

<b>Louisville Metro Government</b> Economic Development 444 S. Fifth St. Louisville, Kentucky 40202	<h2 style="margin: 0;">Subaward Grant Agreement</h2>
<b>Recipient Name and Address</b> Louisville Healthcare CEO Council 201 E. Jefferson St., Suite 214 Louisville, Kentucky 40202	Subaward Date: January 1, 2023 Subaward Number: CSLFRF-ECD-FY23-003 Grantee EIN: 82-3835653 Grantee UEI: UZENAMJQD5M6 Project Title: Healthcare Workforce Innovation Coalition – Center for Healthcare Workforce Innovation (CHeWI)
<b>LMG Agency Director and Contact Person</b> Benjamin Moore <a href="mailto:Benjamin.Moore@louisvilleky.gov">Benjamin.Moore@louisvilleky.gov</a> 502-574-1379	Assistance Listing (AL) Number: 21.027 AL Name: Coronavirus State and Local Fiscal Recovery Funds Project Period: 01/01/23-09/30/2026 Budget Period: 01/01/23-09/30/26 Closeout Date: 11/30/2026
	Amount of This Award: \$19,401,015.60 Amount Previously Awarded for Project in This FY: 0 Total Award Amount to Date: \$19,401,015.60 Amount Funded through Federal Funds: \$19,401,015.60 Federal Award Date: 5/21/21
	Federal Award Number: n/a Federal Award Indirect Rate: 0.00%
	Subaward Indirect Rate: 10% Amount of R&D Funding: \$0 ARP Project Number: ARP-0067-ECD Treasury Expenditure Category: 2.10 Assistance to Unemployed or Underemployed Workers

**THIS AGREEMENT** made and entered into by and between the **LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT, acting by and through the Department of Economic Development** (hereinafter referred to as "Metro Government"), and **Louisville Healthcare CEO Council, 201 E. Jefferson St., Suite 214, Louisville, KY 40202, UEI UZENAMJQD5M6** (hereinafter referred to as "Grantee"):

**WITNESSETH:**

**WHEREAS**, Metro Government is the recipient of federal Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) from the **U.S. Department of the Treasury** in order to provide services known as the Healthcare Workforce Innovation Coalition - CHeWI (hereafter the "Project")

**WHEREAS**, Metro Government is in need of assistance to prepare for, prevent and respond to the coronavirus public health emergency, and Grantee is willing and able to provide Metro Government with the needed services and to carry out the activities outlined in the attached Work Program and Budget; and

**WHEREAS**, Metro Government recognizes the importance of this project for meeting the needs of its citizens;

**NOW, THEREFORE**, it is mutually agreed by and between the Parties hereto as follows:

**I. DURATION OF AGREEMENT:**

- A. This Agreement shall become effective as of the January 1, 2023, and shall terminate with an end date of September 30, 2026 and a closeout date of November 30, 2026.
- B. This Agreement may be terminated at any time by submitting fifteen (15) days' written notice to the non-terminating party of such intent to terminate.  
Grantee acknowledges that the negotiations for this Project are the subject of an ongoing ethics review, and that Metro Government has the sole discretion to terminate, modify and/or hold this Agreement in abeyance as a result of this review.
- C. Grantee acknowledges Metro Government has the sole discretion to terminate this Agreement if Metro, in its review of progress reports or other relevant information, determines the Project is no longer viable, that the program outcomes are no longer needed or deemed effective, or there has been a material change to the needs of the community or targeted populations/locations. Notwithstanding Metro Government's ability to terminate this Agreement, it will remain liable under Section II to make disbursements to the Grantee for eligible expenditures which have been received and approved by Metro Government prior to the Agreement's termination date.
- D. **The U.S. Treasury Department's deadline for obligating CSLFRF funds is December 31, 2024. Grantee must obligate all funds within the grant's period of performance, or no later than December 31, 2024, for grants with a period of performance ending after that date. Obligation means all contracts and subawards must be signed and issued, all purchase orders must be placed, all other purchases must be completed, and all staff work must be completed by the obligation deadline. If applicable, Grantee's subrecipients must also obligate all funds by December 31, 2024. Metro Government will not reimburse Grantee for costs obligated after December 31, 2024, including any staff time worked after that date.**

## II. PAYMENTS:

- A. Metro Government shall make disbursements to the Grantee with Metro Government funds ("Grant Funds"). These disbursements will occur upon approval of invoiced program expenditures, including the supporting documents detailed in Section III.C. All approved expenses are reimbursed in congruence with federal funding source guidelines, which are found in Title 2 CFR 200.305. The total amount of such compensation payable under this Agreement shall not exceed the sum of \$19,401,015.60 as set forth in **Ordinance No. 182, Series 2022**, and shall cover expenditures as specified in the Work Program of the Grantee. Such disbursements shall be made in accordance with procedures established by Metro Government.

## III. GRANTEE'S SERVICES AND RESPONSIBILITIES

- A. Grantee agrees to provide service under the terms of this Agreement and to implement and administer this operating program, Healthcare Workforce Innovation Coalition, in accordance with the Work Program and Budget attached hereto as Exhibit A and incorporated herein by reference (hereafter the "Work Program").

Occasionally there are variances between the estimated budget and the actual expenditures. For this reason, the Grantee may move funds within approved budget line items if the amount of the line item which is moved does not exceed 10% or the sum of \$50,000, whichever is less. The Grantee must submit a written budget revision for any variances exceeding 10% or \$50,000.00 of the approved line items. Regardless of the variance amount, the total amount of funding must remain unchanged, and all new costs must be within the scope of the approved project. Budget revisions that include new line items or costs outside of the approved project scope will require a formal amendment to this agreement.

- B. Grantee agrees to maintain all records related to this project for a period of five (5) years after final payment is made using CSLFRFs monies. Metro Government shall have the right, at any

reasonable time, upon reasonable advance written notice of at least one business week, to inspect and audit those records by authorized representatives of its own or any public accounting firm or compliance auditors selected by it. Moreover, Grantee must turn all records over to the U.S. Treasury Department's Office of Inspector General (OIG) upon request from Metro Government or the OIG. Records that must be submitted to the OIG include, but are not limited to, the following: 1. general ledger and subsidiary ledgers used to account for (a) the receipt of CSLFRF payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19; 2. payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19; 3. receipts of purchases made related to addressing the public health emergency due to COVID-19; 4. contracts and subcontracts entered into using CSLFRF payments and all documents related to such contracts; 5. grant agreements and grant subaward agreements entered into using CSLFRF payments and all documents related to such awards; 6. all documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients; 7. all documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards; 8. all internal and external email/electronic communications related to use of CSLFRF payments; and 9. all investigative files and inquiry reports involving CSLFRF payments.

### C. Reporting

- i. Financial Reporting:** Grantee agrees to submit monthly by the **15<sup>th</sup> day of each month**. The final invoice must be received no later than **October 15, 2026**.

Invoices shall account for all expenditures eligible for reimbursement. Grantee must submit original proof of purchase and proof of payment documents detailed here to support every invoice: (a) all payroll records accounting for total time distribution of Grantee's employees working full or part time on the Agreement (to permit tracing to payrolls, fringe benefits and related tax returns) or those individuals contracted to provide services, as well as cancelled payroll checks, or copies of bank statements showing payroll debits, time tracking logs and semi-annual certifications, as applicable; (b) invoices for purchases, receiving and issuing documents, and all the inventory records for Grantee's stores, stock or capital items; and (c) paid invoices and cancelled checks or bank statements for materials purchased and for subcontractors; and any other third party charges. All invoices should be submitted to GovGrants.

- ii. Civil Rights Act Reporting:** The U.S. Treasury Department may request recipients submit data and information related to the Civil Rights Act. Grantee agrees to collect and provide information to Metro upon request. See Section IV.E. of this subaward agreement for more information.

**iii. Performance Reporting:**

Grantee must submit the following reports by the dates requested.

