



**Department of Health
& Human Services**

SUBRECIPIENT AGREEMENT

251694119
DHHS Log Number

262704119
State Agreement ID

1. AGREEMENT NAME: Utah Medicaid Section 206 CAA Planning Grant - Weber County.
2. PARTIES: Utah Department of Health and Human Services ("**DHHS**") and WEBER CO SHERIFFS OFFICE OGDEN ("**SUBRECIPIENT**")

PAYMENT ADDRESS

WEBER CO SHERIFFS OFFICE OGDEN
1400 SOUTH DEPOT DR
Ogden, UT 84404

MAILING ADDRESS

WEBER CO SHERIFFS OFFICE OGDEN
1400 SOUTH DEPOT DR
Ogden, UT 84404

Vendor ID: 19962JB

Commodity Code: 99999

3. PURPOSE OF AGREEMENT: The purpose of this agreement is to establish mandatory obligations and a monitoring framework for the Section 206 Consolidated Appropriations Act Planning Grant Funds, awarded by the Centers for Medicare and Medicaid Services to DHHS to develop operational capabilities to promote continuity of care for individuals who are inmates of a public institution and are eligible for medical assistance under the state Medicaid program or are eligible for child health assistance or pregnancy-related assistance under the state CHIP.
4. AGREEMENT PERIOD: Effective Date: 07/01/2026 Termination Date: 06/30/2027
5. AGREEMENT AMOUNT: DHHS agrees to pay a maximum of \$353,050.00.
6. AGREEMENT INQUIRIES: Inquiries regarding this agreement must be directed to the following individuals:

CONTACT:

Laura Andelin
(801) 399-8196
landelin@webercountyutah.gov

DHHS CONTACT:

Nolan Bell
(385) 524-6782
nbell@utah.gov

7. SUBRECIPIENT INFORMATION:

UEI: ULK2ZB2TG6X7

Indirect Cost Rate: 15.00 %

Federal Funds

Funding Amount	Award Number	Assistance Listing Number	Assistance Listing Title	Federal Program Name	Federal Awarding Agency	Federal Award Identification Number	Federal Award Date
\$353,050.00	2T2CMS331983-01-02	93.694	Section 206: State Grants to Promote Continuity of Care Following Incarceration	Section 206: State Grants to Promote Continuity of Care Following Incarceration	Centers for Medicare & Medicaid Services	2T2CMS331983	01/13/2025

8. ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT:

Attachment A: Utah Department of Health and Human Services Subrecipient Terms and Conditions

Attachment B: Scope of Work

Attachment C: RFGA Proposal

Attachment D: Budget Narrative for Proposal

Intentionally Left Blank

**Contract with Utah Department of Health & Human Services and WEBER CO SHERIFFS OFFICE
OGDEN, Log # 251694119**

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

Signature

Signed by: _____

Gage Froerer
Commissioner

Date Signed: _____