AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Subaward Agreement; National Network of Public Hea

Action Requested: County Manager Signature

Parties to the Agreement: National Network of Public Health Institutes

Term Begins: June 1, 2017 **Term Ends:** 11/30/2017 **Grant Contract #:** G1071

Summary:

Contract for 6 months for West Central Public Health Partnership with National Network of Public Health Institutes and Center for Shared Services, Robert Wood Johnson Foundation

Fiscal Impact: $10,000

Submitted by: Margaret Wacker **Submitter's Email Address:** mwacker@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Will need to be added to the 2017 Budget. ln

Reviewed by: Discharge Date: 5/1/2017

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok - gs

Reveiwed by: GUNCOUNTY1\gstuhr Discharge Date: 5/8/2017 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 5/9/2017

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 5/16/2017

Revised April 2015

SUBAWARD
Between
THE NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES
AND
GUNNISON COUNTY

This subaward, entered into on April 6, 2017, by and between the National Network of Public Health Institutes, a non-profit Corporation existing under the laws of Louisiana whose mailing address is 1100 Poydras Street, Suite 950 New Orleans, LA 70163 (herein referred to as **NNPHI**), and the **Gunnison County** whose mailing address is 225 N. Pine Street, Suite E, Gunnison, CO 81230 (herein referred to as **Subrecipient**), is for the performance of certain work/services and reimbursement of allowable costs.

BACKGROUND

The **NNPHI** has received from the **Robert Wood Johnson Foundation** herein referred to as **Sponsor**) agreement Facilitating the second-phase activities of the Center for Sharing Health Services, Reference #72779 (**NNPHI- PC 481**), hereby issue this award under, "Center for Sharing Public Health Services (Center) Jurisdictional Sharing (CJS) Small Grant Program" (herein referred to as **Award**).

The **Subrecipient** has agreed to participate in collaboration with **NNPHI**, as detailed in the Application for the **Award**.

Therefore, the parties agree as follows:

ARTICLES

ARTICLE I - Scope of Work

The **Subrecipient** agrees to perform the work outlined in **Attachment 1 – West Central Public Health Partnership (WCPHP) Cross-Jurisdictional Sharing (CJS) Arrangement**. Reference should be made to ARTICLE IV – Reports for additional programmatic requirements applicable to this award.

ARTICLE II - Period of Performance

The term of this subaward shall extend from **June 1, 2017** through **November 30, 2017**. Unless stated elsewhere in this subaward, **Subrecipient's** expenditures incurred prior to the beginning date or subsequent to the end date are unallowable. **Subrecipient** shall notify **NNPHI**, as soon as possible, of any reason that might contribute to the failure to perform within the specified term even if such reason is beyond the control and without fault or negligence of the **Subrecipient**. The performance period may be modified by mutual agreement of the parties.

ARTICLE III - Consideration, Records and Billing Instructions

1. The reimbursable cost, both direct and indirect, of performing the tasks under Article 1 of this Agreement will not exceed **$10,000** as detailed in **Attachment 2. NNPHI** is not, in the absence of a modification, obligated to reimburse the **Subrecipient** for costs incurred by the **Subrecipient**

which are in excess of the costs specified in this article. No carryover/extension of term will be allowed for this contract.

2. **NNPHI** payment to **Subrecipient** shall be based upon the availability and allocation of **Sponsor's** funds necessary to finance **NNPHI's** performance

3. NNPHI will advance up to 75% of the award amount following the execution of this agreement. The balance of 25% will be disbursed following the receipt and approval of deliverables as outlined in Attachment 1 and a final financial report submitted no later than **30** days after the subaward's end date. Payment cannot be guaranteed if submitted beyond this period.

ARTICLE III - Designated Representatives

All invoices shall be submitted to NNPHI's Technical Representative.