1. Monthly narrative reports on the progress of the project, in addition to attendance at weekly project management meetings.
2. Quarterly reports on progress toward meeting Key Performance Indicators (KPIs) due no later than the 10<sup>th</sup> of October, January and April.
3. Quarterly reports on construction progress and timeline.
4. Annual Performance Report due by July 10<sup>th</sup> of each fiscal year of the subaward. Annual Performance Report must include all of the following:
  - a. Executive Summary
  - b. Uses of Funds
  - c. Equitable Outcomes Data
  - d. Community Engagement Details
  - e. Information on Labor Practices for all Infrastructure Projects

- f. Use of Evidence-Based Models and Practices
- g. Progress Toward Meeting Key Performance Indicators

- D. If it is determined through Metro's financial monitoring process that funds were not spent in accordance with the grant agreement, the grantee will be required to repay the funds. Metro Government will notify the grantee of any repayment and the grantee will have 15 business days to return these funds.
- E. Grantee will follow the guidance and requirements found in Metro's American Rescue Plan CSLFRFs Subrecipient Handbook, including the required Reimbursement Request format and processes.
- F. Grantee agrees to cooperate with any Metro monitoring requests, including, but not limited to desk reviews and on-site visits. Grantee further agrees to cooperate with monthly monitoring by compliance consultants engaged by Metro Government for this purpose.
- G. Grantee agrees to participate in weekly project review meetings.
- H. Grantee agrees not to dispose of assets purchased with CSLFRF funds prior to December 31, 2024. Prior to the end of this award, Metro Government will provide instructions to Grantee regarding the disposition of all assets purchased with CSLFRF funds. Grantees may be instructed to:
  - i. Surrender assets to Metro Government at the end of grant's period of performance, or
  - ii. Retain assets and provide payment to Metro Government in the proportional amount of assets' current Fair Market Value (FMV), or
  - iii. Retain assets with no payment to Metro Government required.
- I. Grantee agrees to get all costs for travel outside of Jefferson County including mileage, airfare, hotel stays, and per diems while traveling, pre-approved by Louisville Metro Government before being considered for reimbursement.

#### **IV. FEDERAL REQUIREMENTS**

Grantee must fully comply with the following federal requirements.

- A. Grantee must maintain an active Unique Entity Identifier and a current registration on the System for Award Management Exclusions (SAM.gov) throughout the life of this subaward. If at any time Grantee's status on SAM.gov shows exclusions, grant payments will be withheld until the exclusion is resolved.
- B. Grantee shall comply with the Uniform Grant Guidance codified as 2 CFR Part 200 at [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl). (<https://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-part200.pdf>). These requirements include, but are not limited, to the following:
  - a. Grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts and the procurement of non-contract goods and services. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization

which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The Grantee's officers, employees, and agents may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by the Grantee's officers, employees or agents.

- b. Grantee's financial system must be able to track CSLFRF funds separately from other funds and CSLFRF funds must not be commingled with other funds, per 2 CFR 200.302.
- c. Grantee must comply with the subrecipient management requirements in 2 CFR 200.331-333 if subawarding funds to another entity. These requirements include completing subrecipient risk assessments, developing subawards containing all required information, ensuring all applicable subrecipients undergo a Single Audit and monitoring each subrecipient's financial and programmatic progress. Grantee is responsible to ensure any payments made to subrecipients comply with the payment requirements found in 2 CFR 200.305.
- d. Grantee must adhere to the personnel cost documentation requirements found in 2 CFR 200.431. In accordance with these requirements, all grantee staff charging 100% of their time to CSLFRF must complete Semi-Annual Certifications. All staff charging less than 100% of their time to CSLFRF must track time spent on the funded program. Grantee must ensure only eligible time worked on CSLFRF is charged to this subaward.
- e. Grantee must abide by the Cost Principles found in 2 CFR 200 Subpart E, which require all costs charged to CSLFRF be allowable, reasonable and allocated correctly.
- f. Grantee must comply with the Program Income requirements found in 2 CFR 200.307.
- g. Grantee must ensure no funds are provided to contractors and subrecipients that have been suspended or debarred from receiving Federal funds. Suspension and debarment status may be checked on [https://sam.gov/search/?index=\\_all&page=1&sort=modifiedDate&sfm%5Bstatus%5D%5Bis\\_active%5D=true](https://sam.gov/search/?index=_all&page=1&sort=modifiedDate&sfm%5Bstatus%5D%5Bis_active%5D=true).
- h. Grantee will maintain all applicable policies and procedures required by 2 CFR 200 Subpart D, per the table below. Policies and procedures shall be provided to the Metro Awarding Agency and Metro OMB upon request. Grantees that do not have required policies and procedures at the time of subaward execution must develop and implement them within 60 days of the execution of the subaward and notify the Metro awarding agency and Metro OMB of their implementation.

**Table 1: Policy and Procedure Requirements**

Policy and Procedures Type	2 CFR 200 Location	Required For
Program-Specific		All subrecipients
Financial Management	200.302; 200.334-200.337	All subrecipients
Program Income	200.307	All subrecipients earning program income through the funded program
Non-Discrimination/Equal Opportunity		All subrecipients
Conflict of Interest	200.318	All subrecipients
Record Retention	200.334	All subrecipients

Procurement/Purchasing	200.319-200.327	All subrecipients purchasing items or issuing bids, contracts or RFPs
Subrecipient Management	200.331-200.333	All subrecipients awarding CSLFRF funds to other organizations
Timekeeping, including Time and Effort and Compensation for Salaries, Wages and Fringe	200.430-200.431	All subrecipients charging personnel costs to the CSLFRF grant
Equipment Maintenance and Inventory	200.313	All subrecipients purchasing items with a per unit cost of \$5,000 or higher
Travel/Mileage	200.475	All subrecipients charging travel or mileage costs to the CSLFRF grant
Participant Assistance		All subrecipients who have been approved to pay participant bills or provide payments directly to participants

- B.** Grantee shall comply with the U.S. Department of Treasury’s CSLFRF Final Rule and Frequently Asked Questions, as well as any compliance documents not yet released, located at <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>, including any updates to the guidance made throughout the life of this subaward.
- C.** Grantee shall comply with the Single Audit Act, as follows:
- i.** An independent audit of the agency’s financial records must be made each fiscal year, in Accordance with the Single Audit Act of 1984 and OMB Omni Circular 2 CFR 200 Subpart F, if the agency spent at least \$750,000 in combined Federal funds for any fiscal year in which it receives funds pursuant to the Agreement. Such audit will be submitted to the Metro Government Program Manager within nine months after the ending date of the agency’s fiscal year. If for any reason the agency is unable to submit the audit by that deadline, a request for an extension of the stipulated deadline must be submitted. Failure to do so will be a violation of the Agreement and will result in the agency being ineligible for compensation under this Agreement until the violation is rectified.
- OR**
- ii.** If the agency does not receive \$750,000 or more in combined Federal funds for any fiscal year in which it received funds under this Agreement it may be exempted from a Single Audit by sending a letter prepared by their accounting firm either listing all Federal Funds received during the Agency’s fiscal year or a disclaimer stating the agency did not receive \$750,000 or more during the fiscal year. This must be submitted to the Metro Government Program Manager within nine months of the ending date of the Agency’s fiscal year.
- D.** Grantee shall with all information and documents requests from Metro Government related to the Federal Funding Accountability and Transparency Act (FFATA or Transparency Act – P.L. 109-282, as amended by section 6202(a) of P.L. 110-252).
- E.** Grantee must meet requirements relating to nondiscrimination and nondiscriminatory use of Federal funds. Those requirements include ensuring that entities receiving Federal financial assistance from the Treasury do not deny benefits or services, or otherwise discriminate on the basis of race, color, national origin (including limited English proficiency), disability, age, or sex (including sexual orientation and gender identity), in accordance with the following authorities: Title VI of the Civil Rights Act of 1964 (Title VI) Public Law 88-352, 42 U.S.C. 2000d-1 et seq., and the Department's implementing regulations, 31 CFR part 22; Section 504 of the

Rehabilitation Act of 1973 (Section 504), Public Law 93-112, as amended by Public Law 93-516, 29 U.S.C. 794; Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. 1681 et seq., and the Department's implementing regulations, 31 CFR part 28; Age Discrimination Act of 1975, Public Law 94-135, 42 U.S.C. 6101 et seq., and the Department implementing regulations at 31 CFR part 23.

