

IROQUOIS HEALTHCARE ASSOCIATION, INC. and MOTHER CABRINI HEALTH FOUNDATION
GRANT SUB-RECIPIENT AGREEMENT

- The Iroquois Healthcare Association, Inc. **(IHA) Mother Cabrini Scholarship Program** allows an IHA Member Hospital (“Member”) to receive Sub-award funding solely for the purposes listed below (“Activities”):
 - Funding the educational expenses of existing employees, who are either low income and/or have a diverse and/or underrepresented ethnicity and/or who have other extenuating circumstances, in one of the following programs
 - RN
 - LPN
 - Medical Technician
 - Surgical Technician
 - Respiratory Therapist
- 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 documentation to IHA for activities that have occurred from January 1, 2023 through August 31, 2023.** The period of the grant is January 1, 2023 through December 31, 2023. The documentation submitted by the Member shall include a detailed description of the award recipients including a demographic profile and use of funding/selected program 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. You can preview what information the Demographic Profile document asks for through the link below;

<https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:92ecbd6e-4bf9-3cde-9d85-ae3f68b39cb0>

Sub-Recipients shall maintain accounts and records adequate to identify and account for all 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.

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- If a member does not submit the required materials (demographic profile or other documentation asked of them) or reply to the IHA scholarship coordinator in a timely and consistent way, **IHA reserves the ability to revoke the awarded funds and has the discretion to determine if the member should receive scholarship funds in the future.**

Hospital Name: _____

Primary Contact Name: _____

Primary Contact Title: _____

Primary Phone Number: _____

Primary Email: _____

CEO Name: _____

CEO Signature: _____

Date: _____