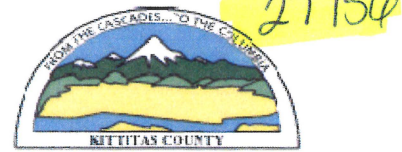


Kittitas County  
Review Form  
Grants & Contract Agreement

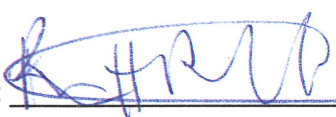


|                                      |             |
|--------------------------------------|-------------|
| Today's Date<br>11/18/2014           | Agenda Date |
| Fund/Department<br>116-Public Health |             |

**Contract/Grant Information**


|  |  |
|--|--|
| Contract /Grant Agency: MOU Between Grant County and Kittitas County Public Health   |  |
| Period Begin Date: Upon Signature  | Period End Date: Upon 30 days written notice |
| Total Grant/Contract Amount: None  |  |
| Grant/Contract Number:   |  |
| Contract/Grant Summary:<br>The purpose of the MOU is to establish a working partnership between Grant County Health District and Kittitas County Public Health to participate in the Washington State Department of Health- Healthy Communities Obesity, Diabetes Heart Disease and Stroke Prevention Program. Kittitas County will participate on a voluntary basis with additional counties in the North Central Region<br>Established to support collaborative effort to improve the health of people throughout the geographic area. |  |

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

|   |                       |
|---|-----------------------|
| Department Head Signature: <u></u> Administrator | Date: <u>11/26/14</u> |
|---|-----------------------|

**Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:**

APPROVED AS TO FORM:

|   |            |
|---|------------|
|  | 11/24/2014 |
| Signature of Prosecutor's Office  | Date       |
|  | 11/25/14   |
| 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 \$<br>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"/> |
|---|--|

### County Departments Impacted

|                      |                        |
|----------------------|------------------------|
| Auditor              | Facilities Maintenance |
| Information Services | Human Resource         |
| Prosecutor           | Treasurer              |

### Submitted

|             |       |
|-------------|-------|
| Signature:  | Date: |
| Department: |       |

### Assignment of Tracking Information

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

|          |      |
|----------|------|
| Reviewer | Date |
|----------|------|

MEMORANDUM OF UNDERSTANDING  
between  
GRANT COUNTY HEALTH DISTRICT and KITTITAS COUNTY PUBLIC HEALTH

**Program Title:**

Participation in North Central Washington Region Healthy Community

**Purpose:**

The purpose of this letter of agreement is to establish a working partnership between the Grant County Health District and Kittitas County Public Health to participate in the Washington State Department of Health - Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program. Kittitas County Public Health will participate on a voluntary basis, with additional counties in the North Central Washington region established to support a collaborative effort to improve the health of people throughout the geographic area. Grant County Health District will serve as a regional lead for Chelan, Douglas, Kittitas, and Okanogan counties.

**Background:**

In the Fall of 2014, the Department of Health (DOH) announces a funding opportunity for up to six (6) communities to implement the Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program. One lead organization in each community will develop and implement a component-specific work plan focused on obesity, diabetes, heart disease and stroke prevention activities. The work plan will align with the requirements of the Center for Disease Control and Prevention's (CDC) DP14-1422 grant, titled State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke financed solely by 2014 Prevention and Public Health Funds. Successful organizations will demonstrate the ability to: implement a community work plan which addresses all fifteen state strategies required by this grant funding. Achieve policy, systems, or environmental changes within community, worksite, retail, and healthcare settings. Engage multi-sectorial community stakeholders, health systems, existing coalitions and community based resources to prevent obesity, diabetes, heart disease, and stroke. Identify and reach adult populations that bear a high burden and/or risk for uncontrolled high blood pressure, type 2 diabetes, and obesity. For the purposes of this grant, priority populations identified by WA DOH are: Hispanic/Latino, African American, American Indian/Alaska Native (AI/AN), Asian/Pacific Islander, rural, low-income (below 139% of the federal poverty level [FPL]), Medicare-eligible and those eligible for both Medicaid and Medicare (dual-eligibles), uninsured and under-insured, and/or those experiencing mental health issues.

**Participating Counties, Funded:**

North Central Washington County Local Public Health Jurisdictions and Community Choice will be funded to participate in decision making for operation of region and assist with the implement of policy, environmental, programmatic and infrastructure change related to the 15 required strategies.

The participating county agrees to report on its healthy communities activities in a short written format.

**Expectations of the region's Community Lead Organization – Grant County Health District:**

The CLO will facilitate collaborative partnership for decision making for operation of the regional efforts to implement policy, environmental, programmatic and infrastructure change related to the 15 required strategies, within available resources and DOH contractual agreements. The CLO will provide communication to the partner counties on all aspects of the activities and will facilitate involvement in programs, training, tele-conferences, events and materials production, within available resources.

**General Provisions:**

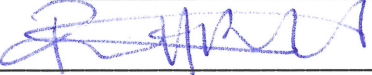
A. Obligations and responsibilities under this LOA are subject to the availability of appropriated funds.

- B. Upon acceptance by all parties, the term of this LOA is for 4 years and may be renewed upon written agreement by all parties. This LOA may be terminated upon 30 days written notice to all parties involved. This LOA may be modified by mutual consent by all parties

In accepting this Agreement, the parties agree to participate in the North Central Washington Health Communities Program as outlined above.

**KITTITAS COUNTY PUBLIC HEALTH**

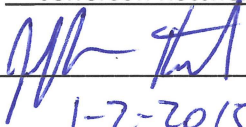
Administrator: Robin Read

Signature: 

Date: 12/23/14

**GRANT COUNTY HEALTH DISTRICT**

Administrator: Jefferson Ketchel

Signature: 

Date: 1-2-2015

**Contact Persons:**

**Grant County Health District, Lead Agency:**

Administrator: Jefferson Ketchel 509-766-7960 x 28

Fiscal: Ryan Brimacombe 509-766-7960 x 25

Program: Theresa Adkinson 509-766-7960 x 24

**Contact Persons:**

**Kittitas County Public Health**

Administrator: Name: Robin Read Phone: 509.962.7003

Fiscal: Name: Kathryn Reddick Phone: 509.962.7583

Program Name: \_\_\_\_\_ Phone: \_\_\_\_\_