

**KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2015 – 2017 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: C17114

AMENDMENT NUMBER: 1

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:
 - ☐ Adds Statements of Work for the following programs:
 - ☒ Amends Statements of Work for the following programs:
 - Emergency Preparedness & Response - Effective January 1, 2015
 - Office of Immunization & Child Profile - Effective January 1, 2015
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B Allocations as follows:
 - ☒ Increase of \$24,651 for a revised maximum consideration of \$99,000.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C-1 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C.


Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.


IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Date 4/16/15



Date 4/20/15
Frank Webley
Contract Specialist
APPROVED AS TO FORM ONLY
Assistant Attorney General

2015-2017 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Emergency Preparedness & Response -
Effective January 1, 2015

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

SOW Type: Revision **Revision # (for this SOW)** 1

Period of Performance: January 1, 2015 through June 30, 2015

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2015 grant period through June 30, 2015.

Revision Purpose: The purpose of this revision is to add funding and language for two additional special projects using carryover funding.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY14 EPR LHJ FUNDING	93.069	333.93.06	18101630	01/01/15	06/30/15	23,046	0	23,046
FFY14 EPR PLANNING & EXERCISES	93.069	333.93.06	18101540	01/01/15	06/30/15	0	24,078	24,078
TOTALS						23,046	24,078	47,124

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Admin 1	Complete reporting templates to comply with federal grant requirements (e.g., performance measures, gap analysis, etc.)		Submit completed templates.	As required	Reimbursement for costs, not to exceed total funding consideration amount.
Admin 2	Attend emergency preparedness events (monthly program update calls, quarterly workshops, etc.) hosted by DOH.		Submit end-of-year reporting template.	June 30, 2015	
1.1	Create a press release template for "do1 thing" and submit press releases monthly in order to educate public on emergency preparedness, identified hazards and vulnerabilities in the county and the relationship of risk to human impact.		Submit end-of-year reporting template.	June 30, 2015	
1.2	Collect and assess local child care providers required disaster plans. Assist agencies in communicating plans to guardians/community.		Submit end-of-year reporting template.	June 30, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.1	Train staff in National Incident Management System (NIMS) and provide emergency preparedness and response professional educational opportunities for staff.		Submit end-of-year reporting template.	June 30, 2015	
3.2	Assist with meeting preparation and attend Kittitas County Emergency Management Council (KCEMC) meetings.		Submit end-of-year reporting template.	June 30, 2015	
4.1	Activate emergency public information system to test public information delivery during a public health emergency		Submit end-of-year reporting template.	June 30, 2015	
5.1	Prior to incident, meet with regional epidemiologist, Emergency Manager, and Coroner to determine public health's role in mass fatality.		Submit end-of-year reporting template.	June 30, 2015	
8.1	Annually review and evaluate the Medical Material and Distribution annex of the Emergency Operation Plan (EOP) and communicate/coordinate plan with community partners.		Submit end-of-year reporting template.	June 30, 2015	
9.1	Identify staffing needs for receiving sites.		Submit end-of-year reporting template.	June 30, 2015	
9.2	Identify resources available at receiving sites and update Emergency Operation Plan as necessary.		Submit end-of-year reporting template.	June 30, 2015	
10.1	Annually review and evaluate the EOP, incorporating lessons learned from exercises and real incidents.		Submit end-of-year reporting template.	June 30, 2015	
10.2	Task 2: Exercise the emergency communications systems including Washington State's Electronic Communications and Urgent Response Exchange System (SECURES), satellite phone, and agency phone tree.		Submit end-of-year reporting template.	June 30, 2015	
10.3	Represent Kittitas County Public Health at Region 7 meetings and attend emergency preparedness and response trainings for regional systems to assist partners.		Submit end-of-year reporting template.	June 30, 2015	
10.4	Conduct an exercise for mass vaccination with jurisdictional partners.		Submit end-of-year reporting template.	June 30, 2015	
13.1	Provide surveillance and investigation of infectious disease outbreaks.		Submit end-of-year reporting template.	June 30, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
14.1	Identify medical exposure/mental health risks faced by responders based on the jurisdictional risk assessment.		Submit end-of-year reporting template.	June 30, 2015	
14.2	Assess emergency responders for vaccine preventable disease risks via vaccine records and recommendations.		Submit end-of-year reporting template.	June 30, 2015	
15.1	Coordinate with existing volunteer programs and partner organizations to support the pre-incident recruitment of volunteers that may be needed in a public health agency response.		Submit end-of-year reporting template.	June 30, 2015	
15.2	Conduct Pre incident screening and verification of volunteers' credentials through emergency system for advance registration of volunteer health professionals (ESAR-VHP) and Medical Reserve Corp.(MRC)		Submit end-of-year reporting template.	June 30, 2015	
15.3	Create medical reserve corps job action sheet for internal MRC for records manager and for MRC Trainee Coordinator.		Submit end-of-year reporting template.	June 30, 2015	
14-15.43	<p><i>Investigate air quality in response to wildfire incidents. Provide environmental health technical assistance regarding hazardous air quality exposure.</i></p> <ol style="list-style-type: none"> <i>Contact Region 7 LHJs (Okanogan, Chelan, Grant, Douglas, Kittitas) to provide one (1) staff per LHJ for air quality monitoring training provided by the Washington State Department of Ecology (ECY).</i> <i>Purchase ambient particulate air monitoring equipment and supplies.</i> <i>Coordinate training with the Department of Ecology for Region 7 representatives to include hands on use of monitoring equipment.</i> <i>Provide presentation on equipment use and air quality issues in relation to wildfire response to Region 7.</i> 		<p><i>Submit copy of training curriculum.</i></p> <p><i>Submit evaluations of ECY training.</i></p> <p><i>Submit presentation on equipment use in relation to wildfire response.</i></p> <p><i>Submit updated Region 7 Emergency Operations Plan.</i></p>	<p><i>June 30, 2015</i></p> <p><i>June 30, 2015</i></p> <p><i>June 30, 2015</i></p> <p><i>June 30, 2015</i></p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	5. <i>Update the Region 7 Emergency Operation Plan to include processes for how and when jurisdictions within the region will conduct investigations of environmental public health hazards.</i>				

