All items on this agenda, including but not limited to any agenda item concerning the adoption of any ordinance, resolution, contract, agreement, or any other item of business, are subject to amendment, including additions and/or deletions. This rule will apply to every individual agenda item without exception, and without providing this same amendment language with respect to each individual agenda item. Such amendments should be rationally related to the topic of the agenda item, or the governing body will be advised to continue the item.

The governing body may adopt, approve, ratify, deny, defer, recommend, amend, strike, or continue any agenda item. When more information is needed to act on an item, the governing body may refer the matter to its City/Trust Manager, staff, attorney or to the recommending board, commission, or committee.

(All items listed under the Consent Agenda Items are deemed to be non-controversial and routine in nature by the Board of Trustees. The following items will not be discussed but will be approved by one motion of the Board of Trustees unless any Board member desires to discuss an item, at which time it will then be removed and thus placed as a Regular Agenda Item for consideration and approval on this Agenda. The Consent Agenda Items consists of the following items)

PUBLIC NOTICE OF A SPECIAL MEETING
OF THE HOSPITAL AUTHORITY
WEDNESDAY, MARCH 25, 2026 AT 12:00 PM
CLINTON REGIONAL HOSPITAL – WEICHEL ROOM

AMENDED AGENDA

Source listing: 03/25/2026 Hospital
Original source: https://agendas.clintonok.gov/2026/032526hospital/CHA03252026agenda.htm

1. CALL TO ORDER

2. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS

   A. Approval of Minutes 03/11/2026 Special Meeting

   B. Rural Health Redesign Center Organization, Inc. (RHRC) Agreement (Survey Readiness Services No Charge)

   C. Laffoon Healthcare Services, LLC Amendment to Emergency Department Provider Services Agreement

   D. Resolution HA2026-03 Government Entity/Municipality/Public Funds Bank 360 replacing Resolution HA2026-01 for Authorization of Power for the Expense Account and Revenue Account. (Removal of Len Lacefield on all Bank 360 Clinton Regional Hospital accounts.)

   E. Resolution HA2026-04 Government Entity/Municipality/Public Funds J.P. Morgan Chase Account for Authorization of Power for the Expense. (Removal of Len Lacefield on all J.P. Morgan Chase Clinton Regional Hospital accounts.)

3. BUSINESS ITEMS (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

   A. Payroll Policy

   B. Resolution HA2026-05 - Purchasing Policy

C. Worker's Compensation Coverage Proposal from Jackson Insurance Group and Accident Fund.

D. Pritikin Personnel Service Addendum (Attached is an addendum for the proposal for our ICR program. It changes how we receive some of their services; instead of paying $100/class, we would pay $45/class, saving the facility $233/month.)

E. Oklahoma State Department of Health Rural Health Transformation Program Grant

F. Matherly Mechanical Contractors, Inc Humidifier Proposal – 09/22/2023

4. FINANCIAL REPORT (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

    A. Accounts Payable/Invoices to be paid 03/23/26, 03/30/26, 04/06/26, and 04/13/26

5. MEDICAL STAFF (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

    A. Medical Executive Committee Meeting Minutes March 2026

6. COMMITTEE/DEPARTMENT REPORTING (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

    A. Safety/Emergency Management Committee Meeting Minutes February 2026

    B. Quality Assurance/Performance Program Meeting Minutes February 2026

7. NEW BUSINESS (If any, Pursuant to Section 311.9 of the Oklahoma Open Meeting Act)

8. TRUSTEE COMMENTS

9. ADJOURN

File this 23 rd day of March 2026 and posted on the bulletin board at Clinton City Hall and on the front door of the Clinton Regional Hospital on March 23, 2026, at 11:30 a.m.
Amended agenda filed this 24 th day of March 2026 and posted on the bulletin board at Clinton City Hall and on the front door of the Clinton Regional Hospital on March 24, 2026, 11:00 a.m.

AMENDED AND RESTATED PROFESSIONAL SERVICES AGREEMENT
Independent Contractor - Group

THIS AMENDED AND RESTATED PROFESSIONAL SERVICES AGREEMENT ("Agreement") is made and entered into as of the date of last signature below ("Effective Date"), by and between **Clinton Regional Hospital Authority, an Oklahoma public trust** ("Hospital"), and **Laffoon Healthcare Services, LLC** ("Group").

Recitals

Group provides Hospital services in accordance with the Agreement for Emergency Provider Staffing Services effective October 30, 2023 ("Prior Agreement").

Hospital desires to continue utilizing Group's services, and Group agrees to continue providing such services, in accordance with this Agreement, which supersedes and replaces the Prior Agreement in its entirety as of the Commencement Date as defined in paragraph 2 of this Agreement.

In consideration of the mutual terms and provisions of this Agreement, and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, Hospital and Group agree as follows:

1. Retention of Services & Non-Exclusivity.

(a) Hospital appoints and retains Group to employ or contract with physicians ("Physicians") and advanced practice practitioners ("APPs," and, collectively with Physicians, the "Providers") who will perform the services described in **Exhibit A** of this Agreement. Group accepts such appointment.

(b) This Agreement is non-exclusive. Group may provide the same or similar services to parties other than Hospital, and Hospital may obtain the same or similar services from parties other than Group.

2. Term. The initial term of this Agreement will be one year, commencing on 04-01-2026 2026 ("Commencement Date"), and ending 04-30, 2027, and will automatically renew for additional periods of one year each, on the same terms and conditions, unless either party provides notice to the other party of its intent not to renew the Agreement at least 60 days' prior to the end of the then-current term or unless sooner terminated as provided in this Agreement. If the Agreement is terminated with or without cause during the initial term, the parties will not enter into the same or substantially the same agreement for one year from the Commencement Date.

3. Compensation. Hospital will pay Group the compensation described in **Exhibit A**, subject to the terms of this Agreement.

4. Representations and Warranties. Group represents and warrants to, and covenants with, Hospital as provided in this paragraph.

(a) Each Physician is (i) duly licensed as a physician under Oklahoma Law without restriction; (ii) Board Certified or Board Eligible in Emergency Medicine in conformity with Medical Staff Bylaws, as amended from time to time (which currently require Board Certification within five years); (ii) a member in good standing of the applicable Hospital's Medical Staff with appropriate clinical privileges for the provision of services; (iv) a participating provider in the Medicare and Medicaid programs; and (v) maintains unrestricted federal Drug Enforcement Administration ("DEA") and Oklahoma Board of Narcotics and Dangerous Drugs ("OBNDD") registration numbers.

(b) Each APP is: (i) duly licensed under Oklahoma law by the appropriate Oklahoma board or commission, without restriction (ii) has appropriate clinical privileges for the provision of Services by the applicable Hospital; (iii) a participating provider in the Medicare and Medicaid programs, and (iv) maintains unrestricted DEA and OBNDD registration numbers to the fullest extent authorized for his/her profession

(c) Each Provider is qualified and currently competent to render the services that are required under this Agreement.

(d) There is no agreement, contract or provision that restricts or limits Group or any Provider from performing the duties or services required under this Agreement.

(e) Neither Group nor any Provider has been excluded from participation in the Medicare or Medicaid programs or any other federal or state health benefits programs, and there are no pending or, to Group's knowledge, threatened governmental investigations that may lead to or result in such exclusion.

(f) All information that has been furnished to Hospital concerning each Provider's credentials, qualifications, training, educational background and professional experience and abilities is true and correct in all respects.

(g) Group will immediately notify Hospital of (i) any action by any licensing body, certification board, professional review body, hospital, governmental agency, PRO, professional society or other organization revoking, suspending, denying, limiting, restricting or otherwise adversely affecting any Provider's ability to practice medicine or otherwise perform services under this Agreement or any Provider's clinical privileges, staff appointment or membership; (ii) any pending or threatened action that involves or may involve the negligence, professional liability, professional misconduct or other activities of any Provider, whether under this Agreement or otherwise; (iii) any notice, hearing or action of any professional review body concerning any Provider's rendition of medical care; (iv) the commencement of any proceeding for the exclusion of Group or any Provider from participation in any federal or state health benefits program or any investigation that may lead to such exclusion; or (v) any filing with the National Practitioner Data Bank regarding the activities, competence, professional conduct or affairs of any Provider.

(h) All representations and warranties in this paragraph will remain true and correct during the term of this Agreement. If any of the representations and warranties becomes inaccurate in any way, Group will immediately notify Hospital.

5. Certain Covenants. In addition to the services described in **Exhibit A**, Group agrees that during the term of this Agreement, Providers will:

(a) Undertake and perform such administrative duties and functions incidental to the provision of services under this Agreement as Hospital may reasonably request.

(b) Keep or cause to be kept accurate and complete records in an adequate filing system regarding services provided under this Agreement.

6. Removal. Hospital may reasonably request that a Provider be removed from providing services if Hospital has a good faith reason to believe that the Provider's behavior is disruptive to the efficient operation of the Hospital. Hospital will notify Group of the request to remove a Provider and will permit Group at least ten (10) days to secure a replacement. Group will immediately remove a Provider if the Provider:

(a) loses any licenses, certificates, credentialing or privileges, or DEA/OBNDD registration necessary to provide the Services;

(b) is suspended or otherwise precluded from participation as a provider under the Medicare or Medicaid program;

(c) uses alcohol or any other substance to the extent that it impairs the Provider's job performance or ability to carry out Group's obligations under this Agreement, or Provider uses alcohol or any other substance during working hours on the premises of any facility operated by Hospital;

(d) unlawfully uses any controlled substance or illegal drug;

(e) engages in personal or professional misconduct in substantial noncompliance with Hospital's workplace rules, policies or procedures, including the policies and procedures of Hospital's Medical Staff;

(f) is arrested for or convicted of any offense punishable as a felony that is of such a serious nature as to render the Provider's continued retention detrimental to Hospital, as determined by Hospital in its sole discretion;

(g) commits an act of moral turpitude, professional misconduct or conduct involving a breach of professional ethics or acts in a manner that seriously detrimental to the interest of Hospital;

(h) fails to meet any individual quality metrics agreed to by and between the Group and Hospital.

(i) breaches security, confidentiality or HIPAA in such a manner that Hospital determines it is of material detriment to Hospital; or

(j) Company discovers any material misrepresentation or omission in the representations made in paragraph 4 of this Agreement.

7. Insurance Coverage. During the term of this Agreement, Group will maintain, or ensure that each Provider maintains, professional liability insurance covering each Provider in the performance of services to Hospital in the minimum amounts of $1 million per occurrence, $3 million in aggregate. Upon request, Group will provide a certificate or certificates of insurance to Hospital evidencing such coverage and will notify Hospital immediately if any adverse change in coverage occurs for any reason.

8. Termination.

(a) In General. This Agreement may be terminated in any of the following events.

(i) By either party, without cause, on 60 days' prior written notice to the other party;

(ii) By Hospital, for cause, as provided hereafter;

(iii) By either party, for material breach, as provided hereafter, or

(iv) By reason of material breach, as provided hereafter.

(b) Termination by Hospital for Cause. Hospital may immediately terminate this Agreement for cause upon notice to Group upon the occurrence of any of the following events:

(i) Group fails to remove a Provider in the circumstances set forth in paragraph 6 of this Agreement;

(ii) Group is not able to perform the services required under this Agreement, or Group performs any activity or engages in any conduct that jeopardizes the health, safety or welfare of any person or the safety, reputation, or the regular functions of Hospital;

(c) Termination for Material Breach.

(i) If either party defaults by the failure to comply in all material respects with the terms of this Agreement, the other party may terminate this Agreement upon thirty (30) days prior written notice to the defaulting party, unless the defaulting party cures such default within the thirty (30) day period. This provision will not constitute an election of remedies by either party, and one party will have and retain all rights to damages at law and rights to equitable relief in the event of breach by the other party.

(ii) Either party may terminate this Agreement immediately in the event the other party: (A) fails to maintain all necessary licenses and accreditations, to the extent applicable; (B) makes an assignment for the benefit of creditors, becomes insolvent or bankrupt, or is the subject of a bankruptcy petition or petition for dissolution, liquidation, or for the winding up of business affairs, for the appointment of a trustee or receive to take possession of assets; or (C) is excluded (whether voluntarily or involuntarily) from participation in Medicare, Medicaid, or any other federally funded healthcare program. The termination provisions of this subparagraph shall not be exclusive, but rather shall be in addition to any rights or remedies at law or in equity, or under this Agreement.

(d) On Termination. Upon termination of this Agreement, Hospital will pay Group for services rendered through the date of termination. Neither party will have any further obligation to the other except for (i) obligations accruing prior to the date of termination, and (ii) obligations contained in this Agreement that are expressly made or otherwise contemplated to extend beyond the term of this Agreement.