Technical Representative

For NNPHI
Laila Fox
Program Manager
National Network of Public Health Institutes
1100 Poydras St., Suite 950
New Orleans, LA 70163
Telephone: 504.930.4011
Email: lfox@nnphi.org

Administrative Representative

For Subrecipient
Primary Programmatic Point of Contact/Project Director:
Name: Margaret Wacker
Email: mwacker@gunnisoncounty.org
Phone: 970-641-7913

Primary Financial Point of Contact **This person will respond to budgetary matters, receive payments.*
Name: Jody Wise
Email: jwise@gunnisoncounty.org
Phone: 970-641-7679

Authorized Official: **This person is authorized to sign contracts on behalf of the organization; will receive copy of the award*
Name: Matthew Birnie
Email:- mbirnie@gunnisoncounty.org
Phone: 970-641-0248

ARTICLE IV - Reports

Subrecipient will submit reports required by **NNPHI's** Technical Representative cited in Article III. **Subrecipient** agrees to rework any deliverables deemed not acceptable to NNPHI at no additional cost. Such reports shall be submitted according to the following reporting schedule:

The format of the financial report should show in columns the budget, current expenditures, cumulative expenses and line item balance(s) and, if applicable, required cost-sharing in separate columns. The Final Progress Report must be submitted to **NNPHI's** Technical Representative and include a narrative on program outcomes, no

later than 30 days after the project's end date. Note: Final invoice due no later than **30** days after the subaward's end date.

Programmatic Requirements for recipients of funding under the Center for Sharing Public Health Services (Center) Jurisdictional Sharing (CJS) Small Grant Program.

In addition to submission of a final narrative and financial report, grantees are expected to adhere to the following program requirements as outlined in the Call for Proposals:

- Share project lessons learned with peers in their own states and nationally via reports, webinars, and/or presentations, as well as to work with Center staff on developing a brief story about their project
- Participate in a monthly conference call with Center staff
- Join a national CJS meeting tentatively scheduled to take place in summer or early fall of 2017, with the costs of participation by one grantee team member covered by the Center. Grantee sites, subject to approval by Center staff, may fund additional participants.

ARTICLE V - Unexpended Funds

The NNPHI reserves the right, in its sole discretion, to discontinue funding if it is not satisfied with the progress of the grant or the content of any required written report. In the event of discontinuation or at the close of the grant, any unexpended funds shall immediately be returned to NNPHI, except where the NNPHI has agreed in writing to an alternative use of the unused funds.

ARTICLE VI - Changes and Prior Approval

Subrecipient is responsible for both notifying **NNPHI** and obtaining prior written approval of **NNPHI** with respect to any changes which might materially alter the terms of this subaward. Examples include, but are not limited to, changes in the period of performance, in **Subrecipient's** Technical Representative, significant rebudgeting and changes in the scope of work. In the event of uncertainty as to whether a change is significant enough to require prior approval, refer questions to **NNPHI's** Administrative Representative cited in Article III.

ARTICLE VII - Insurance

Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or director's, to the extent allowed by law.

ARTICLE VIII - Termination

NNPHI reserves the right to terminate this subaward at any time by giving **Subrecipient** written notice at least 15 days prior to the effective date of termination for cause or convenience. The **Subrecipient** may submit a written request to **NNPHI** for termination at least 15 days prior to the effective date of termination.

In the event of default, either by **Subrecipient's** failure to substantially perform its obligations, **Subrecipient's** violation of other material terms of this subaward, or **Sponsor's** termination of work by **NNPHI** on the subject matter of this **Award**, then performance by the **Subrecipient** under this subaward may be terminated by **NNPHI** at any time by giving written notice to the **Subrecipient**. Should performance be so terminated, the **Subrecipient** shall be paid for its reasonable costs and commitments to the date of termination, but only to the extent that such costs and commitments are reimbursable to **NNPHI** under the terms of **Sponsor's Award**.

Payment shall be made upon submission to **NNPHI** of a final invoice covering the aforementioned performance and submission of any and all results achieved to the time of termination and acceptance thereof by **NNPHI**.

ARTICLE IX - Entire Subaward

This subaward is intended by the parties as a final written expression of their subaward and supersedes and replaces any prior oral or written subaward. Any terms or conditions proposed by **Subrecipient** inconsistent with or in addition to terms and conditions herein contained shall be void and of no effect unless specifically agreed to by **NNPHI** in writing and signed by both parties.