**V. ADDITIONAL COVENANTS AND REPRESENTATIONS OF GRANTEE:**

- A.** Grantee covenants that it has all necessary power, capacity and authority to execute and deliver this Agreement and to provide the services contemplated by this Agreement and the Work Program. Grantee further covenants that it is a duly organized and validly existing entity, is qualified to do business in the State of Kentucky, has full right, power and authority to enter into this Grant Agreement, and that the person signing on behalf of Grantee is authorized to do so.
- B.** Grantee covenants that the person executing this Agreement has the full and requisite power to legally bind the Grantee and no additional approvals are required.
- C.** Grantee agrees to expend all Grant Funds and to implement and administer the Project strictly in conformity with the Work Program and agrees not to materially deviate from the Work Program without the prior written agreement of Metro Government.
- D.** Grantee agrees that it shall implement and administer the Project in compliance with all applicable laws, regulations and codes of the federal, state and consolidated local governments.
- E.** Grantee agrees that in the implementation and administration of the Project it shall not unlawfully discriminate against any person by reason of race, religion, color, sex, national origin, because the person is a qualified individual with a disability, age 40 or over, familial status, sexual orientation, gender identity, is a smoker or non-smoker, or because of the person's Vietnam-era Veteran status.
- F.** Grantee covenants that this Agreement together with the Work Program is in all respects the legal, valid and binding obligation of the Grantee and the performance of the Project and the compliance with the terms of this Agreement does not and will not violate any existing provisions of the Grantee's articles of incorporation, by-laws or other agreements of organization.
- G.** Grantee covenants that neither this Agreement, the Work Program, the grant application or any other document submitted to Metro Government in support of this grant contains any untrue statement of any material fact or omits to state any material fact necessary to make the statements contained therein, and further that there is no fact known to the Grantee that materially and adversely affects, or in the future could materially and adversely affect the ability of the Grantee to implement and administer the Project.

Please direct any questions related to the negotiation of this award and/or interpreting the fiscal or administrative requirements, policies, or provisions to the Metro Government Agency Director.

**VI. DEFAULT:**

Each of the following events or occurrences shall constitute an event of default under this Agreement:

- A.** Declaration of Bankruptcy of Grantee.
- B.** Failure to administer and implement the Project in conformity with this Agreement and the Work Program.
- C.** Failure to file in a timely manner the financial and progress reports required by Section III.C. of this Agreement or to furnish the additional information to Metro Government if required pursuant to Section III.B. of this Agreement.

- D. Disclosure or discovery that the covenants and representations made by the Grantee in this Agreement, the Work Program, the grant application or other document submitted in support of this Grant Agreement is, was, or shall be false or misleading in any material respect.
- E. Disclosure or discovery that the Grantee has knowingly misrepresented facts or attempted to defraud or deceive Metro in the administration of this Grant.
- F. Disclosure or discovery that goods purchased with Grant Funds have not been used in accordance with the Work Program. In such cases, Grantee shall return said goods to Metro Government or return the amount of the Grant Funds.
- G. Failure to request reimbursement of project costs/expenses on a monthly basis.
- H. Failure to cooperate with monitoring requests made by Metro Government, and/or any other firm engaged by Metro Government to provide compliance monitoring services, as well as failure on the part of the Grantee to resolve monitoring findings by required deadlines.

**VII. REMEDIES OF METRO GOVERNMENT UPON EVENTS OF DEFAULT:**

Upon the occurrence of an event of default, Metro Government, in its sole discretion and without notice to the Grantee, may at any time exercise any one or more of the following rights and remedies:

- A. Immediately terminate or suspend the Grant Agreement, and any other Grant Agreement between Metro Government and Grantee, by written notice, after which Metro Government shall be under no obligation to advance any undisbursed Grant Funds to the Grantee.
- B. Commence an appropriate legal or equitable action to enforce the Grantee's performance of the terms, covenants and conditions of this Agreement or the Work Program.
- C. Declare all Grant Funds previously disbursed to the Grantee to be immediately due and payable in full, without any presentment, demand or notice of any kind, all of which are hereby waived by the Grantee.
- D. Commence appropriate legal or equitable action to enforce the rights and remedies of Metro Government, or any one or more of them, pursuant to the terms, covenants and conditions of this Agreement.
- E. Exercise any other rights or remedies that may be available to Metro Government pursuant to this Agreement or under applicable laws.

**VIII. HOLD HARMLESS**

Grantee shall indemnify, hold harmless, and defend Metro Government, its elected and appointed officials, employees, agents, and successors in interest from all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or resulting, directly or indirectly, from Grantee's (or Grantee's subcontractors, if any) performance or breach of this Agreement, provided that such claim, damage, loss, or expense is: (i) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (ii) not caused by the negligent act or omission or willful misconduct of Metro Government or its elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Agreement.

**IX. EMPLOYER/EMPLOYEE RELATIONSHIP**

It is expressly understood that no employer/employee relationship is created by this agreement, nor does it cause Grantee to be an officer, official, or agent of the Metro Government.



**X. GOVERNING LAW**

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Agreement, the Parties agree that the venue shall be the state courts of Kentucky or the U.S. District Court for the Western District of Kentucky, Louisville Division. All Parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising there under. Service of process may be accomplished by following the procedures prescribed by law.

**XI. ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter set forth herein and this Agreement supersedes any and all prior and contemporaneous oral or written agreements or understandings between the Parties relative thereto. No representation, promise, inducement, or statement of intention has been made by the Parties that are not embodied in this Agreement.

WITNESS the agreement of the parties hereto as attested by their signatures affixed hereon, this 30th day of March 2023.

**APPROVED:**

**APPROVED:**

**LOUISVILLE/JEFFERSON COUNTY GOVERNMENT by and through its Economic Development agency**

**Louisville Healthcare CEO Council**

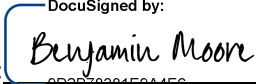
By: Benjamin Moore

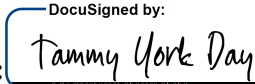
By: Tammy York Day

Title: Director

**(Print Name)**

Title: President and CEO

Signature: 

Signature: 

Date: 3/30/2023

Date: 3/30/2023

**Approved as to form:**

Natalie Richards

**Print Name**

Assistant County Attorney

**Title**



**Signature**

3/30/2023

Date: \_\_\_\_\_

**Reviewed for content only by  
OMB Senior Policy Advisor**

Susan Durham

\_\_\_\_\_  
**Print Name**

Senior Policy Advisor

\_\_\_\_\_  
**Title**

SD

\_\_\_\_\_  
**Initials**

3/30/2023

**Date:** \_\_\_\_\_

**Reviewed by Accelerator Team**

Ken Hillebrand

\_\_\_\_\_  
**Print Name**

Director

\_\_\_\_\_  
**Title**

KMH

\_\_\_\_\_  
**Initials**

**Date:** 3/30/2023

## Healthcare Workforce Innovation Coalition Key Performance Indicator Logic Models:

This document serves to outline the KPIs of the Healthcare Workforce Innovation Coalition project. To accurately communicate the complexities of this initiative, KPI logic models for each of the Coalition partners, and their respective components of this work, are represented here starting with the lead applicant of the Coalition, CEO<sup>c</sup>.

### CEO<sup>c</sup> Key Performance Indicator Logic Model

CEO <sup>c</sup> KEY PERFORMANCE INDICATOR LOGIC MODEL		
<b>Project:</b>		
Health Workforce Innovation Coalition		
<b>Resources:</b>		
The CEO <sup>c</sup> will ARP grant funds to lead the Health Workforce Innovation Coalition. As part of that, it will draw on existing programs (e.g., Healthcare Innovation Engine and CEO <sup>c</sup> Data Hub), staff, partnerships, expertise, as well as its robust network of healthcare leaders to complete this project.		
<b>Activities:</b>		
<b>Workforce:</b>		
<ol style="list-style-type: none"> <li>(1) Talent recruitment marketing outreach in collaboration with Coalition partners and coordinated PR campaign</li> <li>(2) Candidate Screening and Placement</li> <li>(3) Career Coaching</li> <li>(4) Provide Wrap Around Supports</li> <li>(5) Career Path Design</li> <li>(6) Complete healthcare training and upskilling programs</li> </ol>		
Output Performance Indicators		
Output Measure	Output Target Number	Output Data Source
1. Develop healthcare pathways leading to higher paying jobs	10 healthcare training programs developed	Documented in white papers and on the CEO <sup>c</sup> website
2. Recruit for entry level healthcare jobs earning an average of \$31,200 annual salary	1,500 candidates recruited	Documented and reported by staff in the CEO <sup>c</sup> Data Hub
3. Recruit and enroll individuals in upskilled training through healthcare career pathway training programs	2,000 people trained (1,560 from CHeWI, 440 from AMPED)	Documented and reported by staff in the CEO <sup>c</sup> Data Hub

