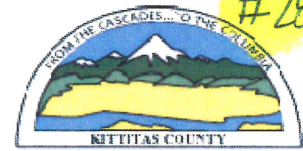


Kittitas County
Review Form
Grants & Contract Agreement



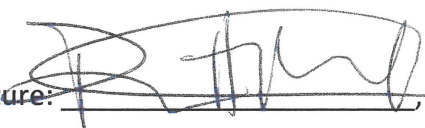
#28509

Today's Date 03/05/2015	Agenda Date
Fund/Department 116-Public Health	

Contract/Grant Information


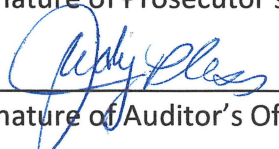
Contract /Grant Agency: Yakima Neighborhood Health Services	
Period Begin Date: February 28, 2015	Period End Date: September 30, 2015
Total Grant/Contract Amount: \$2,175.49 per month	
Grant/Contract Number:	
Contract/Grant Summary: The agreement extends the existing Work Plan and Deliverables of the Central Washington Healthplanfinder Subcontract between Yakima Neighborhood Health Services and Kittitas County Public Health. Kittitas County will supply In Person Assisters to help Kittitas County residents enroll in health insurance for additional funds.	

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature: 	Administrator Date: 3/5/15
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

	3/11/15
Signature of Prosecutor's Office	Date
	3/13/15
Signature of Auditor's Office	Date
_____ Signature of Board of Health member	Date

Financial Information

Total Amount \$15,228.43	State Funds \$	Federal Funds \$15,228.43
Percentage County Funds	Matching Funds \$	CFDA#93.525

	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 checked="" type="checkbox"/> attach budget form Will enter in budget center	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code 116-612.30.333.93.525		

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:	

Assignment of Tracking Information

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

Reviewer	Date
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Yakima Neighborhood Health Services
12 South 8th St, PO Box 2605
Yakima WA 98907-2605
Phone (509) 454-4143 Fax (509) 454-3651
www.ynhs.org

**Yakima Neighborhood Health Services
Sub-Contract Amendment
Period Covered
March 1, 2015 – September 30, 2015
for
Kittitas County Public Health Department**

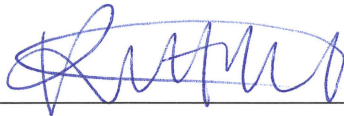
This agreement extends the existing Work Plan and Deliverables of the Central Washington Healthplanfinder Subcontract between Yakima Neighborhood Health Services (YNHS) and Kittitas County Public Health Department (KCPHD).

Description of the Amendment:

YNHS and KCPHD entered an agreement on October 8, 2013. All terms and conditions set forth in that Agreement remain in full force and effect, except that such terms and conditions are modified as follows:

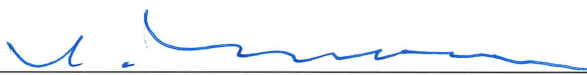
1. The period of performance is extended from February 28, 2015 to September 30, 2015.
2. The sub-contractor will be paid **\$2,175.49 per month** as monthly performance compensation for each of the seven months of the extended period. This amount is based on the original allocation to sub-contractors.
3. Sub-contractor will be required to provide monthly progress reports, due by the fifth (5th) of the following month, as a condition of payment.
4. Funding for this project is dependent on the continued availability of federal and/or state funds.

Sub-Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.



date

For Kittitas County Public Health Department



date

for Yakima Neighborhood Health Services



Accredited by the Joint Commission



Patient Centered Medical Home Level 3