IN WITNESS WHEREOF, the parties hereto have caused their authorized officials to execute this subaward as of the date(s) set forth below:

Yours in health
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES

_____ _____
Vincent Lafronza, Ed.*D.* Date
President and CEO

SUBRECIPIENT— GUNNISON COUNTY

_____ _____
Name Title Date

_____
IRS Employer Identification Number

Attachments:-
Attachment 1 – Proposal Narrative/application//Scope of Work
Attachment 2 – Budget & Justification

Attachment 1

West Central Public Health Partnership (WCPHP) Cross-Jurisdictional Sharing (CJS) Arrangement*:*
Application Form
Gunnison County

APPENDIX A: Application Form

Cross-Jurisdictional Sharing Small-Grant Program — Application Form

Proposal Narrative
Proposal narratives must be no more than **five** pages (*with minimum 12-point font and one-inch margins*). Letters of support, project timeline, budget, and supporting documents do NOT count toward the page limit.

(BEGIN FIVE PAGE NARRATIVE LIMIT)

1**. If the application is focused on the implementation** of a specific CJS arrangement among multiple jurisdictions:

a. Describe the CJS arrangement being considered or implemented, including the service(s) to be shared, the mechanism(s) to formalize the agreement, and governance over the shared service(s).
The West Central Public Health Partnership (WCPHP) consists of the six local public health agencies in health statistic region (HSR) 10 including Delta County, Gunnison County, Hinsdale County, Montrose County, Ouray County and San Miguel County. These frontier and rural counties recognized the potential benefit of cross-jurisdictional sharing (CJS) to improve the overall health of the region. In 2006, the partnership formalized the arrangement through an Inter-governmental Agreement (IGA) (*see attached IGA)* that outlines the role of each agency, the governance structure, and the goals of the partnership. The core planning team, comprised of the six public health directors and four environmental health specialists, guides the partnership through consensus-based decision making (*see attached operating agreement)*. One of the initial goals of the WCPHP was to conduct a regional health assessment (RHA) and create a regional public health improvement plan (PHIP). Ten years after the formation of the WCPHP, the group continues to successfully conduct the RHA and PHIP and execute eight regional grants to accomplish the work outlined in the PHIP.

b. Describe where the CJS arrangement being implemented falls within the *Cross-Jurisdictional Sharing Spectrum* (http://phsharing.org/what-we-do/).
As a CJS arrangement, the WCPHP has elements that align with both the "Service-Related Arrangements" and the "Shared Functions with Joint Oversight" category on the *Cross-Jurisdictional Sharing Spectrum.* Within the "Service-Related Arrangements", the WCPHP supports the staff time of a regional coordinator and a health planner position. The shared capacity of the coordinator and health planner enables the WCPHP to conduct a regional health assessment and create a regional public health improvement plan, enhancing the ability of the six small, rural public health agencies to carry out public health core services.

Within the "Shared Functions with Joint Oversight", the WCPHP is currently implementing numerous grant-funded projects across the six county region. These regional projects include implementation of a Centers for Disease Control and Prevention (CDC) funded well water quality grant, a Cancer, Cardiovascular and Chronic Pulmonary Disease *(*CCPD) and State Tobacco Education and Prevention Program (STEPP) grant focused on implementing county government worksite wellness programs, a State Innovation Model (SIM) grant, a waste tire disposal program, a Child Fatality prevention team, and a grant to provide radon testing and education for classrooms across the region. As a CJS arrangement, the WCPHP provides the oversight necessary to carry out these projects at the regional level.

c. Illustrate how the CJS collaboration embodies the Center's *Identified Success Factors* outlining the *Prerequisites, Facilitating Factors,* and *Project Characteristics* in place for this initiative.

The WCPHP has thrived during its decade long partnership by applying these *Identified Success Factors:*

Prerequisites:

- Clarity of objectives: The Regional Public Health Improvement Plan outlines the four main goals of the WCPHP and establishes criteria for WCPHP projects.
- Balanced Approach: The WCPHP recently approved an increase in spending to ensure the quality of the assessment and planning process, including the time and travel necessary to reach all six counties for stakeholder input.
- Trust: Ten years of relationship building allows the partnership to tackle difficult questions and hold leadership team members accountable.