9. Billing and Collection.

(a) The Hospital, in its sole discretion, may establish policies and procedures for billing and collecting for services provided by Providers at the Hospital. Group shall ensure that each Provider complies with all such policies and procedures.

(b) The Hospital will bill for any professional fees, facility fees, or any other amounts collected from any payer, patient, or other third party related to reimbursable services provided by any Provider pursuant to this Agreement and will be entitled to retain all amounts collected for such services. Group agrees not to submit any claims for services provided pursuant to this Agreement and will ensure that no Provider submits claims for such services.

(c) Group hereby irrevocably assigns to the Hospital any right Group may have to bill and collect for any and all services provided by any Provider to patients of the Hospital during the term of this Agreement. Group will take all actions reasonably requested by the Hospital to implement the provisions of paragraph 9 of this Agreement, to include (i) requiring Providers to assign to Hospital their right to bill and collect for such services; (ii) executing such documents, or requiring Providers to execute such documents, Hospital reasonably deems necessary to implement paragraph 9 of this Agreement; and (iii) taking any other steps Hospital deems necessary to ensure that Hospital may bill and collect for services provided in accordance with this Agreement (collectively, the "Assignment").

(d) For avoidance of doubt, the Assignment granted in the immediately preceding subparagraph shall give Hospital the right to: (i) bill the Medicare and Medicaid Programs in the name of the Providers; (ii) act as the agent and true and lawful attorney in fact of Group and the Providers for the following purposes: (A) to submit all claims and other documents necessary or appropriate for the timely billing for the services; (B) to collect, receive payment of, receipt for, and give discharges and releases for all claims for such healthcare and ancillary services, (C) to make demand with respect to, settle, compromise, and adjust such claims and to commence and prosecute either in its name or in the name of the Group, and for their mutual benefit any suit, action or proceeding to collect any such claims, and (D) to take possession of and endorse in the name of Group or any Provider any note, check, money order, insurance payment or any other instrument received as payment for such services.

10. Disclaimer of Intent to Become Partners.

(a) Hospital and Group will not by virtue of this Agreement be deemed to be partners or joint venturers. Group is retained by Hospital to provide services under this Agreement as an independent contractor. Hospital will not pay or withhold any federal or state income or payroll taxes on behalf of Group. Group will not be treated as an employee of Hospital with respect

to any services provided under this Agreement. Group will not incur any financial obligation on behalf of Hospital unless expressly authorized by Hospital.

(b) Group shall be solely responsible for the payment of unemployment compensation, workers' compensation, compensation owed to Providers and other employees or contractors of Group, and any income, occupational, F.I.C.A. or other taxes, assessments, interest or penalty of any kind whatsoever assessed by any governmental agency or entity which may pertain to any monies earned, collected, paid or charged by or to Group (or any of its employees or agents) pursuant to this Agreement

11. Notices. Any and all notices, consents or other communications by one party intended for the other will be deemed to have been properly given if in writing and personally delivered, transmitted by electronic means, or deposited in the United States first class mails, postpaid, to the addresses or numbers set forth below the signatures of the parties.

12. Applicable Law, Jurisdiction, and Venue.

(a) Applicable Law. This Agreement shall be interpreted and construed under and governed by the laws of the State of Oklahoma, without giving effect to any principles of conflicts of law.

(b) Jurisdiction and Venue. The parties irrevocably consent and agree (and waive all rights otherwise) that jurisdiction and venue for any dispute or controversy arising between them or any person or entity in privity therewith, out of the transactions effected and relationships created pursuant to this Agreement, including any dispute or controversy regarding the formation, terms, or construction of this Agreement, regardless of kind or character shall lie in the District Court of Custer County, Oklahoma.

13. Confidentiality. Group will keep confidential and will not divulge to anyone else any of the proprietary, confidential information of Hospital, including information relating to such matters as finances, methods of operation and competition, pricing, marketing plans and strategies, equipment and operational requirements and information concerning personnel, patients and suppliers, unless such information (i) is or becomes generally available to the public other than as a result of disclosure by Group, or (ii) is required to be disclosed by law or by a judicial, administrative or regulatory authority. Group will not use such information except in the performance of Group's obligations under this Agreement. Additionally, Group will keep the terms of this Agreement strictly confidential.

14. Compliance.

(a) Group will appropriately safeguard all data that is protected health information, as defined in the Health Insurance Portability and Accountability Act of 1996, as it may be amended from time to time ("HIPAA"). Group will execute a HIPAA business associate agreement with Hospital, if required by law.

(b) To the extent required by the Social Security Act § 1861(v)(1)(I) and the regulations promulgated thereunder, including 42 C.F.R. § 420.300 *et seq.*, Group shall keep and maintain accurate books, records, and documents of all services provided to Hospital under this Agreement, shall retain and preserve such books, records, and documents for not less than

four years after the last date on which such services are provided under this Agreement, and shall provide access to such books, records, and documents pertaining to performance of this Agreement and the provision of services hereunder as may be required by law.

15. No Requirement to Refer. Nothing in this Agreement, whether written or oral, nor any consideration under this Agreement contemplates or requires the referral of any patient to the Hospital. Group will not receive or be paid any compensation or remuneration for referrals, if any.

16. Indemnification. Group agrees to indemnify, defend, and hold harmless Hospital and its employees, officers, board members, contractors, and agents from and against any and all claims, liabilities, damages, losses, costs, and expenses (including reasonable attorneys' fees and court costs) arising out of or resulting from a violation of law by Group or a Provider, negligence of Group or a Provider, intentional misconduct of Group or a Provider, or a breach of this Agreement by Group.

17. Regulatory Requirements. Group will ensure that Providers perform services under this Agreement in compliance with federal and state law, rules, and regulations and the policies of Hospital.

18. Miscellaneous. The invalidity or unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision. Group may not assign this agreement or any right or interest hereunder without the written consent of Hospital. No right or remedy conferred in this Agreement upon or reserved to either Hospital or Group is intended to be exclusive of any other right or remedy. Each and every right and remedy will be cumulative and in addition to any other right or remedy provided in this Agreement. The failure of Hospital or Group to insist upon the strict observance or performance of any of the provisions of this Agreement or to exercise any right or remedy will not impair any such right or remedy or be construed as a waiver or relinquishment thereof with respect to subsequent defaults. This Agreement is not intended to confer any right or benefit upon, or permit enforcement of any provision by, any patient or any person other than the parties to this Agreement.

19. Intentionally Omitted.

20. Survivability. The provisions of this Agreement related to Billing and Collections; Notices; Applicable Law, Jurisdiction, and Venue; Confidentiality; Compliance; Indemnification; Miscellaneous; Intellectual Property; and any other provision the survival of which is necessary to carry out the parties' intent shall survive termination of this Agreement.

21. Entire Agreement. This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and cannot be changed or modified except by another agreement in writing signed by all parties.

IN THE WITNESS WHEROF, the parties have executed this Agreement as of the Effective Date.

Hospital:

By _____
Name, Title

Date _____

Address: _____
_____

Group:

By _____
Name, Title
CARL LAFFOON, DNP, APRN-CNP
Date 3/21/26 President

Address: 11709 Milam Rd
Okc, OK 73173

EXHIBIT A

Services and Compensation

Services

1. Group will staff Hospital's Emergency Department, 24 hours a day and 365 days a year, with Providers at staffing levels, and ratios between Physicians and APRNs, as reasonably determined by Hospital, in accordance with the Hospital Bylaws, Hospital policy, and applicable law.

2. Group will ensure that its Providers comply with Hospital's policies, procedures, and directions regarding timely documentation and charting timelines and requirements.

3. Group and its Providers will provide prompt assistance Hospital in support of Hospital's billing and collection efforts.

4. Group will designate a Provider to work, in collaboration with Hospital's Emergency Department Director, on Hospital initiatives related to quality, compliance, risk management, and similar matters, including participation in committees, boards, or other groups.

5. Group will ensure Providers staffing the Emergency Department perform the clinical and administrative tasks necessary to ensure individuals presenting at the Emergency Department receive appropriate care, including performing the following:

(a) Providing comprehensive emergency medical evaluations, diagnoses, and treatment plans for all patients presenting to the Emergency Department, with complete documentation in the electronic medical record (EMR) within 48 hours of patient encounter completion;

(b) Performing emergency medical procedures within Provider's scope of practice and Emergency Medicine credentials, including but not limited to:

(c) Coordinating transfer of patients to higher levels of care, specialty facilities, or other hospitals as medically appropriate, or admitting patients for observation;

(d) Coordinating with specialists, primary care providers, and consulting services for admitted patients requiring ongoing care, including timely communication of patient status and treatment recommendations;

(e) Providing oversight of Emergency Department patient flow, triage decisions, bed management, and coordination with nursing and ancillary staff to ensure efficient department operations and optimal patient throughput times;

(f) Participating in Hospital quality improvement initiatives, peer review processes, incident investigations, morbidity and mortality conferences, and performance improvement activities related to emergency care;

(g) Ensuring all medical documentation meets federal billing requirements, supports appropriate ICD-10 and CPT coding, and complies with Medicare, Medicaid, and third-party payor documentation standards for maximum reimbursement;

(h) Communicating with patients and family members regarding emergency care, treatment plans, disposition decisions, prognosis, and discharge instructions in a professional, compassionate, and culturally sensitive manner;

(i) Participating in Hospital emergency response protocols including disaster preparedness, mass casualty incidents, infectious disease outbreaks, and public health emergencies as directed by Hospital administration;

(j) Fulfilling administrative responsibilities, including participation in staff meetings, policy development, protocol review, strategic planning activities, and coordination with Hospital leadership on departmental initiatives;

(k) Maintaining current knowledge of emergency medicine practices through continuing medical education, implementing evidence-based care protocols, and staying current with emergency medicine literature and best practices;

(l) Ensuring all emergency care services comply with applicable federal, state, and local regulations, CMS requirements, and Hospital policies and procedures;

(m)Utilizing Hospital's ancillary services, departments, and resources whenever clinically appropriate and available in the furtherance of services provided under this Agreement, including but not limited to laboratory services, radiology and imaging, physical therapy, cardiac rehabilitation, wound care services, respiratory therapy, and other diagnostic or therapeutic services offered by Hospital, except that this requirement shall not apply (i) if the patient expresses a preference for a different provider; (ii) the patient's insurer determines the provider; (iii) the referral is not in the patient's best medical interest in the judgment of the Provider; or (iv) Hospital does not offer the relevant good or service (including when the good or service is temporarily unavailable); and

6. Notwithstanding anything in this Agreement, Provider will ensure strict compliance with the Emergency Medical Treatment and Labor Act (EMTALA), including rules pertaining to medical screening examinations, stabilization of emergency medical conditions, and appropriate transfers.

Compensation

1. Hospital will pay Group the per-Provider, per-hour rate described in this paragraph for services performed under this Agreement (the "Hourly Rate").

(a) Except on Major Holidays, as defined below, the Hourly Rate is $180.00.

(b) On Major Holidays, the Hourly Rate is $195.

(c) Partial hours shall be prorated.

(d) The term "Major Holidays," as used in this paragraph, refers to

(i) New Year's Day

(ii) Memorial Day

(iii) Independence Day

(iv) Labor Day

(v) Thanksgiving Day

(vi) Christmas Day

2. As a condition to receiving compensation under this Agreement, Group will submit monthly invoices to Hospital in the form or format reasonably requested by Hospital and consistent with Hospital's internal policies and practices. Group will provide timely responses to Hospital's reasonable requests for documentation and information related to such invoices and understands that payment may be denied or delayed if Group fails to provide such documentation or information.

3. Group will receive no other compensation, except as specifically provided in this Exhibit A, for providing services under this Agreement.

DCN : 8A0B932DFC1 F5640C9A74C4EFCCFE952

GOVERNMENT ENTITY / MUNICIPALITY / PUBLIC FUNDS RESOLUTIONS

ENTITY	FINANCIAL INSTITUTION
Clinton Hospital Authority	Bank 360
MEETING DATE: March 11, 2026	TAX I.D. NUMBER: 88-4062444

I HEREBY CERTIFY to the above named Financial Institution as of the date set forth above : (1) that I am an Official of the Government, Municipality or Public Entity ("Entity") authorized to execute this Resolution ; (2) that the Entity is recognized, is organized, exists and is authorized to conduct business under the state or local law, statute, regulati on or other authority of the state or jurisdiction where it is located; (3) the resolutions set forth below were presented and adopted at a meeting of the governing body ofthe Entity on the Meeting Date shown above.

