



New Orleans Office	DC Office
1515 Poydras St. Suite 1490	1301 Connecticut Ave. NW Suite 200
New Orleans, LA 70112	Washington, DC 20036
Direct: 504.301.9826	Direct: 202.304.1560
Fax: 504.301.9820	Fax: 504.301.9820
nnphi.org	

Transmitted to El Dorado County Health and Human Services Agency via email to Zhana McCullough, zhana.mccullough@edcgov.us

Re: Memorandum of Agreement No. 614 – COPPHI: Kaizen Event Program

Dear Ms. McCullough:

Congratulations on El Dorado County Health and Human Services Agency's selection for participation in the COPPHI: Kaizen Event Program. This memorandum of agreement (MOA) details the terms of your health department's participation and the resources that the National Network of Public Health Institutes (NNPHI) will provide to your organization.

For participation in the program term, which shall commence on November 1, 2013 and extend through July 31, 2014, your health department shall receive the following support from NNPHI:

- Reimbursement for travel, lodging, and per diem for one person designated as your organization's "QI Leader" to attend three in-person sessions. All reimbursements shall be made in a manner consistent with NNPHI's Travel Policy, which shall be provided to your health department upon execution of this MOA.
- Direct support from a designated QI Coach with expertise in foundational and advanced QI methods including Kaizen, conducting Kaizen events and coaching others. The support shall include:
 - 48 hours of QI foundational and kaizen event training for the designated QI Leader
 - Regular QI coaching that covers kaizen event preparation, installation of the results, reporting and change management
 - Onsite QI coaching support to co-lead a kaizen event at the health department (5 consecutive days) with the QI Leader
- Materials supplied by NNPHI's contractor, Continual Impact, LLC, including:
 - Kaizen event support materials (e.g., wall charts, post its markers, flash drive with kaizen materials)
 - Support for meals for the event team during the kaizen event
- Participation in a learning community with the QI Leaders from the other participating organizations including a web-based site for shared project materials, information and questions, and regular community calls and individual support.
- Opportunity to present at the NNPHI Open Forum for Quality Improvement in Public Health.

If you find the foregoing acceptable, please have your organization's authorized signatory complete, sign and return the second page of this letter to Aaron Zubler, Senior Contracts and Operations Manager via email at azubler@nnphi.org.

We are pleased to partner with you and look forward to our continued partnership.

Sincerely,


A handwritten signature in black ink, appearing to read 'Sarah Gillen'.

Sarah Gillen, MPH
Vice President
National Network of Public Health Institutes



New Orleans Office	DC Office
1515 Poydras St. Suite 1490	1301 Connecticut Ave. NW Suite 200
New Orleans, LA 70112	Washington, DC 20036
Direct: 504.301.9826	Direct: 202.304.1560
Fax: 504.301.9820	Fax: 504.301.9820
nphi.org	

I, Ron Briggs, Chair of the El Dorado County BOS, as El Dorado County Health and Human Services Agency's authorized representative, agree to the terms and conditions outlined in this letter as evidenced by my signature below.

Signature  Date 11/12/13

All communications regarding this Memorandum of Agreement (MOA), including any compensation, shall be sent to:

Organization Name/Individual Name: County of El Dorado, Health and Human Services Agency

Mailing Address: Attn: Fiscal, 3057 Briw Road, Suite B, Placerville, CA 95667

Phone: (530) 642-7154

Main Contact Email: olivia.byron-cooper@edcgov.us Tax ID/ SSN: 94-6000511

Communications for this MOA should be directed to (if different than address for compensation):

Organization Name/Individual Name: County of El Dorado, Health and Human Services Agency

Mailing Address: Attn: Contracts Unit, 3057 Briw Road, Suite A, Placerville, CA 95667

Phone: (530) 642-7154

Contact Email: olivia.byron-cooper@edcgov.us

ATTEST: James S. Mitrinin
Clerk of the Board of Supervisors

By 
Marcie MacFarland, Deputy Clerk

NNPHI Expense Report

1. Read this first

- Got Questions? Consult the Travel Policy for detailed information. Travel Policy can be accessed by clicking here or clicking on the blue Travel Policy tab below for additional guidance.
- Type your responses into this form - do not write them in by hand. Handwritten forms will not be accepted.
- If you are seeking reimbursement for multiple trips, fill out an expense report for each trip.