Facilitating Factors:

- Success in Prior Collaborations: The six counties of the partnership collaborated on projects prior to the creation of the WCPHP including the Nurse Family Partnership in 2000. Since its inception in 2006, the partnership has successfully collaborated on nine regional grants.
- Sense of Regional Identity: The WCPHP encompasses a unique region on the western slope of Colorado. The partnership recognized the challenges of operating a small county public health department in rural, geographically isolated areas.
- Positive Interpersonal Relationships: The founder of the WCPHP logged numerous hours investing in the positive personal connections necessary to solidify the partnership. The partnership continues its commitment to interpersonal relationships through in person meetings, frequent phone conversations, and participation in regional and state trainings.

Project Characteristics:

- Senior- Level Support: The WCPHP is made up of the public health directors and environmental health specialist from each of the six counties. The IGA was approved by each county's Board of Commissioners, achieving a high level of support from each county. Annually, each county contributes funding from their public health budget towards the coordination of the WCPHP.
- Strong Project Management: The WCPHP had the foresight to create a paid coordinator position to help guide the work of the partnership. This position provides organization and coordination for the complex work of the six-county partnership.

d. Detail the goal(s) and objectives of the project, including which CJS Roadmap phase(s) the proposal will address — Explore; Prepare and Plan; or Implement and Improve — and the area(s) within the phase(s) the proposal will address.

The goal of this project is to improve the effectiveness and efficiency of the WCPHP to implement regional grants and projects. As part of the current PHIP, the partnership is working on six regional grants with varying models for how the services are shared. New to this process is the need for more leadership from the Public Health Agencies, although they have varying levels of capacity. The WCPHP core planning team members recognize the need to improve the processes of coordinating the grants to successfully achieve the outcomes across the region. The partnership recently started a process to review the effectiveness and efficiency of these regional projects. Through the initial phase of this process, communication and capacity were identified as areas ripe for improvement. Guided by the CJS Roadmap, the WCPHP will achieve this goal through two main objectives:

- **Improve communication by updating the existing communication plan by October 31st, 2017.** This objective will include examination of the current communications plan, including how it may be improved to better serve the regional grants and projects. As described in Phase 3 of the Roadmap: Implement and Improve, the WCPHP will focus on the areas of communications and change management to determine if the current plan is effective and identify the changes necessary to facilitate successful regional work.

- **Assess the capacity of the WCPHP to implement current and new regional initiatives by October 31st, 2017.** As the leadership and resources of the partnership evolve, the group must review the capacity to implement regional initiatives. In Phase 3: Implement and Improve, through implementation and management, the group must evaluate if the activities outlined in existing work are being implement as planned, if there is internal leadership and resources in place to support this work, and if community partnership exist to support the larger regional work of the partnership.

e. Explain why the arrangement was selected and any aspects of the arrangement that support local and state public health goals.
The WCPHP was created to improve the public health infrastructure and capacity of this six county region in rural Colorado. One of the primary charges of the partnership is to complete the assessment and planning process for the local public health agencies as a region, creating a regional PHIP. Implementing this PHIP supports local and state public health goals. The partnership has had the benefit of support from the Colorado Department of Public Health and Environment (CDPHE) since its inception in 2006 and continues to collaborate with the state public health department Office of Planning, Partnerships, and Improvement (OPPI) on a regular basis. By utilizing the Colorado Health Assessment Planning System (CHAPS) tool to conduct the RHA and PHIP, the WCPHP regional assessment and plan are informed by the state public health goals and in turn inform the goals and strategies of the state public health department to create a cohesive state plan based on the work of local public health agencies.

f. Explain whether and, if so, how the project may generate information to be added to the body of knowledge for the Center priority areas described in this document.
As a long standing CJS arrangement, the WCPHP provides a unique learning opportunity about arrangements with frontier counties and state health department involvement. One of the main challenges for the partnership has been how to operate across a large, sparsely-populated geographic region. Three of the six counties in the WCPHP are designated as frontier counties. Residents in these counties often have trouble accessing health and human services due to distance, isolation, or lack of service in the area. By improving the effectiveness and efficiency of the partnership's regional work, this project will provide an example of how a CJS arrangement can build capacity and impact the health of residents in frontier communities.