RESOLVED , that the following persons (and/or their successors in office) be and hereby are authorized on behalf ofthe Entity to exercise the respective powers as prescribed :

Name	Title	Signature	Authorized Powers*
Chasity Richardson	Co-Administrator		A,BC
Debra Blanchard	City Treasure		H
Holly Masquelier	Hospital A/P		A,B,C
Kevin Wolters			D,E,F

Indicate power(s) conferred by appropriate letter(s)from thefollowing list. See Addendum for additi onal authorized persons

Authorized Powers	Signatures Required
Indicate th e number of signatures required to exercise each power	
A. Open or close any deposit or other account relationship in the Entity's name with the Financial Institution	2
B. Act as an authorized signer with authority to conduct any and all business and transactions on behalf of the Entity with respect to any account ofthe Entity.	2
C. Establish , access , and terminate a safe deposit box in the Financia l Institution on behalf of the Entity.	2
D. Borrow funds on behalfand in the name ofthe Entity from the Financial Institution ; renew and extend loans and other debt owed by the Entity; and execute and del iver any promissory note(s) or other instrument(s) evidencing debt, in such form as Financi al Institution may require .	2
E. Give security for any liabilities of the Entity to the Financial Institution by pledge, assignment, security interest, mortgage, or other lien upon any real or personal property, tangible or intangible, of the Entity.	2
F. Execute and deliver (I) any security instrument securing the repayment of debt, and (ii) such certificates , instruments notices, and documents or takes other actions as may be required from time to time by Financial Institution or such Entity agents may deem necessary or proper to carry out the obligations of the Entity to Financial Institution .	2
G. Additional Powers :	2
H. Exercise all of the powers listed above (subj ect to required signature numbers and any limitations expressed below) .	2

Limitations on Authorized Powers : ☐ None ☐ Limited to $

☐ Other Limitations (describe):

☐ If checked, this Resolution replaces the Resolution dated

Form 597

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DCN : 8A0B932DFC1 F5640C9A74C4EFCCFE952

With respect to Authorized Powers A and B ,

FURTHER RESOLVED , That the Financial Institution b e, and it hereby is, designated a depository of this Entity with authority to accept at anytime for the credit of this Entity, deposits by whomsoever made of funds in whatever form and in whatever manner endorsed or, ifnot endorsed, to supply any endorsementnecessary, and Financi al Institution may rely on any waiver of a restrictive endorsement made by the depositing party . And Financial Institution be , and it hereby is, auth orized to pay or to otherwise honor or app ly checks , drafts , notes, bills of exchange, acceptances, undertakings and other instruments or orders for the payment, transfer or withdrawal of money for whatever purpose and to whomsoever payable without inquiry, without regard to the appl ication of the proceeds, and without regard to whether an overdraft results . This authority extends to all such items including those drawn to the individual order of a signer, when signed , accepted or endorsed by the required number of the named officers or other persons authorized to sign on behalf of the Entity. Financial Institution is given the right to require pro ofsatisfactory to it of the identity of officer or position held, but the Financial Institution need not require proof

FURTHER RESOLVED, that the authorized persons and the same number as specified to sign be, and are hereby, authorized and emp owered to endorse checks payable to or belonging to this Entity (whether such endorsement be manual, by endorsement stamp [in which case the stamp may be relied upon as in the case of a facsimile signature] , or otherwise), and that the Financial Institution may pay or otherwise honor checks and other drafts or other orders of payment of money drawn in the name of the Entity when bearing or purporting to bear the actual or facsimile signature of these same persons and the same number as specified to sign regardless ofby whom or by what means that actual or purported facsimile signature may have been made if such signature resembles the signature specimen from time to time fi led with Financial Institution .

FURTHER RESOLVED, that these same persons and the same number as specified to sign be, and are hereby, authorized and empowered to accept for the Entity any and all drafts, notes , bills of exchange, acceptances, undertakings or other instruments or orders for the payment ofmoney drawn on the Entity and receive for the Entity any documents , instruments, securities or other papers accompanying them

FURTHER RESOLVED , that these same persons and the same number as specified to sign b e, and are hereby, authorized and empowered to execute orders for transfers of funds electronically, by public or private wire transfer systems or otherwise, from or to accounts at Financial Institution . Financial Institution may accept the representations of identity or of agency of any party giving telephonic or wire instructions for transfer offunds . The obligation of Financi al Institution is limited to crediting or debiting the designated account and sen ding notices requested . In crediting or debiting an account, Financial Institution may rely on any account numb er given in the event there is a conflict in instructions between the account number and identification of the account holder or other information, unless no such account exists, in wh ich cas e identification ofthe account holder or other information may control . Financial Institution is not liable for errors, omissions , or delays of any agent through whom such transfers are effected and in no event shall be liable for loss actually proven in excess of the amount of the order, plus if responsibility for delay in transmission is established , interest for loss of funds at the then current rate of interest payable by Financial Institution on commercial deposits of like amounts .

FURTHER RESOLVED, that any items negotiated with Financi al Institution whether by deposit, for cash or otherwise, which are not paid for any reason or which are returned to Financial Institution at any time for any reason may be charged to the account of this Entity and, if there are insufficient funds in said account for that purpose, this Entity agrees to reimburse the Financial Institution immediately up on request.

FURTHER RESOLVED , that charges for maintenance and service of this account may be made on occasions and in an amount as from time to time set forth by Financial Institution, and that the rights and liabilities on any account will be determined by any deposit agreement or contract as may from time to time be in force.

FURTHER RESOLVED , that any of the applicable persons authorized by this Resoluti on are also authorized to sign on any Entity account and are hereby authorized and empowered to sign such deposits agreements or contracts for the conduct of and for rights and li abiliti es relating to such account which may be from time to time required by Financial Institution .

FURTHER RESOLVED, that any of the persons authorized by this Resolution to sign on any Entity account is hereby authorized to order the Financial Instituti on to stop payment of any item drawn on said account, whether such item is signed by said person or by any other person authorized to sign, and that any stop payment order so given may be revoked only by the person giving it .

SIGNATURE OF CERTIFYING OFFICER

This Certificate should be signed by the certifying officer . If the certifying officer is also one of the Authorized Persons listed above, this Certification should be confirmed by another officer .

Signature	Title	Confirming Signature	Title

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Res No. HA2026-03

DCN : 8A0B932DFC1 F5640C9A74C4EFCCFE952

GOVERNMENT ENTITY / MUNICIPALITY / PUBLIC FUNDS RESOLUTIONS

ENTITY	FINANCIAL INSTITUTION
Clinton Hospital Authority	Bank 360
MEETING DATE: March 11, 2026	TAX I.D. NUMBER: 88-4062444

I HEREBY CERTIFY to the above named Financial Institution as of the date set forth above : (1) that I am an Official of the Government, Municipality or Public Entity ("Entity") authorized to execute this Resolution ; (2) that the Entity is recognized, is organized, exists and is authorized to conduct business under the state or local law, statute, regulati on or other authority of the state or jurisdiction where it is located; (3) the resolutions set forth below were presented and adopted at a meeting of the governing body ofthe Entity on the Meeting Date shown above.

RESOLVED , that the following persons (and/or their successors in office) be and hereby are authorized on behalf ofthe Entity to exercise the respective powers as prescribed :

Name	Title	Signature	Authorized Powers*
Chasity Richardson	Co-Administrator		A,BC
Debra Blanchard	City Treasure		H
Holly Masquelier	Hospital A/P		A,B,C
Kevin Wolters			D,E,F

Indicate power(s) conferred by appropriate letter(s)from thefollowing list. See Addendum for additi onat authorized persons

Authorized Powers	Signatures Required
Indicate th e number of signatures required to exercise each power	
A. Open or close any deposit or other account relationship in the Entity's name with the Financial Institution	2
B. Act as an authorized signer with authority to conduct any and all business and transactions on behalf of the Entity with respect to any account ofthe Entity.	2
C. Establish , access , and terminate a safe deposit box in the Financia l Institution on behalf of the Entity.	2
D. Borrow funds on behalfand in the name ofthe Entity from the Financial Institution ; renew and extend loans and other debt owed by the Entity; and execute and del iver any promissory note(s) or other instrument(s) evidencing debt, in such form as Financi al Institution may require .	2
E. Give security for any liabilities of the Entity to the Financial Institution by pledge, assignment, security interest, mortgage, or other lien upon any real or personal property, tangible or intangible, of the Entity.	2
F. Execute and deliver (i) any security instrument securing the repayment of debt, and (ii) such certificates , instruments notices, and documents or takes other actions as may be required from time to time by Financial Institution or such Entity agents may deem necessary or proper to carry out the obligations of the Entity to Financial Institution .	2
G. Additional Powers :	2
H. Exercise all of the powers listed above (subj ect to required signature numbers and any limitations expressed below) .	2

Limitations on Authorized Powers : ☐ None ☐ Limited to $

☐ Other Limitations (describe):

☐ If checked, this Resolution replaces the Resolution dated

Form 697

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DCN : 8A0B932DFC1 F5640C9A74C4EFCCFE952

With respect to Authorized Powers A and B ,

FURTHER RESOLVED , That the Financial Institution b e, and it hereby is, designated a depository of this Entity with authority to accept at anytime for the credit of this Entity, deposits by whomsoever made of funds in whatever form and in whatever manner endorsed or, ifnot endorsed, to supply any endorsementnecessary, and Financi al Institution may rely on any waiver of a restrictive endorsement made by the depositing party . And Financial Institution be , and it hereby is, auth orized to pay or to otherwise honor or app ly checks , drafts , notes, bills of exchange, acceptances, undertakings and other instruments or orders for the payment, transfer or withdrawal of money for whatever purpose and to whomsoever payable without inquiry, without regard to the appl ication of the proceeds, and without regard to whether an overdraft results . This authority extends to all such items including those drawn to the individual order of a signer, when signed , accepted or endorsed by the required number of the named officers or other persons authorized to sign on behalf of the Entity. Financial Institution is given the right to require pro ofsatisfactory to it of the identity of officer or position held, but the Financial Institution need not require proof

FURTHER RESOLVED, that the authorized persons and the same number as specified to sign be, and are hereby, authorized and emp owered to endorse checks payable to or belonging to this Entity (whether such endorsement be manual, by endorsement stamp [in which case the stamp may be relied upon as In the case of a facsimile signature] , or otherwise), and that the Financial Institution may pay or otherwise honor checks and other drafts or other orders of payment of money drawn in the name of the Entity when bearing or purporting to bear the actual or facsimile signature of these same persons and the same number as specified to sign regardless ofby whom or by what means that actual or purported facsimile signature may have been made if such signature resembles the signature specimen from time to time fi led with Financial Institution .

FURTHER RESOLVED, that these same persons and the same number as specified to sign be, and are hereby, authorized and empowered to accept for the Entity any and all drafts, notes , bills of exchange, acceptances, undertakings or other instruments or orders for the payment ofmoney drawn on the Entity and receive for the Entity any documents , instruments, securities or other papers accompanying them

FURTHER RESOLVED , that these same persons and the same number as specified to sign b e, and are hereby, authorized and empowered to execute orders for transfers of funds electronically, by public or private wire transfer systems or otherwise, from or to accounts at Financial Institution . Financial Institution may accept the representations of identity or of agency of any party giving telephonic or wire instructions for transfer offunds . The obligation of Financi al Institution is limited to crediting or debiting the designated account and sen ding notices requested . In crediting or debiting an account, Financial Institution may rely on any account numb er given in the event there is a conflict in instructions between the account number and identification of the account holder or other information, unless no such account exists, in wh ich cas e identification ofthe account holder or other information may control . Financial Institution is not liable for errors, omissions , or delays of any agent through whom such transfers are effected and in no event shall be liable for loss actually proven in excess of the amount of the order, plus if responsibility for delay in transmission is established , interest for loss of funds at the then current rate of interest payable by Financial Institution on commercial deposits of like amounts .

FURTHER RESOLVED, that any items negotiated with Financi al Institution whether by deposit, for cash or otherwise, which are not paid for any reason or which are returned to Financial Institution at any time for any reason may be charged to the account of this Entity and, if there are insufficient funds in said account for that purpose, this Entity agrees to reimburse the Financial Institution immediately up on request.

FURTHER RESOLVED , that charges for maintenance and service of this account may be made on occasions and in an amount as from time to time set forth by Financial Institution, and that the rights and liabilities on any account will be determined by any deposit agreement or contract as may from time to time be in force.

FURTHER RESOLVED , that any of the applicable persons authorized by this Resoluti on are also authorized to sign on any Entity account and are hereby authorized and empowered to sign such deposits agreements or contracts for the conduct of and for rights and li abiliti es relating to such account which may be from time to time required by Financial Institution .

FURTHER RESOLVED, that any of the persons authorized by this Resolution to sign on any Entity account is hereby authorized to order the Financial Instituti on to stop payment of any item drawn on said account, whether such item is signed by said person or by any other person authorized to sign, and that any stop payment order so given may be revoked only by the person giving it .

SIGNATURE OF CERTIFYING OFFICER

This Certificate should be signed by the certifying officer . If the certifying officer is also one of the Authorized Persons listed above, this Certification should be confirmed by another officer .