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative**Federal Funding Accountability and Transparency Act (FFATA)**

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on <http://USASpending.gov> by DOH as required by P.L. 109-282.

Special Requirements

For purchases of individual equipment in which the aggregate unit price of the equipment (including shipping, handling and associated costs) is \$5,000 or more, the LHJ shall obtain written prior approval from the Washington State Department of Health and adhere to all federal requirements as referenced in OMB Circular A-87 (State, Local and Indian Tribal governments) at: http://www.whitehouse.gov/omb/circulars_a087_2004/

DOH Program Contact

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Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Office of Immunization & Child Profile -
Effective January 1, 2015

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

SOW Type: Revision **Revision # (for this SOW)** 1

Period of Performance: January 1, 2015 through December 31, 2015

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to define required immunization tasks, deliverables, and funding.

Revision Purpose: The purpose of this revision is to modify the funding allocation.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY15 VFC Ops	93.268	333.93.26	74203250	01/01/15	12/31/15	1,129	380	1,509
FFY15 VFC Ordering	93.268	333.93.26	74204250	01/01/15	12/31/15	1,154	0	1,154
FFY15 317 Ops	93.268	333.93.26	74201250	01/01/15	12/31/15	1,260	193	1,453
FFY15 AFIX	93.268	333.93.26	74205250	01/01/15	12/31/15	5,013	0	5,013
TOTALS						8,556	573	9,129

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform accountability activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program as outlined in the Centers for Disease Control and Prevention (CDC) VFC Operations Guide and as directed by the state administrators of the VFC program. Accountability requirements include, but are not limited to: provider education, provider site visits and required corrective action, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, new provider enrollment visits, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.					
1	Facilitate annual renewal of the Provider Agreement for Receipt of State Supplied Vaccine for all health care providers receiving state-supplied childhood vaccines, per instructions at this link		Provider Agreements for Receipt of State Supplied Vaccine received online via the Washington Immunization Information System.	Annually, per Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 AFIX, 74205250