<b>CEO<sup>c</sup> KEY PERFORMANCE INDICATOR LOGIC MODEL</b>		
Outcome Performance Indicators		
Outcome Measure	Outcome Target Number	Outcome Data Source
1. Fill high-demand, entry level jobs that earn an average annual salary of \$31,200 (or \$15 per hour).	1,500	Documented and reported by staff in the CEO <sup>c</sup> Data Hub
2. Participants who complete upskilling training programs increase earnings to an average annual salary of \$41,600 (or \$20 per hour)	2,000	Documented and reported by staff in the CEO <sup>c</sup> Data Hub
<p><b>Impact:</b>            The long-term impact includes lower underemployment rates in Louisville, career advancement and economic mobility for underrepresented populations, improved access, quality and cost of care; aligning job skills with projected job growth in healthcare sector and, ultimately, addressing longstanding equity issues that have prevented Louisville from realizing its full potential.</p>		

## Louisville Urban League KPI Logic Model

<b>LOUISVILLE URBAN LEAGUE KEY PERFORMANCE INDICATOR LOGIC MODEL</b>		
<b>Project:</b> Healthcare CEO Council/Louisville Urban League Healthcare Workforce Barrier Removal		
<b>Resources</b> Healthcare CEO Council will provide \$2 million to LUL over two years. LUL leverages an additional \$308,868 and extends its workforce and navigation capacities to implement an equity-driven barrier mitigation project.		
<b>Activities</b>		
LUL will act as a continuous learning partner in the governance and operation of the Healthcare CEO Council Coalition in service to the community and future healthcare and AI professionals so that the sector/industry better reflects the diversity and talents of the community it serves. Equity is essential to success. Activities will include: <ol style="list-style-type: none"> <li>1) Support to messaging and outreach to facilitate fair and equitable access to workforce opportunities in healthcare careers related to training, careers, and promotion;</li> <li>2) Expansion of LUL’s capacity in Empowerment Navigation and related provision of barrier removal and wrap-around services to project constituents;</li> <li>3) Data collection related to barrier removal provide optimized conditions for project constituents’ successes using LUL’s client management system and the United Communities platform for referrals; and</li> <li>4) Tutoring and essential skills to support upskilling participants, as needed.</li> </ol>		
<b>Output Performance Indicators</b>		
<b>Output Measure</b>	<b>Output Target Number</b>	<b>Output Data Source</b>
Help healthcare sector training participants receive professional services, navigation/barrier removal services.	Up to 600 participants annually/two years; Up to 900 participants for the duration	LUL Salesforce Database
Stewardship/compliance: Timely financial and program reporting, invoicing. Annual agency audit provided to Healthcare CEO Council.	Monthly reports (24), Quarterly reports (16); Monthly fee for service invoices (24) Annual (2) agency audits	LUL Accounting Records
<b>Outcome Performance Indicators</b>		
<b>Outcome Measure</b>	<b>Outcome Target Number</b>	<b>Outcome Data Source</b>
Up to 900 participants will address and successfully mitigate barriers	900 participants	LUL Salesforce Database; United Community Database

## Metro United Way Key Performance Indicator Logic Model:

KEY PERFORMANCE INDICATOR LOGIC MODEL		
<b>Project:</b> Healthcare Workforce Innovation Coalition Proposal		
<b>Resources:</b> MUW will utilize \$3,000,000 in ARPA funding and draw on existing partnerships, staff, databases, software, and website to complete this project.		
<b>Activities</b>		
<ul style="list-style-type: none"> <li>• Provide coaching services to historically underserved community residents</li> <li>• Engage underrepresented entrepreneurs and provide support to raise capital</li> <li>• Engage employers and provide supportive services to develop and implement practices that advance diversity, equity and inclusion in hiring, retention, and advancement of historically marginalized populations</li> <li>• Provide access to care coordination network via the United Community Platform</li> </ul>		
Output Performance Indicators		
<i>Output Measure</i>	<i>Output Target Number</i>	<i>Output Data Source</i>
1. Engage individuals in financial coaching	250	Coaching tracking forms
2. Provide beneficiary grants to underrepresented Entrepreneurs	12	MUW database, accounting software, excel form
3. Engage employers in supportive services.	4	Excel form
Outcome Performance Indicators		
<i>Outcome Measure</i>	<i>Outcome Target Number</i>	<i>Outcome Data Source</i>
1. 60% of financial coaching participants will set aside an initial \$400 in an emergency savings account and/or make meaningful progress towards increasing income, increasing credit, decreasing debt, or accumulating assets.	150	Coaching tracking forms
2. 100% of participant - underrepresented businesses will secure matching capital needed to successfully launch and grow their businesses.	12	Fund Black Founders data platform
3. 75% of participant employers increase awareness and knowledge of practices that promote equity and inclusion.	3 out of 4	Employer survey – pre and post survey to show increased awareness
<b>Impact</b>		
The long-term impact is that barriers to increasing earned income and increasing capital circulation are mitigated, enabling wealth development and reduction of the racial wealth gap.		

## University of Louisville Key Performance Indicator Logic Model

KEY PERFORMANCE INDICATOR LOGIC MODEL		
<b>Project</b>		
University of Louisville Digital Transformation Center Train the Trainer/Instructor programming		
<b>Resources</b>		
Senior Workforce instructors, Success Coaches, re-usable curriculum/materials, resource portal to reuse,		
<b>Activities</b>		
<ul style="list-style-type: none"> <li>• Design Course Curriculum for Workforce Instructors/Trainers</li> <li>• Prepare the Shell portal with the materials for the instructors as well as others resources they may like to use</li> <li>• Hire personnel</li> <li>• Recruit participant instructors</li> <li>• Provide training</li> <li>• Provide coaching/mentoring</li> <li>• Provide real time reporting access</li> <li>• Showcase successes</li> <li>• Assist new instructor/trainers with materials to recruit and setup for their own courses</li> </ul>		
<b>Output Performance Indicators</b>		
Output Measure	Output Target Number	Output Data Source
1. Cohorts complete the 'Train the Trainer' program	100 instructors/trainers completing training	Attendance records, competency records, certificates awarded
2. Recruit organizations to participate in/benefit from the 'Train the Trainer' program	30 Organizations throughout Louisville benefiting from the 'Train the Trainer' program	Attendance records, Competency records, Certificates awarded
<b>Outcome Performance Indicators</b>		
Outcome Measure	Outcome Target Number	Outcome Data Source
1 Increase the capacity and sustainability of health tech training deployed within the community through trained trainers/instructors	100 instructors/trainers	Attendance sheets, Certificates, New instructors attendance sheets from their own classes
2 Build capacity in multiple organizations throughout Louisville to sustainably deploy digital health trainings at scale	30 organizations throughout the community with a targeted 3-4 instructors/trainers from each org completing the 'train-the-trainer' program	Attendance sheets Certificates
<b>Impact</b>		
The long term impact is building sustainable capacity within our region to exponentially increase digital health skillsets by equipping the community with qualified trainers who can prepare more learners. Ultimately, this capacity will transcend the life of the grant effectively 'raising the sea level' of digital health skillsets in our community for years to come.		

## **Center for Healthcare Workforce Innovation (CHeWI) Workplan:**

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### **Deliverables by 12/2026:**

- (1) Recruit and fill at least 1,500 entry level healthcare jobs that earn an average minimum of \$31,200 annual salary.
- (2) Develop 10 healthcare career pathways (including education and training programs required) that lead to higher paying jobs earning an average annual salary of \$41,600.
- (3) Recruit and enroll 2,000 people in training aligned with healthcare career pathways that lead to careers earning a target average annual salary of at least \$41,600. (1,560 from CHeWI, 440 from AMPED)

### **Project Timeline and Milestones**

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#### **Q1 2023 (February – March 31<sup>st</sup>): Program Setup**

- Execute contracts with subawards and subcontracts
- Recruit and fill remaining CHeWI Positions (talent acquisition specialists and healthcare career advisors)
- Refine grant reporting requirements of Coalition partners
- Launch healthcare workforce PR Campaign

#### **Q2 2023 (4/1/2023 – 6/30/2023): Program Launch**

- Recruit and place 50 participants in entry-level healthcare jobs
- Launch Career Pathway 1 (management/supervision) upskilling a cohort of 30 healthcare employees.
- RFP for education/training providers deployed and education partners selected for 9 remaining career pathways.