Signature	Title	Confirming Signature	Title

Form 597

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DCN : 8A08932DFC1 F5640C9A74C4EFCCFE952

GOVERNMENT ENTITY / MUNICIPALITY / PUBLIC FUNDS RESOLUTIONS

ENTITY	FINANCIAL INSTITUTION
Clinton Hospital Authority	JP Morgan Chase
MEETING DATE: March 11, 2026	TAX I.D. NUMBER: 88-4062444

I HEREBY CERTIFY to the above named Financial Institution as of the date set forth above : (1) that I am an Official of the Government, Municipality or Public Entity ("Entity") authorized to execute this Resolution ; (2) that the Entity is recognized, is organized, exists and is authorized to conduct business under the state or local law, statute, regulati on or other authority of the state or jurisdiction where it is located; (3) the resolutions set forth below were presented and adopted at a meeting of the governing body ofthe Entity on the Meeting Date shown above.

RESOLVED , that the following persons (and/or their successors in office) be and hereby are authorized on behalf ofthe Entity to exercise the respective powers as prescribed :

Name	Title	Signature	Authorized Powers*
Chasity Richardson	Co-Administrator		A,BC
Debra Blanchard	City Treasure		H
Holly Masquelier	Hospital A/P		A,B,C
Kevin Wolters			D,E,F

Indicate power(s) conferred by appropriate letter(s)from thefollowing list. See Addendum for additi onat authorized persons

Authorized Powers	Signatures Required
Indicate th e number of signatures required to exercise each power	
A. Open or close any deposit or other account relationship in the Entity's name with the Financial Institution	2
B. Act as an authorized signer with authority to conduct any and all business and transactions on behalf of the Entity with respect to any account ofthe Entity.	2
C. Establish , access , and terminate a safe deposit box in the Financia l Institution on behalf of the Entity.	2
D. Borrow funds on behalfand in the name ofthe Entity from the Financial Institution ; renew and extend loans and other debt owed by the Entity; and execute and del iver any promissory note(s) or other instrument(s) evidencing debt, in such form as Financi al Institution may require .	2
E. Give security for any liabilities of the Entity to the Financial Institution by pledge, assignment, security interest, mortgage, or other lien upon any real or personal property, tangible or intangible, of the Entity.	2
F. Execute and deliver (i) any security instrument securing the repayment of debt, and (ii) such certificates , instruments notices, and documents or takes other actions as may be required from time to time by Financial Institution or such Entity agents may deem necessary or proper to carry out the obligations of the Entity to Financial Institution .	2
G. Additional Powers :	2
H. Exercise all of the powers listed above (subj ect to required signature numbers and any limitations expressed below) .	2

Limitations on Authorized Powers : ☐ None ☐ Limited to $

☐ Other Limitations (describe):

☐ If checked, this Resolution replaces the Resolution dated

Form 597

©Copyright 0 1/2023 American Bank Systems, Inc.

DCN : 8A0B932DFC1 F5640C9A74C4EFCCFE952

With respect to Authorized Powers A and B ,

FURTHER RESOLVED , That the Financial Institution b e, and it hereby is, designated a depository of this Entity with authority to accept at anytime for the credit of this Entity, deposits by whomsoever made of funds in whatever form and in whatever manner endorsed or, ifnot endorsed, to supply any endorsementnecessary, and Financi al Institution may rely on any waiver of a restrictive endorsement made by the depositing party . And Financial Institution be , and it hereby is, auth orized to pay or to otherwise honor or app ly checks , drafts , notes, bills of exchange, acceptances, undertakings and other instruments or orders for the payment, transfer or withdrawal of money for whatever purpose and to whomsoever payable without inquiry, without regard to the appl ication of the proceeds, and without regard to whether an overdraft results . This authority extends to all such items including those drawn to the individual order of a signer, when signed , accepted or endorsed by the required number of the named officers or other persons authorized to sign on behalf of the Entity. Financial Institution is given the right to require pro ofsatisfactory to it of the identity of officer or position held, but the Financial Institution need not require proof

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FURTHER RESOLVED , that these same persons and the same number as specified to sign b e, and are hereby, authorized and empowered to execute orders for transfers of funds electronically, by public or private wire transfer systems or otherwise, from or to accounts at Financial Institution . Financial Institution may accept the representations of identity or of agency of any party giving telephonic or wire instructions for transfer offunds . The obligation of Financi al Institution is limited to crediting or debiting the designated account and sen ding notices requested . In crediting or debiting an account, Financial Institution may rely on any account numb er given in the event there is a conflict in instructions between the account number and identification of the account holder or other information, unless no such account exists, in wh ich cas e identification ofthe account holder or other information may control . Financial Institution is not liable for errors, omissions , or delays of any agent through whom such transfers are effected and in no event shall be liable for loss actually proven in excess of the amount of the order, plus if responsibility for delay in transmission is established , interest for loss of funds at the then current rate of interest payable by Financial Institution on commercial deposits of like amounts .

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Signature	Title	Confirming Signature	Title

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CLINTON REGIONAL HOSPITAL	POLICY AND PROCEDURE	
	MANUAL Payroll policies and procedures	2026
	SUBJECT Payroll policies and procedures	

PURPOSE: To be responsible for maintaining an accurate and confidential record of employee hours worked and benefit accruals. Ensures all payroll and financial reporting related to payroll is done in an accurate and timely manner.

PROCEDURE:

- Enter new employee information into the master database (Paycom). If a current employee changes jobs, works multiple jobs, has a change in rate of pay, or a change in departments, those changes will be entered into Paycom after receiving confirmation from the department manager.

- It is the responsibility of the employee and department managers to ensure employee punch times are correct. Any errors need to be corrected by the manager by noon on the Monday of the applicable payroll week. Any requested sick or PTO hours will also be entered by that time – these hours need to be approved by the manager. After all additions and corrections are made, the manager will sign off on the time and attendance to let the payroll administrator know they may proceed with the payroll process.

- The payroll system will determine staff shift differentials. It will also indicate weekends worked and those hours will be multiplied by the appropriate amounts for staff.

- Job and transaction codes will be noted to determine if hours listed are straight time, overtime, sick or PTO hours taken, call pay, call-backs, etc.

- Information will include hours worked and the appropriate transaction code, along with dollar amounts of pay earned for shift differentials, on call, or call backs.

- After all employee information is entered and verified, the payroll process will begin on Monday of the new pay period. The check register review will be downloaded and sent to CFO for review and approval. On Tuesday of the week of payroll processing, employees will receive a notice to approve their check. Once the CFO approves payroll on the Wednesday of the new pay period, payroll will be processed and

completed. A cash requirement statement will be sent to accounts payable and the CFO.

- All payroll is facilitated via direct deposit. Paystubs are available for employees on Paycom's mobile application after the payroll process is completed.

- CRH pays bi-weekly, every other Friday. If payday falls on a holiday, it will be paid the day before.

- Employee deductions are automatically withheld during the payroll cycle. Deductions may include taxes, insurance premiums, garnishments, etc. These are then paid through accounts payable.

- Paycom Process taxes for the company. They offer a comprehensive payroll tax management service that includes calculation, submission, and payment of various payroll taxes. Paycom software automates the entire tax filling process, including debiting payroll taxes and filing them online.

- If an employee has questions concerning their paycheck, the payroll clerk will review it with them. If an error is made by payroll, the correction will be made at that time. If an error was due to the employee or manager not entering their correct hours in a timely manner, the error will be corrected in the following pay period.

The payroll department seeks information from a variety of sources including, but not limited to, state and federal agencies dealing with financial and payroll issues.

Approved Department Head	Approved By Committee	Approved by Clinton Hospital Authority
Signed	Signed	Signed
Date	Date	Date

RESOLUTION NO. HA2026-05

CLINTON REGIONAL HOSPITAL	POLICY AND PROCEDURE	
	MANUAL MATERIALS MANAGEMENT & PURCHASING	
	SUBJECT PURCHASING POLICY	

Purchasing Policy

It is the policy of Clinton Hospital Authority, DBA Clinton Regional Hospital, to alternate weeks for payroll and accounts payable payments. It is the responsibility of each department to be forward-thinking and to plan in advance to provide all purchase requests needed to control inventory and facilitate financial planning.

1. Competitive Bidding

   A. The Clinton Hospital Authority shall adhere to the provisions of Oklahoma Statutes (2001), Title 61, Sections 101 et seq. when determining when competitive bidding is required and the manner in which competitive bids will be obtained. Limited exceptions from the requirement of competitive bidding are included in the Statute.

2. Each department manager will facilitate communication of department needs via the following communication methods:

   A. Phone call
   B. Email
   C. In-person meeting
      1) Department managers are expected to provide details including, but not limited to, item descriptions, manufacturer item numbers, quantities requested, dates in which items must be received.
      2) If item(s) require expedited shipping, department managers must disclose this information prior to placement of an order.

3. The purchasing manager will evaluate vendor options for purchasing based on product categories and determine the best pricing value for each item requested:

   A. If multiple vendors fall within the same purchasing category, items will be researched through each vendor to choose the best pricing.

B. After obtaining the best pricing, the purchasing manager will prepare a purchase order with the pertinent vendor and order details following.

4. The purchasing manager will submit the purchase order request via email, along with details to the facility CFO for final approval, prior to order completion:

   A. The CFO will respond in writing to authorize or deny the purchase request, with an explanation provided if the order is unauthorized. No purchase will be made without the CFO's approval.
   B. Upon approval of orders, the purchasing manager will complete the request and forward the final purchase order with details to accounts payable.
   C. Once received by accounts payable, the accounts payable clerk will retain the purchase order documentation until all related invoices are received.
   D. Upon receipt of applicable invoices, the accounts payable clerk will verify that all charges listed correlate with the purchase order and supporting documentation
   E. With completion of the verification process, invoices can be entered into the accounts payable system for payment consideration.

5. The request for Emergency Spending shall not exceed $10,000.00 by the facility CFO and will be reported and approved by the Clinton Hospital Authority at the next scheduled meeting (regular or special.) Examples of emergency expenses include, but are not limited to equipment repairs, acts of nature, and/or staffing emergencies.

6. Debt Service

   A. All long-term indebtedness, in the form of bonds, notes or lease purchase obligations, shall only be incurred in the manner provided by law.

7. Incurring Indebtedness

   A. As provided for in Article 10, Section 26 of the Oklahoma Constitution, the City is prohibited from becoming indebted in any manner for any purpose in an amount exceeding the amount appropriated by the City Council for such purpose, without voter approval. To the extent that the Hospital Authority is obligating City assets, the Hospital Authority shall comply with the Oklahoma Constitution and State Statutes.

_____

Kenneth Baker, Chairman
Clinton Hospital Authority

WORKERS' COMPENSATION COVERAGE RECOMMENDATION

Clinton Hospital Authority

Presented by Jackson Insurance Group

Board Decision Summary

Coverage: Workers' Compensation
Carrier: Accident Insurance Company
Policy Term: April 1, 2026 – April 1, 2027
Estimated Premium: **$22,355 annually**
Agency: Jackson Insurance Group (1120 Frisco Ave., Clinton, Oklahoma)

Executive Summary

Jackson Insurance Group recommends placing Clinton Hospital Authority's Workers' Compensation coverage with Accident Insurance Company (AIC). The proposal offers competitive pricing, a strong 0.86 experience modifier, and responsive local service from a Clinton-based agency, Jackson Insurance Group.

Key Proposal Highlights

Estimated Annual Premium: $22,355
Experience Modifier: 0.86 (Favorable)
Estimated Payroll: $5,022,057
Policy Term: April 1, 2026 – April 1, 2027
Carrier: Accident Insurance Company
Servicing Agency: Jackson Insurance Group – Clinton, Oklahoma

Payroll & Classification Summary

Class Code 8833 – Hospital Professional Employees
Payroll: $4,814,897 | Rate: .626 | Premium: $30,141

Class Code 9040 – Hospital All Other Employees
Payroll: $207,160 | Rate: 2.404 | Premium: $4,980

Premium Structure Overview

Manual Premium: $35,121
Premium Discount: -$12,766
Estimated Annual Premium: $22,355

Payment Schedule Overview

Initial Payment (April 1, 2026): $3,555
Remaining Installments: Approximately $2,088 per month through January 2027

Claims and Risk Management Support

Jackson Insurance Group assists clients with claims coordination, injury reporting guidance, return-to-work strategy discussions, and coverage reviews to help reduce claim frequency and stabilize long-term Workers' Compensation costs.

Why Jackson Insurance Group

Local Service: Based in Clinton with direct access to decision makers.
Claims Advocacy: Support during claims to ensure proper handling.
Coverage Oversight: Monitoring classifications and payroll reporting.
Long-Term Partnership: Focused on maintaining stable insurance programs.