Traveler information

Name	
Phone	
Email	

Contact person (if person filling out form is not traveler)

Name	
Phone	
Email	

Person or organization check should be payable to

Name	
Street address	
City, state, zip	

Reason for travel

Conference name	
City	

Travel time

Departure	Date (MM/DD/YY)	
	Time	
Return	Date (MM/DD/YY)	
	Time	

Personal car mileage you want to claim

Starting address	Street address	
	City, state, zip	
Ending address	Street address	
	City, state, zip	
Total miles claimed		

2. Expense table instructions

- In the "Description" or "Reimbursable meals for each day" columns, select a cell by clicking on it and use the drop down menu.
- In the "Mileage cost" column, cost will be calculated automatically using "Total miles claimed" cell above and the rate of \$0.51/mile.
- You will need to include receipts for all expenses, except mileage, meals, and tips. Expenses indicated with an * requires a receipt.
- Meals paid as part of a conference registration fee or provided by NNPHI or another meeting sponsor are not reimbursable.
- Meals are reimbursed based on the Per Diem rates in the Travel Policy. Click here for rates.
- Meals that fall outside of the travel schedule in the Travel Policy are not reimbursable. Click here for the schedule.

Per Diem Rate (Select cell and use the dropdown menu. Click on Travel Policy to determine your tier)

Expense table

Date (MM/DD/YY)	Description (Select cell and use the dropdown menu.)	Mileage cost (Cost will be calculated automatically at \$0.51/mile.)	Air/Rail Fare*	Hotel*	Taxi/ Shuttle & Parking*	Reimbursable meals for each day (Select cell and use dropdown menu. Based on travel schedule - see Travel Policy).	Reimbursable meal cost for each day (Based on Per Diem rates - see Travel Policy)	Misc.* (Explain in "Comments" section below.)	Row total
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
Column total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
								Total expense claimed	\$ -

Comments:

3. Submission instructions

- Make sure that all yellow fields on this form are filled in.
- Make sure to include your signature or e-signature before submitting this form
- Include receipts for all expenses, except mileage, meals, and tips.
- Submit by email (mjones@nnphi.org), fax (504-301-9820), or mail (NNPHI, 1515 Poydras, Suite 1490, New Orleans, LA 70112).
- Click here to provide feedback on this form and the travel reimbursement process.

For office use only

Program Code	Cost Code	Amount

SIGN HERE → **Traveler signature (You may type your name if you are submitting it electronically.)**

Traveler Signature	Date (MM/DD/YY)
--------------------	-----------------

Approval

Staff Approval	Date (MM/DD/YY)
----------------	-----------------

[Click here to return to Expense Form.](#)

CLAIMS FOR REIMBURSEMENT

All claims for reimbursement for travel must be logged and submitted on the NNPHI Expense Report form and submitted within **30 business days** following the end date of the trip. Unless otherwise specified, the traveler will pay all expenses incurred on any official trip up front. The traveler will log expenses on the NNPHI expense report provided. *Receipts for all travel expenses must be attached to the report in order for the traveler to receive reimbursement in full.*

SUBMISSION OF CLAIMS: Please submit reimbursement requests to the NNPHI Program Office via:

SCAN AND EMAIL

(Preferred Method)

Subject Line: NNPHI TRAVEL to
mjones@nnphi.org

By Fax or Mail:

ATTN: NNPHI TRAVEL
1515 Poydras Street, Suite 1490
New Orleans, LA 70112
Fax: (504) 301-9820

Important Note: *If your request is received after the grant covering your travel has closed—NNPHI will be unable to render payment for the request.* If traveler is seeking reimbursement for multiple trip, we ask that traveler fills out an expense report for each trip.

COST EFFECTIVE TRANSPORTATION:

The traveler will be responsible for selecting the most cost-effective and timely method of transportation for their travel on behalf of NNPHI.

METHODS OF TRANSPORTATION:

AIR and RAIL TRAVEL:

NNPHI will cover economy/coach class air/rail fares, as well as standard baggage check fees for one bag per one way trip. If the traveler's air/rail fare will cost more than \$600.00 roundtrip, please notify the NNPHI Program Office for pre-approval before fare is purchased. A receipt from the airline/rail line reflecting the roundtrip cost, all applicable taxes and fees must be submitted in order for the traveler to be reimbursed for the fare. Lost air/rail line tickets and boarding passes will be the responsibility of the person to whom the ticket was issued. The air/rail line charge for searching and refunding lost tickets will be charged to the traveler. The traveler must pay the difference between the prepaid amount and the amount refunded by the air/rail lines. Internet access on flights is not an allowable expense. NNPHI will not reimburse charges for change fees and/or fare changes unless pre-Approved by NNPHI's Program Office.

Important Notes: *If a flight/rail delay or cancellation results in a missed connection and the traveler is forced to stay overnight, the traveler must choose a hotel close to the airport/rail station with a cost-effective rate. The traveler must maintain all documentation for these circumstances and notify the NNPHI Program Office as soon as possible. In emergency situations, if it is determined that the traveler cannot use already purchased air/rail fare for NNPHI related travel, the traveler must contact the NNPHI Program Office as soon as possible.*

PERSONAL MOTOR VEHICLE:

The traveler shall be required to pay all operating expenses of the vehicle including fuel, repairs, and insurance.

