0 Budget and Finance

- 5.1 Subgrant Value.** Absent a modification in the form required by this agreement, the total amount to be paid by MSDH to Subgrantee under the terms of this agreement shall not exceed the amount previously stipulated in Section 4.2.2 of this agreement. All payments made under this agreement shall represent services rendered or actual costs incurred. Subgrantee is responsible for any commitments or expenditures in excess of the amounts authorized by MSDH.
- 5.2 Invoices.** The Subgrantee shall submit invoices, as required and in accordance with the grant associated with this agreement or as instructed by MSDH and attached hereto.
- 5.3 Reimbursement.** The Subgrantee assumes sole responsibility for reimbursement to the granting or funding agency of a sum of money equivalent to the amount of any expenditures disallowed should the granting agency, funding agency, or any other authorized agency rule through an audit exception or some other appropriate means, that expenditures from funds allocated to the Subgrantee for direct and/or indirect costs were not made in compliance with the regulations of the granting or funding agency or the provisions of the agreement.
- 5.4 Record Maintenance.** The Subgrantee agrees to maintain books, records, and documents and other evidence pertaining to all costs and expenses incurred and revenues acquired under this agreement for three (3) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.4.1** The Subgrantee agrees to maintain books, records, and documents and other evidence containing or associated with protected health information (PHI) and pertaining to all costs and expenses incurred and revenues acquired under this agreement for six (6) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.5 Record Inspection and Audit.** MSDH, any sponsor or funding source, the State of Mississippi, and regulatory body of the United States overseeing the grant associated with this agreement, and/or any other authorized representative of any of the foregoing, shall have access to and the right to examine all records, books, papers, or documents which are directly pertinent to, or related to the Subgrant award for the purpose of audit, examination, excerpts, and/or transcripts.
- 5.6 Purchase Equipment.** Equipment should not be purchased unless itemized in the approved budget or in accordance with the grant associated with this agreement. The use

and disposition of any equipment purchased by the Subgrantee shall be in accordance with the grant associated with this agreement.

- 5.7 Compensation.** This is a subgrant agreement using the cost reimbursement method of payment. The invoices submitted by the Subgrantee will state the period for which reimbursement is being requested, and will itemize the cost and budget category per the budget in Attachment B. All deliverables and reports defined in Attachment A: Scope of Work and Attachment B: Budget and Justification are to be submitted to MSDH for the compensation defined herein.

SECTION 6.0 Modification

- 6.1** This agreement may need to be modified, changed, or altered due to changing circumstances. Therefore, it is agreed that MSDH or the Subgrantee may request modification and that this modification will be prepared in writing and presented to the other party for approval or rejection. Work or purchases relating to any items not specifically outlined by this agreement, the Subgrantee's proposal, or the grant associated with this agreement may not be paid for unless both parties agree to and execute a written amendment to this agreement.

SECTION 7.0 Assignment

- 7.1** Obligations under this agreement may not be assigned by the Subgrantee without prior written approval of MSDH, or in accordance with the grant associated with this agreement.

SECTION 8.0 Standard Terms and Conditions

The Subgrantee Certifies and Agrees to the Following:

- 8.1 Authority to Accept Award.** The Subgrantee certifies that it has legal authority to apply for the Subgrant and has the institutional, managerial, and financial capability (including where applicable, funds sufficient or in-kind match to pay the Subgrantee's share of the project cost) to ensure proper planning, management, and completion of the project described in this proposal. The Subgrantee further certifies (a) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind, and (b) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings, either voluntary, or otherwise, which may adversely affect its ability to perform its obligations under this agreement.
- 8.2 Conflict of Interest.** The Subgrantee will establish or maintain safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 8.3 Applicable Laws.** This Subgrant Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflict of law provisions, and any litigation with respect thereto shall be brought in the courts of the state.

- 8.4 Compliance with Laws.** The Subgrantee shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, and any others as required by the grant that is the subject of this agreement, as now exist and as they may be amended or modified.
- 8.4.1 Equal Opportunity.** The Subgrantee understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Subgrantee agrees during the term of the agreement that the Subgrantee will strictly adhere to this policy in its employment practices and provisions of services.
- 8.4.2 Employment Verification.** The Subgrantee will ensure its compliance with the Mississippi Employment Protection Act, §71-11-1, et seq., of the Mississippi Code Annotated, as Amended, and will register and participate in the status verification system for all newly hired employees as required.
- 8.4.3 Federal Law.** Subgrantee will comply with all federal statutes relating to non-discrimination. These include, but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; and the requirements of any non-discrimination statute(s) which may apply to the proposal.
- 8.4.4 Program Specific Law.** The Subgrantee will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this grant or program.
- 8.5 Subgrantee Status.** Subgrantee agrees that no act performed, or representation made, whether oral or written, by the Subgrantee with respect to third parties shall be binding on MSDH. The Subgrantee shall, at no time act as an agent for MSDH. Nothing herein shall be deemed or construed by MSDH, the Subgrantee, or any third party as creating the relationship of principal and agent, partners, joint ventures, or any similar such relationship between MSDH and the Subgrantee.
- 8.6 Representation Regarding Contingent Fees and Gratuities.** Subgrantee represents that it has not offered, given, or agreed to give or accepted a solicitation or demand for gratuity or offer of employment in connection with any decision or preparation regarding the award of this Subgrant, nor has it retained a person to solicit or secure a Subgrant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Subgrantee's bid or proposal.

- 8.7 Public Records Clause.** MSDH has the responsibility to oversee and monitor all phases of this Subgrant Agreement. Therefore, MSDH shall be responsible for responding to any public records requests pursuant to the Mississippi Public Records Act, §25-61-1 et seq., Mississippi Code Annotated. Documents and records associated with this agreement, including but not limited to, this agreement, proposal, communications, payment requests, etc., may be deemed public records. MSDH shall respond to requests addressed to either of the parties herein. The Subgrantee shall notify and provide a copy of any public information request addressed to the Subgrantee within one (1) working day. Upon receipt of said request, MSDH shall respond to the request for public information as required by the Mississippi Public Records Act. No party to this agreement shall be liable to the other party for disclosure of information required by court order or required by law.
- 8.8 Release of Information.** MSDH, as the State management, regulatory, and enforcement agency, shall have the exclusive right to release data and information acquired as a result of this agreement to the press and public. The Subgrantee may release information obtained from this agreement only after obtaining written permission from MSDH.
- 8.9 Return of Reports, Data, Etc.** Upon conclusion of this agreement, MSDH may request the return of any reports, data, and other information related to this agreement. The Subgrantee retains the right to materials used in the performance of the agreement, which were developed by the Subgrantee with non-MSDH funds. The MSDH is granted non-exclusive license to copy the materials for use within the State of Mississippi.
- 8.10 Confidentiality.** Confidential or proprietary information under this agreement shall not be disclosed by either party. The Subgrantee and MSDH agree to treat as confidential and not disclose to any third party without prior written consent from both parties information or data which is identified as confidential under this agreement and/or protected from disclosure under law or agency policy. Notwithstanding the above, the parties acknowledge that the Mississippi Public Records Act governs the disclosure of public records.
- 8.11 HIPAA Compliance.** Subgrantee agrees to comply with the “Administrative Simplification” provisions of the Health Insurance Portability and Accountability Act of 1996, and any amendments thereto, including electronic data interchange, data retention, code sets, identifiers, security, and privacy provisions, as may be applicable to the services under this agreement.
- 8.12 Indemnification.** Subgrantee shall indemnify, defend, save and hold harmless, protect, and exonerate the MSDH, its board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including without limitation, court costs, investigative fees and expenses, and attorney’s fees, arising out of or caused by Subgrantee and/or its partners, principles, agents, employees, and/or subcontractors in performance of or failure to perform this agreement. In the MSDH sole discretion, Subgrantee may be allowed to control the defense of any such claim, suit, etc. In the event Subgrantee defends said claim, suit, etc., Subgrantee shall use legal counsel acceptable to MSDH. Subgrantee shall be solely responsible for all costs and/or expenses associated with such defense. Subgrantee shall not settle any claim,

suit, etc., without the MSDH concurrence which the MSDH shall not unreasonably withhold.

Subgrantee shall not be obligated to indemnify MSDH for liabilities which arise due to the negligence of MSDH or its employees. MSDH's liability, as an entity of the State of Mississippi, shall be determined pursuant to and subject to the limitations of the Mississippi Tort Claims Act, Mississippi Code Annotated § 11-4-1 et seq., including all defenses and exceptions contained therein. Nothing in this agreement shall have the effect of changing or altering the liability or of eliminating any defense available to the MSDH or State under statute.

8.13 Use of MSDH Network and/or IT Equipment. As deemed necessary by MSDH to the performance of this Subgrant Agreement, MSDH agrees to provide hardware, software, and/or devices, as well as access to the MSDH network, to designated authorized personnel of Subgrantee. MSDH agrees to provide IT support related to the use of the MSDH network and/or software, hardware, and/or devices provided by MSDH, unless an exception is granted by the MSDH IT Security Officer.

8.13.1 Adherence to IT Policies. Subgrantee agrees to adhere to all applicable MSDH IT security policies [MSDH utilizes the NIST SP 800-53 rev 4 as its authoritative Policy Framework.] Subgrantee agrees and affirms that any equipment or software issued to the Subgrantee from MSDH remain the property of MSDH. The Subgrantee agrees to obtain approval from MSDH before modifying this hardware or software in any way, shape, or form and to maintain the same using industry standard best practices. The Subgrantee also will adhere to all applicable MSDH IT security and property policies as well as procedures related to the utilization of the MSDH Enterprise network, whether accessed through hardware, software, and/or devices provided by MSDH, the Subgrantee, or another entity. Agency policies are available upon request from MSDH.

8.13.2 IT Training. Subgrantee agrees to ensure that all of its personnel who will have access to MSDH hardware, software, devices and/or the MSDH network will complete all IT security and/or other training required by MSDH before the Subgrantee personnel begin work.

8.13.3 IT Personnel. Subgrantee agrees to only allow designated personnel from MSDH to provide IT support services, as needed, in regards to the Subgrantee's use of hardware, software, and/or devices provided by MSDH or the utilization of the MSDH network.

8.14 Conflict of Interest. Subgrantee represents, to the best of its knowledge and belief, that this contract does not present the Subgrantee with a conflict of interest with respect to any past, current, or potential contract or employment such that the Subgrantee would be unable to perform impartially and without bias. Subgrantee agrees that should this condition change during the period of this contract, Subgrantee shall notify MSDH within 30 days.

8.15 Debarment and Suspension. Subgrantee certifies to the best of its knowledge and belief, that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or

voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi.

SECTION 9.0 Termination and Notice

- 9.1 Right to Terminate.** Either party to this agreement may terminate this agreement by written notice (via U.S. certified mail, return receipt requested) of termination to the other party in accordance with the Notices section of this agreement. Except as provided below, all obligations under this agreement shall cease at the expiration of thirty (30) calendar days from receipt of written notice by the non-terminating party of the notice of termination.
- 9.2 Costs.** Subgrantee shall be paid for costs incurred at the time of termination, if any, and shall deliver to MSDH an invoice for costs incurred. It is expressly understood payment is subject to the "Availability of Funds" as stated in this agreement.
- 9.3 Availability of Funds.** It is expressly understood and agreed that the obligation of MSDH to proceed under this agreement is conditioned upon the availability of funds from the responsible party and/or the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, this agreement between the MSDH and Subgrantee shall be terminated upon notice by MSDH to Subgrantee of the same. Termination of this agreement due to lack of funding will be immediate, following notice of such termination by MSDH to Subgrantee. The effective date of termination shall be as specified on the notice of termination.
- 9.4 Notices.** Notices of termination and any other notices required to be given under this agreement by each party shall be mailed to the following addresses:

For Grantor:

NAME: Jim Craig, MPH
TITLE: Senior Deputy and Director of Health Protection
ADDRESS: [REDACTED]
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

For Subgrantee:

NAME: Temica Morton
TITLE: Chief Executive Officer
ADDRESS: [REDACTED]
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

SECTION 10.0 Enforceability

10.1 THIS AGREEMENT IS NOT FULLY EXECUTED OR LEGALLY BINDING UNTIL SIGNED BY THE MSDH STATE HEALTH OFFICER OR LEGAL DESIGNEE. Any work performed prior to the full execution of this agreement may not be reimbursed.

10.2 This Agreement, including all attachments listed in the Addenda, contains the sole and entire agreement and understanding of the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, this agreement is duly executed.

For the Mississippi State Department of Health:



State Health Officer or Designee
Agreement **EXECUTED** with this signature.

3/7/2023 | 10:35 AM CST

Date

For the Subgrantee:



Subgrantee Authorized Signature

Chief Executive Officer

Title

3/7/2023 | 9:26 AM CST

Date

ADDENDA

Attachment A: Scope of Work

Attachment B: Budget

Attachment C: Information for Federally Funded Subgrants

Attachment D: Business Associate Agreement (BAA)

MISSISSIPPI STATE DEPARTMENT OF HEALTH SUBGRANT AGREEMENT

AGREEMENT NUMBER SG-2105-R4

SECTION 1.0 Parties to the Agreement

This agreement is made this the 1ST, day of February, 20 24, by and between the Mississippi State Department of Health, hereinafter referred to as MSDH, and, Love Inside for Everyone, Inc. dba LIFE, Inc., hereinafter referred to as Subgrantee.

SECTION 2.0 Period of Performance

This agreement shall be in effect from 02/01/2024, through 07/31/2024.

SECTION 3.0 Purpose

This agreement is established for the purpose of defining the rights and duties of the parties regarding the Subgrant known as HIV Prevention - Ending HIV Epidemic.

SECTION 4.0 Responsibilities of MSDH and Subgrantee

4.1 MSDH Responsibilities:

- 4.1.1 MSDH is responsible for the review and approval of invoices and periodic reports.
- 4.1.2 MSDH is responsible for the review of progress reports on the ongoing activities regarding the Subgrant.
- 4.1.3 MSDH is responsible for oversight of work and services provided by Subgrantee.
- 4.1.4 MSDH is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

4.2 Subgrantee Responsibilities:

- 4.2.1 The Subgrantee is responsible for implementing the work and services as set forth in the Scope of Work, hereby incorporated and attached hereto.
- 4.2.2 The costs incurred must be in accordance with the approved Budget, hereby incorporated and attached hereto, and shall not exceed \$ 100,000.00 unless properly modified and approved. Prior written approval shall be required before deviating from the approved budget.
- 4.2.3 The Subgrantee is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

SECTION 5.0 Budget and Finance

- 5.1 Subgrant Value.** Absent a modification in the form required by this agreement, the total amount to be paid by MSDH to Subgrantee under the terms of this agreement shall not exceed the amount previously stipulated in Section 4.2.2 of this agreement. All payments made under this agreement shall represent services rendered or actual costs incurred. Subgrantee is responsible for any commitments or expenditures in excess of the amounts authorized by MSDH.
- 5.2 Invoices.** The Subgrantee shall submit invoices, as required and in accordance with the grant associated with this agreement or as instructed by MSDH and attached hereto.
- 5.3 Reimbursement.** The Subgrantee assumes sole responsibility for reimbursement to the granting or funding agency of a sum of money equivalent to the amount of any expenditures disallowed should the granting agency, funding agency, or any other authorized agency rule through an audit exception or some other appropriate means, that expenditures from funds allocated to the Subgrantee for direct and/or indirect costs were not made in compliance with the regulations of the granting or funding agency or the provisions of the agreement.
- 5.4 Record Maintenance.** The Subgrantee agrees to maintain books, records, and documents and other evidence pertaining to all costs and expenses incurred and revenues acquired under this agreement for three (3) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.4.1** The Subgrantee agrees to maintain books, records, and documents and other evidence containing or associated with protected health information (PHI) and pertaining to all costs and expenses incurred and revenues acquired under this agreement for six (6) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.5 Record Inspection and Audit.** MSDH, any sponsor or funding source, the State of Mississippi, and regulatory body of the United States overseeing the grant associated with this agreement, and/or any other authorized representative of any of the foregoing, shall have access to and the right to examine all records, books, papers, or documents which are directly pertinent to, or related to the Subgrant award for the purpose of audit, examination, excerpts, and/or transcripts.
- 5.6 Purchase Equipment.** Equipment should not be purchased unless itemized in the approved budget or in accordance with the grant associated with this agreement. The use

and disposition of any equipment purchased by the Subgrantee shall be in accordance with the grant associated with this agreement.

- 5.7 Compensation.** This is a subgrant agreement using the cost reimbursement method of payment. The invoices submitted by the Subgrantee will state the period for which reimbursement is being requested, and will itemize the cost and budget category per the budget in Attachment B. All deliverables and reports defined in Attachment A: Scope of Work and Attachment B: Budget and Justification are to be submitted to MSDH for the compensation defined herein.

SECTION 6.0 Modification

- 6.1** This agreement may need to be modified, changed, or altered due to changing circumstances. Therefore, it is agreed that MSDH or the Subgrantee may request modification and that this modification will be prepared in writing and presented to the other party for approval or rejection. Work or purchases relating to any items not specifically outlined by this agreement, the Subgrantee's proposal, or the grant associated with this agreement may not be paid for unless both parties agree to and execute a written amendment to this agreement.

SECTION 7.0 Assignment

- 7.1** Obligations under this agreement may not be assigned by the Subgrantee without prior written approval of MSDH, or in accordance with the grant associated with this agreement.

SECTION 8.0 Standard Terms and Conditions

The Subgrantee Certifies and Agrees to the Following:

- 8.1 Authority to Accept Award.** The Subgrantee certifies that it has legal authority to apply for the Subgrant and has the institutional, managerial, and financial capability (including where applicable, funds sufficient or in-kind match to pay the Subgrantee's share of the project cost) to ensure proper planning, management, and completion of the project described in this proposal. The Subgrantee further certifies (a) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind, and (b) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings, either voluntary, or otherwise, which may adversely affect its ability to perform its obligations under this agreement.
- 8.2 Conflict of Interest.** The Subgrantee will establish or maintain safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 8.3 Applicable Laws.** This Subgrant Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflict of law provisions, and any litigation with respect thereto shall be brought in the courts of the state.

8.4 Compliance with Laws. The Subgrantee shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, and any others as required by the grant that is the subject of this agreement, as now exist and as they may be amended or modified.

8.4.1 Equal Opportunity. The Subgrantee understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Subgrantee agrees during the term of the agreement that the Subgrantee will strictly adhere to this policy in its employment practices and provisions of services.

8.4.2 Employment Verification. The Subgrantee will ensure its compliance with the Mississippi Employment Protection Act, §71-11-1, et seq., of the Mississippi Code Annotated, as Amended, and will register and participate in the status verification system for all newly hired employees as required.

8.4.3 Federal Law. Subgrantee will comply with all federal statutes relating to non-discrimination. These include, but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; and the requirements of any non-discrimination statute(s) which may apply to the proposal.

8.4.4 Program Specific Law. The Subgrantee will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this grant or program.

8.5 Subgrantee Status. Subgrantee agrees that no act performed, or representation made, whether oral or written, by the Subgrantee with respect to third parties shall be binding on MSDH. The Subgrantee shall, at no time act as an agent for MSDH. Nothing herein shall be deemed or construed by MSDH, the Subgrantee, or any third party as creating the relationship of principal and agent, partners, joint ventures, or any similar such relationship between MSDH and the Subgrantee.