Local Commitment & Service

Jackson Insurance Group is proud to serve Clinton and the surrounding communities. As a locally owned agency based in Clinton, our team is committed to protecting the organizations that support our community.

As a Clinton resident, Jason Jackson understands the importance of purchasing insurance responsibly and ensuring the hospital receives the best possible coverage at the most competitive premium. Our goal is to help Clinton Hospital Authority secure strong protection while avoiding unnecessary insurance costs.

Direct Contact

Jason Jackson
Agency Principal – Jackson Insurance Group
Office: 580-275-2446
Cell: 580-214-0987

You will receive immediate service from our local Clinton insurance agency whenever you need assistance.

Final Recommendation

Jackson Insurance Group respectfully recommends placing Clinton Hospital Authority's Workers' Compensation program with Accident Insurance Company for the upcoming policy term.

This proposal provides a strong combination of competitive pricing, stable underwriting, and responsive local service. Our agency is committed to ensuring the hospital receives the best coverage available while maintaining responsible insurance costs.

As a locally owned Clinton agency, we take pride in supporting the organizations that serve our community. Jackson Insurance Group appreciates the opportunity to serve Clinton Hospital Authority and stands ready to implement coverage immediately upon approval.

Next Steps

Bind Proposed Effective Date: April 1, 2026
Coverage can be bound immediately upon approval.

AIC | Accident Insurance Company

QUOTATION

Valid Until: April 27, 2026
Proposal Date: 03/13/2026
Agency: JOHNSON & JOHNSON, INC
Agency Phone Number:
Policy Period: 04/01/2026 - 04/01/2027
Carrier: Accident Insurance Company Inc

CLINTON HOSPITAL AUTHORITY INC
PO BOX 1567
CLINTON, OK 73601

Installment Schedule:

April 1, 2026	3,555.00	October 1, 2026	2,088.00
May 1, 2026	2,090.00	November 1, 2026	2,088.00
June 1, 2026	2,090.00	December 1, 2026	2,088.00
July 1, 2026	2,090.00	January 1, 2027	2,088.00
August 1, 2026	2,090.00		
September 1, 2026	2,088.00		

Amount Due April 1, 2026
Amount Due April 1, 2026 $ 3,555.00
MAKE CHECKS PAYABLE TO ACCIDENT INSURANCE COMPANY INC.

Serviced by:
Accident Insurance Company Inc.
P.O. Box 531024
Atlanta, GA 30353-1024
(800) 896-6884

Agency Number: 76
JOHNSON & JOHNSON, INC
JOHNSON & JOHNSON, INC
P O BOX 899
CHARLESTON, SC 29402

AIC | Accident Insurance Company

QUOTATION

Valid Until: April 27, 2026
Proposal Date: 03/13/2026
Agency: JOHNSON & JOHNSON, INC
Agency Phone Number:
Policy Period: 04/01/2026 - 04/01/2027
Carrier: Accident Insurance Company Inc

CLINTON HOSPITAL AUTHORITY INC
PO BOX 1567
CLINTON, OK 73601

Quote Reference #: 002050005348026 **Billing Location:** 000000 **Rating State:** OK

Effective Date	Class Code	Classification	Payroll	Rate	Manual Premium
04/01/2026	8833	Hospital--Professional Employe	$ 4,814,897.00	.626	$ 30,141.00
04/01/2026	9040	Hospital--All Other Employees	$ 207,160.00	2.404	$ 4,980.00

Premium Breakdown

Manual Premium		35,121.00
Inc Limits: 1000/1000/1000	1.4000%	492.00 +
Subject Premium		35,613.00
Experience Modifier	.8600	30,627.00
Schedule Credit	.7500	7,657.00 -
Standard Premium		22,970.00
Premium Discount	8.5300%	1,959.00 -
Normal Premium		21,011.00
Expense Constant		250.00 +
Estimated Premium		21,261.00
Terrorism		502.00 +
Catastrophe		502.00 +
Total Premium		22,265.00

Experience Rating Details:

Modifier	Date
0.8600	04/01/2026

Balance

Premium	22,015.00
Installment Fees	90.00
Expense Constant	250.00
Premium Paid	
Balance	22,355.00

0/0/0

AccidentFund | Workers' Compensation Proposal

02/13/2026

INSURICA INSURANCE SERVICES, LLC - OKLAHOMA CITY
5100 N CLASSEN BLVD #300
OKLAHOMA CITY, OK 73118

Dear Agency Partner,

On behalf of Accident Fund, I am pleased to offer this proposal to you. We recognize our mutual customers require a workers' compensation partner with superior knowledge and experience, large enough to handle complex programs, yet small enough to be nimble and responsive to their needs. We partner with independent agencies, such as yours, who share our goal of keeping employees safe on the job – and strive to create the best workers' compensation insurance experience possible.

We believe selecting the right workers' compensation partner is a critical first step to creating a safe, healthy and productive work environment. But, if one of our customers does experience a workplace injury, we're committed to partnering with you to guide them through the claims and recovery process together.

The pages that follow contain a company overview, applicable coverage details and agreement terms for you to share with your client. If you have any questions, please do not hesitate to contact me directly.

We look forward to our continued partnership with you.

Respectfully,

Devin Woodard
Customer Service Specialist
Accident Fund Insurance Company of America
Phone: 517-708-6577 | Email: Devin.Woodard@accidentfund.com

Accident Fund is a division of AF Group. All policies are underwritten by a licensed insurer subsidiary. For more information, visit afgroup.com. © AF Group.



Workers' Compensation Insurance Proposal

CLINTON HOSPITAL AUTHORITY

April 1, 2026

Our customized workers' compensation solutions help our customers minimize workplace accidents - keeping claims and premium costs down. Coverage for CLINTON HOSPITAL AUTHORITY will be effective April 1, 2026.

AF Group

AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Accident Fund is a division of AF Group. All policies are underwritten by a licensed insurer subsidiary. For more information, visit afgroup.com. © AF Group.

AccidentFund | Workers' Compensation Proposal

Details for **Guaranteed Cost**

Quoted Rates by Class Code

Oklahoma - 04/01/2026 through 04/01/2027					
Loc.	Classification	Code	Premium Basis Total Estimated Annual Renumeration	Rate Per $100 of Renumeration	Estimated Annual Premium
1	HOSPITAL ALL OTHER EMPLOYEES	9040	207160	2.6480	$5,486.00
1	HOSPITAL PROFESSIONAL EMPLOYEES	8833	4814897	0.6900	$33,223.00
	Total Manual Premium				**$38,709.00**
	Employers Liability (E/L) increased limits factor	9812	38709	0.0140	$542.00
	Total Subject Premium				**$39,251.00**
	Experience Modifier	9898	39251	0.8600	($5,495.00)
	Total Modified Premium				**$33,756.00**
	Schedule Rating Credit	9887	33756	0.9000	($3,376.00)
	Total Standard Premium				**$30,380.00**
	Premium Discount	0063	30380	0.9089	($2,768.00)
	Expense Constant	0900	1	160	$160.00
	Terrorism Premium	9740	5022057	0.0080	$402.00
	Catastrophe Premium	9741	5022057	0.0160	$804.00
	Estimated Annual Premium				**$28,978.00**
	Other Premium and Surcharges				
	Total Amount Due				**$28,978.00**

Total Estimated Annual Premium $28,978.00

Coverages and Endorsements

We have reviewed the application and are providing those coverages provided by the standard Workers' Compensation Policy and any state-mandated endorsements. Any coverages or endorsements not specifically mentioned in this quote are not included with this proposal.

Item 3A (WC): OK

Item 3B Employers' Liability

Each Accident: $1,000,000
Disease - Policy Limit: $1,000,000
Disease - Each Employee: $1,000,000

Item 3C (Other States): All states and U.S. territories except: monopolistic states, Puerto Rico, the U.S. Virgin Islands, and states designated in Item 3A of the Information Page

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AccidentFund | Workers' Compensation Proposal

02/13/2026

Policy # AF WCP 100113106

CLINTON HOSPITAL AUTHORITY
PO BOX 1567
CLINTON, OK 73601

INSURICA INSURANCE SERVICES, LLC - OKLAHOMA CITY
5100 N CLASSEN BLVD #300
OKLAHOMA CITY, OK 73118

Summary

Option: Guaranteed Cost

Insurance Company	**Accident Fund Insurance Company of America**	Total Estimated Premium	$28,978.00
Effective Date	04/01/2026		
Expiration Date	04/01/2027		
Quote Valid Through	04/01/2026		
Payment Terms		**Total Plan Cost**	**$28,978.00**
10 equal monthly - Direct Bill			

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Forms

State	Form Number	Form Description
OK	WC 00 00 01 A	Information Page - AF CW
OK	WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy
OK	WC 00 04 04	Pending Rate Change Endorsement
OK	WC 00 04 06	Premium Discount Endorsement
OK	WC 00 04 14 A	Notification Of Change In Ownership Endorsement
OK	WC 00 04 19 A	Part Five - Premium Amendatory Endorsement
OK	WC 00 04 21 F	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
OK	WC 00 04 22 C	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
OK	WC 00 04 24	Audit Non-Compliance Charge Endorsement
OK	WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
OK	WC 35 03 02	Oklahoma Employers Liability Amended Coverage Endorsement
OK	WC 35 03 03	Oklahoma Employers Liability Intentional Tort Exclusion Endorsement
OK	WC 35 06 01 F	Oklahoma Cancellation, Nonrenewal And Change Endorsement
OK	WC 35 06 03	Oklahoma Fraud Warning Endorsement
OK	WC 99 06 50 B	Invoice Fee
OK	WC 99 06 60	Execution Clause Endorsement

Applicant's Signature X _____ Date ____ / ____ / ____

Signature of Agent/Producer X _____ Date ____ / ____ / ____

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Oklahoma Workers Compensation Mandatory Optional Deductible Acceptance/Rejection Form

Oklahoma law requires insurers issuing a policy under the Administrative Workers' Compensation Act ("AWCA") to offer deductibles, optional to the policyholder, for benefits payable under the AWCA.

This form is applicable to the optional deductibles required by 85A O.S. Section 95 and OAC 365:15-1-3.1 only. For larger negotiated deductibles, see OAC 365:15-1-3.1 and 365:15-1-3.2.

All five deductible options set forth below shall be fully disclosed to the prospective policyholder in writing. The policyholder is not required to select a deductible option, but if the policyholder chooses a deductible, the policyholder may choose only one combined deductible amount. The maximum combined deductible, including medical benefits and indemnity claims, shall be $5,000 per claim. Please carefully review the requirements for the deductible options outlined below.

DEDUCTIBLE OPTIONS

Combined optional deductible amounts are $1,000.00; $2,000.00; $3,000.00; $4,000.00; and $5,000.00.

EMPLOYER OBLIGATIONS IF A DEDUCTIBLE OPTION IS SELECTED

If the applicant employer chooses a deductible, the insurer shall pay compensable claims to the person or medical providers entitled to the benefits conferred by the AWCA, and obtain reimbursement from the insured employer for the applicable deductible amount.

WARNING: **The insured employer must reimburse the insurer within sixty (60) days of a written demand. If the insured employer fails to reimburse the insurer within sixty (60) days, the insurer may seek to recover the *full amount* of such claim from the insured employer. In addition, the non-payment of deductible amounts shall be treated in the same manner as non-payment of premiums.**

EXPERIENCE MODIFICATION

Benefits paid by the insured employer under a deductible as provided herein may not be treated as benefits paid so as to harm the experience rating of the employer.

ACCEPTANCE/REJECTION

☐ Yes, I have read the optional deductible information summarized above and want the following deductible amount to apply to claims under the AWCA. I understand that this deductible applies to every claim for bodily injury by accident or disease filed by an injured employee.

MEDICAL AND INDEMNITY

- ☐ $1,000.00
- ☐ $2,000.00
- ☐ $3,000.00
- ☐ $4,000.00
- ☐ $5,000.00

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☐ Yes, I understand that I am responsible for reimbursing my insurance company for the amounts of any deductible it pays.

☐ No, I do not want the optional deductible described in this form.

NAMED INSURED CLINTON HOSPITAL AUTHORITY

ADDRESS PO BOX 1567 , CLINTON, OK 73601

TITLE _____

SIGNATURE _____

DATE _____

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

This form is provided pursuant to Oklahoma Administrative Code 365:15-1-3.1.

Form 35-3D
(Ed. 11-2022)

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Premium Payments and Schedule

This schedule is an estimate only. Please refer to the direct bill invoice which will include due dates and other policies billings, if applicable. It is hereby agreed and understood that the premium is to be paid on an installment basis as follows:

	Due Date	Amount Due
1	04/01/2026	$2,897.80
2	05/01/2026	$2,897.80
3	06/01/2026	$2,897.80
4	07/01/2026	$2,897.80
5	08/01/2026	$2,897.80
6	09/01/2026	$2,897.80
7	10/01/2026	$2,897.80
8	11/01/2026	$2,897.80
9	12/01/2026	$2,897.80
10	01/01/2027	$2,897.80
	Total Amount Due	**$28,978.00**

Billing Method(s)
Direct Bill

Installment Plan(s):
10 equal monthly - Direct Bill

See the attached Notice of Installment Payment worksheets for additional information.