The state health department has played a critical role in the development and success of the WCPHP. CDPHE staff attends partnership meetings, offering guidance and support. OPPI works closely with the partnership during the RHA and PHIP planning process, sharing ideas on what has worked well for other CJS arrangements. This proposal will provide added knowledge of how a state health department can support CJS activities at the local level.

In addition, in September of 2012, the Colorado Trust completed a case study of the WCPHP as a regional collaboration between multiple jurisdictional public health departments. The case study highlights challenges and strengths involved with the CJS arrangement. This grant provides an excellent opportunity for the WCPHP to evaluate the challenges and strengths that exist four years later and examine the opportunities to strengthen the long-standing CJS arrangement.

2. **If the application is NOT focused on the implementation** of a specific CJS arrangement among multiple jurisdictions: **NA**

3. **For all proposals:**
a. Explain whether and, if so, how the proposal connects to overall public health system improvement work within your state.

The CDPHE is very interested in learning from regional collaborations implementing public health grants and services. The WCPHP works closely with the CDPHE and knowledge is shared between the WCPHP and CDPHE staff, specifically on best practices for conducting a regional PHIP. This proposal will improve the state's knowledge of how improved communications and assessment of capacity can affect a regional PHIP planning process. The process of updating a communication plan in the PHIP can be used by the state as guide for other local public health agencies and CJS arrangements. Close collaboration with OPPI allows CDPHE to share tools, resources, and lessons learned across the state. Ultimately, improved assessments and improvement plans create a stronger overall state system.

b. Detail the activities that will be undertaken in your project to achieve the goal(s) and objectives. For applications focused on the implementation of a specific CJS arrangement among multiple jurisdictions, specify how these activities will be relevant to the Roadmap phases and areas targeted by this initiative.

In order to improve the effectiveness and efficiency of the WCPHP to implement regional grants and projects, the partnership will focus on two main objectives; improve the existing communication plan, and assess capacity of the partnership to implement regional projects.

Objective: Assess and Update the Communications Plan by October 31, 2017.
Communication Plan Objective Activities:
Phase 3: Implement and Improve, Communications and Change Management

- Assess implementation of current communication plan
- Identify challenges and barriers of implementing current plan
- Assess need for communication on regional grant work
- Hold regional meeting with the San Luis Valley Public Health Partnership to share best practices on implementing regional grants and shared services, including communication plans and capacity assessments.
- Update communication plan based on findings
- Implement new plan with the WCPHP and regional shared staff
- Test new communications plan, reassess and update as needed

Objective: Assess Capacity of WCPHP to Implement Regional Grants and Address Health Priorities by October 31, 2017
Capacity Assessment Activities:
Phase 3: Implement and Improve, Implementation and Management

- Identify existing capacity assessment tools, with the help of the CDPHE and select appropriate one
- Conduct internal WCPHP capacity assessment using identified capacity tool
- Conduct partner assessment with PARTNER Tool
- Assess how level of capacity impacts implementation of existing and new regional work
- Use the results of the assessment to inform the process of implementing regional grants, including the updated communications plan and Public Health Improvement Plan.

c. Describe how you will measure success for this project.

Successful completion of this project will result in the review and revision of our current communication plan and capacity assessment. We will compare our existing baseline measure of the challenges and strengths of regional initiatives that was done at the December 16, 2016 WCPHP meeting to the same measure at the end of the project. We will assess the effectiveness of the updated communication plan using a survey of WCPHP members. We will document changes in our regional grants management processes that are a result of this project. We anticipate changes to communication techniques, the identification of leadership roles, and formal interagency agreements.

d. Describe potential challenges that may be faced during the grant period and strategies to address and overcome them.