8.6 Representation Regarding Contingent Fees and Gratuities. Subgrantee represents that it has not offered, given, or agreed to give or accepted a solicitation or demand for gratuity or offer of employment in connection with any decision or preparation regarding the award of this Subgrant, nor has it retained a person to solicit or secure a Subgrant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Subgrantee's bid or proposal.

- 8.7 Public Records Clause.** MSDH has the responsibility to oversee and monitor all phases of this Subgrant Agreement. Therefore, MSDH shall be responsible for responding to any public records requests pursuant to the Mississippi Public Records Act, §25-61-1 et seq., Mississippi Code Annotated. Documents and records associated with this agreement, including but not limited to, this agreement, proposal, communications, payment requests, etc., may be deemed public records. MSDH shall respond to requests addressed to either of the parties herein. The Subgrantee shall notify and provide a copy of any public information request addressed to the Subgrantee within one (1) working day. Upon receipt of said request, MSDH shall respond to the request for public information as required by the Mississippi Public Records Act. No party to this agreement shall be liable to the other party for disclosure of information required by court order or required by law.
- 8.8 Release of Information.** MSDH, as the State management, regulatory, and enforcement agency, shall have the exclusive right to release data and information acquired as a result of this agreement to the press and public. The Subgrantee may release information obtained from this agreement only after obtaining written permission from MSDH.
- 8.9 Return of Reports, Data, Etc.** Upon conclusion of this agreement, MSDH may request the return of any reports, data, and other information related to this agreement. The Subgrantee retains the right to materials used in the performance of the agreement, which were developed by the Subgrantee with non-MSDH funds. The MSDH is granted non-exclusive license to copy the materials for use within the State of Mississippi.
- 8.10 Confidentiality.** Confidential or proprietary information under this agreement shall not be disclosed by either party. The Subgrantee and MSDH agree to treat as confidential and not disclose to any third party without prior written consent from both parties information or data which is identified as confidential under this agreement and/or protected from disclosure under law or agency policy. Notwithstanding the above, the parties acknowledge that the Mississippi Public Records Act governs the disclosure of public records.
- 8.11 HIPAA Compliance.** Subgrantee agrees to comply with the “Administrative Simplification” provisions of the Health Insurance Portability and Accountability Act of 1996, and any amendments thereto, including electronic data interchange, data retention, code sets, identifiers, security, and privacy provisions, as may be applicable to the services under this agreement.
- 8.12 Indemnification.** Subgrantee shall indemnify, defend, save and hold harmless, protect, and exonerate the MSDH, its board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including without limitation, court costs, investigative fees and expenses, and attorney’s fees, arising out of or caused by Subgrantee and/or its partners, principles, agents, employees, and/or subcontractors in performance of or failure to perform this agreement. In the MSDH sole discretion, Subgrantee may be allowed to control the defense of any such claim, suit, etc. In the event Subgrantee defends said claim, suit, etc., Subgrantee shall use legal counsel acceptable to MSDH. Subgrantee shall be solely responsible for all costs and/or expenses associated with such defense. Subgrantee shall not settle any claim,

suit, etc., without the MSDH concurrence which the MSDH shall not unreasonably withhold.

Subgrantee shall not be obligated to indemnify MSDH for liabilities which arise due to the negligence of MSDH or its employees. MSDH's liability, as an entity of the State of Mississippi, shall be determined pursuant to and subject to the limitations of the Mississippi Tort Claims Act, Mississippi Code Annotated § 11-4-1 et seq., including all defenses and exceptions contained therein. Nothing in this agreement shall have the effect of changing or altering the liability or of eliminating any defense available to the MSDH or State under statute.

8.13 Use of MSDH Network and/or IT Equipment. As deemed necessary by MSDH to the performance of this Subgrant Agreement, MSDH agrees to provide hardware, software, and/or devices, as well as access to the MSDH network, to designated authorized personnel of Subgrantee. MSDH agrees to provide IT support related to the use of the MSDH network and/or software, hardware, and/or devices provided by MSDH, unless an exception is granted by the MSDH IT Security Officer.

8.13.1 Adherence to IT Policies. Subgrantee agrees to adhere to all applicable MSDH IT security policies [MSDH utilizes the NIST SP 800-53 rev 4 as its authoritative Policy Framework.] Subgrantee agrees and affirms that any equipment or software issued to the Subgrantee from MSDH remain the property of MSDH. The Subgrantee agrees to obtain approval from MSDH before modifying this hardware or software in any way, shape, or form and to maintain the same using industry standard best practices. The Subgrantee also will adhere to all applicable MSDH IT security and property policies as well as procedures related to the utilization of the MSDH Enterprise network, whether accessed through hardware, software, and/or devices provided by MSDH, the Subgrantee, or another entity. Agency policies are available upon request from MSDH.

8.13.2 IT Training. Subgrantee agrees to ensure that all of its personnel who will have access to MSDH hardware, software, devices and/or the MSDH network will complete all IT security and/or other training required by MSDH before the Subgrantee personnel begin work.

8.13.3 IT Personnel. Subgrantee agrees to only allow designated personnel from MSDH to provide IT support services, as needed, in regards to the Subgrantee's use of hardware, software, and/or devices provided by MSDH or the utilization of the MSDH network.

8.14 Conflict of Interest. Subgrantee represents, to the best of its knowledge and belief, that this contract does not present the Subgrantee with a conflict of interest with respect to any past, current, or potential contract or employment such that the Subgrantee would be unable to perform impartially and without bias. Subgrantee agrees that should this condition change during the period of this contract, Subgrantee shall notify MSDH within 30 days.

8.15 Debarment and Suspension. Subgrantee certifies to the best of its knowledge and belief, that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or

voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi.

SECTION 9.0 Termination and Notice

- 9.1 Right to Terminate.** Either party to this agreement may terminate this agreement by written notice (via U.S. certified mail, return receipt requested) of termination to the other party in accordance with the Notices section of this agreement. Except as provided below, all obligations under this agreement shall cease at the expiration of thirty (30) calendar days from receipt of written notice by the non-terminating party of the notice of termination.
- 9.2 Costs.** Subgrantee shall be paid for costs incurred at the time of termination, if any, and shall deliver to MSDH an invoice for costs incurred. It is expressly understood payment is subject to the "Availability of Funds" as stated in this agreement.
- 9.3 Availability of Funds.** It is expressly understood and agreed that the obligation of MSDH to proceed under this agreement is conditioned upon the availability of funds from the responsible party and/or the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, this agreement between the MSDH and Subgrantee shall be terminated upon notice by MSDH to Subgrantee of the same. Termination of this agreement due to lack of funding will be immediate, following notice of such termination by MSDH to Subgrantee. The effective date of termination shall be as specified on the notice of termination.
- 9.4 Notices.** Notices of termination and any other notices required to be given under this agreement by each party shall be mailed to the following addresses:

For Grantor:

NAME: Christina Adcock, MSW, CPM
 TITLE: Senior Deputy
 ADDRESS: [REDACTED]
 E-MAIL: [REDACTED]
 TELEPHONE: [REDACTED]

For Subgrantee:

NAME: Temica Morton
 TITLE: Chief Executive Officer
 ADDRESS: [REDACTED]
 E-MAIL: [REDACTED]
 TELEPHONE: [REDACTED]

SECTION 10.0 Enforceability

10.1 THIS AGREEMENT IS NOT FULLY EXECUTED OR LEGALLY BINDING UNTIL SIGNED BY THE MSDH STATE HEALTH OFFICER OR LEGAL DESIGNEE. Any work performed prior to the full execution of this agreement may not be reimbursed.


10.2 This Agreement, including all attachments listed in the Addenda, contains the sole and entire agreement and understanding of the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, this agreement is duly executed.

For the Mississippi State Department of Health:

	5/29/2024 8:04 PM CDT
_____ State Health Officer or Designee Agreement EXECUTED with this signature.	_____ Date

For the Subgrantee:

	5/29/2024 3:21 PM CDT
_____ Subgrantee Authorized Signature Chief Executive Officer	_____ Date
_____ Title	

ADDENDA

- Attachment A:** Scope of Work
- Attachment B:** Budget
- Attachment C: Information for Federally Funded Subgrants
- Attachment D: Business Associate Agreement (BAA)

PS 20-2010

L.I.F.E. Inc

SCOPE OF WORK

1. LIFE's Community Health Workers (CHW) and Phlebotomist will continue to provide PrEP/PEP navigation, non-medical case management, give out condoms, HIV screenings, education, rapid linkage to care, and referral services.
2. We will continue to collaborate with My Brother's Keepers, AHF; US Helping US people Into Living, Inc.; to provide linkage to care and early initiation of ART to HIV positive patients within the required timeline.
3. We will host several events aimed at increasing the number of individuals screened for HIV. Including an HIV Forum, a Health Fair, Monthly Themed Brunches, and Weekly Social Hours.
4. Increase the number of community engagement activities by hosting at least four target population leadership consultations, four monthly social gatherings to discuss reform policies and practices that serve as barriers to Ending the HIV Epidemic in MS.
5. Submit test results into evaluation web after each test.
6. Submit monthly progress reports, hard copies of test results, and invoice for reimbursement to MSDH by the 10th of each month.
7. Ensure all project staff join and be active on the MS HIV Planning Council (MHPC) or the MS ETHE/ETE Task Force.

L.I.F.E., Inc
Temica Morton



2024 EtHE Budget Narrative

Salaries	Total Salary	EtHE	EtHE Salary
Program (s) Manager	\$32,000.00	100%	\$32,000.00
Employee will manage the successful provision of services throughout all projects.			
Administrative Assistant	\$10,000.00	50%	\$5,000.00
Staff member will schedule health education seminars, review and check all service notes for services rendered per time sheet, filing all service notes and documentation. Ensure filing systems are maintained and up to date, enter data into Evaluation Web, maintain and replenish inventory, and scheduling of all appointments. Maintain appropriate client lists.			
Outreach Coordinator/ Community Health Worker	\$60,000.00	50%	\$30,000.00

3 Part time Community Health Workers(CHW) meeting clients in various locations for testing. CHW will coordinate presentations and distribution of educational information; conduct the application process for MSDH RW Part B; keep record of all data regarding this project and complete monthly reports. Employee will also engage clients by virtual platforms, phone or in person to maintain relationship during service linkage and other duties as assigned.

Total Salaries	\$102,000.00	\$67,000.00
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Contractual Services:

Administration/Accounting /Bookkeeping/Budgeting/Financial Repor	\$14,000.00	100%	\$14,000.00
Meeting Space for Forum and Health Fair	\$3,000.00	100%	\$3,000.00
Space for weekly testing	In Kind	100%	\$0.00
Space for Monthly Brunches	In Kind		\$0.00
Speaker for Forum and Health Fair	\$2,000.00	100%	
3 Speakers and travel for Forum	\$1,800.00	100%	\$1,800.00
1 Local Speaker	\$200.00	100%	\$200.00

Supplies:

Office supplies(paper, pens, etc.)	\$500.00	100%	\$500.00
Medical Supplies(Tests, Controls, Condoms	\$3,500.00	100%	\$3,500.00

\$90,000.00

Indirect Costs/Administration Costs 10%

\$10,000.00

\$100,000.00

Attachment: C Required Information for Federally Funded Subgrants

I. Subgrant Information

- a. Subgrantee Unique Identifying Number: YK6GVRK681L3
- b. Amount of Federal funding related to the identified Federal award obligated through the subgrant agreement: \$100,000.00
- c. Type of Award: ☒ Program or ☐ Research

II. Prime Award Information

- a. Federal Awarding Agency: CDC
- b. CFDA/Assistance Listing Number: 93.940
- c. Assistance Listing Title: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States
- d. Federal Award Identification Number ("FAIN"): NU62PS924624
- e. Federal Award Date: 02/01/2024 - 07/31/2024
- f. Federal Award Project Description:

The purpose of this funding is to implement and maintain a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression persons living with HIV. In particular, the funding promotes and supports improving health outcomes for persons living with HIV/AIDS through achieving and sustaining viral suppression, and reducing health-related disparities by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts. Integrated HIV Programs for Health Departments to support Ending the HIV Epidemic in the United States.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement is entered into by and between the Mississippi State Department of Health (“MSDH”) the Covered Entity and Love Inside for Everyone, Inc. (LIFE) (“Business Associate”), hereinafter referred to as the Parties, and modifies any other prior existing agreement or contract for this purpose. In consideration of the mutual promises below and the exchange of information pursuant to this Agreement and in order to comply with all legal requirements for the protection of this information, the Parties therefore agree as follows:

I. RECITALS

- a. MSDH is a state agency with a principal place of business at 570 East Woodrow Wilson, Jackson, MS 39215
- b. Business Associate is a corporation qualified to do business in Mississippi that will act to perform business services for MSDH with a principal place of business at 141 Taylor Street, Jackson, MS 39216.
- c. This Business Associate Agreement (“Agreement”) is entered into pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”) of 1996, as amended by the Genetic Information Nondiscrimination Act (“GINA”) of 2008 and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”), Title XIII of Division A, and Title IV of Division B of the American Recovery and Reinvestment Act (“ARRA”) of 2009, and its implementing regulations, including, but not necessarily limited to, 45 C.F.R. Part 160, and 45 C.F.R. Part 164 Subparts A and C (“Security Rule”), and 45 C.F.R. Part 160 Subparts A and E (“Privacy Rule”). These statutes and regulations are hereinafter collectively referred to as HIPAA. MSDH, as a covered entity, is required to enter into this Agreement to obtain satisfactory assurances that Business Associate will comply with and appropriately safeguard all Protected Health Information (“PHI”) Used, Disclosed, created, or received by Business Associate on behalf of MSDH. Certain provisions of HIPAA and its implementing regulations apply to Business Associate in the same manner as they apply to MSDH, and such provisions must be incorporated into this Agreement.
- d. MSDH desires to engage Business Associate to perform certain functions for, or on behalf of, MSDH involving the Disclosure of PHI by MSDH to Business Associate, or the creation or Use of PHI by Business Associate on behalf of MSDH, and Business Associate desires to perform such functions, as set forth in the Underlying Agreement(s) which involve the exchange of information, and wholly incorporated herein.

II. DEFINITIONS

- a. “Breach” shall mean the acquisition, access, Use or Disclosure of PHI in a manner not permitted by the Privacy Rule which compromises the security or privacy of the PHI, and subject to the exceptions set forth in 45 C.F.R. § 164.402.
- b. “Business Associate” shall mean Love Inside for Everyone, Inc., including all workforcemembers, representatives, agents, successors, heirs, and permitted assigns.

- c. “Covered Entity” shall mean the Mississippi State Department of Health, an agency of the State of Mississippi.
- d. “Data Aggregation” shall have the same meaning as the term “Data aggregation” in 45 C.F.R. §164.501.
- e. “Designated Record Set” shall have the same meaning as the term “Designated Record Set” in 45 C.F.R. §164.501.
- f. “Disclosure” shall have the same meaning as the term “Disclosure” in 45 C.F.R. § 160.103.
- g. “MSDH” shall mean the Mississippi State Department of Health, an agency of the State of Mississippi.
- h. “Individual” shall have the same meaning as the term “Individual” in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).
- i. “Privacy Officer” shall mean the person designated by MSDH to oversee its implementation of and compliance with HIPAA.
- j. “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. “Protected Health Information” or “PHI” shall have the same meaning as the term “Protected health information” in 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of MSDH.
- l. “Required by Law” shall have the same meaning as the term “Required by law” in 45 C.F.R. § 164.103.
- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee
- n. “Security Incident” shall have the same meaning as the term “Security incident” in 45 C.F.R. §164.304.
- o. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- p. “Standard” shall have the same meaning as the term “Standard” in 45 C.F.R. § 160.103.
- q. “Underlying Agreement” shall mean any applicable Memorandum of Understanding (“MOU”), agreement, contract, or any other similar device, and any proposal or Request for Proposal (“RFP”) related thereto and agreed upon between the Parties, entered into between MSDH and Business Associate. Under this Business Associate Agreement, “Underlying Agreement” shall refer to the following:

SG-2105-R4 Love Inside for Everyone, Inc.

- r. “Unsecured Protected Health Information” shall have the same meaning as the term “Unsecured protected health information” in 45 C.F.R. § 164.402.
- s. “Use” shall have the same meaning as the term “Use” in 45 C.F.R. § 160.103
- t. “Violation” or “Violate” shall have the same meaning as the terms “Violation” or “Violate” in 45 C.F.R. § 160.103.

All other terms not defined herein shall have the meanings assigned in HIPAA and its implementing regulations.

III. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

- a. Business Associate agrees to not Use or Disclose PHI other than as permitted or required by this Agreement and the Underlying Agreement(s), or as Required by Law.
- b. Business Associate agrees to utilize appropriate safeguards and comply, where applicable, with the HIPAA Privacy and Security Rules, to prevent Use or Disclosure of the PHI other than as permitted or provided for by this Agreement and shall: (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Protected Health Information and Electronic Protected Health Information that Business Associate creates, receives, maintains, or transmits on behalf of MSDH; (ii) ensure that any subcontractor to whom Business Associate provides such information agrees to implement reasonable and appropriate safeguards to protect it; and (iii) report to MSDH any Security Incident of which Business Associate becomes aware.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate in Violation of the requirements of this Agreement and/or state or federal laws and regulations.
- d. **Breaches and Security Incidents.** During the term of this Agreement, Business Associate agrees to implement reasonable systems for the discovery and prompt reporting of any actual or suspected Breach or Security Incident. Business Associate agrees to take the following steps:

Notice to MSDH. (1) To notify their MSDH Point-of-Contact, MSDH IT Security Officer and MSDH Privacy Officer **without unreasonable delay, and no later than five (5) days after discovery, by telephone call and email or registered or certified mail** upon the discovery of an actual or suspected Breach of Unsecured PHI in electronic media or in any other media. (2) To notify their MSDH Point-of-Contact, MSDH IT Security Officer and MSDH Privacy Officer **without unreasonable delay, and no later than five (5) days after discovery, by telephone call and email or registered or certified mail** of any actual or suspected Security Incident affecting this Agreement, including but not limited to an actual or suspected Security Incident that involves data provided to MSDH by the Social Security Administration. A Breach or Security Incident shall be treated as discovered by Business Associate as of the first day on which the Breach or Security Incident is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the Breach or Security Incident) who is a workforce member, officer, or other agent of Business Associate.

The notification shall include, to the extent possible and subsequently as the information becomes available, a reasonably detailed description of the actual or suspected Breach or Security Incident, the identification of all Individuals whose Unsecured PHI is reasonably believed by Business Associate to have been affected by the Breach or Security Incident along with any other available information that is required to be included in the notification to the Individual, HHS and/or the media, all in accordance with the data breach notification requirements set forth in 42 U.S.C. § 17932 and 45 C.F.R. Parts 160 and 164, Subparts A, D, and E, or any other applicable notification requirements.

Upon discovery of an actual or suspected Breach or Security Incident, Business Associate shall take:

- Prompt corrective action to mitigate any risks or damages involved with the Breach or Security Incident and to protect the operating environment; and
- Any action pertaining to such unauthorized Disclosure required by applicable Federal and State laws and regulations.

Investigation. To immediately investigate any such actual or suspected Breach or Security Incident upon discovery in order to determine if the actual or suspected Breach or Security Incident is a Violation of any applicable federal or state laws or regulations, and to submit updated information by email or registered or certified mail, as it becomes available, to the MSDH IT Security Officer and MSDH Privacy Officer.

