

# Kittitas County Review Form Grants & Contract Agreement



Today's Date 03/04/2010	Agenda Date
Fund/Department 116-Public Health Department	

## Contract/Grant Information

Contract /Grant Agency: Amendment To The Medical Services Agreement Between Group Health Cooperative And Kittitas County Board of Health	
Period Begin Date: January 1, 2010	Period End Date:
Total Grant/Contract Amount: N/A	
Grant/Contract Number:	
Contract/Grant Summary: This Amendment is incorporated into the Agreement between Group Health Cooperative and Kittitas County Public Health Department (Board of Health) which became effective on December 1, 2009 which amends language and adds language to the contracts specified sections.	

## Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_

Department Head Signature: _____, Administrator      Date: _____
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## Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

### APPROVED AS TO FORM:

\_\_\_\_\_  
Signature of Prosecutor's Office                      Date

\_\_\_\_\_  
Signature of Auditor's Office                      Date

\_\_\_\_\_  
Signature of Board of Health member                      Date

## Financial Information

Total Amount \$	State Funds \$	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$ Explain	

Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

### Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		

### Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

### Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

### Submitted

Signature:	Date:
Department: Public Health	

### Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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