Terms and Conditions

1. This quote is based on payrolls, rates and experience modifications currently in effect as outlined below. Any changes to these values or other rating factors, as mandated by regulatory entities, may result in adjustments to our proposal. Additionally Accident Fund reserves the right to adjust the quote if the payrolls or premiums change more than 10%prior to policy issuance.
   a. If during the course of the policy, the scope of the Insured's operations materially changes, we reserve the right to adjust the pricing and/or program(s) offered based on the exposures, losses and risk characteristics.

Disclaimers

This quotation is valid until policy effective date but is subject to change prior to acceptance if there is a change in exposure, or a change in rates or other items required to be charged by applicable jurisdictions.

Fee Disclosures: Unless prohibited by state law, the following fees may be charged to underwritten policies:

Paper Invoice Fee:	Insufficient Funds Fee:	Reinstatement Fee:
$5	$20	Up to $20*

*Depending on payment plan

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WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: CLINTON HOSPITAL AUTHORITY **Risk ID:** 350824537

Rating Effective Date: 04/01/2026 **Production Date:** 10/25/2025 **State:** OKLAHOMA

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses	Split Point
OK	.18	8,073	14,778	6,705	0	44,620	0	0	19,000

(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.18		8,073	14,778	6,705	0	44,620	0	0

	Primary Losses	Stabilizing Value	Ratable Excess	Totals
	(I)	C * (1 - A) + G	(A) * (F)	(J)
Actual	0	51,240	0	51,240
	(E)	C * (1 - A) + G	(A) * (C)	(K)
Expected	6,705	51,240	1,453	59,398

	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
					(J) / (K)
Factors	1.00				.86

NCCI'S EXPERIENCE RATING WORKSHEET SUMMARY PAGE NOW INCLUDES A COLUMN FOR THE STATE'S APPROVED PRIMARY/EXCESS LOSS SPLIT POINT, APPLICABLE TO THE RATING EFFECTIVE DATE.

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WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: CLINTON HOSPITAL AUTHORITY **Risk ID:** 350824537

Rating Effective Date: 04/01/2026 **Production Date:** 10/25/2025 **State:** OKLAHOMA

35-OKLAHOMA **Firm ID:** **Firm Name:** CLINTON HOSPITAL AUTHORITY

Carrier: 19968 **Policy No.** AFWCP100113106 **Eff Date:** 04/01/2024 **Exp Date:** 04/01/2025

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
8833	.329	.45	3,937,703	12,955	5,830					
9040	1.351	.48	134,950	1,823	875					
9812	EMPLOYERS LIABILIT			0	0					
Policy Total:			4,072,653	Subject Premium:	45,158	Total Act Inc Losses:			0	

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* Total by Policy Year of all cases $2,000 or less. D Disease Loss X Ex-Medical Coverage U USL&HW

C Catastrophic Loss E Employers Liability Loss # Limited Loss

Our Team of Experts

We pride ourselves on providing exceptional service. That's why we staff our own team of experts instead of using vendors and we have a local presence (not a phone number) in our core states. Our goal is to provide appropriate care to injured workers while reducing claims costs for our customers.

- **Loss Control Consultants** – With workplace safety as their number one goal, our consultants provide personal, unrivaled safety services and support to policyholders.
- **Internal Nurse Case Managers** – Our nurse case managers work closely with injured workers, employers, physicians and claims handlers throughout the entire claim process to ensure the worker receives the best care while assisting in early return to work which helps to reduce claim costs.
- **Corporate Medical Director** – Our in-house medical director provides guidance and strategic direction on a wide range of medical management and cost containment initiatives, with a special focus on improving the quality of care for injured workers.
- **TeleCompCare®** – This 24/7 nurse triage hotline provides injured workers with access to quick medical assessments, referral to medical care when appropriate and a convenient option to connect with an occupational physician via live video conference.
- **Pharmacist** – Our staff pharmacist works closely with our claims team to recommend changes to medications and identifies inappropriate dispensing to help avoid opioid addiction and prolonged recovery times.
- **Investigative Services Unit** – With billions of dollars lost in the industry each year to insurance fraud, our team of former law enforcement professionals partner with our claims team to investigate and expose potential fraud.
- **Premium Audit** – Our auditors are some of the best in the business, working with customers to verify payroll and class codes to ensure accurate premiums.
- **Claim Handlers** – Seasoned claim professionals located in the field who understand their local legal and medical environment – and can guide the injured worker through the recovery process.
- **Medical Bill Review** – This team collects all injured worker bills to review for accuracy.

Protecting Your Employees - And Your Bottom Line

By proactively caring for injured workers and helping business owners improve workplace safety, we have successfully lowered experience mods, and therefore reduced costs, for our customers. An average debit experience mod written with **Accident Fund is reduced by 29%**[**] – which means lower premium costs for policyholders.

For more information, visit AccidentFund.com.

Based on 2017-2021 Workers' Compensation Division data (excluding medical only) and industry data from NCCI, WCIRB (CA), NYIRB and NJCIRB.

** Average e-mod savings obtained by accounts with an initial mod >1.25 who've been with Accident Fund for at least four years. Based on 2005-2022 policy year data.

The Accident Fund **Difference**

More than 100 years of experience has led to Accident Fund's success in providing superior workers' compensation solutions to policyholders. We've learned that when someone gets hurt on the job, it impacts more than just one person. Our team is committed to doing what it takes to bring injured workers back to their families, back to their jobs and back to life as usual.

TeleCompCare

Care Analytics

18%
Claim Costs Lower Than Industry*

Safety Training

Narcotics Program



Pharmacy Program



29%
E-Mod Reduction**

Our Commitment and Expertise

Our goal is superior claims management, underwriting expertise and value-added services designed to reduce costs for policyholders. Our industry-leading services, such as our narcotics and pharmacy programs, and Care Analytics program – which helps us identify local physicians who understand work-related injuries and provide superior care to get injured employees back to work – have resulted in claim costs that are 18% below the industry. What does this mean to you? Better care for your employees and lower premiums for your bottom line.

Creating Efficiencies

We offer a unique pay-as-you-go solution that bases premium on actual payrolls (rather than estimates) and allows for convenient online payments. Our website offers a complete library of resources – including workplace safety training and videos, safety tip sheets and guidebooks, claims information and fraud information – at no cost to you.

AccidentFund.com
1-866-206-5851

AccidentFund

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Pritikin Personnel Services Addendum
(Voluntary)

This Pritikin Personnel Services Addendum (this "Personnel Services Addendum") dated as of _____ ("Personnel Services Addendum Effective Date"), is entered into by and between Pritikin ICR LLC, a Delaware limited liability company ("Pritikin"), and Clinton Regional Hospital ("Provider") as an addendum to the Pritikin ICR Master Services Agreement entered into between the Parties, dated as of 6/30/25 (the "Master Agreement").

The purpose of this Personnel Services Addendum is to set forth the terms pursuant to which Pritikin will make the services of certain Required Personnel, as identified and selected on Schedule A to this Personnel Services Addendum (the "Pritikin Personnel"), available to Provider for the administration of certain Pritikin ICR Program workshops and one on one sessions for Provider's Pritikin ICR Program, including all activities related to planning and follow-up documentation related to administering the workshop or conducting the one-on-one session (each an "Educational Encounter" or "Encounter") regardless of the number of patients attending the Scheduled Educational Encounters (as defined below). In consideration of the mutual promises set forth below and in the Master Agreement (including the Provider Administered Program Addendum), Pritikin and Provider agree to the following:

1 Pritikin Live Personnel Services

1.1 **Pritikin Personnel and Qualifications.** During the term of this Personnel Services Addendum and subject to the terms and conditions of this Personnel Services Addendum, Pritikin shall make the Pritikin Personnel available to Provider on an exclusive or non-exclusive basis, as indicated by Provider, during Educational Encounters that are scheduled by the Parties in accordance with the procedures set forth on Schedule B to this Personnel Services Addendum ("Scheduled Educational Encounters"). All Scheduled Educational Encounters shall be under the supervision of a physician or other appropriately qualified nonphysician practitioner (i.e., a physician assistant, nurse practitioner, or clinical nurse specialist) employed or contracted by Provider. The Pritikin Personnel will administer the Scheduled Educational Encounters from a distant, virtual site, to patients who are at the Facility utilizing technology made available by Provider (unless Provider separately contracts with Pritikin for such technology), and such services shall be performed in a professional and competent manner. Pritikin represents and warrants that all Pritikin Personnel are appropriately qualified, licensed, or certified, as required by applicable law to practice in their respective areas of practice, including when applicable, licensed to practice in the state where the Facility and patient are located.

1.2 **Compliance with Provider's Policies and Procedures.** When administering the Scheduled Educational Encounters, Pritikin shall require the Pritikin Personnel to follow the direction of the supervising practitioner, follow all treatment plans developed by Provider related to its patients, and follow applicable policies and procedures of Provider to the extent such policies and procedures have been made available to Pritikin.

1.3 **Compensation of Pritikin Personnel.** Pritikin shall (a) pay all wages, bonuses, if any, and other remuneration of the Pritikin Personnel and all applicable federal, state, municipal and other governmental taxes with respect to the employment of the Personnel, including without limitation, social security, federal and/or state unemployment compensation taxation; (b) maintain payroll records and reports related to the Pritikin Personnel; (c) have all responsibility for any retirement, health, life, disability or similar employee benefit for the Pritikin Personnel, including vacation, sick days or holidays; and (d) comply with all applicable statutes, rules and regulations of any governmental agencies or departments relative to the employment of the Pritikin Personnel.

1.4 **Insurance**. Pritikin shall, or shall require each Pritikin Personnel administering Scheduled Educational Encounters hereunder to, maintain professional liability insurance policies in amounts customary of the profession and licensure of the Required Personnel.

1.5 **Removal of Pritikin Personnel.** If Provider finds that the working relationship with a particular Pritikin Personnel is not satisfactory, Provider shall notify Pritikin in writing and Pritikin shall make commercially reasonable efforts to provide alternative Pritikin Personnel to assist in administering the Scheduled Educational Encounters. Pritikin's obligation to remove and replace Pritikin Personnel pursuant to this Section shall not apply to Shared Educational Encounters (as described in Exhibit A). Upon removal of the Pritikin Personnel for any reason, Pritikin shall provide another qualified replacement individual to Provider within [five (5)] days of receiving Provider's request.

2. Provider's Obligations

2.1 Supervision. Despite Pritikin Personnel administering Scheduled Educational Encounters, Provider shall be responsible for ensuring that the requisite physician or other qualified practitioner supervision is in place during all Scheduled Educational Encounters in accordance with Medicare requirements.

2.2 Patient Intake, Scheduling, and Billing. Provider shall remain responsible for all patient intake, evaluation, patient scheduling, documentation, and discharge evaluations, as well as coding and billing activities for all Scheduled Educational Encounters. Pritikin Personnel shall document all one-on-one sessions and shall provide such documentation to Provider for incorporation in the relevant patient medical record. The method, format, and delivery of the Pritikin Personnel's documentation of one-on-one sessions shall be in a form and manner mutually agreed to by Pritikin and Provider. Provider shall enter all required data into the Pritikin data portal ("Portal") on a timely basis. Irrespective of whether Pritikin Personnel administers an Educational Encounter hereunder, Provider shall continue to be required to enter all CR and ICR sessions into the Portal.

2.3 Exercise Sessions. Provider shall remain responsible for employing or contracting with an exercise physiologist or specialist and for administering all ICR and CR exercise sessions.

2.4 Space and Equipment. Provider shall be responsible for providing and maintaining all space at Facility and equipment, including any technology (unless provided by Pritikin through a separate written agreement), necessary for the Pritikin Personnel to administer Scheduled Educational Encounters, including in instances where Pritikin Personnel will administer the Scheduled Educational Encounters from a remote location to patients onsite at the Facility.

3. Payment. Compensation from Provider to Pritikin for use of the Pritikin Personnel shall be at the rates set forth on Schedule A to this Personnel Services Addendum applicable to the relevant Scheduled Educational Encounter type. Provider will be invoiced for, and shall owe payment to Pritikin for, all Scheduled Educational Encounters, regardless of the number of patients (including no patients) that attend the Scheduled Educational Encounters. All payment due hereunder is separate and apart from the Certification Payments or any other amounts owed by Provider to Pritikin pursuant to the Master Agreement. Pritikin and Provider acknowledge that the fees have been negotiated at arms-length and represent the fair market value for Provider's use of the Pritikin Personnel during the Scheduled Educational Encounters.