Complete Report. To provide a complete written report by email or registered or certified mail of the investigation to the MSDH IT Security Officer and MSDH Privacy Officer within ten (10) working days of the discovery of any actual or suspected Breach or Security Incident. The report shall include:

- the identification of each Individual whose PHI was or is believed to have been involved;
- a reasonably detailed description of the types of PHI involved; and
- a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain any suspected or actual Breach of security, intrusion or unauthorized Use or Disclosure.

If MSDH requests information in addition to that provided in the written report, Business Associate shall make reasonable efforts to provide MSDH with such information. If necessary, a supplemental report may be utilized to submit revised or additional information after the completed report is submitted.

Notification of Individuals. If the cause of an actual Breach of PHI is attributable to Business Associate or its subcontractors, agents or vendors, Business Associate shall notify each Individual of the Breach when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the Breach. The notifications shall comply with the requirements set forth in 42 U.S.C. § 17932 and its implementing regulations. The MSDH IT Security Officer and MSDH Privacy Officer shall approve the time, manner, and content of any such notifications and their review and approval must be obtained before the notifications are made.

Responsibility for Reporting of Breaches. If the cause of a Breach of PHI is attributable to Business Associate or its agents, subcontractors, or vendors, and Business Associate is a covered entity as defined under HIPAA and the HIPAA regulations, Business Associate is responsible for all required reporting of the Breach as specified in 42 U.S.C. § 17932 and its implementing regulations, including notification to media outlets and to the Secretary of the U.S. Department of Health and Human Services. If Business Associate has reason to believe that duplicate reporting of the same Breach or Security Incident may occur because its subcontractors, agents or vendors may report the Breach or Security Incident to MSDH in addition to Business Associate, Business Associate shall notify MSDH, and MSDH and Business Associate may take appropriate action to prevent duplicate reporting. The Breach reporting requirements of this paragraph are in addition to the reporting requirements set forth above.

- e. Business Associate agrees to ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions and conditions that apply to the Business Associate with respect to such information, all in accordance with 45 C.F.R. §§ 164.308 and 164.502
- f. Business Associate agrees to ensure that any subcontractors that create, receive, maintain, or transmit electronic PHI on behalf of Business Associate agree to comply with the applicable requirements of the Security Rule and Privacy Rule by entering into a Business Associate Agreement, in accordance with 45 C.F.R. §§ 164.308, 164.314, 164.502, and 164.504, and Business Associate shall provide MSDH with a copy of all such executed agreements between Business Associate and Business Associate's subcontractors. Business Associate understands that submission of their subcontractors' Business Associate Agreement(s) to MSDH does not constitute MSDH approval of any kind, including of the utilization of such subcontractors or of the adequacy of such agreements.
- g. Business Associate agrees that nothing in this Agreement is meant to take the place of any HIPAA-mandated reporting duties that apply directly to the Business Associate as a covered entity under HIPAA and its implementing regulations.
- h. Business Associate agrees to provide access, at the request of MSDH, and in the time and manner designated by MSDH, to PHI in a Designated Record Set, to MSDH or, as directed by MSDH, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524.
- i. Business Associate agrees to document such Disclosures of PHI and information related to such Disclosures as would be required for MSDH to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 C.F.R. § 164.528. Business Associate agrees to retain such documentation for at least six (6) years after the date of Disclosure; the provisions of this Section shall survive termination of this Agreement for any reason.
- j. Where applicable, Business Associate agrees to retain and securely store all data and documents falling under this Agreement and the Underlying Agreement(s) in accordance with HIPAA, the HITECH Act, and their implementing regulations.
- k. Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that MSDH directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of MSDH or an Individual, and in the time and manner designated by MSDH.

- l. Business Associate agrees to provide to MSDH or an Individual, in a time and manner designated by MSDH, information collected in accordance with Section (III) of this Agreement, to permit MSDH to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- m. Business Associate agrees that it shall only Use or Disclose the minimum PHI necessary to perform functions, activities, or services for, or on behalf of, MSDH as specified in the Underlying Agreement(s). Business Associate agrees to comply with any guidance issued by the Secretary on what constitutes “minimum necessary” for purposes of the Privacy Rule, and any minimum necessary policies and procedures communicated to Business Associate by MSDH.
- n. Routine transmission of PHI by fax is not recommended. If information must be faxed, Business Associate agrees PHI shall be limited to those recipients who have a need to gain access to the information. The information to be faxed shall be limited to the “minimum necessary” to accomplish the proposed function. A cover sheet must be utilized which includes a required confidential statement prohibiting unlawful redisclosure. In the event a fax is received by an unintended recipient, Business Associate should obtain the recipient’s contact information, attempt to identify the misdirected document, and then contact MSDH Privacy Officer. Generally, Business Associate should instruct the recipient of the misdirected fax to await further instructions from the Business Associate. Recipients should *not* be told to throw away a misdirected fax. MSDH may instruct the recipient to return or destroy the document, depending on the facts.
- o. Business Associate agrees that to the extent that Business Associate carries out MSDH’s obligations under the Privacy Rule, Business Associate will comply with the requirements of the Privacy Rule that apply to MSDH in the performance of such obligation.
- p. Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the Use and Disclosure of PHI received from, or created or received by Business Associate on behalf of, MSDH available to the Secretary for purposes of determining MSDH's compliance with the Privacy Rule.
- q. Business Associate agrees that nothing in this Agreement shall permit Business Associate to access, store, share, maintain, transmit or Use or Disclose PHI in any form via any medium with any third party, including Business Associate’s subcontractors, beyond the boundaries and jurisdiction of the United States without express written authorization from MSDH.
- r. Business Associate agrees that all MSDH data will be encrypted using industry standard algorithms, preferably AES256 or Triple DES and/or SSL/TLS 1.2+.
- s. Business Associate agrees to comply with the State of Mississippi ITS Enterprise Security Policy, which will be provided by MSDH upon request.
- t. Business Associate agrees to make an executive summary of its most recent information security audit available to MSDH upon request by MSDH.
- u. The provisions of the HITECH Act that apply to Business Associate and are required to be incorporated by reference in a business associate agreement are hereby incorporated into this Agreement, including, without limitation, 42 U.S.C. §§ 17935(b), (c), (d) and(e), and 17936(a) and (b), and their implementing regulations.

- v. 42 U.S.C. §§ 17931(b) and 17934(c), and their implementing regulations, each apply to Business Associate with respect to its status as a business associate to the extent set forth in each such section.
- w. Business Associate shall be responsible for, and shall reimburse MSDH for costs and expenses associated with steps reasonably implemented by MSDH to mitigate any Breach or other non-permitted Use or Disclosure of PHI or medical, health or personal information protected by other federal or state law, including, without limitation, the following: data analysis to determine appropriate mitigation steps in the event of a Breach, including assistance from Business Associate in the investigation of the Breach and, as needed, access to Business Associate's systems and records for purposes of Breach data analysis; preparation and mailing of notification(s) about the Breach to impacted Individuals, the media and regulators; costs associated with proper handling of inquiries from Individuals and other entities about the Breach (such as the establishment of toll-free numbers, maintenance of call centers for intake, preparation of scripts, questions/answers, and other communicative information about the Breach); credit monitoring and account monitoring services for impacted Individuals for a reasonable period (which shall be no less than 12 months); other mitigation action steps required of MSDH by federal or state regulators; and other reasonable mitigation steps required by MSDH.
- x. Business Associate shall not, without written authorization from MSDH, perform marketing or fundraising on behalf of MSDH, or engage in the types of communications on behalf of MSDH that are excepted from the definition of "marketing" established at 45 C.F.R. § 164.501. If MSDH requests and authorizes Business Associate to engage in these activities, Business Associate shall comply with the applicable provisions of the HITECH Act and the HIPAA Rules.
- y. Business Associate shall not directly or indirectly receive remuneration in exchange for an Individual's PHI unless it is pursuant to specific written authorization by the Individual or subject to an exception established in the HIPAA Rules.
- z. Without prior written approval from MSDH, Business Associate shall not publicly release any report, article, paper, graph, chart, or other product created, in whole or in part, using data provided or developed under this Agreement.
- aa. Business Associate agrees to utilize reasonable measures (including training) to ensure compliance with the requirements of this Agreement by employees who assist in the performance of functions or activities under this Agreement and Use or Disclose MSDH data, and to discipline such employees who intentionally violate any provisions of this Agreement.

IV. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

- a. General Use and Disclosure Provisions: Subject to the terms of this Agreement, Business Associate may Use or Disclose PHI to perform functions, activities, or services for, or on behalf of, MSDH as specified in the Underlying Agreement(s), provided that such Use or Disclosure would not Violate what is Required by Law or the Privacy Rule if done by MSDH, except for the specific Uses and Disclosures set forth below, for the purpose of performing the Underlying Agreement(s).

b. Specific Use and Disclosure Provisions:

- i. Business Associate may Use PHI, if necessary, for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate under the Underlying Agreement(s) entered into between MSDH and Business Associate.
- ii. Business Associate may Disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that Disclosures are Required by Law and the person to whom the PHI was Disclosed notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- iii. If Business Associate must Disclose PHI pursuant to law or legal process, Business Associate shall notify MSDH by phone and in writing without unreasonable delay and at least five (5) days in advance of any Disclosure so that MSDH may take appropriate steps to address the Disclosure, if needed.
- iv. In the event that Business Associate works for more than one covered entity, Business Associate may Use and Disclose PHI for Data Aggregation purposes, however, only in order to analyze data for permitted health care operations, and only to the extent that such is permitted under the Privacy Rule.
- v. Business Associate may Use and Disclose de-identified health information if (a) the Use is communicated to MSDH and (b) the de-identified health information meets the implementation specifications for de-identification under the Privacy Rule.

V. OBLIGATIONS OF MSDH

- a. MSDH shall provide Business Associate with the Notice of Privacy Practices that MSDH produces in accordance with 45 C.F.R. § 164.520, as well as any changes to such Notice of Privacy Practices, upon request.
- b. MSDH shall notify Business Associate of any limitation(s) in its Notice of Privacy Practices to the extent that such limitation may affect Business Associate's Use or Disclosure of PHI.
- c. MSDH shall notify Business Associate of any changes in, or revocation of, permission by an Individual to Use or Disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.
- d. MSDH shall notify Business Associate of any restriction to the Use or Disclosure of PHI that MSDH has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's Use or Disclosure of PHI.
- e. Permissible Requests by MSDH: MSDH shall not request Business Associate to Use or Disclose PHI in any manner that would not be permissible under the Privacy Rule if done by MSDH, except as provided for in Section (IV) of this Agreement.

VI. TERM AND TERMINATION

- a. Term. For any new Underlying Agreement(s) entered into between MSDH and Business Associate, the effective date of this Agreement is the effective date of the Underlying Agreement(s) entered into between MSDH and Business Associate. For any ongoing Underlying Agreement(s) entered into between MSDH and Business Associate, the effective date of this Agreement is the date first herein written. This Agreement shall terminate when all of the PHI provided by MSDH to Business Associate or created or received by Business Associate on behalf of MSDH, is destroyed or returned to MSDH, or, if it is infeasible to return or destroy PHI, protections are extended to such information in accordance with the termination provisions in this Section. Termination of this Agreement shall automatically terminate the Underlying Agreement(s).
- b. Termination for Cause. Upon MSDH's knowledge of a material Violation by Business Associate, MSDH shall, at its discretion, either:
 - i. provide an opportunity for Business Associate to cure or end the Violation within a time specified by MSDH, after which MSDH may in its discretion terminate this Agreement and the Underlying Agreement(s) if Business Associate does not cure or end the Violation within the time specified by MSDH; or
 - ii. immediately terminate this Agreement and the associated Underlying Agreement(s) if Business Associate has broken a material term of this Agreement and cure is not possible.
- c. Effect of Termination.
 - i. Upon termination of this Agreement and the Underlying Agreement(s) for any reason, Business Associate shall return or destroy all PHI received from or created or received by Business Associate on behalf of, MSDH in accordance with State and Federal retention guidelines. This provision shall also apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
 - ii. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to MSDH notification of the conditions that make return or destruction infeasible. Upon notification in writing that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further Uses and Disclosures to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

VII. MISCELLANEOUS

- a. Statutory and Regulatory References. A reference in this Agreement to a section in HIPAA, its implementing regulations, or other applicable law means the section as in effect or as amended, and for which compliance is required.

- b. Amendments/Changes in Law.
 - i. General. Modifications or amendments to this Agreement may be made upon mutual agreement of the Parties, in writing signed by the Parties hereto and approved as required by law. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this Agreement. Such modifications or amendments signed by the Parties shall be attached to and become part of this Agreement.
 - ii. Amendments as a Result of Changes in the Law. The Parties agree to take such action as is necessary to amend this Agreement as is necessary to effectively comply with any subsequent changes or clarifications of statutes, regulations, or rules related to this Agreement. The Parties further agree to take such action as is necessary to comply with the requirements of HIPAA, its implementing regulations, and other applicable law relating to the security and privacy of PHI.
 - iii. Procedure for Implementing Amendments as a Result of Changes in Law. In the event that there are subsequent changes or clarifications of statutes, regulations or rules relating to this Agreement, or the Parties' compliance with the laws referenced in Section (VII)(b) of this Agreement necessitates an amendment, the requesting party shall notify the other party of any actions it reasonably deems are necessary to comply with such changes or to ensure compliance, and the Parties promptly shall take such actions. In the event that there shall be a change in the federal or state laws, rules or regulations, or any interpretation of any such law, rule, regulation, or general instructions which may render any of the material terms of this Agreement unlawful or unenforceable, or materially affects the financial arrangement contained in this Agreement, the Parties may, by providing advanced written notice, propose an amendment to this Agreement addressing such issues.
- c. Survival. The respective rights and obligations of Business Associate provided for in Sections (III)(j) and (VI)(c) of this Agreement shall survive the termination of this Agreement.
- d. Interpretation. Any ambiguity in this Agreement shall be resolved to permit MSDH to comply with HIPAA, its implementing regulations, and other applicable law relating to the security and privacy of PHI.
- e. Indemnification. To the fullest extent allowed by law, Business Associate shall indemnify, defend, save and hold harmless, protect, and exonerate MSDH, its employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including, without limitation, court costs, investigative fees and expenses, and attorney's fees, arising out of or caused by Business Associate and/or its partners, principals, agents, and employees in the performance of or failure to perform this Agreement. In MSDH's sole discretion, Business Associate may be allowed to control the defense of any such claim, suit, etc. In the event Business Associate defends said claim, suit, etc., Business Associate shall utilize legal counsel acceptable to MSDH. Business Associate shall be solely responsible for all costs and/or expenses associated with such defense, and MSDH shall be entitled to participate in said defense. Business Associate shall not settle any claim, suit, etc. without MSDH's concurrence, which MSDH shall not unreasonably withhold.

MSDH's liability, as an entity of the State of Mississippi, is determined and controlled in accordance with Mississippi Code Annotated § 11-46-1 et seq., including all defenses and exceptions contained therein. Nothing in this Agreement shall have the effect of changing or altering the liability or of eliminating any defense available to the State under statute.

- f. Disclaimer. MSDH makes no warranty or representation that compliance by Business Associate with this Agreement, HIPAA, its implementing regulations, or other applicable law will be adequate or satisfactory for Business Associate's own purposes or that any information in Business Associate's possession or control, or transmitted or received by Business Associate, is or will be secure from unauthorized Use or Disclosure. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.
- g. Notices. Any notice from one party to the other under this Agreement shall be in writing and may be either personally delivered, emailed, or sent by registered or certified mail in the United States Postal Service, Return Receipt Requested, postage prepaid, addressed to each party at the addresses which follow or to such other addresses provided for in this Agreement or as the Parties may hereinafter designate in writing:

MSDH: (Covered Entity)

Privacy Officer
Mississippi State Department of Health
570 East Woodrow Wilson
Suite O-150
[REDACTED]

IT Security Officer
Mississippi State Department of Health
570 East Woodrow Wilson
Suite O-450
[REDACTED]

Business Associate:

Name of Business: Love Inside for Everyone, Inc. dba LIFE, Inc.

Attn: Temica Morton

Title: Chief Executive Officer

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Any such notice shall be deemed to have been given as of the date transmitted.

- h. Severability. It is understood and agreed by the Parties hereto that if any part, term, or provision of this Agreement is by the courts or other judicial body held to be illegal or in conflict with any law of the State of Mississippi or any federal law, the validity of the remaining portions or provisions shall not be affected and the obligations of the parties shall be construed in full force as if this Agreement did not contain that particular part, term, or provision held to be invalid.

- i. Applicable Law. This Agreement shall be construed broadly to implement and comply with the requirements relating to HIPAA and its implementing regulations. All other aspects of this Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws provisions, and any litigation with respect thereto shall be brought in the courts of the State. Business Associate shall comply with applicable federal, state, and local laws, regulations, policies, and procedures as now existing and as may be amended or modified. Where provisions of this Agreement differ from those mandated by such laws and regulations, but are nonetheless permitted by such laws and regulations, the provisions of this Agreement shall control.
- j. Non-Assignment and Subcontracting. Business Associate shall not assign, subcontract, or otherwise transfer this Agreement, in whole or in part, without the prior written consent of MSDH. Any attempted assignment or transfer of its obligations without such consent shall be null and void. No such approval by MSDH of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of MSDH in addition to the total compensation agreed upon in this Agreement. Subcontracts shall be subject to the terms and conditions of this Agreement and to any conditions of approval that MSDH may deem necessary. Subject to the foregoing, this Agreement shall be binding upon the respective successors and assigns of the parties. MSDH may assign its rights and obligations under this Agreement to any successor or affiliated entity.
- k. Entire Agreement. This Agreement contains the entire agreement between the Parties and supersedes all prior discussions, instructions, directions, understandings, negotiations, agreements, and services for like services.
- l. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and their respective successors, heirs, or permitted assigns, any rights, remedies, obligations, or liabilities whatsoever.
- m. Assistance in Litigation or Administrative Proceedings. Business Associate shall make itself and any workforce members, contractors, subcontractors, representatives, agents, affiliates, or subsidiaries assisting Business Associate in the fulfillment of its obligations under this Agreement, available to MSDH, at no cost to MSDH, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against MSDH, its directors, officers, or any other workforce member based upon claimed Violation of HIPAA, its implementing regulations, or other applicable law, except where Business Associate or its workforce members, contractors, subcontractors, representatives, agents, affiliates, or subsidiaries are a named adverse party.

[Signature Page Follows]


Certificate Of Completion

Envelope Id: C10F177A792440B498375020A44DD03A	Status: Completed
Subject: SG-2105(4) LIFE Inc. (Love Inside for Everyone, Inc.)	
Source Envelope:	
Document Pages: 24	Signatures: 4
Certificate Pages: 3	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Amber Clincy
Time Zone: (UTC-06:00) Central Time (US & Canada)	


Record Tracking

Status: Original	Holder: Amber Clincy	Location: DocuSign
5/29/2024 10:42:59 AM		

Signer Events	Signature	Timestamp
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Temica Morton		Sent: 5/29/2024 11:04:50 AM
		Viewed: 5/29/2024 3:17:30 PM
		Signed: 5/29/2024 3:21:52 PM
ceo		
Security Level: Email, Account Authentication (None)	Signature Adoption: Drawn on Device	
	Using IP Address:	
	Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 5/29/2024 3:17:30 PM
ID: 72fb019a-6371-4545-93e7-0dd4c549c372
Company Name: MS State Department of Health

Daniel Edney, MD		Sent: 5/29/2024 3:21:54 PM
		Viewed: 5/29/2024 8:04:21 PM
		Signed: 5/29/2024 8:04:39 PM
State Health Officer		
Mississippi State Department of Health		
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address:	
	Signed using mobile	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Joyce Sawyer-McGruder	<div>COPIED</div>	Sent: 5/29/2024 8:04:41 PM
Coordinator		
MSDH		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/29/2024 11:04:50 AM
Certified Delivered	Security Checked	5/29/2024 8:04:21 PM
Signing Complete	Security Checked	5/29/2024 8:04:39 PM
Completed	Security Checked	5/29/2024 8:04:42 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

From time to time, MSDH may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document. At any time, you may request from us a paper copy of any record provided or made available electronically to you. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send paper copies of any such documents from our office to you, you may request delivery of such paper copies from us by sending an email request to MSDHDocusignAdmin@msdh.ms.gov. If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. You must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically by submitting the requests in writing to: MS State Department of Health DocuSign Administration, 570 East Woodrow Wilson Avenue, Jackson, MS 39216. If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us. Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system.

