



PURCHASE OF SERVICE AGREEMENT
NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 53372 (2-2011)

North Dakota Department of Health
 600 East Boulevard Avenue—Dept 301
 Bismarck, ND 58505-0200

PSA Number PF13.012	CFDA Number 93.994	Contract Period From: 7/1/2013	Through: 6/30/2014
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This contract is not effective and expenditures related to this contract should not be incurred until all parties have signed this document.

Title of Project/Program State Hygienic Lab – Newborn Screening		Health Department Grant Code 4541 HLH3133 03, \$12,244; 4541 HL12864, \$51,160			
Contractor Name The University of Iowa		Program Director Becky Bailey, ND Newborn Screening			
Address 2490 Crosspark Rd		Address 600 E. Boulevard Ave, Dept. 301			
City Coralville	State IA	ZIP Code 52241-4721	City Bismarck	State ND	ZIP Code 58505-0200
Contact Name Trisha Kreman		Telephone Number 319.335.4385	Contact Name Becky Bailey		Telephone Number 701.328.4526
Financial Information		Dept of Health Cost Share	Contractor Cost Share	Total Project/Program Costs	
Amount of Financial Assistance		\$63,404	\$0	\$63,404	
Previous Funds Awarded		\$0	\$0	\$0	
Total Funds Awarded to Date		\$63,404	\$0	\$63,404	

Scope of Service:

Contractor will provide courier services for specimen transport from facility to lab. Contractor will conduct timely and accurate newborn screening testing and analysis of initial and repeat dried blood spot specimens in CLIA certified lab. Contractor will work with the University of Iowa - Department of Pediatrics to coordinate timely short-term follow-up for all screen positive cases until confirmatory work is completed and medical consultant has determined the outcome of the case. Contractor will work with the University of Iowa - Department of Pediatrics to provide data reports related to the services listed above as requested by the ND Newborn Screening Program.

Reporting Requirements:

A semi-annual progress report noting the status of the Scope of Services for the period July 1, 2013 through December 31, 2013 must be received by January 15, 2014. The final semi-annual progress report noting the status of the Scope of Services for the period January 1, 2014 through June 30, 2014 must be received by July 15, 2014. Invoices must be submitted on a monthly basis. The invoice for the period ending June 30, 2014 must be received by July 15, 2014. Reimbursement will be processed upon Department approval of services as noted in the Scope of Services, invoices and semi-annual reports.

Special Conditions:

Expenditures will be allowed beginning July 1, 2013 even if prior to date of last signature.

This Purchase of Service Agreement is subject to the terms and conditions incorporated either directly or by reference in the following: (1) Requirements Addendum for Purchase of Service Agreements issued by North Dakota Department of Health as signed by Contractor for the period July 1, 2013 to June 30, 2015 [Accounting Use Only Requirements Received] (2) applicable Federal and State regulations.

Evidence of Contractor's Acceptance		Evidence of Departmental Acceptance	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative Jennifer Lassner, Executive Director, Division of Sponsored Programs		Typed Name and Title of Authorized Representative Kim Mertz, Director, Division of Family Health	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		Typed Name and Title of Authorized Representative Arvy Smith, Deputy State Health Officer	

Contractor: Attachments if referenced in the scope of service must be returned with the signed contract. If you did not receive attachments as indicated in the scope of service, please contact the Program Director identified above.