#### **Q3 2023 (7/1/2023 – 9/30/2023):**

- Recruit and place 75 participants in entry-level healthcare jobs
- Execute contracts with selected training providers for career pathways
- Ongoing: Data collection, reporting, and monitoring

#### **Q4 2023 (10/1/2023 – 12/31/2023):**

- Recruit and place 100 participants in entry-level healthcare jobs
- Enroll additional 30 healthcare employees in upskilling (career pathway 1)
- Launch 1 additional career pathway training program enrolling 30 participants
- Ongoing: Data collection, reporting, and monitoring
- 2023 deliverables:
  - Recruit and place a total of 225 participants in entry-level healthcare jobs
  - Launch two career pathway upskilling programs
  - 90 participants enrolled in upskilling training programs

#### **Q1 2024 (1/1/2024 – 3/31/2024):**

- Recruit and place 100 participants in entry-level healthcare jobs
- Launch two additional career pathway upskilling programs enrolling a total of 60 participants
- Ongoing: Data collection, reporting, and monitoring



**Q2 2024 (4/1/2024 – 6/30/2024):**

- Recruit and place 100 participants in entry-level healthcare jobs
- Launch 2 additional career pathway upskilling programs
- Enroll a total of 115 participants in 4 existing career pathway upskilling programs
- Ongoing: Data collection, reporting, and monitoring

**Q3 2024 (7/1/2024 – 9/30/2024):**

- Recruit and place 100 participants in entry-level healthcare jobs
- Launch three additional career pathway upskilling programs
- Enroll a total of 140 participants in 9 existing career pathway upskilling programs
- Ongoing: Data collection, reporting, and monitoring

**Q4 2024 (10/1/2024 – 12/31/2024):**

- Recruit and place 100 participants in entry-level healthcare jobs
- Launch final career pathway upskilling program
- Enroll 135 participants in 10 existing career pathway upskilling programs
- Execute contracts with training providers obligating funds for remainder of program
- Ongoing: Data collection, reporting, and monitoring
- 2024 deliverables:
  - Recruit and place a total of 400 participants in entry-level healthcare jobs
  - Launch 8 healthcare upskilling programs (for a total of 10)
  - Enroll a total of 450 participants across healthcare career pathway upskilling programs

**Q1 2025 (1/1/2025 – 3/31/2025): Program Scaling**

- Recruit and place 105 participants in entry-level healthcare jobs
- Enroll 125 participants across 10 healthcare career pathway training/upskilling programs
- Ongoing: Data collection, reporting, and monitoring

**Q2 2025 (4/1/2025 – 6/30/2025):**

- Recruit and place 110 total participants in entry-level healthcare jobs
- Enroll 130 participants in healthcare career pathway training/upskilling programs
- Ongoing: Data collection, reporting, and monitoring

**Q3 2025 (7/1/2025 – 9/30/2025):**

- Recruit and place 110 total participants in entry-level healthcare jobs
- Enroll 125 participants across 10 healthcare career pathway training/upskilling programs
- Ongoing: Data collection, reporting, and monitoring

**Q4 2025 (10/1/2025 – 12/31/2025):**

- Recruit and place 110 total participants in entry-level healthcare jobs
- Enroll 130 participants across 10 healthcare career pathway training/upskilling programs
- Ongoing: Data collection, reporting, and monitoring
- 2025 deliverables:
  - Recruit and place a total of 435 participants in entry-level healthcare jobs
  - Enroll a total of 510 participants in healthcare career pathway upskilling programs

**Q1 2026 (1/1/2026 – 3/31/2026): Program Scaling**

- Recruit and place 110 total participants in entry-level healthcare jobs
- Enroll 125 participants across 10 healthcare career pathway training/upskilling programs
- Ongoing: Data collection, reporting, and monitoring

**Q2 2026 (4/1/2026 – 6/30/2026):**

- Recruit and place 110 total participants in entry-level healthcare jobs
- Enroll 130 participants across 10 healthcare career pathway training/upskilling programs
- Ongoing: Data collection, reporting, and monitoring

**Q3 2026 (7/1/2026 – 9/30/2026):**

- Recruit and place 110 total participants in entry-level healthcare jobs
- Enroll 125 participants across 10 healthcare career pathway training/upskilling programs
- Ongoing: Data collection, reporting, and monitoring

**Q4 2026 (10/1/2026 – 12/31/2026):**

- Recruit and place 110 total participants in entry-level healthcare jobs
- Enroll 130 participants across 10 healthcare career pathway training/upskilling programs
- Ongoing: Data collection, reporting, and monitoring
- **2026 Deliverables:**
  - Recruit and place 440 total participants in entry-level healthcare jobs
  - Enroll 510 participants across 10 healthcare career pathway training/upskilling programs
  - Project Closeout

Organization: CEOc (Louisville Healthcare CEO Council)  
 Project: Healthcare Workforce Innovation Coalition - Center for Healthcare Workforce Innovation (CHeWI)

Enter data into shaded cells. Others are protected.	Total Cost of the Project	Amount of this grant agreement	Other Metro Funding	Other Agency Funding
	<b>Total Budget</b>	<b>\$19,401,015.60</b>	<b>\$19,401,015.60</b>	\$ -

**CATEGORY: PERSONNEL**

Position	Grant Duties	Hourly Wage	Total hours paid during period	% of time on project	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
Executive Director	Coalition leadership Administration Program oversight	\$ 78.08	4160	100.00%	\$ 324,812.80	\$ 324,812.80		\$ -
Healthcare Recruiter x2	Sourcing, screening, and placing candidates in healthcare jobs	\$ 39.28	6720	100.00%	\$ 263,961.60	\$ 263,961.60		\$ -
Career Advisor x2	Ongoing participant support and career coaching	\$ 31.72	7040	100.00%	\$ 223,308.80	\$ 223,308.80		\$ -
Director, Education and Training	Lead the development and implementation of healthcare career pathway training/upskilling	\$ 43.92	4160	100.00%	\$ 182,707.20	\$ 182,707.20		\$ -
Controller	Budget management Grant reimbursement Financial reporting	\$ 73.20	4160	70%	\$ 213,158.40	\$ 213,158.40		\$ -
Director, Marketing and Communications	Provide marketing and branding support to Coalition. Develop and manage marketing collateral, social media, and website Manage healthcare workforce PR campaign	\$ 51.24	4160	100%	\$ 213,158.40	\$ 213,158.40		\$ -
Marketing and Communications Specialist	Support the Director of Marketing and Communications in managing social media, development of marketing collateral, copy writing, etc. for the Coalition	\$ 34.00	3360	100%	\$ 114,240.00	\$ 114,240.00		\$ -
					\$ -	\$ -		\$ -
<b>Total Personnel</b>					<b>\$1,535,347.20</b>	<b>\$1,535,347.20</b>	\$ -	\$ -

Organization: CEOc (Louisville Healthcare CEO Council)  
 Project: Healthcare Workforce Innovation Coalition - Center for Healthcare Workforce Innovation (CHeWI)

**CATEGORY: FRINGE BENEFITS (inc. payroll taxes and other personnel expenses)**

Position	Expenses Detail	Total per pay period	# of pay periods	% of time on project	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
Executive Director	Health, Medical, Dental, Vision Retirement, etc.	\$ 1,561.60	52	100%	\$ 81,203.20	\$ 81,203.20		\$ -
Healthcare Recruiter x2	Health, Medical, Dental, Vision Retirement, etc.	\$ 785.60	80	100%	\$ 62,848.00	\$ 62,848.00		\$ -
Career Advisor x2	Health, Medical, Dental, Vision Retirement, etc.	\$ 634.40	88	100%	\$ 55,827.20	\$ 55,827.20		\$ -
Director, Education and Training	Health, Medical, Dental, Vision Retirement, etc.	\$ 878.40	52	100%	\$ 45,676.80	\$ 45,676.80		\$ -
Controller	Health, Medical, Dental, Vision Retirement, etc.	\$ 1,464.00	52	70%	\$ 53,289.60	\$ 53,289.60		\$ -
Director, Marketing and Communications	Health, Medical, Dental, Vision Retirement, etc.	\$ 1,024.80	52	100%	\$ 53,289.60	\$ 53,289.60		\$ -
Marketing and Communications Specialist	Health, Medical, Dental, Vision Retirement, etc.	\$ 680.00	40	100%	\$ 27,200.00	\$ 27,200.00		\$ -
					\$ -	\$ -		\$ -
<b>Total Fringe Benefits</b>					\$ 379,334.40	\$ 379,334.40	\$ -	\$ -