HATS OFF TO ALL MOTHER'S

**SUN
MAY
7TH**



**A BUFFET YOU
DON'T WANT
TO MISS**

4670 US HWY 80 WEST JACKSON, MS 39209

TICKETS AND TABLES ARE ON SALE NOW FOR MORE INFORMATION PLEASE CALL 601.566.2133



LET'S CELEBRATE AND HAVE FUN



**Special
Guest
Speaker**

MARDI *Gras* BRUNCH



**FREE
TESTING**

Doors Open at 1:00 PM | Show starts at 2:30 PM

Sunday, February 4th

4670 US-HWY 80 West Jackson, MS



MARCH MADNESS

BRUNCH

Special Guest Speaker

MARCH 3RD

DOORS OPEN AT 1:00 PM

SHOW STARTS AT 2:30 PM

**4670 US-HWY 80
West Jackson, MS**

FREE TESTING



Dare to be *DIFFERENT* BRUNCH

Special Guest Speaker

APRIL 7TH

DOORS OPEN AT 1:00 PM

SHOW STARTS AT 2:30 PM

4670 US-HWY 80
West Jackson, MS



FREE TESTING



PRESENTS

WALK

OF A

MILLION FACES

SAT.

CHECK-IN: 3:00 PM | START: 4:00 PM

JUNE 10TH, 2023

FONDREN

@ REGION BANK PARKING LOT

JACKSON, MS

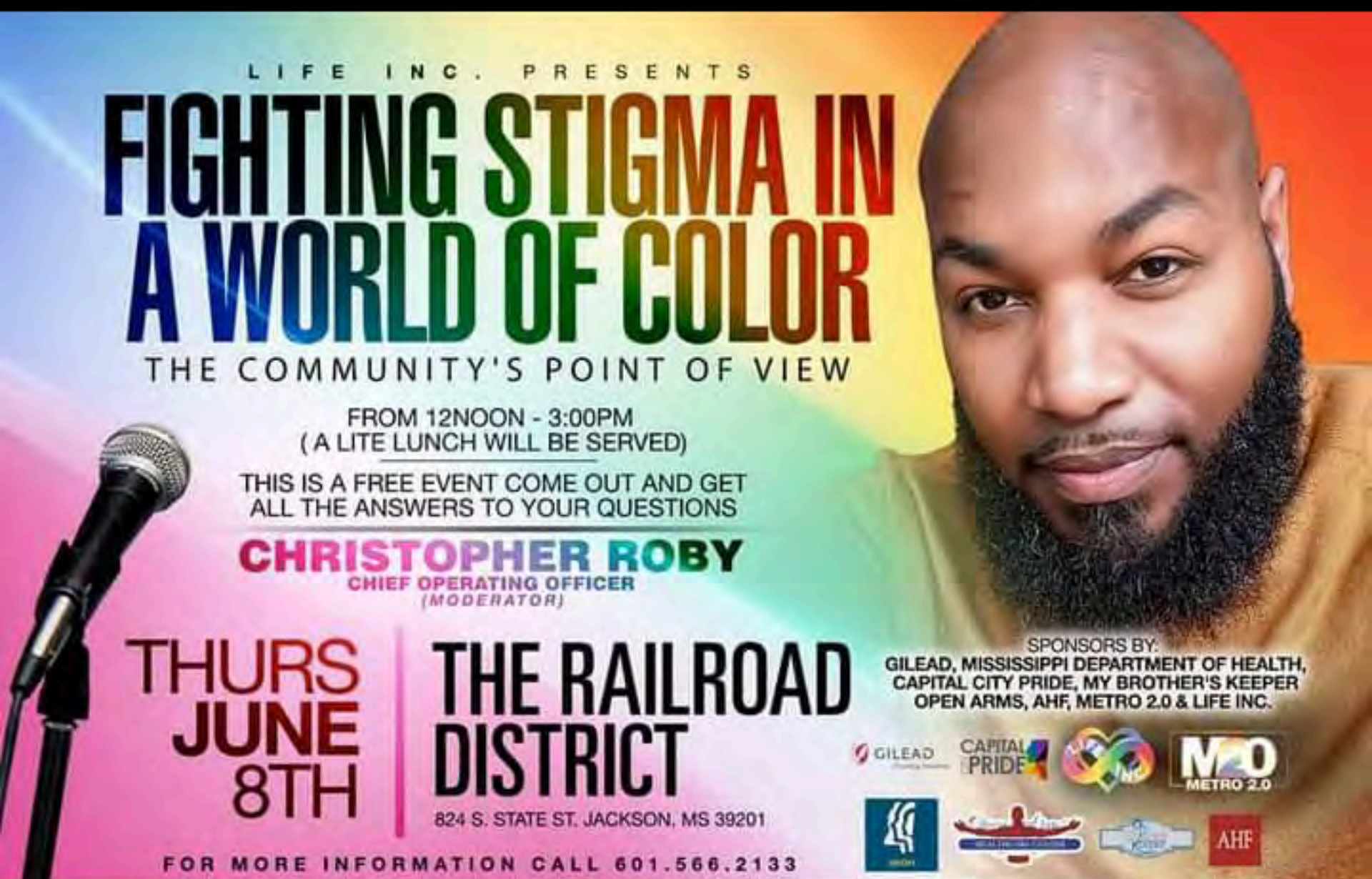
Register at www.thelifeinc.org.

CALLING ALL TO REGISTER

**COMMUNITY LEADERS | BUSINESS OWNERS | PAGEANTRY SYSTEMS | KINGS
QUEENS | SOCIAL CLUBS | VOLUNTEERS
MOTORCYCLE CLUBS | DANCE TEAMS | PARENTS
SUPPORT GROUP | GREEKS CHAPTERS | TEACHERS | ACTIVIST | MANY MORE!!!**

**FOR MORE INFORMATION,
CONTACT: 769.278.0596**

**LOCATION OF CHECK-IN WILL BE
EMAILED ONCE YOU REGISTER.**



L I F E I N C . P R E S E N T S

FIGHTING STIGMA IN A WORLD OF COLOR

THE COMMUNITY'S POINT OF VIEW

FROM 12NOON - 3:00PM
(A LITE LUNCH WILL BE SERVED)





THIS IS A FREE EVENT COME OUT AND GET ALL THE ANSWERS TO YOUR QUESTIONS





CHRISTOPHER ROBY
CHIEF OPERATING OFFICER
(MODERATOR)

THURS JUNE 8TH

THE RAILROAD DISTRICT
824 S. STATE ST. JACKSON, MS 39201

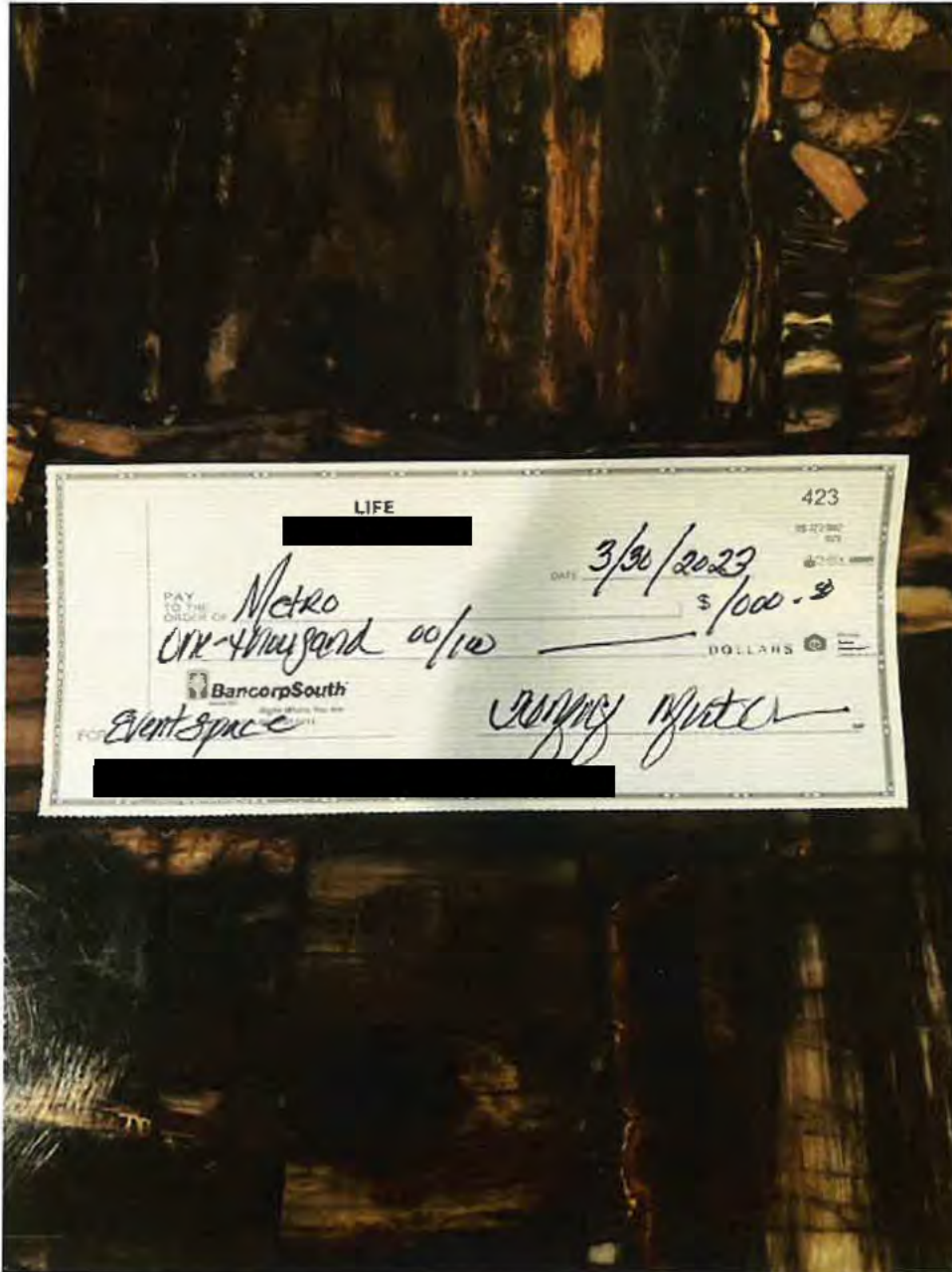
SPONSORS BY:
GILEAD, MISSISSIPPI DEPARTMENT OF HEALTH, CAPITAL CITY PRIDE, MY BROTHER'S KEEPER, OPEN ARMS, AHF, METRO 2.0 & LIFE INC.

GILEAD    

FOR MORE INFORMATION CALL 601.566.2133

PANELISTS	CHRISTOPHER LANE	LOVE LATONIA	GERALD GIBSON	LANCE NELSON	VERONICA WOODS	TORRION WILLIAMS	SARAH SCHNAITMAN
							
GILEAD MISSISSIPPI AND LOUISIANA	EXECUTIVE DIRECTOR AT ANAKON LOVE	DIRECTOR OF COMMUNITY TESTING AND OUTREACH	REGIONAL ASSET MANAGER	HUMAN RESOURCE	COMMUNITY	ATTORNEY AT LAW	



Attn:
MS State Department of Health
570 E Woodrow Wilson Dr
Jackson, MS 39216

Invoice: LIFE, INC
Temica Morton
[REDACTED]
Jackson, MS 39206
[REDACTED]

Invoice for March 2024

Salaries	\$11,166.67
Travel	\$0.00
Supplies	\$0.00
Contractual Services	\$5,333.33
Admin Fees	\$1,666.67
Total	<u><u>\$18,166.67</u></u>

487

85-127/842
825

CHECK
FRAUD

LIFE

[Redacted]

DATE 3.6.2024

PAY
TO THE
ORDER OF

Metro 2.0

\$ 3000.00

Three thousand 00/100

DOLLARS



BancorpSouth

Member FDIC

Right Where You Are

INFOLINE 1-888-797-7711

Life Inc.

Isidore Porter

[Redacted]

Attn:
HIV/STD
MS State Department of Health
570 E Woodrow Wilson Dr
Jackson, MS 39216

Invoice: LIFE, INC
[REDACTED]
Jackson, MS 39216
[REDACTED]

Invoice for March 2023

Salaries	\$6,264.67
Travel	\$0.00
Supplies	\$8,342.25
Contractual Services	\$2,200.00
Admin Fees	\$1,057.50
Total	<u>\$17,864.42</u>

Us Helping Us, People Into Living, Inc.

INVOICE

Washington, DC 20010

Phone: [REDACTED]

INVOICE #	DATE
0023LIFE-001	03.03.2023

BILL TO

LIFE, Inc.

Attn: Temica Morton
Jackson, MS 39206

DESCRIPTION	AMOUNT
Welcome to the Pynk HIV/STD Self-testing Initiative	\$8,342.25
<ul style="list-style-type: none"> OraSure HIV self-test kits (n=86 * \$28 per test kit). A total of 86 HIV self-test kits were disseminated Gonorrhea / Chlamydia (urine, throat, rectal) specimen collection kits 3-site testing was performed on 86 individuals (n=86 * \$12.50 * 3 sites) Shipping of HIV/STD self-test kits via Fedex Ground Individuals received their self-test kits within 48 hours. 	<p>\$2,408.00</p> <p>\$3,225.00</p> <p>\$2,709.25</p>
<i>Payment Options: Check</i> <i>ACH Payment (upon request)</i> <i>Venmo: @ushelpinguspeopleintoliving</i> <i>PayPal: communications@uhupil.org</i> <i>CashApp: \$UsHelpingUsDC</i>	TOTAL \$8,342.25

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: LIFE, Inc Date of Voucher: 05/23/2023 Fiscal Year 2023

Authorized By: jennifer fulcher

Jackson MS,39216

Name of Unit: LIFE

Date	Description	Amount
05/22/2023	HIV Testing and Prevention Services Invoice for March 2023	\$17,864.42

Total: \$17,864.42

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

LisaA Taylor

(Signature)

05/23/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000033451

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

05/24/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050366 13010103000000AD 3000033451 \$17,864.42
Additional Signatures/Split Amt: 1301050367 13010103000000AD 3000033451 \$0.00

Sara Ragus

PS20-2010 HIV Testing Data Quality Assurance Report

Recipient	Mississippi - L.I.F.E. Inc
Data Type	PS20-2010 HIV Testing Requirements
Report Period	01/01/2022 - 12/31/2022
Report Generated By	Neal, Casondra
Date and time of Report Generated	2025-4-7 16:21:2

Please insert comments if data do not accurately reflect local data.

Verification of Calculated Key Variables under PS20-2010 Requirements

Total Number of HIV Tests	Numerator	Denominator	%	Comments
Valid	0	0	0%	
Invalid	0	0	0%	
Missing	0	0	0%	

All Valid Tests	Numerator	Denominator	%	Comments
HIV-Positive	0	0	0%	
HIV-Negative	0	0	0%	

New HIV-Positive Tests	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	

New HIV- Positive Persons Linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

New HIV- Positive Persons Linked to Care Within 30 Days	Numerator	Denominator	%	Comments
---	-----------	-------------	---	----------

Yes	0	0	0%
No	0	0	0%
Missing/don't know	0	0	0%

New HIV- Positive Persons Linked to Care Within 7 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

New HIV- Positive Persons Interviewed for Partner Services	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Previous HIV- Positive Tests	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	

Previous HIV- Positive Persons in Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Decline	0	0	0%	
Don't Know	0	0	0%	
Missing	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 30 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 7 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

PS20-2010 HIV Testing Data Quality Assurance Report

Recipient	Mississippi - L.I.F.E. Inc
Data Type	PS20-2010 HIV Testing Requirements
Report Period	01/01/2023 - 12/31/2023
Report Generated By	Neal, Casondra
Date and time of Report Generated	2025-4-7 16:23:32

Please insert comments if data do not accurately reflect local data.

Verification of Calculated Key Variables under PS20-2010 Requirements

Total Number of HIV Tests	Numerator	Denominator	%	Comments
Valid	0	0	0%	
Invalid	0	0	0%	
Missing	0	0	0%	

All Valid Tests	Numerator	Denominator	%	Comments
HIV-Positive	0	0	0%	
HIV-Negative	0	0	0%	

New HIV-Positive Tests	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	

New HIV- Positive Persons Linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

New HIV- Positive Persons Linked to Care Within 30 Days	Numerator	Denominator	%	Comments
---	-----------	-------------	---	----------

Yes	0	0	0%
No	0	0	0%
Missing/don't know	0	0	0%

New HIV- Positive Persons Linked to Care Within 7 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

New HIV- Positive Persons Interviewed for Partner Services	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Previous HIV- Positive Tests	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	

Previous HIV- Positive Persons in Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Decline	0	0	0%	
Don't Know	0	0	0%	
Missing	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 30 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 7 Days	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

PS20-2010 HIV Testing Data Quality Assurance Report

Recipient	Mississippi - L.I.F.E. Inc
Data Type	PS20 2010 HIV Testing Requirements
Report Period	01/01/2024 07/31/2024
Report Generated By	Neal, Casondra
Date and time of Report Generated	2025-4-3 13:10:3

Please insert comments if data do not accurately reflect local data.

Verification of Calculated Key Variables under PS20-2010 Requirements

Total Number of HIV Tests	Numerator	Denominator	%	Comments
Valid	35	35	100.0%	
Invalid	0	35	0.0%	
Missing	0	35	0.0%	

All Valid Tests	Numerator	Denominator	%	Comments
HIV Positive	0	35	0.0%	
HIV Negative	35	35	100.0%	

New HIV-Positive Tests	Numerator	Denominator	%	Comments
Yes	0	35	0.0%	
No	35	35	100.0%	

New HIV- Positive Persons Linked to Care	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

New HIV- Positive Persons Linked to Care Within 30 Days	Numerator	Denominator	%	Comments
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Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

New HIV- Positive Persons Linked to Care Within 7 Days

	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

New HIV- Positive Persons Interviewed for Partner Services

	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Previous HIV- Positive Tests

	Numerator	Denominator	%	Comments
Yes	0	35	0.0%	
No	35	35	100.0%	

Previous HIV- Positive Persons in Care

	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Decline	0	0	0%	
Don't Know	0	0	0%	
Missing	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care

	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 30 Days				
	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Among previous HIV-positive Persons not known to be in Care, linked to Care Within 7 Days				
	Numerator	Denominator	%	Comments
Yes	0	0	0%	
No	0	0	0%	
Missing/don't know	0	0	0%	

Appendix D: Documentation for Love Me Unlimited 4 Life

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
SUBGRANT AGREEMENT**

AGREEMENT NUMBER SG-2112

SECTION 1.0 Parties to the Agreement

This agreement is made this the 27th, day of August, 20 21, by and between the Mississippi State Department of Health, hereinafter referred to as MSDH, and, Love Me Unlimited 4 life, hereinafter referred to as Subgrantee.

