IROQUOIS HEALTHCARE ASSOCIATION, INC. and MOTHER CABRINI HEALTH FOUNDATION

GRANT SUB-RECIPIENT AGREEMENT

- The Iroquois Healthcare Association, Inc. (IHA) Preparedness for COVID-19 Surge in Upstate NY Grant allows an IHA Member Hospital (“Member”) to receive Sub-award funding solely for the COVID-19 purposes listed below (“Activities”):
  - Procure supplies and equipment related to COVID-19;
  - Train staff on emergency preparedness plans for the COVID-19 crisis;
  - Conduct COVID-19 testing for patients;
  - Costs related to frontline staff’s food, accommodations and transportation related to COVID-19.

- The Member shall comply with the applicable terms and conditions of the Mother Cabrini Health Foundation Award to IHA.

- A Member shall enter into this agreement with IHA that outlines the terms and conditions of the Sub-award.

- The Member shall provide IHA with a Primary Contact (name, title, phone number and email) for all communications. Sub Recipient shall notify IHA as soon as practical if the Primary Contact changes.

- A Member shall submit receipts and documentation to IHA for Activities that have occurred since the beginning of the grant period of April 15, 2020. The documentation submitted by the Member shall include a detailed description of the Activities completed during that time period. IHA will review the Member’s documentation upon receipt to ensure that any Sub-award made is consistent with the eligible Activities of the grant. Members receiving a Sub-award will also be considered a Sub-Recipient (“Sub-Recipient”). IHA may seek to recoup a Sub-award, or portion thereof, if IHA subsequently determines that the documentation submitted by a Sub-Recipient was inappropriate to the Activities of the grant.

- Sub-Recipients shall maintain accounts and records adequate to identify and account for all costs expended and funds received and all other records that IHA shall request the Sub-Recipient to maintain from time to time. These accounts and records shall be retained for three (3) years after (i) expiration or termination of this Agreement; or (ii) final payment of the funds under this Agreement, whichever is later, and during such period the Sub-Recipient agrees to provide IHA with access to and the right to examine any books and records involving transactions related to the use of funds dispersed pursuant to this Agreement. The Sub-Recipient further agrees that all such accounts and records shall be kept in an orderly and readily identifiable fashion.
IROQUOIS HEALTHCARE ASSOCIATION, INC. and MOTHER CABRINI HEALTH FOUNDATION

GRANT SUB-RECIPIENT AGREEMENT

Hospital Name: __________________________________________________________

Primary Contact Name: __________________________________________________

Primary Contact Title: __________________________________________________

Phone Number: ______________________________

Email: ________________________________________________________________

Signature: _____________________________________________________________

Date: _____________________________