Mileage: NNPHI will reimburse the traveler **\$0.51** cents per mile. *A record of miles travelled, including beginning and ending address must be recorded on the NNPHI Expense Report. Airport/Rail Station parking and Hotel valet parking expenses are allowable with receipts.*

Important Note: *No vehicle may be operated in violation of state or local laws. No traveler may operate a vehicle without having in his/her possession a valid driver's license. The driver and passengers of the vehicle shall use safety restraints at all times. All accidents, major and minor must be reported first to the local police department or appropriate law enforcement agency. Additionally, the accident should be reported to the NNPHI Program Office as soon as possible.*

AUTO RENTAL:

If renting a car appears to be the most cost-effective and convenient mode of transportation, the traveler must contact the NNPHI Program Office for approval before a reservation is secured. NNPHI will not cover auto rental unless it has been pre-Approved. The cost of tolls and gasoline will be reimbursed based on receipts retained by the traveler.

GROUND TRANSPORTATION:

The cost of ground transportation such as bus, subway, airport limo, shuttle, and taxi is reimbursable when the expense incurred relates to pre-Approved NNPHI travel. Receipts are required for all transportation related expenses to the trip.

CLAIMS FOR MEALS (PER DIEM)

Per diem will be paid for meals- no meal receipts required. Meals paid for as part of a conference registration fee or provided by NNPHI, hotel service (i.e., continental breakfast) or another meeting sponsor are not allowable for reimbursement. Reimbursement for alcohol is not an allowable expense. Please refer to the tables below for per diem rates according to city traveler is traveling to and when meals will be reimbursed.

[Click here to return to Expense Form.](#)

THE COST OF MEALS PER DIEM WILL BE BASED ON THE FOLLOWING TIERS:

	Breakfast	Lunch	Dinner	Daily Total	Cities
Tier A	10	15	29	54	All cities with the exception of the cities listed in Tier B and Tier C.
Tier B	12	17	31	60	Atlanta, GA; Austin, TX; Cleveland, OH; Dallas/Ft. Worth, TX; Denver, CO; Detroit, MI; Ft. Lauderdale, FL; Galveston, TX; Hartford, CT; Houston, TX; Kansas City, MO; Las Vegas, NV; Los Angeles, CA; Miami, FL; Minneapolis/St. Paul, MN; Nashville, TN; Oakland, CA; Orlando, FL; Philadelphia, PA; Phoenix, AZ; Pittsburgh, PA; Portland, ME/OR; Sacramento, CA; San Antonio, TX; San Diego, CA; St. Louis, MO; Tampa, FL; Wilmington, DE; all of AK & HI; Puerto Rico; Virgin Islands; American Samoa; Guam
Tier C	13	19	33	65	Alexandria, VA; Arlington, VA; Baltimore, MD; Boston, MA; Chicago, IL; New York, NY; San Francisco, CA; Washington DC and International cities

MEALS WILL BE REIMBURSED IN ACCORDANCE WITH THE SCHEDULE BELOW

Breakfast	When travel begins at/or before 6 a.m. on the first day of travel or extends beyond 9 a.m. on the last day of travel, and for any intervening days.
Lunch	When travel begins at/or before 10 a.m. on the first day of travel, or extends beyond 2:00p.m. on the last day of travel, and for any intervening days.
Dinner	When travel begins at/or before 4p.m. on the first day of travel or extends beyond 8:00 p.m. on the last day of travel and for any intervening days.

LODGING

NNPHI will reimburse the traveler for room and tax charges only. The traveler will be responsible for all other incidentals, including but not limited to: internet, phone, movie, and room service charges that exceed the given per diem rate for meals. Participants are responsible to pay their lodging expenses at the time of departure from the hotel. *The final billing statement from the hotel must be submitted for the traveler to receive reimbursement.*

GRATUITIES

Ground Transportation: Gratuities are reimbursable up to 20% of the total fare.

Valet: Tips for valet parking should not exceed \$1.00 per in and \$1.00 per out, per day, per location. Concierge fees and Valet parking at airports are not reimbursable expenses.

Baggage: Allowance for hotel and airport/rail staff is not to exceed \$1.00 per bag for a maximum of three bags. Tips may be paid one time upon each hotel check-in and one time upon each hotel check-out. For baggage assistance at the airport, tips may be paid one time upon arrival and one time upon departure.

RECEIPT TRACKER

Expense	Receipt	
	Yes	No
Major Transportation (airfare, rail fare, etc.)	X	
Standard Baggage Check Fees (one bag per one way trip)	X	
Lodging	X	
Parking	X	
Ground Transportation (buses, subways, airport limos, shuttles, taxis, etc.)	X	
Mileage, Meals (per diem), Tips		X