SECTION 2.0 Period of Performance

This agreement shall be in effect from August 1, 2021, through July 31, 2022.

SECTION 3.0 Purpose

This agreement is established for the purpose of defining the rights and duties of the parties regarding the Subgrant known as HIV Prevention - Ending the HIV Epidemic.

SECTION 4.0 Responsibilities of MSDH and Subgrantee

4.1 MSDH Responsibilities:

- 4.1.1** MSDH is responsible for the review and approval of invoices and periodic reports.
- 4.1.2** MSDH is responsible for the review of progress reports on the ongoing activities regarding the Subgrant.
- 4.1.3** MSDH is responsible for oversight of work and services provided by Subgrantee.
- 4.1.4** MSDH is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

4.2 Subgrantee Responsibilities:

- 4.2.1** The Subgrantee is responsible for implementing the work and services as set forth in the Scope of Work, hereby incorporated and attached hereto.
- 4.2.2** The costs incurred must be in accordance with the approved Budget, hereby incorporated and attached hereto, and shall not exceed \$ 62,490 unless properly modified and approved. Prior written approval shall be required before deviating from the approved budget.
- 4.2.3** The Subgrantee is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

SECTION 5.0 Budget and Finance

- 5.1 Subgrant Value.** Absent a modification in the form required by this agreement, the total amount to be paid by MSDH to Subgrantee under the terms of this agreement shall not exceed the amount previously stipulated in Section 4.2.2 of this agreement. All payments made under this agreement shall represent services rendered or actual costs incurred. Subgrantee is responsible for any commitments or expenditures in excess of the amounts authorized by MSDH.
- 5.2 Invoices.** The Subgrantee shall submit invoices, as required and in accordance with the grant associated with this agreement or as instructed by MSDH and attached hereto.
- 5.3 Reimbursement.** The Subgrantee assumes sole responsibility for reimbursement to the granting or funding agency of a sum of money equivalent to the amount of any expenditures disallowed should the granting agency, funding agency, or any other authorized agency rule through an audit exception or some other appropriate means, that expenditures from funds allocated to the Subgrantee for direct and/or indirect costs were not made in compliance with the regulations of the granting or funding agency or the provisions of the agreement.
- 5.4 Record Maintenance.** The Subgrantee agrees to maintain books, records, and documents and other evidence pertaining to all costs and expenses incurred and revenues acquired under this agreement for three (3) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.4.1** The Subgrantee agrees to maintain books, records, and documents and other evidence containing or associated with protected health information (PHI) and pertaining to all costs and expenses incurred and revenues acquired under this agreement for six (6) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.5 Record Inspection and Audit.** MSDH, any sponsor or funding source, the State of Mississippi, and regulatory body of the United States overseeing the grant associated with this agreement, and/or any other authorized representative of any of the foregoing, shall have access to and the right to examine all records, books, papers, or documents which are directly pertinent to, or related to the Subgrant award for the purpose of audit, examination, excerpts, and/or transcripts.
- 5.6 Purchase Equipment.** Equipment should not be purchased unless itemized in the approved budget or in accordance with the grant associated with this agreement. The use

and disposition of any equipment purchased by the Subgrantee shall be in accordance with the grant associated with this agreement.

- 5.7 Compensation.** This is a subgrant agreement using the cost reimbursement method of payment. The invoices submitted by the Subgrantee will state the period for which reimbursement is being requested, and will itemize the cost and budget category per the budget in Attachment B. All deliverables and reports defined in Attachment A: Scope of Work and Attachment B: Budget and Justification are to be submitted to MSDH for the compensation defined herein.

SECTION 6.0 Modification

- 6.1** This agreement may need to be modified, changed, or altered due to changing circumstances. Therefore, it is agreed that MSDH or the Subgrantee may request modification and that this modification will be prepared in writing and presented to the other party for approval or rejection. Work or purchases relating to any items not specifically outlined by this agreement, the Subgrantee's proposal, or the grant associated with this agreement may not be paid for unless both parties agree to and execute a written amendment to this agreement.

SECTION 7.0 Assignment

- 7.1** Obligations under this agreement may not be assigned by the Subgrantee without prior written approval of MSDH, or in accordance with the grant associated with this agreement.

SECTION 8.0 Standard Terms and Conditions

The Subgrantee Certifies and Agrees to the Following:

- 8.1 Authority to Accept Award.** The Subgrantee certifies that it has legal authority to apply for the Subgrant and has the institutional, managerial, and financial capability (including where applicable, funds sufficient or in-kind match to pay the Subgrantee's share of the project cost) to ensure proper planning, management, and completion of the project described in this proposal. The Subgrantee further certifies (a) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind, and (b) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings, either voluntary, or otherwise, which may adversely affect its ability to perform its obligations under this agreement.
- 8.2 Conflict of Interest.** The Subgrantee will establish or maintain safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 8.3 Applicable Laws.** This Subgrant Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflict of law provisions, and any litigation with respect thereto shall be brought in the courts of the state.

- 8.4 Compliance with Laws.** The Subgrantee shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, and any others as required by the grant that is the subject of this agreement, as now exist and as they may be amended or modified.
- 8.4.1 Equal Opportunity.** The Subgrantee understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Subgrantee agrees during the term of the agreement that the Subgrantee will strictly adhere to this policy in its employment practices and provisions of services.
- 8.4.2 Employment Verification.** The Subgrantee will ensure its compliance with the Mississippi Employment Protection Act, §71-11-1, et seq., of the Mississippi Code Annotated, as Amended, and will register and participate in the status verification system for all newly hired employees as required.
- 8.4.3 Federal Law.** Subgrantee will comply with all federal statutes relating to non-discrimination. These include, but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; and the requirements of any non-discrimination statute(s) which may apply to the proposal.
- 8.4.4 Program Specific Law.** The Subgrantee will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this grant or program.
- 8.5 Subgrantee Status.** Subgrantee agrees that no act performed, or representation made, whether oral or written, by the Subgrantee with respect to third parties shall be binding on MSDH. The Subgrantee shall, at no time act as an agent for MSDH. Nothing herein shall be deemed or construed by MSDH, the Subgrantee, or any third party as creating the relationship of principal and agent, partners, joint ventures, or any similar such relationship between MSDH and the Subgrantee.
- 8.6 Representation Regarding Contingent Fees and Gratuities.** Subgrantee represents that it has not offered, given, or agreed to give or accepted a solicitation or demand for gratuity or offer of employment in connection with any decision or preparation regarding the award of this Subgrant, nor has it retained a person to solicit or secure a Subgrant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Subgrantee's bid or proposal.

- 8.7 Public Records Clause.** MSDH has the responsibility to oversee and monitor all phases of this Subgrant Agreement. Therefore, MSDH shall be responsible for responding to any public records requests pursuant to the Mississippi Public Records Act, §25-61-1 et seq., Mississippi Code Annotated. Documents and records associated with this agreement, including but not limited to, this agreement, proposal, communications, payment requests, etc., may be deemed public records. MSDH shall respond to requests addressed to either of the parties herein. The Subgrantee shall notify and provide a copy of any public information request addressed to the Subgrantee within one (1) working day. Upon receipt of said request, MSDH shall respond to the request for public information as required by the Mississippi Public Records Act. No party to this agreement shall be liable to the other party for disclosure of information required by court order or required by law.
- 8.8 Release of Information.** MSDH, as the State management, regulatory, and enforcement agency, shall have the exclusive right to release data and information acquired as a result of this agreement to the press and public. The Subgrantee may release information obtained from this agreement only after obtaining written permission from MSDH.
- 8.9 Return of Reports, Data, Etc.** Upon conclusion of this agreement, MSDH may request the return of any reports, data, and other information related to this agreement. The Subgrantee retains the right to materials used in the performance of the agreement, which were developed by the Subgrantee with non-MSDH funds. The MSDH is granted non-exclusive license to copy the materials for use within the State of Mississippi.
- 8.10 Confidentiality.** Confidential or proprietary information under this agreement shall not be disclosed by either party. The Subgrantee and MSDH agree to treat as confidential and not disclose to any third party without prior written consent from both parties information or data which is identified as confidential under this agreement and/or protected from disclosure under law or agency policy. Notwithstanding the above, the parties acknowledge that the Mississippi Public Records Act governs the disclosure of public records.
- 8.11 HIPAA Compliance.** Subgrantee agrees to comply with the “Administrative Simplification” provisions of the Health Insurance Portability and Accountability Act of 1996, and any amendments thereto, including electronic data interchange, data retention, code sets, identifiers, security, and privacy provisions, as may be applicable to the services under this agreement.
- 8.12 Indemnification.** Subgrantee shall indemnify, defend, save and hold harmless, protect, and exonerate the MSDH, its board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including without limitation, court costs, investigative fees and expenses, and attorney’s fees, arising out of or caused by Subgrantee and/or its partners, principles, agents, employees, and/or subcontractors in performance of or failure to perform this agreement. In the MSDH sole discretion, Subgrantee may be allowed to control the defense of any such claim, suit, etc. In the event Subgrantee defends said claim, suit, etc., Subgrantee shall use legal counsel acceptable to MSDH. Subgrantee shall be solely responsible for all costs and/or expenses associated with such defense. Subgrantee shall not settle any claim,

suit, etc., without the MSDH concurrence which the MSDH shall not unreasonably withhold.

Subgrantee shall not be obligated to indemnify MSDH for liabilities which arise due to the negligence of MSDH or its employees. MSDH's liability, as an entity of the State of Mississippi, shall be determined pursuant to and subject to the limitations of the Mississippi Tort Claims Act, Mississippi Code Annotated § 11-4-1 et seq., including all defenses and exceptions contained therein. Nothing in this agreement shall have the effect of changing or altering the liability or of eliminating any defense available to the MSDH or State under statute.

8.13 Use of MSDH Network and/or IT Equipment. As deemed necessary by MSDH to the performance of this Subgrant Agreement, MSDH agrees to provide hardware, software, and/or devices, as well as access to the MSDH network, to designated authorized personnel of Subgrantee. MSDH agrees to provide IT support related to the use of the MSDH network and/or software, hardware, and/or devices provided by MSDH, unless an exception is granted by the MSDH IT Security Officer.

8.13.1 Adherence to IT Policies. Subgrantee agrees to adhere to all applicable MSDH IT security policies [MSDH utilizes the NIST SP 800-53 rev 4 as its authoritative Policy Framework.] Subgrantee agrees and affirms that any equipment or software issued to the Subgrantee from MSDH remain the property of MSDH. The Subgrantee agrees to obtain approval from MSDH before modifying this hardware or software in any way, shape, or form and to maintain the same using industry standard best practices. The Subgrantee also will adhere to all applicable MSDH IT security and property policies as well as procedures related to the utilization of the MSDH Enterprise network, whether accessed through hardware, software, and/or devices provided by MSDH, the Subgrantee, or another entity. Agency policies are available upon request from MSDH.

8.13.2 IT Training. Subgrantee agrees to ensure that all of its personnel who will have access to MSDH hardware, software, devices and/or the MSDH network will complete all IT security and/or other training required by MSDH before the Subgrantee personnel begin work.

8.13.3 IT Personnel. Subgrantee agrees to only allow designated personnel from MSDH to provide IT support services, as needed, in regards to the Subgrantee's use of hardware, software, and/or devices provided by MSDH or the utilization of the MSDH network.

8.14 Conflict of Interest. Subgrantee represents, to the best of its knowledge and belief, that this contract does not present the Subgrantee with a conflict of interest with respect to any past, current, or potential contract or employment such that the Subgrantee would be unable to perform impartially and without bias. Subgrantee agrees that should this condition change during the period of this contract, Subgrantee shall notify MSDH within 30 days.

8.15 Debarment and Suspension. Subgrantee certifies to the best of its knowledge and belief, that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or

voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi.

SECTION 9.0 Termination and Notice

- 9.1 Right to Terminate.** Either party to this agreement may terminate this agreement by written notice (via U.S. certified mail, return receipt requested) of termination to the other party in accordance with the Notices section of this agreement. Except as provided below, all obligations under this agreement shall cease at the expiration of thirty (30) calendar days from receipt of written notice by the non-terminating party of the notice of termination.
- 9.2 Costs.** Subgrantee shall be paid for costs incurred at the time of termination, if any, and shall deliver to MSDH an invoice for costs incurred. It is expressly understood payment is subject to the "Availability of Funds" as stated in this agreement.
- 9.3 Availability of Funds.** It is expressly understood and agreed that the obligation of MSDH to proceed under this agreement is conditioned upon the availability of funds from the responsible party and/or the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, this agreement between the MSDH and Subgrantee shall be terminated upon notice by MSDH to Subgrantee of the same. Termination of this agreement due to lack of funding will be immediate, following notice of such termination by MSDH to Subgrantee. The effective date of termination shall be as specified on the notice of termination.
- 9.4 Notices.** Notices of termination and any other notices required to be given under this agreement by each party shall be mailed to the following addresses:

For Grantor:

NAME: Jim Craig, MPH
TITLE: Senior Deputy and Director of Health Protection
ADDRESS: [REDACTED]
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

For Subgrantee:

NAME: Evonne Kaho
TITLE: President and Chief Executive Officer
ADDRESS: [REDACTED]
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

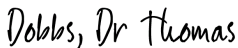
SECTION 10.0 Enforceability

10.1 THIS AGREEMENT IS NOT FULLY EXECUTED OR LEGALLY BINDING UNTIL SIGNED BY THE MSDH STATE HEALTH OFFICER OR LEGAL DESIGNEE. Any work performed prior to the full execution of this agreement may not be reimbursed.

10.2 This Agreement, including all attachments listed in the Addenda, contains the sole and entire agreement and understanding of the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, this agreement is duly executed.

For the Mississippi State Department of Health:

DocuSigned by:

A525016E91BF427
State Health Officer or Designee
Agreement **EXECUTED** with this signature.

11/17/2021 | 2:01 PM CST

Date

For the Subgrantee:

DocuSigned by:

3EB921E555604C1...
Subgrantee Authorized Signature
President and Chief Executive Officer
Title

11/17/2021 | 12:21 PM CST

Date

ADDENDA

Attachment A: Scope of Work

Attachment B: Budget

Attachment C: Information for Federally Funded Subgrants

Attachment D: BAA

Love Me Unlimited 4 Life
HIV PREVENTION – ENDING THE HIV EPIDEMIC (EHE)
SCOPE OF WORK

August 1, 2021 – July 31, 2022

Attachment A

1. Assist the MSDH STD/HIV Office to provide rapid HIV testing, and linkage to care and early initiation of ART to HIV positive patients within MSDH required timeline.
2. Submit monthly progress reports and an invoice for reimbursement to MSDH.
3. Sign and post on organizational website and social media platforms MS ETHE/ETE Task Force Statewide Anti-Stigma Sign-On Letter.
4. Hire at least (1) Community Health Workers that identifies as Gender Non-Conformant (GNC), Aged 17-34 that are People with HIV (PWH), members of the LGBTQIA community, and or at risk for acquiring HIV to provide agreed upon services. Will ensure that each CHW team member hired is assigned to hard to reach and rural areas of the state as defined by ETHE/ETE administrators. CHW will provide PrEP/PEP navigation, non-medical case management, HIV screening, education, linkage to care, and referral services. Will pay each contracted CHW a rate of at least \$20.00 an hour.
5. Identify a PrEP/PEP Provider Champion in each of your service area(s).
6. Ensure all project staff join and be active on the MS HIV Planning Council (MHPC) or the MS ETHE/ETE Task Force.
7. Document HIV Opt-out testing policy and procedures throughout services area(s).
8. Increase the number of individuals screened for HIV within clinical and community settings.
9. Increase the number of community engagement activities conducted by health centers and CBOs by contracting with at least one ETHE/ETE TF preferred community engagement expert to host at least four target population leadership consultations, and four virtual town halls (a minimum of 1 of each meeting per quarter must be conducted) to reform policies and practices that serve as a barrier to Ending the HIV Epidemic in MS.
10. Ensure that all project staff agree to become an active member of the MS HIV Cluster Detection and Response Team and comply with all membership requirements.

11. Purchase ETHE/ETE Marketing and Promotional items as prescribed by ETHE/ETE administrator(s).

Love Me Unlimited 4 Life
HIV Prevention – Ending the Epidemic
Budget Narrative and Justification
August 1, 2021 – July 31, 2022
Attachment B

Personnel: \$37,760

Community Health Worker (1) - \$32,000

Community Health Worker

This position will be responsible for the overall direction and management of the program. CHW will ensure that all aspects of the described program will be executed effectively and that all goals and objectives are met under his/her leadership, and guidance in accordance with the organization's mission. The CHW will work to increase employment and capacity building opportunities for members of various vulnerable populations to provide STD/HIV, COVID-19 related education, testing, counseling, referrals, and other health services throughout MS to End Stigma and HIV in MS.

Effort: 100% of salary (\$32,000)

Fringe Benefits: \$5,760

@ 18% of Total Salary of \$32,000 = \$5,760

To cover standard ACLU of MS employee benefit costs such as health insurance and life insurance.

Total Personnel = \$32,000 + \$5,760 = \$37,760

Travel: \$1,000

This cost is requested to pay for mileage reimbursement for CHWs who travel throughout the state to carry out activities of this partnership.

1,786 Miles @.56 per mile = \$1,000

Supplies: \$13,481

Office Supplies: \$2,266

Funds are requested to cover office supplies for CHW and partnership (laptop and other technological supplies needed for CHW, pens, paper, folders, binders, staples, paper clips, printer cartridges, etc.). PPE, medical supplies; and venue for community events as needed.

Marketing and Promotional items: \$2,500

Funds are requested to purchase ETHE/ETE TF marketing and promotional items for Ending the Epidemic Initiatives Statewide Anti-Stigma Campaign activities.

Rapid HIV Testing Kits: \$8,715

INSTI™ HIV-1/HIV-2 Rapid Antibody Test

Funds are requested to purchase INSTI™ HIV-1/HIV-2 rapid antibody test from Biolytical laboratories. The test is a minute rapid in vitro qualitative test for the detection of antibodies to HIV Type 1 and Type 2 in human whole blood, fingerstick blood, or plasma. The INST rapid HIV tests will enable health care providers and community-based organizations to offer rapid HIV testing to clients at a reduced waiting period.

15 INSTI HIV Kit (50 tests/kit) @ \$550.00

15 kits x 50 = 750 tests

15 x \$550 = \$8,250

10 controls @ \$31/box = \$310

Shipping and handling = \$155

Total INSTI™ Rapid Testing kits/control requested = \$8,715

Total Supplies: \$13,481 (2,266 + 2,500 + \$8,715)

Contractual: \$4,000

Community Engagement Contractor: \$1,500

Funds will be used to contract a culturally and linguistically appropriate Community Engagement Expert/Specialist who has lived life experience to conduct effective community engagement for the respective target population served as outlined. This allotment should ensure that contractor provide culturally and linguistically appropriate servicing. Expenses for meeting space for listening sessions, town halls, nutritional items, speaking fees associated with town halls, listening sessions.

Speaking Fee: \$1,000 - 2 Speakers @ 500 each

Nutritional items: \$1,000

Meeting space: \$500

Total contractual = \$4,000 (\$1,500 + \$1,000 + \$1,000 + \$500)

Other: \$0.00

Program Administrative fee: \$6,249

Administrative fee is calculated at ten percent of overall contract cost.