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					*See Restrictions on Funds below
2	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment, per instructions at this link		a) Provider Agreement for Receipt of State Supplied Vaccine with original signature (NOTE: a photocopy will not be accepted) b) Provider Agreement (DOH 348-022) c) IIS Information Sharing Agreement d) Account Application e) User Account Worksheet	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 AFIX, 74205250 *See Restrictions on Funds below
3	Use and facilitate provider use of the Washington Immunization Information System to place and approve provider vaccine orders. Monitor provider orders for appropriateness (including: accuracy of shipping information, order frequency, timing, quantity and type) and approve vaccine order online after assuring the appropriateness of the order.		Electronic submission of provider vaccine orders via the Washington Immunization Information System	Based on provider order schedules	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 VFC Vaccine Ordering 74204250 FFY15 VFC Ops 74203250 FFY 317 Ops 74201250 *See Restrictions on Funds below

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	Monitor and assure electronic or paper submission of vaccine accountability reports for compliance with Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns).		a) Monthly Vaccine Accountability Report (DOH 348-006), submitted by e-mail or online in the IIS b) Inclusion in the online ordering system of doses used in the last month and inventory on hand. c) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action as needed. d) Report all cases (or suspected cases) of vaccine fraud or abuse.	a) By the 15th of each month b) based on provider order schedules c) within seven (7) days of the incident d) within seven (7) days of the incident	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 AFIX, 74205250 *See Restrictions on Funds below
5	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		Summary of LHJ Technical Assistance Form (DOH 348-257)	December 31st	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 VFC Ops 74203250 FFY 317 Ops 74201250 *See Restrictions on Funds below

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	<p>Conduct VFC site visits at two (2) private provider site(s) within your jurisdiction. Site visits should address all requirements outlined in the Provider Agreement, the CDC Vaccines for Children (VFC) Operations Guide, and as directed by the state administrators of the Vaccines for Children program. All VFC site visits must be conducted by September 30th.</p> <p>Conduct VFC Compliance Site Visit Follow-Up to assure providers resolve all corrective actions identified during the initial VFC compliance site visit. Follow-up may include another physical site visit or verification by email, phone, fax, or mail that corrective actions were completed. Documentation that all VFC Site Visit corrective actions have been completed must be available to DOH upon request.</p> <p>Participate in all DOH/CDC trainings required for site visit reviewers and supervisors (a list of required trainings will be provided by DOH).</p>		<p>a) VFC Site Visit Selection Planning tool (will be supplied by DOH)</p> <p>b) Enter responses from the VFC Provider Compliance Site Visit questionnaire into the VFC Provider Education, Assessment, and Reporting (VFC-PEAR) on-line system for each provider site visit. Follow all corrective action and follow-up guidance provided by VFC-PEAR for each incorrect response.</p> <p>c) Submit copy of signed Acknowledgement of Receipt</p> <p>d) Document completion of each required training</p>	<p>a) January 15th</p> <p>b) At the time of the VFC Compliance Site Visit or within ten (10) business days of the site visit.</p> <p>c) upon completion of each training</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>FFY15 AFIX, 74205250</p> <p>*See Restrictions on Funds below</p>
7	<p>a) Conduct AFIX (Assessment, Feedback, Incentive, and Exchange) visits with one (1) provider sites in your jurisdiction per instructions at this link. Visits can be conducted in-person, by telephone, or by webinar. All AFIX visits must be conducted by September 30th.</p> <p>b) Conduct AFIX follow-up visits with provider sites that choose to implement quality improvement strategies during their initial AFIX visit. Continue following up with provider sites until they fully implement their selected quality improvement activities. Follow-up visits can be conducted in-person, by telephone, or by webinar.</p>		<p>a) Enter the following data in the AFIX Online Tool:</p> <ul style="list-style-type: none"> General Site Visit Information. Questionnaire responses. Coverage assessment results (from CoCASA reports). Feedback visit information. <p>b) Enter the following data in the Exchange tab of the AFIX Online Tool for follow-up visits:</p> <ul style="list-style-type: none"> Clinic progress on implementing quality improvement strategies. Follow-up coverage assessment results (from CoCASA reports). 	<p>a) At the time of the AFIX visit or within ten (10) business days of the AFIX visit.</p> <p>b) At the time of the AFIX follow-up visit or within ten (10) business days of the AFIX follow-up visit</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>FFY15 AFIX, 74205250</p> <p>*See Restrictions on Funds below</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p>a) In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:</p> <ol style="list-style-type: none"> 1) identification of HBsAg-positive pregnant women, and pregnant women with unknown HBsAg status 2) reporting of HBsAg-positive women and their infants 3) case management for infants born to HBsAg-positive women to ensure administration of HBIG and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post-vaccination serologic testing. <p>b) Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with ACIP recommendations.</p> <p>c). Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.</p>		<p>Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System</p> <p>Annual Perinatal Hepatitis B Outreach Summary (DOH 348 268)</p>	<p>By the 15th of each month</p> <p>December 15th</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>FFY 317 Ops 74201250</p> <p>*See Restrictions on Funds below</p>

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC and AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new LHJ site visit reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.
- LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every other year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.

- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on <http://USASpending.gov> by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References

Office of Immunization and Child Profile References and Resources for vaccine management, VFC compliance site visits, AFIX visits, and Perinatal Hepatitis B activities can be found at this [link](#) to our website.

VFC Operations Guide - A copy will be provided by the Office of Immunization and Child Profile. (Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

Staffing Requirements

Provide notification via email to oiqpcontracts@doh.wa.gov within fifteen (15) days of any changes to staffing for those who conduct work outlined in this statement of work.

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)

Allowable expenses with 317 and VFC FA Operations Funds (dated September 7, 2011) document is posted on the DOH Consolidated Contract website at this [link](#). In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY13 317 Ops funding may be used for any activity in this statement of work, per funding availability.

These federal funds may not be used for expenses related to travel or attendance at any CDC-sponsored conference, training, or event without prior written approval from the Office of Immunization and Child Profile.

DOH Program Contact

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Budget and Operations Manager
Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
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Deliverables may be sent electronically via email at oiqpcontracts@doh.wa.gov,
by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

DOH Fiscal Contact

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**EXHIBIT B-1
ALLOCATIONS
Contract Term: 2015-2017**

**Contract Number: C17114
Date: January 15, 2015**

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY14 EPR LHJ Funding	U90TP000559	N/A	93.069	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	\$23,046	\$23,046	\$23,046
FFY14 EPR Planning & Exercises	U90TP000559	Amend 1	93.069	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	\$24,078	\$24,078	\$24,078
FFY15 317 Ops	H231P000762	Amend 1	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$193	\$1,453	\$1,453
FFY15 317 Ops	H231P000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$1,260		
FFY15 AFIX	H231P000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$5,013	\$5,013	\$5,013
FFY15 VFC Ops	H231P000762	Amend 1	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$380	\$1,509	\$1,509
FFY15 VFC Ops	H231P000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$1,129		
FFY15 VFC Ordering	H231P000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$1,154	\$1,154	\$1,154
FFY15 MCHBG CBP ConCon	B04MC28134	N/A	93.994	333.93.99	01/01/15	09/30/15	10/01/14	09/30/15	\$33,147	\$33,147	\$33,147
Drinking Water Group A - SS		N/A	N/A	346.26.64	01/01/15	12/31/15	07/01/13	12/31/15	\$2,800	\$2,800	\$2,800
Drinking Water Group A - SS State		N/A	N/A	346.26.65	01/01/15	12/31/15	07/01/13	12/31/15	\$2,800	\$2,800	\$2,800
Drinking Water Group A - TA		N/A	N/A	346.26.66	01/01/15	12/31/15	07/01/13	12/31/15	\$4,000	\$4,000	\$4,000
TOTAL									\$99,000	\$99,000	
Total consideration:	\$74,349									GRAND TOTAL	\$99,000
	\$24,651										
GRAND TOTAL	\$99,000									Total Fed	\$89,400
										Total State	\$9,600

*Catalog of Federal Domestic Assistance

**Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit C-1 Schedule of Federal Awards

AMENDMENT #1

Date: January 15, 2015

KITTITAS COUNTY HEALTH DEPT-SWV0010475-07
 CONTRACT C17114-Kittitas County Public Health Department
 CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY14 EPR LHJ FUNDING	333 93 06	06/30/14	\$12,663,227	01/01/15	06/30/15	\$23,046	93 069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR PLANNING & EXERCISES	333 93 06	06/30/14	\$12,663,227	01/01/15	06/30/15	\$24,078	93 069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 317 OPS	333 93 26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$1,453	93 268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 AFIK	333 93 26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$5,013	93 268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 VFC OPS	333 93 26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$1,509	93 268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 VFC ORDERING	333 93 26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$1,154	93 268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 MCHBG CBP CONCON	333 93 99	10/21/14	\$1,734,378	01/01/15	09/30/15	\$33,147	93 994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC28134	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$89,400					