4. Term and Termination. The term of this Personnel Services Addendum shall be one (1) year from the Personnel Services Addendum Effective Date, which shall automatically renew for additional terms of one (1) year each, unless sooner terminated as set forth below (collectively, the "Personnel Services Addendum Term") Either Party may terminate this Personnel Services Addendum with or without cause upon ninety (90) days' prior written notice to the other Party. This Personnel Services Addendum shall automatically terminate upon termination of the Provider Administered Program Addendum. Termination of this Personnel Services Addendum shall not result in termination of the Master Agreement or the Provider Administered Program Addendum.

5. Compliance. This Personnel Services Addendum shall be construed to be in accordance with any and all federal and state statutes, rules, regulations, principles and interpretations. In the event there is a change in federal or state statutes or regulations or in the interpretation thereof, or in the event a claim or determination is threatened, made or filed by a government agency, which renders any of the material terms of this Personnel Services Addendum unlawful, invalid or unenforceable, or asserts that any such terms are unlawful, invalid or unenforceable, the Parties shall promptly and in good faith renegotiate the affected term or terms to remedy such problem. The Parties further agree to use their good faith efforts to negotiate and execute any amendments hereto

that may be deemed necessary or appropriate to maintain compliance with and avoid violation of the terms of any agreement between the Parties and any third party payor. If the Parties are unable to successfully renegotiate the affected terms(s) under this Section, then either Party may terminate this Personnel Services Addendum upon written notice to the other Party.

6. Application of the Master Agreement. To the extent that they are not inconsistent with this Personnel Services Addendum, all other provisions of the Master Agreement and the Provider Administered Program Addendum (including both rights and obligations) shall remain in full force and effect and apply to this Personnel Services Addendum. In the event of a conflict between the Master Agreement (including any other addenda) and this Personnel Services Addendum, the provisions of this Personnel Services Addendum shall control.

7. Definitions. Unless otherwise specifically modified by this Personnel Services Addendum, all capitalized terms in this Personnel Services Addendum shall have the same meanings as assigned in the Master Agreement.

[Signature Page Follows]

IN WITNESS WHEREOF, the Parties have executed this Personnel Services Addendum on the dates set forth below.

PRITIKIN ICR LLC	_____
_____	_____
(Signature)	(Signature)
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

Schedule A to Personnel Services Addendum
Pritikin Personnel, Educational Encounters, and Fees

Staffing Model and Pricing:

Pritikin will make the relevant Pritikin Personnel available to Provider to administer sessions to Provider's patients for the selected type of Educational Encounters (*Choose One Below)*:

_____ **Exclusive Educational Encounters:** During Exclusive Educational Encounters, the Pritikin Personnel will administer sessions exclusively to Provider's patients. The relevant Pritikin Personnel will administer Exclusive Educational Encounters for a fixed fee paid by Provider to Pritikin of $170 per Exclusive Educational Encounter. In instances where Provider offers the Pritikin ICR Program at multiple Facilities, the per Exclusive Educational Encounter fee will be charged for each Facility scheduling patients during the Exclusive Educational Encounter.

_____ **Shared Educational Encounters:** During Shared Educational Encounters, Pritikin Personnel will administer sessions to patients of Provider, as well as patients of other providers that have contracted with Pritikin, during times available for scheduling on the published PritikinLIVE schedule. The relevant Pritikin Personnel will administer Shared Educational Encounters for a fixed fee paid by Provider to Pritikin of $45 per Shared Educational Encounter.

Modifications to the type of Educational Encounter selected shall require the written agreement, in the form of an amendment to this Personnel Services Addendum.

In addition to the above, one-on-one ("1:1") Educational Encounters provided by a Registered Dietitian or a Healthy Mindset Facilitator will be provided at the same per Educational Encounter fee as the selected type of Educational Encounter above (i.e., if Provider selects Exclusive Educational Encounters, the 1:1 per Educational Encounter rate will be $170 per Educational Encounter). Providers may only schedule two (2) 1:1 Educational Encounters per Patient.

Pritikin may increase the above per Educational Encounter fees upon ninety (90) days' notice to Provider's Program Director, which notice may be made via email.

Pritikin Personnel:

The relevant Pritikin Personnel made available to Provider hereunder, include the following:

- **Registered Dietitian:** The Registered Dietitian will be a Registered Dietitian, authorized to use such title by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics and licensed as required in the state where the Facility is located. Educational Encounters by the Registered Dietitian may include cooking workshops, nutrition workshops and 1:1 consultations.

- **Healthy Mindset Facilitator:** The Healthy Mindset Facilitator will be a licensed professional in the areas of clinical social work, counselor, psychologist or psychiatrist, or certified as a wellness coach, or possess a bachelor's degree with a major or minor emphasis in the area of psychology or social work, and shall be experienced in psychological assessments, administration of behavioral health interventions, and counseling with cardiac rehabilitation/secondary prevention or chronic disease. Educational Encounters by the Healthy Mindset Facilitator may include Healthy Minds workshops and 1:1 consultations.

- **Exercise Physiologist or Specialist:** The Exercise Physiologist or Specialist is an exercise physiologist or nurse familiar with providing care to patients who are part of a cardiac rehabilitation program.

Educational Encounters by the Exercise Physiologist or Specialist may include Exercise workshops, including Yoga.

Schedule B to Personnel Services Addendum

Scheduling Procedures

Scheduling Procedures for Exclusive Educational Encounters

- The relevant Pritikin Personnel's administration of Exclusive Educational Encounters must be scheduled at least one week prior to the date in which the Exclusive Educational Encounters will be administered.
- Patients' scheduled attendance at the Exclusive Educational Encounters does not have to occur one week in advance, rather, Provider's scheduling of the Exclusive Educational Encounters reserves the Pritikin Personnel for exclusive use during the scheduled time.
- Exclusive Educational Encounters will be coordinated and scheduled via the Provider and designated Pritikin personnel, including the Pritikin Program Director, so as to ensure that the appropriate supervision is available.

Scheduling Procedures for Shared Educational Encounters

- During the implementation process, Pritikin and Provider will identify and mutually agree on the best day(s) and time(s) for Provider's patients to participate in Shared Educational Encounters, using Pritikin's published schedule of available Shared Educational Encounters.

Scheduling Procedures for 1:1 Educational Encounters

- Provider is responsible for scheduling 1:1 Educational Encounters. Pritikin will provide Provider with access to a real-time calendar of personnel availability for 1:1 Educational Encounters.

Notice of Funding Opportunity

Application Due Date: 04/13/2026

Oklahoma State Department of Health

Rural Health Transformation Program

Opportunity Number: RHTP2026001

This Microgrant Funding opportunity is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **$3.75 M** with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Federal award number (for reference only): RHTCMS332048-01-00

Unique federal award identification number (for reference only): RHTCMS332048

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Attachments

Attachment A: List of eligible counties and communities considered rural under the OK RHTP definition

Attachment B: Subrecipient responsibilities

Attachment C: Budget forms: base award & supplemental

Attachment D: Example applications (illustrative only)

Attachment E: Grants management materials

General Information

Summary

This funding opportunity from the Oklahoma State Department of Health (OSDH) will make microgrants available under the Rural Health Transformation Program (RHTP) to address unmet health and wellness needs in rural communities. The Rural Health Transformation Program is a five-year, nationwide $50 billion federal grant program established in H.R. 1, The One Big Beautiful Bill Act. In Year One, Oklahoma received $223,476,947 in funding. Further details on the proposed Oklahoma uses of these funds beyond the microgrant program are available at: Rural Health Transformation Program.

Funding Detail

Type: Competitive

Estimated Total Program Funding: $3.75 million

Anticipated Individual Award: $50,000-$250,000 in base awards (depending on the number of counties applied for and awarded)

Payment Structure: Reimbursement

Total Expected Base Awards: OSDH anticipates allocating one award of up to $50,000 in each of the 75 Rural Counties in Oklahoma; this includes all counties except for Tulsa County and Oklahoma County. If an applicant provides services in more than one county, they may apply for awards in up to five counties for a maximum aggregate potential award of $250,000 in base award funds (see multi-county applications section below). In addition, **these grants must serve and be invested in rural communities**, defined for the purposes of OK RHTP as communities with populations of 55,000 or fewer. Please review the second tab of **Attachment A** for a full list of eligible communities. Applicants may also submit a supplemental budget. See the Supplemental Budget section below for details.

Expenditure Period: Award recipients are expected to expend the award amount no later than October 30, 2026, and submit the invoice(s) by November 30, 2026, to OSDH. Failure to do so may result in no reimbursement or funding being redistributed to other awardees or to County Health Departments with defined RHTP funding plans prior to October 30, 2026. We will check in throughout the contracted period to monitor spending. This is a one-time funding opportunity for RHTP Year One funds. OSDH anticipates future microgrant NOFOs in Years 2-5 and/or renewal periods on awarded microgrants, subject to the availability of funds.

Payment Structure: Reimbursement. Please note this is a reimbursement-based award. Award recipients are expected to cover eligible costs upfront and then submit

documentation to OSDH for reimbursement. If there are extenuating circumstances that would prevent the applicant from participating in a reimbursement-based program, please specify them in the body of the application.

Supplemental Budget: An applicant may submit an optional supplemental budget of up to an additional $50,000 per eligible county included in the application, if the applicant believes the additional funds would be additive, but not essential, to the success of the proposed use of funds. If applying for more than one county, applicants may receive funds for up to five counties for a potential maximum supplemental award of $250,000 total. OSDH will consider the supplemental budget only if:

- There are insufficient eligible applications that meet the application requirements below.
- Additional funding becomes available during the award period.

Supplemental budgets will also be required to be spent down by October 30, 2026, if awarded.

Cost Sharing

This funding opportunity has no cost-sharing component.

Eligibility

Eligible Applicants

Applicants are required to meet all the criteria below in order to be eligible for a microgrant.

- Be currently providing services in Oklahoma.
- Be located in a Rural Oklahoma County – or have a branch in a Rural County where said branch is to be the recipient of the microgrant investment. Rural Counties are defined as all counties except for Tulsa County and Oklahoma County.
- Provide services to communities with populations of 55,000 or fewer residents (see second tab within **Attachment A**).
- Provide services that promote the public's health.
- Applicants must have an active Unique Entity Identifier (UEI) and maintain an active registration in SAM.gov throughout the application, review, and award period. The registration process is described here: Entity Registration | SAM.gov. Timelines for registration for a UEI vary significantly. Applicants must not be suspended, debarred, or otherwise excluded from participating in federally funded programs or activities.
- Applicants must have an active Certificate of Insurance.

While we anticipate that the majority of applicants will be not-for-profit organizations, we are intentionally not making this a requirement to allow for entities such as independent healthcare provider practices to be eligible to apply.

Local government entities, including Counties and School Districts, are eligible to apply. Tribal governments are also eligible to apply.

All applicants must be registered on SAM.gov and have a UEI number. We will accept fiscal sponsorship, but the fiscal sponsor must be the applying entity. All information provided in the application under the "Overview of applicant entity/organization capacity" section must be completed for the fiscal sponsor.

Multi-county applications

If an Eligible Applicant serves more than one Rural County, it may apply for awards for more than one county, up to five counties total, for a maximum aggregate potential award of $250,000 in base award funds and $250,000 in supplemental award funds, if applicable. Multi-county applications will be evaluated and awarded on a county-by-county basis. Proposed activities and investments must be able to stand alone within each county in the event an applicant is awarded funding for some, but not all, requested counties.

OSDH assumes that multi-county applicants will be geographically contiguous in counties. If not, the applicant should clearly demonstrate the connection between the proposed counties.

Program Description

Many of Oklahoma's rural communities are limited in their ability to acquire lasting assets that would demonstrably improve healthcare access, outcomes, and whole-person health. During stakeholder engagement used to develop Oklahoma's RHTP application, many communities reported demand for health enablers, such as diagnostic tools or exercise and fitness equipment. This Microgrant program is intended to help fill that gap and unlock communities' capacity to improve wellness.

Funding Uses

Applicants should focus on one-time investments that can make an immediate and meaningful difference in healthcare access, outcomes, and whole-person health.

Examples of investments:

- Purchase or refurbishment of clinical diagnostic equipment
- Clinical access infrastructure, such as telehealth carts
- Wellness enablers, such as fitness and sports equipment

- Installable equipment or fixtures that can be purchased and attached with minimal labor
- Health education and promotion materials
- Targeted sub-contractor support for carrying out the planned investment (e.g., graphic design support for health education or promotion materials)

We anticipate that applicants will generally propose purchases of goods or one-time services. Please note that, consistent with 2 CFR § 200.320, successful applicants will be required to obtain price or rate quotations from at least three qualified sources for applicable purchases.