\$62,490 x 10% = \$6,249

Total amount requested: \$62,490

(\$37,760 + \$1,000 + \$13,481 + \$4,000 + 6,249)

Attachment: C Required Information for Federally Funded Subgrants

I. Subgrantee Information

a. Subgrantee Unique Identifying Number: 11-782-1944

II. Prime Award Information

a. Federal Awarding Agency: CDC

b. CFDA Number: 93.940

c. Program Name: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States

d. Federal Award Identification Number ("FAIN"): NU62PS924624

e. Federal Award Date: 7-20-2021

f. Federal Award Amount: \$2,083,699

g. Federal Award Project Description:

Integrated HIV Programs for Health Departments to support Ending the HIV Epidemic in the United States.

III. Subgrant Information

Type of Award: ☒ Program or ☐ Research

MISSISSIPPI STATE DEPARTMENT OF HEALTH
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement is entered into by and between the Mississippi State Department of Health (“MSDH”) the Covered Entity and Love Me Unlimited LLC (“Business Associate”), hereinafter referred to as the Parties, and modifies any other prior existing agreement or contract for this purpose. In consideration of the mutual promises below and the exchange of information pursuant to this Agreement and in order to comply with all legal requirements for the protection of this information, the Parties therefore agree as follows:

I. RECITALS

- a. MSDH is a state agency with a principal place of business at 570 East Woodrow Wilson, Jackson, MS 39215
- b. Business Associate is a corporation qualified to do business in Mississippi that will act to perform business services for MSDH with a principal place of business at 1407 Tracewood Drive, Jackson, MS 39211.
- c. This Business Associate Agreement (“Agreement”) is entered into pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”) of 1996, as amended by the Genetic Information Nondiscrimination Act (“GINA”) of 2008 and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”), Title XIII of Division A, and Title IV of Division B of the American Recovery and Reinvestment Act (“ARRA”) of 2009, and its implementing regulations, including, but not necessarily limited to, 45 C.F.R. Part 160, and 45 C.F.R. Part 164 Subparts A and C (“Security Rule”), and 45 C.F.R. Part 160 Subparts A and E (“Privacy Rule”). These statutes and regulations are hereinafter collectively referred to as HIPAA. MSDH, as a covered entity, is required to enter into this Agreement to obtain satisfactory assurances that Business Associate will comply with and appropriately safeguard all Protected Health Information (“PHI”) Used, Disclosed, created, or received by Business Associate on behalf of MSDH. Certain provisions of HIPAA and its implementing regulations apply to Business Associate in the same manner as they apply to MSDH, and such provisions must be incorporated into this Agreement.
- d. MSDH desires to engage Business Associate to perform certain functions for, or on behalf of, MSDH involving the Disclosure of PHI by MSDH to Business Associate, or the creation or Use of PHI by Business Associate on behalf of MSDH, and Business Associate desires to perform such functions, as set forth in the Underlying Agreement(s) which involve the exchange of information, and wholly incorporated herein.

II. DEFINITIONS

- a. “Breach” shall mean the acquisition, access, Use or Disclosure of PHI in a manner not permitted by the Privacy Rule which compromises the security or privacy of the PHI, and subject to the exceptions set forth in 45 C.F.R. § 164.402.
- b. “Business Associate” shall mean Love Me Unlimited LLC, including all workforce members, representatives, agents, successors, heirs, and permitted assigns.

- c. “Covered Entity” shall mean the Mississippi State Department of Health, an agency of the State of Mississippi.
- d. “Data Aggregation” shall have the same meaning as the term “Data aggregation” in 45 C.F.R. §164.501.
- e. “Designated Record Set” shall have the same meaning as the term “Designated Record Set” in 45 C.F.R. §164.501.
- f. “Disclosure” shall have the same meaning as the term “Disclosure” in 45 C.F.R. § 160.103.
- g. “MSDH” shall mean the Mississippi State Department of Health, an agency of the State of Mississippi.
- h. “Individual” shall have the same meaning as the term “Individual” in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).
- i. “Privacy Officer” shall mean the person designated by MSDH to oversee its implementation of and compliance with HIPAA.
- j. “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. “Protected Health Information” or “PHI” shall have the same meaning as the term “Protected health information” in 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of MSDH.
- l. “Required by Law” shall have the same meaning as the term “Required by law” in 45 C.F.R. § 164.103.
- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee
- n. “Security Incident” shall have the same meaning as the term “Security incident” in 45 C.F.R. §164.304.
- o. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- p. “Standard” shall have the same meaning as the term “Standard” in 45 C.F.R. § 160.103.
- q. “Underlying Agreement” shall mean any applicable Memorandum of Understanding (“MOU”), agreement, contract, or any other similar device, and any proposal or Request for Proposal (“RFP”) related thereto and agreed upon between the Parties, entered into between MSDH and Business Associate. Under this Business Associate Agreement, “Underlying Agreement” shall refer to the following:
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- r. “Unsecured Protected Health Information” shall have the same meaning as the term “Unsecured protected health information” in 45 C.F.R. § 164.402.
- s. “Use” shall have the same meaning as the term “Use” in 45 C.F.R. § 160.103
- t. “Violation” or “Violate” shall have the same meaning as the terms “Violation” or “Violate” in 45 C.F.R. § 160.103.

All other terms not defined herein shall have the meanings assigned in HIPAA and its implementing regulations.

III. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

- a. Business Associate agrees to not Use or Disclose PHI other than as permitted or required by this Agreement and the Underlying Agreement(s), or as Required by Law.
- b. Business Associate agrees to utilize appropriate safeguards and comply, where applicable, with the HIPAA Privacy and Security Rules, to prevent Use or Disclosure of the PHI other than as permitted or provided for by this Agreement and shall: (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Protected Health Information and Electronic Protected Health Information that Business Associate creates, receives, maintains, or transmits on behalf of MSDH; (ii) ensure that any subcontractor to whom Business Associate provides such information agrees to implement reasonable and appropriate safeguards to protect it; and (iii) report to MSDH any Security Incident of which Business Associate becomes aware.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate in Violation of the requirements of this Agreement and/or state or federal laws and regulations.
- d. **Breaches and Security Incidents.** During the term of this Agreement, Business Associate agrees to implement reasonable systems for the discovery and prompt reporting of any actual or suspected Breach or Security Incident. Business Associate agrees to take the following steps:

Notice to MSDH. (1) To notify their MSDH Point-of-Contact, MSDH IT Security Officer and MSDH Privacy Officer **without unreasonable delay, and no later than five (5) days after discovery, by telephone call and email or registered or certified mail** upon the discovery of an actual or suspected Breach of Unsecured PHI in electronic media or in any other media. (2) To notify their MSDH Point-of-Contact, MSDH IT Security Officer and MSDH Privacy Officer **without unreasonable delay, and no later than five (5) days after discovery, by telephone call and email or registered or certified mail** of any actual or suspected Security Incident affecting this Agreement, including but not limited to an actual or suspected Security Incident that involves data provided to MSDH by the Social Security Administration. A Breach or Security Incident shall be treated as discovered by Business Associate as of the first day on which the Breach or Security Incident is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the Breach or Security Incident) who is a workforce member, officer, or other agent of Business Associate.

The notification shall include, to the extent possible and subsequently as the information becomes available, a reasonably detailed description of the actual or suspected Breach or Security Incident, the identification of all Individuals whose Unsecured PHI is reasonably believed by Business Associate to have been affected by the Breach or Security Incident along with any other available information that is required to be included in the notification to the Individual, HHS and/or the media, all in accordance with the data breach notification requirements set forth in 42 U.S.C. § 17932 and 45 C.F.R. Parts 160 and 164, Subparts A, D, and E, or any other applicable notification requirements.

Upon discovery of an actual or suspected Breach or Security Incident, Business Associate shall take:

- Prompt corrective action to mitigate any risks or damages involved with the Breach or Security Incident and to protect the operating environment; and
- Any action pertaining to such unauthorized Disclosure required by applicable Federal and State laws and regulations.

Investigation. To immediately investigate any such actual or suspected Breach or Security Incident upon discovery in order to determine if the actual or suspected Breach or Security Incident is a Violation of any applicable federal or state laws or regulations, and to submit updated information by email or registered or certified mail, as it becomes available, to the MSDH IT Security Officer and MSDH Privacy Officer.

Complete Report. To provide a complete written report by email or registered or certified mail of the investigation to the MSDH IT Security Officer and MSDH Privacy Officer within ten (10) working days of the discovery of any actual or suspected Breach or Security Incident. The report shall include:

- the identification of each Individual whose PHI was or is believed to have been involved;
- a reasonably detailed description of the types of PHI involved; and
- a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain any suspected or actual Breach of security, intrusion or unauthorized Use or Disclosure.

If MSDH requests information in addition to that provided in the written report, Business Associate shall make reasonable efforts to provide MSDH with such information. If necessary, a supplemental report may be utilized to submit revised or additional information after the completed report is submitted.

Notification of Individuals. If the cause of an actual Breach of PHI is attributable to Business Associate or its subcontractors, agents or vendors, Business Associate shall notify each Individual of the Breach when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the Breach. The notifications shall comply with the requirements set forth in 42 U.S.C. § 17932 and its implementing regulations. The MSDH IT Security Officer and MSDH Privacy Officer shall approve the time, manner, and content of any such notifications and their review and approval must be obtained before the notifications are made.

Responsibility for Reporting of Breaches. If the cause of a Breach of PHI is attributable to Business Associate or its agents, subcontractors, or vendors, and Business Associate is a covered entity as defined under HIPAA and the HIPAA regulations, Business Associate is responsible for all required reporting of the Breach as specified in 42 U.S.C. § 17932 and its implementing regulations, including notification to media outlets and to the Secretary of the U.S. Department of Health and Human Services. If Business Associate has reason to believe that duplicate reporting of the same Breach or Security Incident may occur because its subcontractors, agents or vendors may report the Breach or Security Incident to MSDH in addition to Business Associate, Business Associate shall notify MSDH, and MSDH and Business Associate may take appropriate action to prevent duplicate reporting. The Breach reporting requirements of this paragraph are in addition to the reporting requirements set forth above.

- e. Business Associate agrees to ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions and conditions that apply to the Business Associate with respect to such information, all in accordance with 45 C.F.R. §§ 164.308 and 164.502
- f. Business Associate agrees to ensure that any subcontractors that create, receive, maintain, or transmit electronic PHI on behalf of Business Associate agree to comply with the applicable requirements of the Security Rule and Privacy Rule by entering into a Business Associate Agreement, in accordance with 45 C.F.R. §§ 164.308, 164.314, 164.502, and 164.504, and Business Associate shall provide MSDH with a copy of all such executed agreements between Business Associate and Business Associate's subcontractors. Business Associate understands that submission of their subcontractors' Business Associate Agreement(s) to MSDH does not constitute MSDH approval of any kind, including of the utilization of such subcontractors or of the adequacy of such agreements.
- g. Business Associate agrees that nothing in this Agreement is meant to take the place of any HIPAA-mandated reporting duties that apply directly to the Business Associate as a covered entity under HIPAA and its implementing regulations.
- h. Business Associate agrees to provide access, at the request of MSDH, and in the time and manner designated by MSDH, to PHI in a Designated Record Set, to MSDH or, as directed by MSDH, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524.
- i. Business Associate agrees to document such Disclosures of PHI and information related to such Disclosures as would be required for MSDH to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 C.F.R. § 164.528. Business Associate agrees to retain such documentation for at least six (6) years after the date of Disclosure; the provisions of this Section shall survive termination of this Agreement for any reason.
- j. Where applicable, Business Associate agrees to retain and securely store all data and documents falling under this Agreement and the Underlying Agreement(s) in accordance with HIPAA, the HITECH Act, and their implementing regulations.
- k. Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that MSDH directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of MSDH or an Individual, and in the time and manner designated by MSDH.

- l. Business Associate agrees to provide to MSDH or an Individual, in a time and manner designated by MSDH, information collected in accordance with Section (III) of this Agreement, to permit MSDH to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- m. Business Associate agrees that it shall only Use or Disclose the minimum PHI necessary to perform functions, activities, or services for, or on behalf of, MSDH as specified in the Underlying Agreement(s). Business Associate agrees to comply with any guidance issued by the Secretary on what constitutes “minimum necessary” for purposes of the Privacy Rule, and any minimum necessary policies and procedures communicated to Business Associate by MSDH.
- n. Routine transmission of PHI by fax is not recommended. If information must be faxed, Business Associate agrees PHI shall be limited to those recipients who have a need to gain access to the information. The information to be faxed shall be limited to the “minimum necessary” to accomplish the proposed function. A cover sheet must be utilized which includes a required confidential statement prohibiting unlawful redisclosure. In the event a fax is received by an unintended recipient, Business Associate should obtain the recipient’s contact information, attempt to identify the misdirected document, and then contact MSDH Privacy Officer. Generally, Business Associate should instruct the recipient of the misdirected fax to await further instructions from the Business Associate. Recipients should *not* be told to throw away a misdirected fax. MSDH may instruct the recipient to return or destroy the document, depending on the facts.
- o. Business Associate agrees that to the extent that Business Associate carries out MSDH’s obligations under the Privacy Rule, Business Associate will comply with the requirements of the Privacy Rule that apply to MSDH in the performance of such obligation.
- p. Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the Use and Disclosure of PHI received from, or created or received by Business Associate on behalf of, MSDH available to the Secretary for purposes of determining MSDH’s compliance with the Privacy Rule.
- q. Business Associate agrees that nothing in this Agreement shall permit Business Associate to access, store, share, maintain, transmit or Use or Disclose PHI in any form via any medium with any third party, including Business Associate’s subcontractors, beyond the boundaries and jurisdiction of the United States without express written authorization from MSDH.
- r. Business Associate agrees that all MSDH data will be encrypted using industry standard algorithms, preferably AES256 or Triple DES and/or SSL/TLS 1.2+.
- s. Business Associate agrees to comply with the State of Mississippi ITS Enterprise Security Policy, which will be provided by MSDH upon request.
- t. Business Associate agrees to make an executive summary of its most recent information security audit available to MSDH upon request by MSDH.
- u. The provisions of the HITECH Act that apply to Business Associate and are required to be incorporated by reference in a business associate agreement are hereby incorporated into this Agreement, including, without limitation, 42 U.S.C. §§ 17935(b), (c), (d) and(e), and 17936(a) and (b), and their implementing regulations.

- v. 42 U.S.C. §§ 17931(b) and 17934(c), and their implementing regulations, each apply to Business Associate with respect to its status as a business associate to the extent set forth in each such section.
- w. Business Associate shall be responsible for, and shall reimburse MSDH for costs and expenses associated with steps reasonably implemented by MSDH to mitigate any Breach or other non-permitted Use or Disclosure of PHI or medical, health or personal information protected by other federal or state law, including, without limitation, the following: data analysis to determine appropriate mitigation steps in the event of a Breach, including assistance from Business Associate in the investigation of the Breach and, as needed, access to Business Associate's systems and records for purposes of Breach data analysis; preparation and mailing of notification(s) about the Breach to impacted Individuals, the media and regulators; costs associated with proper handling of inquiries from Individuals and other entities about the Breach (such as the establishment of toll-free numbers, maintenance of call centers for intake, preparation of scripts, questions/answers, and other communicative information about the Breach); credit monitoring and account monitoring services for impacted Individuals for a reasonable period (which shall be no less than 12 months); other mitigation action steps required of MSDH by federal or state regulators; and other reasonable mitigation steps required by MSDH.
- x. Business Associate shall not, without written authorization from MSDH, perform marketing or fundraising on behalf of MSDH, or engage in the types of communications on behalf of MSDH that are excepted from the definition of "marketing" established at 45 C.F.R. §164.501. If MSDH requests and authorizes Business Associate to engage in these activities, Business Associate shall comply with the applicable provisions of the HITECH Act and the HIPAA Rules.
- y. Business Associate shall not directly or indirectly receive remuneration in exchange for an Individual's PHI unless it is pursuant to specific written authorization by the Individual or subject to an exception established in the HIPAA Rules.
- z. Without prior written approval from MSDH, Business Associate shall not publicly release any report, article, paper, graph, chart, or other product created, in whole or in part, using data provided or developed under this Agreement.
- aa. Business Associate agrees to utilize reasonable measures (including training) to ensure compliance with the requirements of this Agreement by employees who assist in the performance of functions or activities under this Agreement and Use or Disclose MSDH data, and to discipline such employees who intentionally violate any provisions of this Agreement.

IV. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

- a. General Use and Disclosure Provisions: Subject to the terms of this Agreement, Business Associate may Use or Disclose PHI to perform functions, activities, or services for, or on behalf of, MSDH as specified in the Underlying Agreement(s), provided that such Use or Disclosure would not Violate what is Required by Law or the Privacy Rule if done by MSDH, except for the specific Uses and Disclosures set forth below, for the purpose of performing the Underlying Agreement(s).

b. Specific Use and Disclosure Provisions:

- i. Business Associate may Use PHI, if necessary, for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate under the Underlying Agreement(s) entered into between MSDH and Business Associate.
- ii. Business Associate may Disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that Disclosures are Required by Law and the person to whom the PHI was Disclosed notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- iii. If Business Associate must Disclose PHI pursuant to law or legal process, Business Associate shall notify MSDH by phone and in writing without unreasonable delay and at least five (5) days in advance of any Disclosure so that MSDH may take appropriate steps to address the Disclosure, if needed.
- iv. In the event that Business Associate works for more than one covered entity, Business Associate may Use and Disclose PHI for Data Aggregation purposes, however, only in order to analyze data for permitted health care operations, and only to the extent that such is permitted under the Privacy Rule.
- v. Business Associate may Use and Disclose de-identified health information if (a) the Use is communicated to MSDH and (b) the de-identified health information meets the implementation specifications for de-identification under the Privacy Rule.

V. OBLIGATIONS OF MSDH

- a. MSDH shall provide Business Associate with the Notice of Privacy Practices that MSDH produces in accordance with 45 C.F.R. § 164.520, as well as any changes to such Notice of Privacy Practices, upon request.
- b. MSDH shall notify Business Associate of any limitation(s) in its Notice of Privacy Practices to the extent that such limitation may affect Business Associate's Use or Disclosure of PHI.
- c. MSDH shall notify Business Associate of any changes in, or revocation of, permission by an Individual to Use or Disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.
- d. MSDH shall notify Business Associate of any restriction to the Use or Disclosure of PHI that MSDH has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's Use or Disclosure of PHI.
- e. Permissible Requests by MSDH: MSDH shall not request Business Associate to Use or Disclose PHI in any manner that would not be permissible under the Privacy Rule if done by MSDH, except as provided for in Section (IV) of this Agreement.

VI. TERM AND TERMINATION

- a. Term. For any new Underlying Agreement(s) entered into between MSDH and Business Associate, the effective date of this Agreement is the effective date of the Underlying Agreement(s) entered into between MSDH and Business Associate. For any ongoing Underlying Agreement(s) entered into between MSDH and Business Associate, the effective date of this Agreement is the date first herein written. This Agreement shall terminate when all of the PHI provided by MSDH to Business Associate or created or received by Business Associate on behalf of MSDH, is destroyed or returned to MSDH, or, if it is infeasible to return or destroy PHI, protections are extended to such information in accordance with the termination provisions in this Section. Termination of this Agreement shall automatically terminate the Underlying Agreement(s).
- b. Termination for Cause. Upon MSDH's knowledge of a material Violation by Business Associate, MSDH shall, at its discretion, either:
 - i. provide an opportunity for Business Associate to cure or end the Violation within a time specified by MSDH, after which MSDH may in its discretion terminate this Agreement and the Underlying Agreement(s) if Business Associate does not cure or end the Violation within the time specified by MSDH; or
 - ii. immediately terminate this Agreement and the associated Underlying Agreement(s) if Business Associate has broken a material term of this Agreement and cure is not possible.
- c. Effect of Termination.
 - i. Upon termination of this Agreement and the Underlying Agreement(s) for any reason, Business Associate shall return or destroy all PHI received from or created or received by Business Associate on behalf of, MSDH in accordance with State and Federal retention guidelines. This provision shall also apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
 - ii. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to MSDH notification of the conditions that make return or destruction infeasible. Upon notification in writing that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further Uses and Disclosures to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

VII. MISCELLANEOUS

- a. Statutory and Regulatory References. A reference in this Agreement to a section in HIPAA, its implementing regulations, or other applicable law means the section as in effect or as amended, and for which compliance is required.