**CATEGORY: CONTRACTUAL**

**Contractual Labor**

Contractual Position	Grant Duties	Hourly Rate	Total hours paid during period	% of time on project	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -

**Other Contractual Expenses**

Organization: CEOc (Louisville Healthcare CEO Council)  
 Project: Healthcare Workforce Innovation Coalition - Center for Healthcare Workforce Innovation (CHeWI)

Contractual Expense	Purpose	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
Workforce Marketing and Communications	Contract with firm to develop and implement Healthcare Workforce PR Campaign. This contracted entity will be secured following federal procurement guidelines outlined in 2 CFR 200	\$ 765,500.00	\$ 765,500.00		\$ -
Healthcare Workforce Training and Upskilling	Will contract with education and training institutions to design and implement 10 upskilling pathways aligned with healthcare career pathways. These contracted entity(ies) will be secured following federal procurement guidelines outlined in 2 CFR 200	\$4,366,309.00	\$4,366,309.00		\$ -
Workforce Program Evaluation	Lead workforce evaluation efforts demonstrating efficacy of recruitment, placement, wrap around support, and upskilling initiatives. This contracted entity will be secured following federal procurement guidelines outlined in 2 CFR 200	\$1,200,000.00	\$1,200,000.00		\$ -
Family Care Supports	We will contract with an entity to (1) provide family care for workforce participants and (2) to support talent sourcing efforts for the CHeWI. This contracted entity will be secured following federal procurement guidelines outlined in 2 CFR 200	\$1,560,900	\$1,560,900.00		\$ -
Professional Services for Implementation	Funds used to cover legal fees associated with management of coalition contracts and subaward agreements. Contracted entity will be secured following federal procurement guidelines outlined in 2 CFR 200	\$100,000	\$100,000		\$ -

Organization: CEOc (Louisville Healthcare CEO Council)  
 Project: Healthcare Workforce Innovation Coalition - Center for Healthcare Workforce Innovation (CHeWI)

<b>Total Contractual Expenses</b>	\$7,992,709.00	<b>\$7,992,709.00</b>	\$ -	\$ -
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**CATEGORY: EQUIPMENT**

**Equipment = items worth \$5,000+ each. In narrative, provide plans for disposition of equipment after grant period ends**

Description	Project Purpose	Estimated Cost per Unit	Number of Units	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
<b>Total Equipment Costs</b>				\$ -	\$ -	\$ -	\$ -

**CATEGORY: SUPPLIES**

Description	Project Purpose	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
Program Materials	Software licenses needed for program administration (e.g., Microsoft Office, Mail Chimp, Smartsheets, etc.); purchasing promotional materials, flyers, posters and other recruitment materials for coalition	\$ 175,000.00	\$ 175,000.00		\$ -
Office Supplies	Workstations, office supplies (paper, printer, ink, pens, etc.), materials needed for meetings with outside strategic partners (e.g., meeting materials etc.) as well as food for participants enrolled in training programs across the coalition	\$ 100,000.00	\$ 100,000.00		\$ -
Participant laptop and hotspots	Cover cost of approximately 200 laptops and hotspots for participants to use for training purposes	\$ 200,000.00	\$ 200,000.00		\$ -
Participant Background Checks	Costs to cover	\$ 38,836.74	\$ 38,836.74		

Organization: CEOc (Louisville Healthcare CEO Council)  
 Project: Healthcare Workforce Innovation Coalition - Center for Healthcare Workforce Innovation (CHeWI)

					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Supply Costs</b>		\$ 513,836.74	\$ 513,836.74	\$ -	\$ -

**CATEGORY: TRAVEL**

**NOTE:** Grantee agrees to get all costs for travel outside of Jefferson County including mileage, airfare, hotel stays, and per diems while traveling, pre-approved by Louisville Metro Government before being considered for reimbursement.

Travel Expense	Purpose	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
Coalition travel costs	Costs for mileage reimbursement, airfare, hotel stays, per diems while traveling, ground travel, etc. for entire coalition over the project timeframe. Out of state travel will be focused on information sharing and best practices to improve the initiative for participants.	\$ 159,993.66	\$ 159,993.66		\$ -
			\$ -		\$ -
			\$ -		
			\$ -		
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -

Organization: CEOc (Louisville Healthcare CEO Council)  
 Project: Healthcare Workforce Innovation Coalition - Center for Healthcare Workforce Innovation (CHeWI)

			\$ -		\$ -
<b>Total Travel Costs</b>			\$ 159,993.66	\$ 159,993.66	\$ -

**CATEGORY: OTHER**

**Other - Facility Rent**

Facility Name and Address	Project Purpose. Specify if new	Rent per month	Number of months	% usage on project (provide method in narrative)	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -

**Other: Facility Utilities**

Facility Name and Address	Purpose, Types of Utilities	Estimated Utilities per month	Number of months	% usage on project (provide method in narrative)	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -
					\$ -			\$ -

**Other: Client Assistance**

Form of Assistance	Description	Projected # Participants	Projected Average \$ Amount per Participant	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
OJT Training Stipend	Funds used to offset on-the-job training costs	400	\$ 3,625.00	\$1,450,000.00	\$1,450,000.00		\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -

**Other Project Expenses**



Organization: CEOc (Louisville Healthcare CEO Council)  
 Project: Healthcare Workforce Innovation Coalition - Center for Healthcare Workforce Innovation (CHeWI)

Expense	Purpose	Total Cost	This Grant	Other Metro Funding	Other Agency Funding
University of Louisville - Digital Transformation Center - Train the Trainer (Subaward)	Train instructors and other trainers in the area to exponentially increase digital health skillset in Louisville MSA	\$1,304,172.50	\$1,304,172.50		\$ -
Metro United Way - Economic Mobility + Wrap Around Support Coordination (Subaward)	MUW cover financial education for participants, connect wrap around supports through their United Community Platform,	\$3,000,000.00	\$3,000,000.00		\$ -
Louisville Urban League (Subaward)	LUL: Provide success navigators that will assist referred participants in barrier	\$2,000,000.00	\$2,000,000.00		\$ -
					\$ -
					\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
<b>Total Other Expenses</b>		\$7,754,172.50	\$7,754,172.50	\$ -	\$ -

**CATEGORY: INDIRECT COSTS**

Must be based on federal negotiated indirect rate agreement or de minimis rate of 10% of modified total direct costs in accordance with 2 CFR 200.414. Calculate manually, since rate is multiplied by modified total direct costs, not total project budget.

Indirect Rate %	Total Indirect Costs	This Grant Indirect Costs	Other Metro Indirect Costs
10%	\$1,065,622.10	\$1,065,622.10	\$ -

**REMAINING UNACCOUNTED FOR:** \$ - \$ - \$ - \$ -

*If any amount appears in the "remaining unaccounted for" fields, you must revise your budget items appropriately*

**BUDGET NARRATIVE: Please include any comments or notes regarding the budget if needed**

Projected Expenditure Timeline

Organization: CEOc (Louisville Healthcare CEO Council)  
 Project: Healthcare Workforce Innovation Coalition - Center for Healthcare Workforce Innovation (CHeWI)

Notes	Time Period Start	Time Period End	Forecasted Expenses	Running Total	Percent Expended
Program Ramp up (hiring program personnel, executing subaward agreements, and contractual agreements, etc.)	2/1/2023	3/31/2023	\$ 1,212,563	\$ 1,212,563	6%
Program Year 1	4/1/2023	12/31/2023	\$ 3,637,690	\$ 4,850,254	25%
Program Year 2 (all contractual costs, purchase orders, etc. obligated by 12/31/2024)	1/1/2024	12/31/2024	\$ 4,850,254	\$ 9,700,508	50%
Program Year 3 (contractual and other expenses)	1/1/2025	12/31/2025	\$ 4,850,254	\$ 14,550,762	75%
Program Year 4 (contractual and other expenses)	1/1/2026	12/31/2026	\$ 4,850,254	\$ 19,401,016	100%
N/A	1/1/2027			\$ 19,401,016	100%
				\$ 19,401,016	100%
				\$ 19,401,016	100%
				\$ 19,401,016	100%
				\$ 19,401,016	100%
				\$ 19,401,016	100%
				\$ 19,401,016	100%
				\$ 19,401,016	100%
				\$ 19,401,016	100%
				\$ 19,401,016	100%