This project will allow the partnership to examine some of its recent challenges while sustaining the groundwork of the long-term CJS. These potential challenges include the varying capacity of the local public health directors to commit time to the project, as well as drive times of over two hours to regional meetings vital for collaboration and communication. Tailored communication techniques and conference calls will be used to address these issues. Another challenge will be to avoid members of the WCPHP feeling defensive as we look closely at our strengths and weaknesses. The use of a consultant as an objective, skilled facilitator during key parts of this process will help to build and maintain relationships. The outcome of this project will improve the partnerships ability to solve these recurring challenges moving forward.

e. Provide a list of the members of the CJS or leadership team, to include: name, title, organizational affiliation, and brief description of role in project.

Members of the WCPHP and participants in assessment and planning process to meet project outcomes:
Kenneth Nordstrom, Dir. of Environmental Health, Delta County Health Department
Carol Worrall, Public Health Director, Gunnison County Dept. of Health and Human Services
Tara Hardy, Public Health Director, Hinsdale County
Jim Austin, Environmental Health Manager, Montrose County Health and Human Services
Elisabeth W. Lawaczeck, Director of Public Health, Ouray County Public Health
June Nepsky, Public Health Director, San Miguel County Dept. of Health & Environment

f. Provide a staffing plan for the project, including any consultants who may be used.

Margaret Wacker the Coordinator of the WCPHP will spend 4 hours per week and Katherine Melland, the Public Health Planner for the WCPHP will spend 5 hours per week implementing the objectives of this project. A consultant will be used to help facilitate meetings with the WCPHP to identify processes and communication methods to improve the functioning of the partnership in order to implement regional shared grants more effectively.

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Project Timeline

Provide a project timeline for completion of the goal(s), objectives and activities listed above (e.g., Gantt chart).

Objective: Assess and Update the Communications Plan by November 30, 2017

ACTIVITY	PLAN START	Apr	May	Jun	Jul	Aug	Sep	Oct
Assess Implementation of Current Communications Plan	May							
Identify challenges and barriers of implementing current plan	May							
Assess need for communication on regional grant work	May							
Hold regional meeting with the WCPHP and with the San Luis Valley Public Health Partnership to share best practices on regional grants, communication, and capacity assessments.								
Update communication plan based on findings	June							
Implement new plan with the WCPHP and regional staff.	July							
Reassess new communications plan and update as needed.	September							

Assess Capacity of WCPHP to Implement Regional Grants and Address Health Priorities by October 31, 2017

ACTIVITY	PLAN START	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Identify existing Capacity Assessment tools, with the help of the CDPHE and select appropriate one.	May								
Conduct internal WCPHP capacity assessment using existing capacity tool	May								
Conduct partner assessment with Partners Tool	June								
Assess how level of capacity impacts implementation of existing and new regional work	July								
Use capacity assessment and Partner Tool to inform process of implementing regional grants, including the updated communications plan and Public Health Improvement Plan.	August								

Letters of Support
See Attached

Supporting Documents
See Attached: IGA and Operating Guidelines

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Attachment 2

Budget

Budget Category	Amount Requested
Personnel	
Salary and Wages	5,480
Fringe Benefits	2,014
Other Direct Costs	
Office Operations	506
Travel	900
Meeting Expenses	500
Project Space	
Other	
Purchased Services	
Consultants	600
Contracts	
TOTAL	$10,000.00

Budget Narrative

Category	Narrative
Personnel **Note**: You ***must*** include base annual salary and full-time equivalent (FTE) information for each person/role where funds are being requested in this category.	
Project Staff	Margaret Wacker $56,742/year, FTE .10 (4 hrs/wk x 26 weeks = $2,837) Katherine Melland $42,286/year, FTE .125 (5 hrs/wk x 26 weeks = $2,643) Total: $5,480
Fringe Benefits	Margaret Wacker - $1,494 for FTE .10 Katherine Melland - $520 for FTE .125 Total = $2,014
Other Direct Costs	
Office Operations	$506 towards IT costs and office supplies
Travel	$900 Mileage to travel to additional regional meetings, 1682 miles x .$0.535 = $900.
Meeting Expenses	$500 – supplies and food for meetings, 5 meetings @ $100
Project Space	

Category	Narrative
Other	
Purchased Services	
Consultants	$600 for facilitation of 3 meetings around improved communications and systems for regional grants and projects.
Contracts *	
In-Kind Support	

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