- b. Amendments/Changes in Law.
- i. General. Modifications or amendments to this Agreement may be made upon mutual agreement of the Parties, in writing signed by the Parties hereto and approved as required by law. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this Agreement. Such modifications or amendments signed by the Parties shall be attached to and become part of this Agreement.
 - ii. Amendments as a Result of Changes in the Law. The Parties agree to take such action as is necessary to amend this Agreement as is necessary to effectively comply with any subsequent changes or clarifications of statutes, regulations, or rules related to this Agreement. The Parties further agree to take such action as is necessary to comply with the requirements of HIPAA, its implementing regulations, and other applicable law relating to the security and privacy of PHI.
 - iii. Procedure for Implementing Amendments as a Result of Changes in Law. In the event that there are subsequent changes or clarifications of statutes, regulations or rules relating to this Agreement, or the Parties' compliance with the laws referenced in Section (VII)(b) of this Agreement necessitates an amendment, the requesting party shall notify the other party of any actions it reasonably deems are necessary to comply with such changes or to ensure compliance, and the Parties promptly shall take such actions. In the event that there shall be a change in the federal or state laws, rules or regulations, or any interpretation of any such law, rule, regulation, or general instructions which may render any of the material terms of this Agreement unlawful or unenforceable, or materially affects the financial arrangement contained in this Agreement, the Parties may, by providing advanced written notice, propose an amendment to this Agreement addressing such issues.
- c. Survival. The respective rights and obligations of Business Associate provided for in Sections (III)(j) and (VI)(c) of this Agreement shall survive the termination of this Agreement.
- d. Interpretation. Any ambiguity in this Agreement shall be resolved to permit MSDH to comply with HIPAA, its implementing regulations, and other applicable law relating to the security and privacy of PHI.
- e. Indemnification. To the fullest extent allowed by law, Business Associate shall indemnify, defend, save and hold harmless, protect, and exonerate MSDH, its employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including, without limitation, court costs, investigative fees and expenses, and attorney's fees, arising out of or caused by Business Associate and/or its partners, principals, agents, and employees in the performance of or failure to perform this Agreement. In MSDH's sole discretion, Business Associate may be allowed to control the defense of any such claim, suit, etc. In the event Business Associate defends said claim, suit, etc., Business Associate shall utilize legal counsel acceptable to MSDH. Business Associate shall be solely responsible for all costs and/or expenses associated with such defense, and MSDH shall be entitled to participate in said defense. Business Associate shall not settle any claim, suit, etc. without MSDH's concurrence, which MSDH shall not unreasonably withhold.

MSDH's liability, as an entity of the State of Mississippi, is determined and controlled in accordance with Mississippi Code Annotated § 11-46-1 et seq., including all defenses and exceptions contained therein. Nothing in this Agreement shall have the effect of changing or altering the liability or of eliminating any defense available to the State under statute.

- f. Disclaimer. MSDH makes no warranty or representation that compliance by Business Associate with this Agreement, HIPAA, its implementing regulations, or other applicable law will be adequate or satisfactory for Business Associate's own purposes or that any information in Business Associate's possession or control, or transmitted or received by Business Associate, is or will be secure from unauthorized Use or Disclosure. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.
- g. Notices. Any notice from one party to the other under this Agreement shall be in writing and may be either personally delivered, emailed, or sent by registered or certified mail in the United States Postal Service, Return Receipt Requested, postage prepaid, addressed to each party at the addresses which follow or to such other addresses provided for in this Agreement or as the Parties may hereinafter designate in writing:

MSDH: (Covered Entity)

Privacy Officer
Mississippi State Department of Health
570 East Woodrow Wilson
Suite O-150
[REDACTED]
Jackson, MS 39215
[REDACTED]

IT Security Officer
Mississippi State Department of Health
570 East Woodrow Wilson
Suite O-450
[REDACTED]
Jackson, MS 39215
[REDACTED]

Business Associate:

Name of Business: Love Me Unlimited 4 Life
Attn: Evonne Kaho
Title: Chief Executive Officer
Address: [REDACTED]
Phone: [REDACTED]
Email: [REDACTED]

Any such notice shall be deemed to have been given as of the date transmitted.

- h. Severability. It is understood and agreed by the Parties hereto that if any part, term, or provision of this Agreement is by the courts or other judicial body held to be illegal or in conflict with any law of the State of Mississippi or any federal law, the validity of the remaining portions or provisions shall not be affected and the obligations of the parties shall be construed in full force as if this Agreement did not contain that particular part, term, or provision held to be invalid.

- i. Applicable Law. This Agreement shall be construed broadly to implement and comply with the requirements relating to HIPAA and its implementing regulations. All other aspects of this Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws provisions, and any litigation with respect thereto shall be brought in the courts of the State. Business Associate shall comply with applicable federal, state, and local laws, regulations, policies, and procedures as now existing and as may be amended or modified. Where provisions of this Agreement differ from those mandated by such laws and regulations, but are nonetheless permitted by such laws and regulations, the provisions of this Agreement shall control.
- j. Non-Assignment and Subcontracting. Business Associate shall not assign, subcontract, or otherwise transfer this Agreement, in whole or in part, without the prior written consent of MSDH. Any attempted assignment or transfer of its obligations without such consent shall be null and void. No such approval by MSDH of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of MSDH in addition to the total compensation agreed upon in this Agreement. Subcontracts shall be subject to the terms and conditions of this Agreement and to any conditions of approval that MSDH may deem necessary. Subject to the foregoing, this Agreement shall be binding upon the respective successors and assigns of the parties. MSDH may assign its rights and obligations under this Agreement to any successor or affiliated entity.
- k. Entire Agreement. This Agreement contains the entire agreement between the Parties and supersedes all prior discussions, instructions, directions, understandings, negotiations, agreements, and services for like services.
- l. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and their respective successors, heirs, or permitted assigns, any rights, remedies, obligations, or liabilities whatsoever.
- m. Assistance in Litigation or Administrative Proceedings. Business Associate shall make itself and any workforce members, contractors, subcontractors, representatives, agents, affiliates, or subsidiaries assisting Business Associate in the fulfillment of its obligations under this Agreement, available to MSDH, at no cost to MSDH, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against MSDH, its directors, officers, or any other workforce member based upon claimed Violation of HIPAA, its implementing regulations, or other applicable law, except where Business Associate or its workforce members, contractors, subcontractors, representatives, agents, affiliates, or subsidiaries are a named adverse party.

[Signature Page Follows]

Business Associate:

Love Me Unlimited 4 Life

By: Evonne Kaho
(Authorized Signature)

By: _____
(Authorized Signature)

Print Name: Evonne Kaho

Print Name: _____

Title: Chief Executive Officer

Title: _____

Address: [REDACTED]

Address: _____

Phone Number: [REDACTED]

Phone Number: _____

Date: 10-11-2021

Date: _____

Mississippi State Department of Health

DocuSigned by:
By: Dobbs, Dr Thomas
(Authorized Signature)

Print Name: Thomas Dobbs, MD., MPH

Title: State Health Officer

Address: [REDACTED]

Phone Number: [REDACTED]

Date: 11/17/2021 | 2:01 PM CST

Certificate Of Completion

Envelope Id: 9DE92158F3BE4ABD8CCBA5712FD17AEB

Status: Completed

Subject: SG-2112 Love Me Unlimited 4 Life (EHE)

Source Envelope:

Document Pages: 26

Signatures: 3

Envelope Originator:

Certificate Pages: 3

Initials: 0

Rand, Larika

AutoNav: Enabled

Envelope Stamping: Disabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Record Tracking

Status: Original

Holder: Rand, Larika

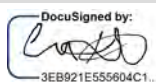
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11/17/2021 8:19:40 AM

Signer Events**Signature****Timestamp**

Evonne Kaho

DocuSigned by:



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Signed: 11/17/2021 12:21:06 PM

Evonne kaho CEO

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Using IP Address: [REDACTED]

Electronic Record and Signature Disclosure:

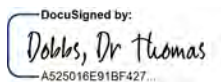
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Company Name: MS State Department of Health

Dobbs, Dr Thomas

DocuSigned by:



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Signed: 11/17/2021 2:01:35 PM

State Health Officer

Mississippi State Department of Health

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style

Using IP Address: [REDACTED]

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**

Bender, Melverta

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Director, Office of STD/HIV

Mississippi State Department of Health

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

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Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	11/17/2021 2:01:26 PM
Signing Complete	Security Checked	11/17/2021 2:01:35 PM
Completed	Security Checked	11/17/2021 2:01:37 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

From time to time, MSDH may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document. At any time, you may request from us a paper copy of any record provided or made available electronically to you. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send paper copies of any such documents from our office to you, you may request delivery of such paper copies from us by sending an email request to MSDHDocuSignAdmin@msdh.ms.gov. If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. You must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically by submitting the requests in writing to: MS State Department of Health DocuSign Administration, 570 East Woodrow Wilson Avenue, Jackson, MS 39216. If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us. Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
SUBGRANT AGREEMENT**

AGREEMENT NUMBER SG-2112-R3

SECTION 1.0 Parties to the Agreement

This agreement is made this the 27th, day of August, 20 22, by and between the Mississippi State Department of Health, hereinafter referred to as MSDH, and, Love Me Unlimited 4 Life, hereinafter referred to as Subgrantee.

SECTION 2.0 Period of Performance

This agreement shall be in effect from August 1, 2022, through July 31, 2023.

SECTION 3.0 Purpose

This agreement is established for the purpose of defining the rights and duties of the parties regarding the Subgrant known as HIV Prevention- Ending the HIV Epidemic.

SECTION 4.0 Responsibilities of MSDH and Subgrantee

4.1 MSDH Responsibilities:

- 4.1.1** MSDH is responsible for the review and approval of invoices and periodic reports.
- 4.1.2** MSDH is responsible for the review of progress reports on the ongoing activities regarding the Subgrant.
- 4.1.3** MSDH is responsible for oversight of work and services provided by Subgrantee.
- 4.1.4** MSDH is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

4.2 Subgrantee Responsibilities:

- 4.2.1** The Subgrantee is responsible for implementing the work and services as set forth in the Scope of Work, hereby incorporated and attached hereto.
- 4.2.2** The costs incurred must be in accordance with the approved Budget, hereby incorporated and attached hereto, and shall not exceed \$ 55,225 unless properly modified and approved. Prior written approval shall be required before deviating from the approved budget.
- 4.2.3** The Subgrantee is responsible for other responsibilities as stated in the corresponding grant, proposals, and any attachments hereto.

SECTION 5.0 Budget and Finance

- 5.1 Subgrant Value.** Absent a modification in the form required by this agreement, the total amount to be paid by MSDH to Subgrantee under the terms of this agreement shall not exceed the amount previously stipulated in Section 4.2.2 of this agreement. All payments made under this agreement shall represent services rendered or actual costs incurred. Subgrantee is responsible for any commitments or expenditures in excess of the amounts authorized by MSDH.
- 5.2 Invoices.** The Subgrantee shall submit invoices, as required and in accordance with the grant associated with this agreement or as instructed by MSDH and attached hereto.
- 5.3 Reimbursement.** The Subgrantee assumes sole responsibility for reimbursement to the granting or funding agency of a sum of money equivalent to the amount of any expenditures disallowed should the granting agency, funding agency, or any other authorized agency rule through an audit exception or some other appropriate means, that expenditures from funds allocated to the Subgrantee for direct and/or indirect costs were not made in compliance with the regulations of the granting or funding agency or the provisions of the agreement.
- 5.4 Record Maintenance.** The Subgrantee agrees to maintain books, records, and documents and other evidence pertaining to all costs and expenses incurred and revenues acquired under this agreement for three (3) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.4.1** The Subgrantee agrees to maintain books, records, and documents and other evidence containing or associated with protected health information (PHI) and pertaining to all costs and expenses incurred and revenues acquired under this agreement for six (6) years from the date of close-out or in accordance with the provisions of the grant associated with this agreement, whichever is longer. The books or account and other records which are applicable shall be available with reasonable notice for inspection, review and audit by MSDH or another authorized government entity to determine proper application and use of all funds paid to the Subgrantee.
- 5.5 Record Inspection and Audit.** MSDH, any sponsor or funding source, the State of Mississippi, and regulatory body of the United States overseeing the grant associated with this agreement, and/or any other authorized representative of any of the foregoing, shall have access to and the right to examine all records, books, papers, or documents which are directly pertinent to, or related to the Subgrant award for the purpose of audit, examination, excerpts, and/or transcripts.
- 5.6 Purchase Equipment.** Equipment should not be purchased unless itemized in the approved budget or in accordance with the grant associated with this agreement. The use

and disposition of any equipment purchased by the Subgrantee shall be in accordance with the grant associated with this agreement.

- 5.7 Compensation.** This is a subgrant agreement using the cost reimbursement method of payment. The invoices submitted by the Subgrantee will state the period for which reimbursement is being requested, and will itemize the cost and budget category per the budget in Attachment B. All deliverables and reports defined in Attachment A: Scope of Work and Attachment B: Budget and Justification are to be submitted to MSDH for the compensation defined herein.

SECTION 6.0 Modification

- 6.1** This agreement may need to be modified, changed, or altered due to changing circumstances. Therefore, it is agreed that MSDH or the Subgrantee may request modification and that this modification will be prepared in writing and presented to the other party for approval or rejection. Work or purchases relating to any items not specifically outlined by this agreement, the Subgrantee's proposal, or the grant associated with this agreement may not be paid for unless both parties agree to and execute a written amendment to this agreement.

SECTION 7.0 Assignment

- 7.1** Obligations under this agreement may not be assigned by the Subgrantee without prior written approval of MSDH, or in accordance with the grant associated with this agreement.

SECTION 8.0 Standard Terms and Conditions

The Subgrantee Certifies and Agrees to the Following:

- 8.1 Authority to Accept Award.** The Subgrantee certifies that it has legal authority to apply for the Subgrant and has the institutional, managerial, and financial capability (including where applicable, funds sufficient or in-kind match to pay the Subgrantee's share of the project cost) to ensure proper planning, management, and completion of the project described in this proposal. The Subgrantee further certifies (a) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind, and (b) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings, either voluntary, or otherwise, which may adversely affect its ability to perform its obligations under this agreement.
- 8.2 Conflict of Interest.** The Subgrantee will establish or maintain safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 8.3 Applicable Laws.** This Subgrant Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflict of law provisions, and any litigation with respect thereto shall be brought in the courts of the state.

- 8.4 Compliance with Laws.** The Subgrantee shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, and any others as required by the grant that is the subject of this agreement, as now exist and as they may be amended or modified.
- 8.4.1 Equal Opportunity.** The Subgrantee understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Subgrantee agrees during the term of the agreement that the Subgrantee will strictly adhere to this policy in its employment practices and provisions of services.
- 8.4.2 Employment Verification.** The Subgrantee will ensure its compliance with the Mississippi Employment Protection Act, §71-11-1, et seq., of the Mississippi Code Annotated, as Amended, and will register and participate in the status verification system for all newly hired employees as required.
- 8.4.3 Federal Law.** Subgrantee will comply with all federal statutes relating to non-discrimination. These include, but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; and the requirements of any non-discrimination statute(s) which may apply to the proposal.
- 8.4.4 Program Specific Law.** The Subgrantee will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this grant or program.
- 8.5 Subgrantee Status.** Subgrantee agrees that no act performed, or representation made, whether oral or written, by the Subgrantee with respect to third parties shall be binding on MSDH. The Subgrantee shall, at no time act as an agent for MSDH. Nothing herein shall be deemed or construed by MSDH, the Subgrantee, or any third party as creating the relationship of principal and agent, partners, joint ventures, or any similar such relationship between MSDH and the Subgrantee.
- 8.6 Representation Regarding Contingent Fees and Gratuities.** Subgrantee represents that it has not offered, given, or agreed to give or accepted a solicitation or demand for gratuity or offer of employment in connection with any decision or preparation regarding the award of this Subgrant, nor has it retained a person to solicit or secure a Subgrant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Subgrantee's bid or proposal.

- 8.7 Public Records Clause.** MSDH has the responsibility to oversee and monitor all phases of this Subgrant Agreement. Therefore, MSDH shall be responsible for responding to any public records requests pursuant to the Mississippi Public Records Act, §25-61-1 et seq., Mississippi Code Annotated. Documents and records associated with this agreement, including but not limited to, this agreement, proposal, communications, payment requests, etc., may be deemed public records. MSDH shall respond to requests addressed to either of the parties herein. The Subgrantee shall notify and provide a copy of any public information request addressed to the Subgrantee within one (1) working day. Upon receipt of said request, MSDH shall respond to the request for public information as required by the Mississippi Public Records Act. No party to this agreement shall be liable to the other party for disclosure of information required by court order or required by law.
- 8.8 Release of Information.** MSDH, as the State management, regulatory, and enforcement agency, shall have the exclusive right to release data and information acquired as a result of this agreement to the press and public. The Subgrantee may release information obtained from this agreement only after obtaining written permission from MSDH.
- 8.9 Return of Reports, Data, Etc.** Upon conclusion of this agreement, MSDH may request the return of any reports, data, and other information related to this agreement. The Subgrantee retains the right to materials used in the performance of the agreement, which were developed by the Subgrantee with non-MSDH funds. The MSDH is granted non-exclusive license to copy the materials for use within the State of Mississippi.
- 8.10 Confidentiality.** Confidential or proprietary information under this agreement shall not be disclosed by either party. The Subgrantee and MSDH agree to treat as confidential and not disclose to any third party without prior written consent from both parties information or data which is identified as confidential under this agreement and/or protected from disclosure under law or agency policy. Notwithstanding the above, the parties acknowledge that the Mississippi Public Records Act governs the disclosure of public records.
- 8.11 HIPAA Compliance.** Subgrantee agrees to comply with the “Administrative Simplification” provisions of the Health Insurance Portability and Accountability Act of 1996, and any amendments thereto, including electronic data interchange, data retention, code sets, identifiers, security, and privacy provisions, as may be applicable to the services under this agreement.
- 8.12 Indemnification.** Subgrantee shall indemnify, defend, save and hold harmless, protect, and exonerate the MSDH, its board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including without limitation, court costs, investigative fees and expenses, and attorney’s fees, arising out of or caused by Subgrantee and/or its partners, principles, agents, employees, and/or subcontractors in performance of or failure to perform this agreement. In the MSDH sole discretion, Subgrantee may be allowed to control the defense of any such claim, suit, etc. In the event Subgrantee defends said claim, suit, etc., Subgrantee shall use legal counsel acceptable to MSDH. Subgrantee shall be solely responsible for all costs and/or expenses associated with such defense. Subgrantee shall not settle any claim,

suit, etc., without the MSDH concurrence which the MSDH shall not unreasonably withhold.