**American Rescue Plan  
Louisville Metro Government  
Project Proposal Submission Form**

**Project Owner (Legal Name of Organization or Applicant):** Louisville Healthcare CEO Council, Inc.

**Project Contact:** Josh Williams

**Project Contact Job Title:** Vice President, Strategic Initiatives

**Contact Email:** [jwilliams@lhccinc.com](mailto:jwilliams@lhccinc.com)

**Contact Phone:** (502) 291-6918

**Project Name:** Healthcare Workforce Innovation Coalition – Center for Healthcare Workforce Innovation (CHeWI)

**Tax ID/EIN ([Find your tax ID/EIN here](#)) #:** 82-3835653

**DUNS Number ([Find your DUNS number here](#)) #** 038002548

**W9 ([Fillable W9 available here](#))**  
Upload your W9 with your application.

**IRS Determination Letter ([Request a copy of your determination letter here](https://www.irs.gov/charities-non-profits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letter-from-irs)):** [https://www.irs.gov/charities-non-profits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letter-from-irs.](https://www.irs.gov/charities-non-profits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letter-from-irs)  
Upload your IRS Determination Letter with your application.

**Metro Revenue Commission Code** (6-10 digits, NOT your Employer Identification Number. [Retrieve/obtain a Metro Revenue Commission Code here](#).  
**Metro Revenue Commission Code #** 1012732174

All applicants must be registered and in good standing with the [System for Award Management](#) (SAM) to be eligible for this funding. Is your organization registered and in good standing with SAM? If you are not registered with SAM, have you started the registration process?  
We are registered and in good standing with SAM

**Please attach the following documents to your application (as applicable):**

- Board of Directors Listing
- If your organization expends \$750,000 or more in federal grant funds within a single year, please attach the organization's latest **Single Audit, including the executive letter.**
- If your organization does NOT expend \$750,000 in federal grant funds within a single year, please attach the latest **financial audit of your organization** performed by an independent audit firm below.
- If you do not have an audit to submit, please attach a **letter of explanation** as to why none is available.

**Are you requesting a continuation of current funding or a new allocation?**  
New allocation of funding

**Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?**

We have sufficient staff to initiate this work. We are hiring additional staff to carry out the goals and objectives outlined in this proposal. This includes the following full-time staff:

- Executive Director (secured)
- Director of Education and Training (secured)
- Four full time program staff (2 talent acquisition specialists and 2 healthcare career advisors)
- Controller (secured)
- Marketing and Communications Director (secured)

Please see attached document “Workforce Innovation Coalition Staffing Plan.” This document provides a detailed org chart of the Center for Healthcare Workforce Innovation, status updates on recruitment for key positions, plans for supporting the work from day one in the interim, and bios of staff members that will support this.

**Project Executive Summary (please specify if COVID-related. Maximum 300 words):**

COVID related. Expenditure category 2.10: Assistance to Unemployed or Underemployed Workers

As part of the Healthcare Workforce Innovation Coalition Proposal, the CEO<sup>C</sup> is requesting \$19,401,015.60 in ARP seed funds to execute a comprehensive, healthcare-focused workforce strategy that increases and diversifies the healthcare talent pipeline for jobs at all levels by mitigating barriers to training and employment for underemployed and unemployed individuals living in Louisville’s Qualified Census Tracts. These activities will be housed and implemented within the CEO<sup>C</sup>’s Center for Healthcare Workforce Innovation (CHeWI) with support from partners within the Healthcare Workforce Innovation Coalition.

We are proposing a healthcare-specific workforce initiative, led by the organizations that have the healthcare jobs and can close the gaps between applicants, training, onboarding, career paths and high paying jobs. Further, we have forged a formidable coalition of diverse public and private community stakeholders who are committed to solving for Louisville’s longstanding economic and health disparities which were further exacerbated by the COVID-19 pandemic. This coalition is dedicated to not only addressing the short-term crisis within Louisville’s healthcare economy through recruiting, training, upskilling, and barrier removal for underemployed and unemployed Louisvillians, but working in partnership to drive sustainable solutions at a systems level to address long standing equity issues that have stymied Louisville from realizing its full potential. Coalition partners include the following organizations:

- AMPED
- Metro United Way
- Louisville Metro Government
- Louisville Urban League
- University of Louisville

Healthcare is among the largest contributors to the economy and fastest growing sectors in Louisville. Further, the COVID pandemic has significantly impacted the healthcare workforce, so much that a healthcare focused workforce initiative is necessary to sustain and expand the access to high quality care to all Louisvillians who have been most impacted by the COVID-19 pandemic. Lastly, the healthcare sector in Louisville is poised to provide family wage sustaining career pathways that pave the way for economic mobility and address generational poverty through a unique collaboration of healthcare leaders under CEO<sup>C</sup> committed to authentic, systemic change.

**Problem Statement (include issue and population served by project. (Maximum 200 words):**

Louisville’s long-standing and systemic issues that prohibit individuals from moving out of poverty were exacerbated by the global pandemic. According to data from the Greater Louisville Data Project, 41.3% of Louisvillians are working in high wage occupations; however, the majority of those workers live in eastern neighborhoods like the Highlands and Northeast Jefferson the latter of which has 62% of their residents have high wage jobs. In contrast, communities in west and south Louisville have fewest workers in high wage jobs with rates as low as 15.8% in the Russell station neighborhood<sup>1</sup>. Unemployment rates follow a similar trend whereby unemployment rates are much higher in West and South Louisville such as the Russell Station neighborhood with an unemployment rate of 26.1%. Both of these data points suggest that underemployment and unemployment are at disproportionate levels in West and South Louisville which have been further aggravated by the COVID-19 pandemic. Further, although COVID-19 impacted everyone, people of color were disproportionately impacted. Total cumulative data shows that people of color experienced higher rates of

<sup>1</sup> <https://greaterlouisvilleproject.org/factors/high-wage-occ/>

COVID-19 cases and related deaths than white people<sup>2</sup>. Further, people of color have experienced higher rates of unemployment as a result of COVID-19. Without effectively addressing barriers that prohibit many from upward economic mobility through career advancement and increased earnings, Louisville cannot reach its full potential.

At the same time, we are in a healthcare workforce crisis that is uniquely detrimental to our largest sector and is poised to only get worse, especially with an aging demographic. Healthcare jobs are expected to increase nearly 4x the amount of all other jobs in the region with an anticipated need for nearly 8,500 healthcare jobs in Greater Louisville by 2029 (i.e., more than 1 of 4 of all projected jobs in the metro service area).

These workforce challenges were present prior to the global pandemic but the crisis has been accelerated and the impact deepened due to direct and indirect effects from COVID-19. Unlike prior economic recessions, employment within the healthcare industry experienced sharp declines on the onset of the pandemic. According to the Peterson-KFF health tracker, healthcare employment fell 8.2% nationally from April 2019 – April 2020<sup>3</sup>. And, although the healthcare industry overall has experienced recovery with jobs returning, healthcare is still -3.9% in employment from pre-pandemic levels. This stalled recovery is especially prevalent within outpatient care centers (-8.1% employment), home health services (-5.5%), nursing care facilities (-10.5%)<sup>4</sup>.

Further, due to the proximity to the global pandemic, the healthcare industry is experiencing higher levels of turnover largely driven by (1) increased retirements due to an aging workforce and (2) ‘burnover,’ a concept of turnover driven by burnout due to increased demand of skilled care. As a result of this turnover (and other factors), vacancies within healthcare facilities are reaching critical levels across the state of Kentucky. According to the most recent Kentucky Hospital Association workforce survey report, there was a statewide hospital vacancy rate of 17.1% overall and a 22.1% vacancy rate for nursing staff statewide (RNs and LPNs)<sup>5</sup>. All of this, compounded by increased personnel costs from a COVID-fueled national wage market, has created the perfect workforce storm with swelling labor costs, decreasing productivity, missed economic opportunity, and the potential for a true healthcare crisis.

