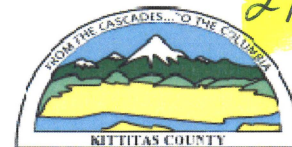


Kittitas County Review Form Grants & Contract Agreement



29674

Today's Date <u>4/2/2015</u>	Agenda Date
Fund/Department 116-Public Health	

Contract/Grant Information

Contract /Grant Agency: National Association of County and City Health Officials Agreement Amendment	
Period Begin Date: January , 2015	Period End Date: July 31, 2015
Total Grant/Contract Amount: \$15,000.00	
Grant/Contract Number: MRC15-2569C	
Contract/Grant Summary: The agreement is between the Kittitas County Public Health Department and the National Association of County and City Health Officials. The amendment amends the funding source.	

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

Department Head Signature: <u></u> , Administrator	Date: <u>4/23/15</u>
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

<u></u> Signature of Prosecutor's Office	<u>4/14/15</u> Date
<u></u> Signature of Auditor's Office	<u>4/15/15</u> Date
_____ Signature of Board of Health member	_____ Date

Financial Information

Total Amount \$15,000.00	State Funds \$	Federal Funds \$15,000.00
Percentage County Funds	Matching Funds \$	CFDA#93.008
_____ 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 the budget center	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code 116-612.88.4.222.93.008-15,000.00		

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

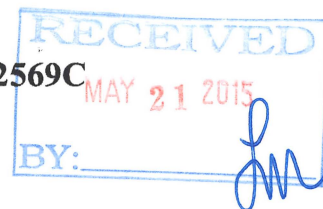
Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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Program Processing

Received Apr 27 2015
Checked _____
Delivered _____
Entered _____
Initials JS Date _____

Original Contract # **MRC15-2569C**



Modification of Agreement

This Contract Agreement Modification is entered on the subscribed day by the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), 1100 17th St., N.W., 7th Floor, Washington, D.C. 20036, [(202)783-5550, (202) 783-1583 Fax], and the following Contractor, hereinafter referred to as "Contractor:"

Kittitas County Public Health Department	916001349
Contractor	Federal Tax ID Number
507 N Nanum Street Ste 102	
Address	
Ellensburg, WA, 98926	5099627515
City, State and Zip	Phone

WHEREAS, the parties entered into an Agreement on the ____ day of Jan, 2015; and,

WHEREAS, the general purposes of the Agreement are unchanged; and

WHEREAS, both parties wish to make modifications to the Agreement, as described below;

THEREFORE, for the mutual consideration described in the original Agreement, the parties hereto agree to the modifications below through the signatures of the person(s) who have the authority to bind the parties to the changes in this Agreement:

1. This Modification of Agreement, amends the funding source to the following: ***Department of Health and Human Services, GRANT# 1 HITEP150026-01-00, CFDA #93.008; entitled "Promote, Support and Build Capacity in the Medical Reserve Corp".***

NACCHO

CONTRACTOR:

Dawn P. Richardson 5/8/15
Dawn P. Richardson, JD, MA Date
Senior Director, Grants and Contracts

[Signature] 4/23/15
Name Date