Prohibited and Restricted Funding Uses

This grant is intended to fund small one-time expenses; it is not permissible for grant dollars to be used on:

- Staffing or fringe expenses
- Student loans and student loan repayment programs
- International visa sponsorship for clinical workers from other countries
- Major renovation/remodeling, including structural changes
- Ongoing maintenance or subscription costs

In addition, the RHTP program and other federal restrictions prevent all RHTP funding from being used on the following:

- Alcoholic beverages
- Bad debt & collection costs
- Goods and services for personal use of employees
- Fundraising and investment management costs
- Lobbying activities
- Fines, penalties, damages, and settlement resulting from violations of law
- Costs of social organization memberships
- Pre-award costs incurred before award date
- Land acquisition and depreciation of land
- Endowments, capital funds, or investment vehicles to generate income
- New construction. Supplanting (replacing) funding for in-process or planned construction projects or directing funding towards new construction builds is also unallowable.
- Clinical services that duplicate billable services
- Enhanced payment rates for currently billable services

- Meeting matching requirements for any other federal funds or local entities
- Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services
- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law
- The cost of independent research and development, including their proportionate share of indirect costs
- No food items
- Broadband infrastructure

These funds may not be used to replace (supplant) other federal, state, or local government funds previously awarded for the proposed project/purchase. If the proposed project/purchase costs more than the limit of this grant and cannot be broken into smaller parts (e.g., a piece of medical equipment costing $75,000), the applicant should explain how they will pay for the remaining amount in **Attachment C.** It is the applicant's responsibility to show that they are not replacing (supplanting) other funds.

Applicants may submit questions regarding funding uses to https://app.smartsheet.com/b/form/019cd2cca0d47f39a0c6b45a24c36694

All responses will be posted publicly via updates to the OSDH RHTP Microgrants FAQ, available here: https://oklahoma.gov/health/rhtp/rhtp-funding.html

Application Contents and Format

Application Components

You must complete the required information using the fillable form available at RHTP Microgrant Application. **The form does not allow you to save your progress**, so the questions are listed below for reference. We recommend drafting your responses in a separate document and then copying and pasting them into the form and uploading all required attachments in one sitting. Upload limit on attachments into Smartsheet is 250 MB per file. The form components include the following:

1. Organizational capacity
    a) Organization Name
    b) What type of entity are you?
        Dropdown options
        - 501c3

- Community Based Organization- not 501c3
- For Profit Entity
- Healthcare Provider
- Local Government entity
- Public School
- Tribal Government
- Other (provides blank text box for applicant to specify)

c) What is your tax status?

Dropdown options

- Sole Proprietorship
- Partnership
- C Corporation
- S Corporation
- Limited Liability Corporation
- Non-profit organization-c3
- Non-profit organization-c4
- Other (provides blank text box for applicant to specify)

d) Unique Entity ID (UEI) number
e) Do you have a Supplier ID with the state of OK? (Y/N) If yes, please provide your supplier ID.
f) Are you able to do a reimbursable award? (Y/N) If no, please explain your circumstances
g) What is your mission?
h) Staffing
    - Total number of employees
    - Total number volunteers
    - Name of Contact information for this award. Please provide name, email, and phone number.
    - Do you have a Communications Point of Contact (POC)? (Y/N) If yes, Communications POC name and contact information. Please provide name, email, and phone number.
    - Do you have a Legal Point of Contact? (Y/N) If yes, Legal POC name and contact information. Please provide name, email, and phone number.
i) County Selection
    - Are you applying for more than 1 county? (Y/N)

- Which counties are you applying for? (Dropdown of 75 eligible counties, maximum allowed to select 5)
- Are your counties next to one another? (Y/N) If no, please explain county selection
- Physical address. If applicant has more than one physical address in counties of application, please list additional addresses by county.
- Mailing address if different than physical address. If the same as above, put SAME.
- What services do you provide?
- Are you located in an eligible community? (Y/N) Reference eligible community list on second tab of Attachment A. If you have more than 1 location not within the eligible communities, please mark No.
- How do your services vary by County? Alternatively confirm your services are the same across application counties.
- Please describe your experience in the community. Provide a brief description of your experience in each community applying for. Briefly describe how long you've served this community and the relevant experience your organization has gained.

2. Evidence of Need
    a) Explain the gap you are proposing to fill. Please provide data to support this need. This can be qualitative or quantitative.
    b) What is the target population?
    c) What community consultation did you do?
3. Proposed Use of Funds
    a) What are you purchasing or investing in? Describe your purchase and how it will fulfill the need based on the budget components in Attachment C.
    b) How will the funds be spent down by 10.30.26. Please provide a brief explanation for each county selected.
4. Impact and Sustainability
    a) How will this benefit and improve community health. Please provide a brief description of short-, medium- and long-term improvements as a result of this one-time investment.
    b) Estimate number of people served. Please provide for each community applying for.
    c) How will you track your impacts? Please use metrics and data sources, e.g. number of people served, etc. Provide 1-3 metrics total.
    d) Explain your project sustainability plan. Describe sustainability for this project e.g. any plans for maintenance costs, etc.

Attestations

- **Attestation: Attachment B**
  Check box: I attest that I have reviewed and understand Attachment B Subrecipient responsibilities
- **Attestation: Attachment E**
  Check box: I attest that I have reviewed and understand all contract clauses within the OSDH Subrecipient Terms and Conditions

Attachment Uploads

Please upload:

- Attachment C: budget template (first tab required) & supplemental budget (second tab, optional)
- Letters of support
- Proof of Partnership (if applicable)
- Attachment E: Grants Management Packet
  - SRQ form
  - Provide your Certificate of Insurance
  - Provide your Federally Approved Indirect Cost Rate letter as applicable
  - If requesting exceptions to OSDH Subrecipient Terms and Conditions upload the Requested Exceptions to OSDH Subrecipient Terms and Conditions form

Letter of Support. Applicants should include at least one letter of support from a community organization, association, or local government entity located in the county that the proposed investment will be serving. **If applying for more than one county, applicants must provide a letter of support for each county. Each letter of support should be no more than one page.** If an entity is applying as part of a partnership with a different entity without a UEI the entity should provide proof of partnership in addition to the community letters of support, this could include: a fiscal sponsorship agreement or a memorandum of understanding. **These are mandatory application components but will not be scored.** Letter of Support and any documentation of proof of partnership formatting should adhere to the following:

- File Format: Word Document or Portable Document File (PDF)
- Paper Size: 8 ½ x 11 inches
- Margins: 1 inch all around
- Language: English
- Page limit: one page
- Do not include external links to information you want reviewers to assess

- Font: Times New Roman or Calibri
- Spacing: Single-spaced
- Size: 12-point font
- Footnotes and text in tables and graphics may be 10-point

Grants Management Packet. Applicants should provide all of the documentation needed for Grants Management purposes, as described in **Attachment E**. This includes documentation such as:

- Attestation that you have reviewed the OSDH Subrecipient Terms and Conditions
- If requesting exceptions to the OSDH Subrecipient Terms and Conditions, upload the Requested Exceptions to OSDH Subrecipient Terms and Conditions
- The subrecipient questionnaire (SRQ)
- Certificate of Insurance
- Any federally negotiated indirect cost rate agreements

High level sample applications are included as **Attachment D** to this NOFO for illustrative purposes only.

Application Review

Stage One: Basic Requirements Review

Each application is reviewed to ensure it meets basic requirements. Applications will be considered ineligible if:

- Funding requests exceed the maximum award level (not inclusive of supplemental budget proposal)
- Applicant is suspended, debarred, or otherwise excluded from receiving Federal funds
- Financial statements and/or audits submitted by the applicant show financial mismanagement
- Application is submitted after the deadline
- Applicant does not meet the eligibility criteria
- Application is incomplete

OSDH reserves the right to provide the opportunity to applicants to make minor technical corrections to only the documents submitted as part of **Attachment E** to bring the application into compliance. Applicants will only be contacted for corrections after awards.

Stage Two: Geographic Review

OSDH will review all submitted applications for baseline compliance for each Rural County. If there are one or more compliant applications for a given county, those applications will be reviewed in Stage 3 Merit Review.

For applicants requesting funding in multiple counties, awards will be made on a county-by-county basis. The applicant must receive the highest merit score in a given county to be selected for that county's award.

Stage Three: Merit Review

For counties with one or multiple compliant applications, preselected teams will score each applicant. Applications must receive a minimum score of **55 points** to be considered for award. The highest scoring applicant for each county will receive the award. Due to the potential volume of applications and eventual awardees, there will be 10 evaluation and scoring teams designated to geographic regions. Evaluation and scoring teams were chosen based on their knowledge and experience of subject matter and administration of grant funds and will receive training on competitive review processes.

Award Contingencies and Reallocation of Funds

In the event OSDH does not receive an application meeting Basic Requirements (Stage One of Application Review) or the compliant applications do not achieve the minimum score (Stage Three of Application Review) for a county, OSDH may leverage the following options:

- Distribute the remaining funding to the second highest scoring applicant in a neighboring county
- Award supplemental funding requests
- Distribute funding to County Health Departments for that county, provided it has an RHTP-aligned plan for investment of the funds

OSDH may also use any of the options described above if the full $3.75 million in Microgrant funding is not awarded for any reason.

OSDH may also fund applications at a lower amount than requested if any portion of the intended purchase or investment can be funded independently.

OSDH will not fund:

- An application from out of state
- An application from an ineligible applicant
- An incomplete application

- A disqualified application

Scoring Criteria

Criterion	Description	Point Value (100 total)
Organization Capacity	The case that your organization is well-positioned to make use of the proposed investment. Preference will be given to applicants located in rural communities, reference Attachment A.	10
Evidence of Need	The qualitative and quantitative case, including community engagement, that this investment would be filling an identified gap.	20
Proposed Use of Funds	How the funds will be used for an investment in such a way that they meet the need and set the community up for future improvement. It is clear what will be done/funded with the microgrant from the description.	35
Impact and Sustainability	The ability to demonstrate improved health and wellness outcomes, after the initial investment, and as possible over a multi-year time horizon.	20
Budget Reasonableness (First tab of Attachment C)	The demonstration that an award of up to $50,000 is based on market research and able to fully cover the investment (or if not, the strength and certainty of additional or alternative funding). The demonstration of the ability to spend the base award funds by October 30, 2026.	15

Award Notices and Submission Deadlines

How We Make Awards

At the end of the application period the process is as follows:

- Submit complete application files via the form linked here: RHTP Microgrant Application
- Initial review by OSDH to ensure application meets Stage 1 Basic Application Requirements. If those requirements are not met, applications will be deemed ineligible and applicants will be notified of their status.

- Review for completion and compliance of Attachment E. OSDH may evaluate the quality of this attachment to make funding determination. OSDH may also disqualify an applicant at any stage of the NOFO process if submitted materials are materially inaccurate or raise compliance concerns.
- Evaluation and scoring of all eligible applications.
- Scoring criteria will be consistent across all geographic review panels.
- Awards will be determined based on available funding and specifications described above
- Applicants receiving awards will be notified by the RHTP Grants Management Office. Following receipt of a Notice of Award, if required, contract negotiations will be conducted through OSDH Legal Counsel.

Application Timeline

- Application Deadline: April 13th, 2026, at 11:59 pm CT.
- Notice of Award: Late May- Early June

Microgrants NOFO Webinar and Applicant Q&A opportunities

Applicants may submit any questions, up to March 27 11:59pm, regarding the application to: https://app.smartsheet.com/b/form/019cd2cca0d47f39a0c6b45a24c36694

Responses to questions will be made publicly available via updates to the OSDH RHTP Microgrants FAQ, available here: https://oklahoma.gov/health/rhtp/rhtp-funding.html

OSDH is planning on holding an applicant webinar which may also be used to answer applicant questions, dates and additional information will be posted here: https://oklahoma.gov/health/rhtp/rhtp-funding.html

Application Checklist

Required Application Components	Page limit
☐ File One: Narrative Application (form)	Form (N/A)
☐ Overview of Applicant Entity	
☐ Evidence of Need	
☐ Proposed Use of Funds	
☐ Impact and Sustainability	
☐ File Two: Community Letters of Support & Proof of partnership (if applicable)	5-6 pages total, submit in form
☐ File Three: Review and submit filled out forms as part of Attachment E	OSDH provided attachment, submit in form

☐ File Five: Expenditure Budget and Justification Attachment C, including supplemental tab if applicable	OSDH provided attachment, submit in form

Post-Award Requirements and Administration

All awardees must follow:

- All terms and conditions in the Microgrant Notice of Award (NOA).
- All financial and reporting procedures and requirements and other terms and conditions stipulated in the negotiated contract between OSDH and the awarded entity.
- Awardees must attend a post award webinar, information will be forthcoming

Reporting

See Attachment B for an overview of subrecipient responsibilities on reporting