Subgrantee shall not be obligated to indemnify MSDH for liabilities which arise due to the negligence of MSDH or its employees. MSDH's liability, as an entity of the State of Mississippi, shall be determined pursuant to and subject to the limitations of the Mississippi Tort Claims Act, Mississippi Code Annotated § 11-4-1 et seq., including all defenses and exceptions contained therein. Nothing in this agreement shall have the effect of changing or altering the liability or of eliminating any defense available to the MSDH or State under statute.

8.13 Use of MSDH Network and/or IT Equipment. As deemed necessary by MSDH to the performance of this Subgrant Agreement, MSDH agrees to provide hardware, software, and/or devices, as well as access to the MSDH network, to designated authorized personnel of Subgrantee. MSDH agrees to provide IT support related to the use of the MSDH network and/or software, hardware, and/or devices provided by MSDH, unless an exception is granted by the MSDH IT Security Officer.

8.13.1 Adherence to IT Policies. Subgrantee agrees to adhere to all applicable MSDH IT security policies [MSDH utilizes the NIST SP 800-53 rev 4 as its authoritative Policy Framework.] Subgrantee agrees and affirms that any equipment or software issued to the Subgrantee from MSDH remain the property of MSDH. The Subgrantee agrees to obtain approval from MSDH before modifying this hardware or software in any way, shape, or form and to maintain the same using industry standard best practices. The Subgrantee also will adhere to all applicable MSDH IT security and property policies as well as procedures related to the utilization of the MSDH Enterprise network, whether accessed through hardware, software, and/or devices provided by MSDH, the Subgrantee, or another entity. Agency policies are available upon request from MSDH.

8.13.2 IT Training. Subgrantee agrees to ensure that all of its personnel who will have access to MSDH hardware, software, devices and/or the MSDH network will complete all IT security and/or other training required by MSDH before the Subgrantee personnel begin work.

8.13.3 IT Personnel. Subgrantee agrees to only allow designated personnel from MSDH to provide IT support services, as needed, in regards to the Subgrantee's use of hardware, software, and/or devices provided by MSDH or the utilization of the MSDH network.

8.14 Conflict of Interest. Subgrantee represents, to the best of its knowledge and belief, that this contract does not present the Subgrantee with a conflict of interest with respect to any past, current, or potential contract or employment such that the Subgrantee would be unable to perform impartially and without bias. Subgrantee agrees that should this condition change during the period of this contract, Subgrantee shall notify MSDH within 30 days.

8.15 Debarment and Suspension. Subgrantee certifies to the best of its knowledge and belief, that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or

voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi.

SECTION 9.0 Termination and Notice

- 9.1 Right to Terminate.** Either party to this agreement may terminate this agreement by written notice (via U.S. certified mail, return receipt requested) of termination to the other party in accordance with the Notices section of this agreement. Except as provided below, all obligations under this agreement shall cease at the expiration of thirty (30) calendar days from receipt of written notice by the non-terminating party of the notice of termination.
- 9.2 Costs.** Subgrantee shall be paid for costs incurred at the time of termination, if any, and shall deliver to MSDH an invoice for costs incurred. It is expressly understood payment is subject to the "Availability of Funds" as stated in this agreement.
- 9.3 Availability of Funds.** It is expressly understood and agreed that the obligation of MSDH to proceed under this agreement is conditioned upon the availability of funds from the responsible party and/or the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, this agreement between the MSDH and Subgrantee shall be terminated upon notice by MSDH to Subgrantee of the same. Termination of this agreement due to lack of funding will be immediate, following notice of such termination by MSDH to Subgrantee. The effective date of termination shall be as specified on the notice of termination.
- 9.4 Notices.** Notices of termination and any other notices required to be given under this agreement by each party shall be mailed to the following addresses:

For Grantor:

NAME: Jim Craig, MPH
TITLE: Senior Deputy and Director of Health Protection
ADDRESS: [REDACTED]
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

For Subgrantee:

NAME: Evonne Kaho
TITLE: President and Chief Executive Officer
ADDRESS: [REDACTED]
E-MAIL: [REDACTED]
TELEPHONE: [REDACTED]

SECTION 10.0 Enforceability

10.1 THIS AGREEMENT IS NOT FULLY EXECUTED OR LEGALLY BINDING UNTIL SIGNED BY THE MSDH STATE HEALTH OFFICER OR LEGAL DESIGNEE. Any work performed prior to the full execution of this agreement may not be reimbursed.

10.2 This Agreement, including all attachments listed in the Addenda, contains the sole and entire agreement and understanding of the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, this agreement is duly executed.

For the Mississippi State Department of Health:

Daniel Edney, MD

State Health Officer or Designee
Agreement **EXECUTED** with this signature.

5/31/2023 | 10:21 AM CDT

Date

For the Subgrantee:

Evonne kaho

Subgrantee Authorized Signature

5/31/2023 | 9:17 AM CDT

Date

Evonne kaho CEO

Title

ADDENDA

Attachment A: Scope of Work

Attachment B: Budget

Attachment C: Information for Federally Funded Subgrants

Attachment D: BAA



SG-2112
INVOICE

Love Me Unlimited 4 Life

INVOICE #2021-08
DATE: FEB 14 2022
08/01/2021-08/31/2021
AUG! 21

Jackson, MS 39211

Phone [REDACTED]

Email: [REDACTED]

TO **Melverta Bender, MLS, MPH**
Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215
(O) [REDACTED]
(M) [REDACTED]

Customer ID: #MSDH601

CONTACT LIASION
Ms. Melverta Bender

JOB
MSDH Ending The Epidemic:
Community Health Care
Worker

PAYMET TERMS
Due on receipt

DUE DATE
03/31/2021

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs. each)	\$30.00 per hr.	\$6,000.00

SUBTOTAL	\$6,000.00
SALES TAX	0.00
TOTAL	\$6,000.00

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life
[REDACTED]

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 11/17/2022 Fiscal Year 22

[REDACTED] Authorized By: Melverta Bender

Jackson MS,39211 Name of Unit: EHE Prevention

Date	Description	Amount
11/17/2022	August 2021 EHE Prevention Reimbursement Request	\$6,000.00

Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

(Signature)

11/17/2022

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

12/08/2022

(Date)

(Treasury Fund)	(GL Code)

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

Mississippi Department Of Health

Prior Year Claim Certification

I certify that invoice number(s) 2021-08 Is a legitimate prior year claim And the allotment balance Of the prior year budget after reducing it by other similar prior year claims would be sufficient To pay this claim.

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 11/17/2022 Fiscal Year 22

[REDACTED] Authorized By: Melverta Bender

Jackson MS,39211 Name of Unit: EHE Prevention

Date	Description	Amount
11/17/2022	December 2021 EHE Prevention Reimbursement Request	\$2,490.00

Total: \$2,490.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

(Signature)

11/17/2022

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

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Melanie Moore

(Signature)

12/08/2022

(Date)

(Treasury Fund)	(GL Code)

Instructions:

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2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

Mississippi Department Of Health

Prior Year Claim Certification

I certify that invoice number(s) 2021-12 Is a legitimate prior year claim And the allotment balance Of the prior year budget after reducing it by other similar prior year claims would be sufficient To pay this claim.



February '22
INVOICE

Love Me Unlimited 4 Life



INVOICE #2022-02
DATE: FEBRUARY 2022
02/28/2022-02/28/2022

TO **Melverta Bender, MLS, MPH**
Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION
Ms. Melverta Bender

JOB
MSDH Ending The Epidemic:
Community Health Care
Worker

PAYMET TERMS
Due on receipt

DUE DATE
02/2022

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs. each)	\$30.00 per hr.	\$6,000.00

SUBTOTAL	\$6,000.00
SALES TAX	0.00
TOTAL	\$6,000.00

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life



WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life

Date of Voucher: 11/16/2022

Fiscal Year 22

Authorized By: Melverta Bender

Jackson MS, 39211

Name of Unit: EHE Prevention

Date	Description <u>3102089800</u>	Amount
11/16/2022	February 2022 LMU4L Prevention Reimbursement Request	\$6,000.00
	<u>Inv# 2022-02</u>	
	<u>prior year</u>	
	I certify that invoice number <u>2022-02</u> is a legitimate prior year claim and that the allotment balance of the prior year budget after reducing it by other similar prior year claims would be sufficient to pay this claim.	
	<u>1904082204</u>	

Codes was changed per V.Cowins-1301050367-130101030000AD-3000033451 Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier

11/16/2022

(Signature)

(Date)

Cost Center (10)
1301050366

Functional Area (16)
13010103000000AD

Internal Order (10)
3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

12/07/2022

(Signature)

(Date)

(Treasury Fund)
533140000

(GL Code)
67998000

3000033451

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Revised 3-2-20

Form No.13



Love Me Unlimited 4 Life



TO *Melverta Bender, MLS, MPH*
Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

CONTACT LIASION
Ms. Melverta Bender

JOB
MSDH Ending The Epidemic:
Community Health Care
Worker

PAYMET TERMS
Due on receipt

DUE DATE
02/2022

Customer ID: #MSDH601

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs. each)	\$30.00 per hr.	\$6,000.00

SUBTOTAL	\$6,000.00
SALES TAX	0.00
TOTAL	\$6,000.00

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life



WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life

Date of Voucher: 11/16/2022

Fiscal Year 22

Authorized By: Melverta Bender

Jackson MS, 39211

Name of Unit: EHE Prevention

Date	Description <u>3102089800</u>	Amount
11/16/2022	February 2022 LMU4L Prevention Reimbursement Request	\$6,000.00
	<u>Inv# 2022-02</u>	
	<u>prior year</u>	
	I certify that invoice number <u>2022-02</u> is a legitimate prior year claim and that the allotment balance of the prior year budget after reducing it by other similar prior year claims would be sufficient to pay this claim.	
	<u>1904082204</u>	

Codes was changed per V.Cowins-1301050367-130101030000AD-3000033451 Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier

11/16/2022

(Signature)

(Date)

Cost Center (10)
1301050366

Functional Area (16)
13010103000000AD

Internal Order (10)
3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

12/07/2022

(Signature)

(Date)

(Treasury Fund)
533140000

(GL Code)
67998000

3000033451

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Revised 3-2-20

Form No.13



Love Me Unlimited 4 Life



TO **Melverta Bender, MLS, MPH**
Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

CONTACT LIASION
Ms. Melverta Bender

JOB
MSDH Ending The Epidemic:
Community Health Care
Worker

PAYMET TERMS
Due on receipt

DUE DATE
02/2022

Customer ID: #MSDH601

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs. each)	\$30.00 per hr.	\$6,000.00

SUBTOTAL	\$6,000.00
SALES TAX	0.00
TOTAL	\$6,000.00

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life



WE APPRECIATE YOUR BUSINESS COLLABORATION!

MARCH '22

INVOICE

Love Me Unlimited 4 Life

INVOICE #2022-03

DATE: MARCH 31, 2022

03/01/2022-03/31/2022

TO **Melverta Bender, MLS, MPH**
Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION
Ms. Melverta Bender

JOB
MSDH Ending The Epidemic:
Community Health Care
Worker

PAYMET TERMS
Due on receipt

DUE DATE
03/31/2022

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs. each)	\$30.00 per hr.	\$6,000.00
		SUBTOTAL	\$6,000.00
		SALES TAX	0.00
		TOTAL	\$6,000.00

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 11/16/2022 Fiscal Year 22

[REDACTED] Authorized By: Melverta Bender

Jackson MS,39211 Name of Unit: EHE Prevention

Date	Description	Amount
11/16/2022	March 2022 LMU4L Prevention Reimbursement Request	\$6,000.00

Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

(Signature)

11/16/2022

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

12/07/2022

(Date)

(Treasury Fund)	(GL Code)

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 11/16/2022 Fiscal Year 22

[REDACTED] Authorized By: Melverta Bender

Jackson MS,39211 Name of Unit: EHE Prevention

Date	Description	Amount
11/16/2022	March 2022 LMU4L Prevention Reimbursement Request	\$6,000.00

Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

(Signature)

11/16/2022

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

12/07/2022

(Date)

(Treasury Fund)	(GL Code)

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 11/16/2022 Fiscal Year 22

[REDACTED] Authorized By: Melverta Bender

Jackson MS, Jackson Name of Unit: EHE Prevention

Date	Description	Amount
11/16/2022	April 2022 LMU4L Prevention Reimbursement Request	\$6,000.00

Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

(Signature)

11/16/2022

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

12/07/2022

(Date)

(Treasury Fund)	(GL Code)

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 11/16/2022 Fiscal Year 22

[REDACTED] Authorized By: Melverta Bender

Jackson MS,39211 Name of Unit: EHE Prevention

Date	Description	Amount
11/16/2022	May 2022 LMU4L Prevention Reimbursement Request	\$6,000.00

Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

(Signature)

11/16/2022

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

12/07/2022

(Date)

(Treasury Fund)	(GL Code)

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
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White - Finance and Accounts

Yellow - Originator

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life

Date of Voucher: 11/16/2022

Fiscal Year 22

Authorized By: Melverta Bender

Jackson MS, 39211

Name of Unit: EHE Prevention

Date	Description	Amount
11/16/2022	June 2022 LMU4L Prevention Reimbursement Request	\$6,000.00
	Inv# 2022-06	
	prior year	
	I certify that invoice number <u>2022-06</u> is a legitimate prior year claim and that the allotment balance of the prior year budget after reducing it by other similar prior year claims would be sufficient to pay this claim.	
	1904085382	

Total: \$6,000.00

Codes was changed per V. Cowins-1301050367-130101030000AD-3000033451

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

11/16/2022

(Signature)

(Date)

Cost Center (10)

1301050366

Functional Area (16)

13010103000000AD

Internal Order (10)

3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

12/08/2022

(Signature)

(Date)

(Treasury Fund)

533140000

(GL Code)

67998000

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Revised 3-2-20

Form No. 13



INVOICE #2022-06
DATE: JUNE 30, 2022
06/01/2022-06/30/2022

Customer ID: #MSDH601

DUE DATE
06/30/2022

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 11/16/2022 Fiscal Year 22

[REDACTED] Authorized By: Melverta Bender

Jackson MS,39211 Name of Unit: EHE Prevention

Date	Description	Amount
11/16/2022	June 2022 LMU4L Prevention Reimbursement Request	\$6,000.00

Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

(Signature)

11/16/2022

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

12/08/2022

(Date)

(Treasury Fund)	(GL Code)

Instructions:

1. To request payment with order, attach Purchase Request.
2. To request payment of an invoice < \$250, attach invoice.
3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 11/16/2022 Fiscal Year 23

[REDACTED] Authorized By: Melverta Bender

Jackson MS,39211 Name of Unit: EHE Prevention

Date	Description	Amount
11/16/2022	July 2022 LMU4L Prevention Reimbursement Request	\$6,000.00

Total: \$6,000.00

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

martha frazier1

(Signature)

11/16/2022

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

12/08/2022

(Date)

(Treasury Fund)	(GL Code)

Instructions:

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3. To request payment of periodic invoices, attach invoice.
4. Complete upper portion of form and the Certification of Receiving.
5. Send the original with required attachments to the Office of Finance & Accounts.

White - Finance and Accounts

Yellow - Originator

INVOICE

Love Me Unlimited 4 Life

INVOICE #2022-13

DATE: August 31, 2022

08/01/2022-08/31/2022

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	08/31/2022

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
08/31/2022	08/01/2022-08/31/2022 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/03/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2022-14
DATE: September 30, 2022

09/01/2022-09/30/2022

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	09/30/2022

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
09/30/2022	09/01/2022-09/30/2022 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/03/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2022-15
DATE: October 31, 2022

10/01/2022-10/31/2022

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	10/31/2022

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
10/31/2022	10/01/2022-10/31/2022 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/05/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2022-16
DATE: November 30, 2022

11/01/2022-11/30/2022

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	11/30/2022

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
11/30/2022	11/01/2022-11/30/2022 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/05/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2022-17

DATE: December 31, 2022

12/01/2022-12/31/2022

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	12/31/2022

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
12/31/2022	12/01/2022-12/31/2022 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/05/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2023-1

DATE: January 31, 2023

01/01/2023-1/31/2023

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	01/31/2023

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

Authorized By: jennifer fulcher

Jackson MS,39211

Name of Unit: Prevention Services

Date	Description	Amount
01/31/2023	01/01/2023-1/31/2023 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/03/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2023-2

DATE: February 28, 2023

02/01/2023-02/28/2023

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	02/28/2023

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
	SUBTOTAL		\$4,602.08
	SALES TAX		0.00
	TOTAL		\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
02/28/2023	02/01/2023-02/28/2023 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/03/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD 3000030633 \$4,602.08
Additional Signatures/Split Amt: 1301050367 13010103000000AD 3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2023-3

DATE: March 31, 2023

03/01/2023-03/31/2023

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	03/31/2023

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
03/31/2023	03/01/2023-03/31/2023 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/03/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2023-4

DATE: April 30, 2023

04/01/2023-04/30/2023

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	04/30/2023

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

Authorized By: jennifer fulcher

Jackson MS,39211

Name of Unit: Prevention Services

Date	Description	Amount
04/30/2023	04/01/2023-04/30/2023 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/03/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2023-5

DATE: May 31, 2023

05/01/2023-05/31/2023

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	05/31/2023

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 06/13/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
05/31/2023	05/01/2023-05/31/2023 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

06/13/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050367	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/03/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050367 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus

INVOICE

Love Me Unlimited 4 Life

INVOICE #2023-6

DATE: June 30, 2023

06/01/2023-06/30/2023

TO Director, Office of STD/HIV
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215

Customer ID: #MSDH601

CONTACT LIASION	JOB	PAYMET TERMS	DUE DATE
	MSDH Ending The Epidemic: Community Health Care Worker	Due on receipt	06/30/2023

QTY	DESCRIPTION	PRICE	LINE TOTAL
2 CHCW	Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08	\$4,602.08
		SUBTOTAL	\$4,602.08
		SALES TAX	0.00
		TOTAL	\$4,602.08

Please remit all payments to:
Evonne Kaho
Love Me Unlimited 4 Life

WE APPRECIATE YOUR BUSINESS COLLABORATION!

Payment Request

Mississippi State Department of Health

P. O. Box 1700

Jackson, Mississippi 39215-1700

Payee: Love Me Unlimited 4 Life Date of Voucher: 07/06/2023 Fiscal Year 2023

[REDACTED] Authorized By: jennifer fulcher

Jackson MS,39211 Name of Unit: Prevention Services

Date	Description	Amount
06/30/2023	06/01/2023-6/30/2023 <input type="checkbox"/> Personnel 25 hrs/a week, per employee x 4 weeks (100 hrs.)	\$4,602.08

Total: \$4,602.08

Certification of Receiving

The above described materials and/or services have been received and/or performed; are satisfactory and up to specifications; and the amount indicated is hereby recommended for payment:

For grantor payments: I hereby certify that the above payment has been verified and is due, correct, and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirements governing this payment. All agency required supporting documentation associated with this request is maintained at the agency.

jimekia jackson

(Signature)

07/06/2023

(Date)

Cost Center (10)	Functional Area (16)	Internal Order (10)
1301050366	13010103000000AD	3000030633

Accounting Office Approval

The above named person or vendor is entitled to payment for the above described materials and/or services:

Melanie Moore

(Signature)

07/17/2023

(Date)

(Treasury Fund)	(GL Code)

Split Amount: 1301050366 13010103000000AD
Additional Signatures/Split Amt: 1301050367 13010103000000AD

3000030633 \$4,602.08
3000030633 \$0.00

Sara Ragus