With all of this in mind, the foundation of this effort will be focused on equity and inclusion to ensure that all Louisvillians interested in starting or advancing their healthcare career will benefit from this initiative. This includes a sharp emphasis on serving underemployed and unemployed individuals living in communities aligned with Louisville’s Qualified Census Tracts (QCTs).

**Goal/Outcomes Statement (Maximum 150 words):**

Through the Center for Healthcare Workforce Innovation (CHeWI), the Coalition will realize the following outcomes over a four-year time frame:

**Center for Healthcare Workforce Innovation:**

1. Recruit and fill 1,500 entry level healthcare jobs that earn an average minimum of \$31,200 annual salary.
2. Develop 10 healthcare career pathways (including education and training programs required) that lead to higher paying jobs earning an average annual salary of \$41,600.
3. Recruit and enroll 2,000 people in training aligned with healthcare career pathways that lead to careers earning a target average annual salary of at least \$41,600 (1560 from CHeWI and 440 from AMPED – please see AMPED project documents for additional detail).
4. Establish Louisville as the national leader of healthcare workforce innovation centered on diversity, equity, and inclusion.

**Metro United Way:**

1. Support 250 participants through financial coaching and counseling
2. Support 12 underrepresented entrepreneurs in raising capital
3. Support 4 healthcare organizations in advancing their DEI strategy

**Louisville Urban League:**

1. Support barrier removal for up to 900 participants engaged within the Healthcare Workforce Innovation Coalition. Anticipated barriers include but are not limited to: (1) Transportation, (2) housing, (3) food security, (4) family care and (5) others as determined by the expertise and experience of the LUL team.
2. Support messaging/outreach efforts of the Coalition for the purposes of participant recruitment

<sup>2</sup> <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/#:~:text=Total%20cumulative%20data%20show%20Black,age%20by%20race%20and%20ethnicity.>

<sup>32</sup> <https://www.healthsystemtracker.org/chart-collection/what-impact-has-the-coronavirus-pandemic-had-on-healthcare-employment/#Cumulative%20percent%20change%20in%20health%20sector%20and%20non-health%20sector%20employment,%20January%201990-December%202022%20C2%A0>

<sup>5</sup> 2022. KHA Workforce Survey Report: The Status of Kentucky’s Hospital Workforce

**UofL Digital Transformation Center:**

1. Train 100 instructors/trainers in digital health + technology skillsets
2. Build digital health training capacity within 30 organizations throughout Louisville to sustainably deploy digital health + technology trainings at scale.

**Please briefly explain what actions/steps your project proposes to address the above-stated problem (Maximum 150 words):**

**Grant Setup**

- a. Hire program staff
- b. Establish grant administration infrastructure (i.e., reporting and grant billing)
- c. Articulate and execute agreements with Coalition partners and contracted entities.

**Recruit and fill 1,500 healthcare jobs (375 per year) that earn an average minimum of \$31,200 annual salary (or \$15 per hour):**

- d. Execute talent sourcing recruitment and outreach with Coalition members
- e. Screen applicants
- f. Onboard and place applicants into positions
- g. Conduct ongoing check-ins and deploy wrap around supports for hires in new roles
- h. Track program metrics throughout program duration

**Develop 10 healthcare career pathways (including education and training programs required) that lead to higher paying jobs earning an average annual salary of \$41,600:**

- i. Identify education/training providers and articulate/execute agreements for training development and delivery
- j. Conduct workshops with education/training providers and council member companies to develop and/or augment curriculum to align to healthcare employer needs
- k. Develop marketing collateral and white papers to raise awareness and interest of healthcare career pathways
- l. Develop and implement evaluation framework to evaluate efficacy of training programs as it relates to retention, employee satisfaction, and care outcomes.

**Recruit and enroll 2,000 people (500 per year) in training aligned with healthcare career pathways that lead to careers earning a target average annual salary of at least \$41,600:**

- m. Collaborate with Coalition partners and Council Member Companies to recruit participants to training programs.
- n. Form cohort of participants from participating employers, coalition partners, etc.
- o. Facilitate training and upskilling programs
- p. Track program metrics throughout according to evaluation plan

**How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?**

Immediately. The Coalition has been collaborating on the initiatives outlined in this proposal for 16 months. Further, 13 months ago, the CEO<sup>C</sup> convened the Workforce Innovation Committee, a coalition of CHROs and Workforce Executives from all 15 council companies working together to address the healthcare workforce crisis through its Center for Healthcare Workforce Innovation (CHeWI). Because of this, the CEO<sup>C</sup>, and its Coalition partners, are equipped to begin immediately implementing and advancing key objectives of this proposal.

The first phase of this project using ARP seed funds will last 48 months (or four years) with efforts becoming sustainable by program year 3.

**Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.**

Yes, this project directly supports COVID-19 pandemic related recovery and aligns with the ARP expenditure category 2.10 by providing assistance to unemployed and underemployed Louisvillians who reside within Louisville's Qualified Census Tracts.

This Proposal is a healthcare specific workforce initiative that directly supports recovery from the COVID-19 pandemic through filling high demand, healthcare jobs with Louisville's unemployed and underemployed populations; upskilling and reskilling employees through healthcare career pathways that increase earnings; and mobilizing wrap around supports that address barriers to success.

**Evidence Basis for the Project**

**The US Treasury department encourages the use of SLFRF funds for evidence-based interventions:**

<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf#page=26>

**Please describe the evidence base for the interventions proposed by this project. (Maximum 200 words). Include links if possible.**

In 2021, Brookings and Louisville Metro Government (LMG) created a strategic roadmap, “[How Louisville Can Become a Stronger and More Equitable Hub for AI and Data Economy Jobs](#).” The report pointed to three strategies for the region to pursue: 1) broaden and diversify the data and AI talent pipeline; 2) support AI adoption and adaptation in Louisville’s businesses; and 3) develop and market Louisville’s AI niche in the region. These findings served as a blueprint for systems-level thinking among coalition partners resulting in the development of the three strategic priorities outlined in this proposal.

Design and implementation of the Center for Healthcare Workforce Innovation, a key pillar of this proposal, was based off a nationally recognized workforce initiative known as the [West Philadelphia Skills Initiative](#) (WSPI). Utilizing an industry-led workforce intermediary model (similar to the Center for Healthcare Workforce Innovation), the WSPI has developed an impressive evidence-base for its program including: (1) connecting 91% of its graduates to employment in jobs that, on average, pay \$17.96 per hour and (2) maintain an 83% retention rate of WSPI graduates after 12 months of employment.

As part of this proposal, we will contract a third-party program evaluator who will, leveraging an implementation science framework, study the efficacy of workforce programs created by the Center for Healthcare Workforce Innovation and offering recommendations for real-time, continuous improvement. In other words, as we develop and implement training programs outlined in this proposal, it is of vital importance to actively understand what is working, what isn’t, and why so that we can make data-driven modifications that maximize the value of ARP funds in creating the highest quality program. Following the awarding of grant funds, we will work to develop the specific program evaluation framework that will be used to develop evidence for this project.

**How will this project define and measure success?**

Success for the CHEWI means linking Louisville’s unemployed and underemployed populations with career pathways in healthcare that lead to increased earnings while growing the healthcare workforce needed for economic recovery and growth. This proposal lays out specific KPIs that track and measure this success including the number of jobs filled, the number of individuals who enroll in and complete training programs, the number of individuals who advance their careers, the amount of increased wage earnings, as well as the total number of people who relocate to live and work in Louisville. Additionally, this project will leverage a proven implementation science framework that, in addition to determining the program’s success, will measure who this program is successful for, when its successful, and what makes it successful.

**Amount of Funding Requested:**

\$19,401,015.60 (as part of the \$40 million Coalition Proposal)

**Based on your current cash flow, how you will handle the reimbursement of funds, which initially may take up to 4 months for funds to be reimbursed? Once you get the first reimbursement the funds should be available on a monthly schedule, based on the submission of sufficient documentation:**

The CEO<sup>C</sup> Board of Directors is guaranteeing cash flow to cover costs for implementation of this program. This will ensure that the CEO<sup>C</sup> and its coalition partners have funds and cash flow needed to execute on the activities outlined in this proposal during the initial period in which reimbursement may be delayed.

